HARP 1: Status of Required Tasks

Jurisdiction _____

HARP 1: Status of Required Tasks Instructions: Recipients should report on the status of the following required tasks for this reporting period (August 1, 2024 - December 31, 2024):

- In Q1, indicate if the HAI/AR Program Staffing Directory includes up-to-date staffing information for staff involved in HAI/AR Response and Prevention activities as required under ELC Core Program H.
- In Q2, indicate the status of the annual landscape analysis of outpatient dialysis services locations as required under SHARP Project I Activity D1.
- CDC will release the HAI/AR Response and Prevention Annual Survey for completion during Budget Period 1. Additional details will follow. No reporting is required at this time. Please review the HAI/AR Response & Prevention Reporting System Guide for additional details. This instrument is due on February 28, 2025 for the reporting period August 1, 2024 - December 31, 2024.

Q1. Does the HAI/AR Program Staffing Directory include updated staffing information for staff involved in HAI/AR Response and Prevention activities:

Link to HAI/AR Program Staffing Directory: HAI/AR Program Staffing Directory

Q1a. All staff involved in implementing HAI/AR Response and Prevention strategies and activities, regardless of funding source, have been added to the staffing directory.	◯ Yes ◯ No ◯ Don't Know
Q1b. All staff contributing to HAI/AR Response and Prevention have updated information regarding: (1) ability to perform onsite/remote assessment, (2) local, regional, or central designation, (3) funding source(s), and (4) clinical or non-clinical designation.	◯ Yes ◯ No ◯ Don't Know
Q2. Status of landscape analysis of outpatient dialysis services location:	◯ Completed ◯ Underway ◯ Reviewed and revised ◯ Not started
Q3. Status of the HAI/AR Program Response and Prevention Survey	◯ Submitted ◯ Underway ◯ Not started

Form Approved
OMB Control Number: 0920-1282
Expiration Date: 6/30/2026

CDC estimates the average public reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1282).

HARP 2: nMDRO Responses

Jurisdiction _____

HARP 2: Novel or Targeted Multi-drug Resistant Organisms (nMDRO) Responses
Instructions:

Please report nMDRO responses conducted by either

- Staff from HAI/AR Program or their designee* (regardless of funding source), or
- Staff partially or fully funded through one of the following mechanisms who contributed to the response:
- ELC Core Program H
- SHARP 1 or SHARP 2
- Enhancing Detection Expansion/CARES This instrument is due on February 28, 2025 for the reporting period August 1, 2024 - December 31, 2024.

Data entry instructions

- Please enter one REDCap form for each nMDRO response that took place during the reporting period (August 1, 2024 - December 31, 2024, due by February 28, 2025).
- For continuing responses please ensure all the data entered are cumulative irrespective of the reporting period. The reporting instrument is programmed to display a subset of questions based on the answer(s) to Question 3a establishing the nMDRO response as an investigation or consultation. nMDRO investigations must be reported by direct entry into this REDCap instrument. nMDRO consultations may be reported using the bulk upload tool (available in the Bulk Upload section of this REDCap project) OR by direct entry into this REDCap instrument. Please review the HAI/AR Response & Prevention Reporting System Guide for additional details.

***Designee may include other state health department staff, local health department staff, contractor, or other partner supported by your program for which your program can assure the quality of services provided. Recipients should work with designees to ensure that all responses are submitted without duplication.**

HAI/AR Response & Prevention Reporting System Guide

[Attachment: "HAIAR Response & Prevention Reporting System Guide_6Feb2025.pdf"]

Reported through excel-based tracking tool/Imported into REDCap	☐ Yes
Q1. Local outbreak/response ID ID for cross-referencing with your local tracking tool as needed. May use any unique identifier.	_____
Q2. Response start date Date when the HAI/AR Program first made the decision to start the response.	_____ (If exact date not known, please approximate.)
Q3a. Did you perform (or provide substantial technical assistance with) any of the following activities for this response? [Check all that were performed] Note: When considering whether substantial technical assistance was provided, judgment can be applied (refer to the "Where to submit HAI/AR response and prevention activities" section of the HAI/AR Response & Prevention Reporting Guide for more information)	☐ Onsite infection prevention and control assessment ☐ Remote infection prevention and control assessment ☐ Patient notification or call for cases ☐ Environmental sampling ☐ Colonization screening ☐ None of the above
Q3b. Did the HAI/AR program offer public health assistance for any of the following, for any facility involved in the response: [Check all that were offered]	☐ Onsite infection prevention and control assessment ☐ Remote infection prevention and control assessment ☐ Colonization screening ☐ Unknown ☐ None of the above
Q4. During which reporting period did the HAI/AR Program engage in activities related to this response? [Check all that apply]	☐ August 1, 2019 - July 31, 2020 ☐ August 1, 2020 - July 31, 2021 ☐ August 1, 2021 - July 31, 2022 ☐ August 1, 2022 - July 31, 2023 ☐ August 1, 2023 - July 31, 2024 ☐ August 1, 2024 - December 31, 2024
Q5. Did this response involve any of the following issues: [Check all that apply]	☐ Injection safety breach (other than drug diversion) ☐ Drug diversion ☐ Medical device reprocessing breach ☐ Medical product contamination other than device, extrinsic (facility) ☐ Medical product or device contamination, intrinsic (pre-facility) ☐ Environmental cleaning and disinfection issue ☐ Water related issue (i.e., building water, faucet, holding tank, ice, water treatment) ☐ Wastewater plumbing related issue (i.e., suspected or confirmed transmission from sink drains, toilets, hoppers, etc.) ☐ Foodborne illness ☐ Other infection prevention and control breach ☐ Other ☐ None ☐ Unknown
Q5a. Type of medical device:	_____

Q5b. Type of product: _____

Q5c. Type of product: _____

Q5d. Other infection prevention and control breach, specify: _____

Q5e. Other, specify: _____

Q6. What was the trigger for the response?

Select the option that best describes the trigger for initiating this response. If needed, more than one option can be selected.

- ☐ Single clinical case
- ☐ Multiple clinical cases
- ☐ Screening (e.g., admission, discharge, etc.)
- ☐ Regional effort (response involving multiple facilities in a city/region)
- ☐ Prevention-based Point Prevalence Survey (PPS)
- ☐ Other
- ☐ Unknown

Definitions/Examples

- Single clinical case: A single patient with a nMDRO detected from clinical culture
- Multiple clinical cases: Multiple patients with a nMDRO identified from a clinical culture and clustered in time
- Screening case: Patient colonized (e.g., admission, discharge, etc.) with a nMDRO
- Regional effort: Response that involves multiple facilities across a city/region to assess for the transmission of an emerging resistant organism. Facilities are not selected based on known direct epidemiology links to each other but rather based on characteristics (e.g., high acuity post-acute care).

- Note: When a response to a single clinical case, multiple clinical cases, or screening case expands to a regional effort, in which screening is conducted at facilities without direct epidemiologic links to the original case, please check regional effort in addition to the initial response trigger.
- Note: Regional efforts should be aggregated into one entry.
- Prevention-based Point Prevalence Survey (PPS): Response based on findings from proactive, periodic, and prevention-driven PPS (e.g., high-acuity post-acute care facilities), and admission screening. From these prevention PPS an acute outbreak is identified, and a containment response is initiated.

- Note: When transmission is controlled (contained) and the outbreak facilities are switched to indefinite periodic PPS's (also called maintenance PPS), ALL proactive, periodic, and prevention-driven PPS from this point forward qualify as prevention (HARP 4) entries.

Q6a (i). Facility ID of Admission Screening

For the purpose of linking responses, please provide the Facility ID for the prevention-based admission screening(s) designated in HARP 4.

_____

Q6a (ii). Facility ID of Prevention-based Point Prevalence Survey

For the purposes of linking responses, please provide the Facility ID for the prevention-based/proactive PPS designated in HARP 4.

_____

Q6b. Other trigger, specify:

_____

Q7. Did more than one targeted MDRO trigger this response?

Note: Targeted MDRO(s) [organism/mechanism] are those that triggered the response. This does NOT include other non-targeted organisms subsequently identified during the response (e.g., through screening).

Refer to "nMDRO Additional Guidance to Complete the HARP 2 Reporting Form" section of HAI/AR Response & Prevention Reporting System Guide for additional details on reporting multiple target MDROs.

- ◯ Yes
- ◯ No
- ◯ Unknown

Q8. Organism/mechanism that triggered the response

Please list the organism and mechanism (if applicable) that triggered the response. These organisms will be considered "targeted MDROs" for the remainder of the questions.

Do not include other non-targeted organisms subsequently identified during the response (e.g., through screening) in this section.

Organisms

Select all the organisms and associated mechanisms that triggered the response. If no organism prompted the response, select "No organism identified."

Do not include other non-targeted organisms/mechanisms subsequently identified during the response (e.g., through screening) in this section.

- ☐ Acinetobacter baumannii
- ☐ Citrobacter spp.
- ☐ Enterobacter aerogenes (Klebsiella aerogenes)
- ☐ Enterobacter cloacae complex
- ☐ Enterobacter spp. (other than E. aerogenes, E. cloacae complex)
- ☐ Escherichia coli
- ☐ Klebsiella oxytoca
- ☐ Klebsiella pneumoniae
- ☐ Klebsiella spp. (other than K. oxytoca, K. pneumoniae, and K. aerogenes)
- ☐ Morganella morganii
- ☐ Proteus mirabilis
- ☐ Providencia spp.
- ☐ Pseudomonas aeruginosa
- ☐ Pseudomonas spp. (non- aeruginosa species)
- ☐ Raoultella spp.
- ☐ Serratia marcescens
- ☐ Candida auris
- ☐ Other(s)
- ☐ Unknown
- ☐ No organism identified

Other organism, specify:

Please specify the genus and species of the organism that triggered the response.

_____

Acinetobacter baumannii mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Acinetobacter baumannii other mechanism, specify:	_____
Citrobacter spp. mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Citrobacter spp. other mechanism, specify:	_____
Enterobacter aerogenes (Klebsiella aerogenes) mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Enterobacter aerogenes (Klebsiella aerogenes) other mechanism, specify:	_____

Enterobacter cloacae complex mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Enterobacter cloacae complex other mechanism, specify:	_____
Enterobacter spp. (other than E. aerogenes, E. cloacae complex) mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Enterobacter spp. (other than E. aerogenes, E. cloacae complex) other mechanism, specify:	_____
Escherichia coli mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Escherichia coli other mechanism, specify:	_____

Klebsiella oxytoca mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Klebsiella oxytoca other mechanism, specify:	_____
Klebsiella pneumoniae mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Klebsiella pneumoniae other mechanism, specify:	_____
Klebsiella spp. (other than K. oxytoca, K. pneumoniae, K. aerogenes) mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Klebsiella spp. (other than K. oxytoca, K. pneumoniae, K. aerogenes) other mechanism, specify:	_____

Morganella morganii mechanism [check all that apply]

- ☐ KPC
- ☐ NDM
- ☐ IMP
- ☐ VIM
- ☐ OXA 48
- ☐ OXA 23
- ☐ OXA 24_40
- ☐ OXA 58
- ☐ OXA 235
- ☐ mcr
- ☐ mCIM+/PCR-
- ☐ Other
- ☐ Unknown

Morganella morganii other mechanism, specify:

_____

Proteus mirabilis mechanism [check all that apply]

- ☐ KPC
- ☐ NDM
- ☐ IMP
- ☐ VIM
- ☐ OXA 48
- ☐ OXA 23
- ☐ OXA 24_40
- ☐ OXA 58
- ☐ OXA 235
- ☐ mcr
- ☐ mCIM+/PCR-
- ☐ Other
- ☐ Unknown

Proteus mirabilis other mechanism, specify:

_____

Providencia spp. mechanism [check all that apply]

- ☐ KPC
- ☐ NDM
- ☐ IMP
- ☐ VIM
- ☐ OXA 48
- ☐ OXA 23
- ☐ OXA 24_40
- ☐ OXA 58
- ☐ OXA 235
- ☐ mcr
- ☐ mCIM+/PCR-
- ☐ Other
- ☐ Unknown

Providencia spp. other mechanism, specify:

_____

Pseudomonas aeruginosa mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Pseudomonas aeruginosa other mechanism, specify:	_____
Psuedomonas spp. (non- aerugionsa species) mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Psuedomonas spp. (non- aerugionsa species) other mechanism, specify:	_____
Raoultella spp. mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Raoultella spp. other mechanism, specify:	_____

Serratia marcescens mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Serratia marcescens other mechanism, specify:	_____
Other organism mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Other organism other mechanism, specify:	_____
Unknown organism mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Other unknown other mechanism, specify:	_____

No organism identified mechanism [check all that apply]

- ☐ KPC
- ☐ NDM
- ☐ IMP
- ☐ VIM
- ☐ OXA 48
- ☐ OXA 23
- ☐ OXA 24_40
- ☐ OXA 58
- ☐ OXA 235
- ☐ mcr
- ☐ mCIM+/PCR-
- ☐ Other
- ☐ Unknown

No organism identified other mechanism, specify: _____

Facility/Setting Information

Answer the following questions for all organism/mechanism combinations involved in this response.

Q9. Setting Type(s):

[Check all that apply]

Select setting types involved (where infections were identified, screenings were conducted, onsite assessments were performed, etc.). Additionally, select the setting type that best describes how the overall facility is licensed (e.g., in a SNF that cares for ventilated residents, select vSNF.)

If the facility has more than one level of care, select the level(s) of care relevant to the investigation and the responses to follow up activities should be submitted for those level(s) where investigation was conducted.

- ☐ Acute Care Hospital (ACH)
- ☐ Critical Access Hospital (CAH)
- ☐ Inpatient Rehabilitation Facility
- ☐ Long-term Acute Care Hospital (LTACH)
- ☐ Ventilator-capable Nursing Home/ Skilled Nursing Facility (vSNF)
- ☐ Nursing Home/ Skilled Nursing Facility (SNF)
- ☐ Assisted Living Facility
- ☐ Other congregate setting (e.g., group homes, homeless shelter)
- ☐ Dialysis Facility (outpatient)
- ☐ Dental Office
- ☐ Ambulatory Surgical Center
- ☐ Other outpatient settings
- ☐ Other healthcare settings
- ☐ Unknown

Q9a (i). Please select the location within the ACH, if applicable

- ☐ Intensive care unit
- ☐ Burn unit
- ☐ Oncology unit
- ☐ Dialysis unit
- ☐ Operating room
- ☐ Emergency department
- ☐ Transplant unit
- ☐ Labor and delivery
- ☐ Medical unit
- ☐ Surgical unit
- ☐ Rehab unit
- ☐ Other
- ☐ Unknown

Q9a (ii). Intensive care unit type: [Optional, Check all that apply]	☐ General ☐ Medical care ☐ Surgical ☐ Neurology ☐ Neonatal intensive care unit (NICU) ☐ Pediatric intensive care unit (PICU) ☐ Other
Q9a (iii). Other location within the ACH facility, specify:	_____
Q9b. Please select the location within the LTACH, if applicable [Check all that apply]	☐ Intensive care unit ☐ Non-Intensive care unit ☐ Other ☐ Unknown
Q9c. Please select the location within the vSNF, if applicable [Check all that apply]	☐ Ventilator unit (or ventilated residents, if no separate ventilator unit) ☐ Non-ventilator unit ☐ Other ☐ Unknown
Q9d. Please select the location within the SNF, if applicable [Check all that apply]	☐ Tracheostomy unit (e.g., provides tracheostomy care but not license for ventilator services) ☐ Short-stay unit in long-term care facility ☐ Memory care unit ☐ Other ☐ Unknown
Q9e (i). Please select the types of congregate settings [Check all that apply]	☐ Group home ☐ Homeless shelter ☐ Behavioral health/ mental health facility ☐ Correctional Facility ☐ School, health clinic ☐ Migrant shelter ☐ Independent Living Facility ☐ Emergency shelters (other than homeless shelters) ☐ Other ☐ Unknown
Q9e (ii). Other congregate setting type, specify:	_____
Q9f (i). Please select the other outpatient setting type [Check all that apply]	☐ Urology ☐ Endoscopy ☐ Wound clinic ☐ Pain clinic ☐ Home health ☐ Oncology ☐ Dermatology ☐ Ophthalmology/ eye clinic ☐ Federally Qualified Health Centers (FQHC) ☐ Other ☐ Unknown
Q9f (ii). Other outpatient setting type, specify:	_____

Q9g. Other healthcare setting type, specify:	_____
Q10a. NHSN OrgID of the primary outbreak facility (i.e., If this response activity includes more than one facility, please provide the NHSN OrgID of the facility where the majority of response activity occurred). If NHSN OrgID is unknown, not available, or cannot be shared please complete Q10b. Note: For more information on how to obtain a facility NHSN OrgID visit https://www.cdc.gov/nhsn/pdfs/orgid-verification-508.pdf	_____ (If NHSN OrgID is unknown, not available, or cannot be shared please complete Q10b.)
Q10b. Zip code of the primary outbreak facility (i.e., If this response activity includes facilities in more than one zip code, please include the zip code of the facility where the majority of response activity occurred)	_____ (If zip code cannot be shared or is unknown please enter 99999)
Q10c. Were any of the facilities involved tribally operated or a part of the Indian Health Service:	◯ Yes ◯ No ◯ Unknown

Colonization Screenings and Infection Control Assessments

Answer the following questions for each setting type involved.

Provision of onsite or remote assistance to assess infection control issues may be done directly by the recipient or by a designee. A designee may include other state health department staff, local health department staff, contractor, or other partner supported by your program for which your program can assure the quality of services provided. Recipients should work with designees to ensure that all responses are submitted without duplication.

The number of infection control assessments conducted should include each unique facility assessment to include repeat assessments as long as some form of infection control practice assessment occurs (e.g., not just an update about case counts). In some instances, both onsite and remote visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

To be counted as an infection control assessment (onsite/remote) requires the use of a structured form of data collection, such as CDC ICAR tool or a similar state/locally developed tool.

Acute Care Hospitals

NOTE: Colonization screening and infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) or colonization screening(s) were performed and questions are not displayed, please update your response to question Q3a.

How many acute care hospitals (ACHs) were involved? This includes the number of ACHs where infected/colonized patients were identified, screening was conducted, or onsite/remote infection control assessments were performed.	_____ (Please provide approximate number of facilities if exact number is not known.)
If more than one ACH was involved in the response, how many ACH conducted screening? Example: If 3 ACH were involved in the response, but only 2 conducted screening, enter 2.	_____
How many screening tests were performed for all targeted MDROs across all ACHs during this response? Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	_____ (If no patients were screened, enter 0. If exact number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C. auris=50, CRE NDM=60).	_____
Please select the reason(s) for not screening patients in ACHs [Check all that apply]	☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason for not conducting any screening. [Optional]	_____

If more than one ACH conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)?

For example, if 2 ACHs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.

_____

How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all ACHs during this response?

If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.

_____
(If none, enter 0. If exact number screened not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, and 10 were positive for C. auris while 8 were positive for CRE NDM, enter C. auris=10, CRE NDM=8).

_____

Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across all ACHs during this response?

This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

How many remote infection control assessments were conducted across all ACHs during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Please select the method in which the remote assessment was conducted

☐ Telephone
☐ Video (i.e, Skype, Zoom)

Critical Access Hospitals

NOTE: Colonization screening and infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) or colonization screening(s) were performed and questions are not displayed, please update your response to question Q3a.

How many critical access hospitals (CAHs) were involved?

This includes the number of CAHs where infected/colonized patients were identified, screening was conducted, or onsite/remote infection control assessments were performed.

_____
(Please provide approximate number of facilities if exact number is not known.)

If more than one CAH was involved in the response, how many CAH conducted screening?

Example: If 3 CAHs were involved in the response, but only 2 conducted screening, enter 2.

_____

How many screening tests were performed for all targeted MDROs across all CAHs during this response?

Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.

_____
(If no patients were screened, enter 0. If exact number screened not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C. auris=50, CRE NDM=60).

_____

Please select the reason(s) for not screening patients in CAHs [Check all that apply]	☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason for not conducting any screening. [Optional]	_____
If more than one CAH conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 CAHs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	_____
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all CAHs during this response? If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	_____ (If none, enter 0. If exact number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, and 10 were positive for C. auris while 8 were positive for CRE NDM, enter C. auris=10, CRE NDM=8).	_____

Did your HAI/AR Program or a designee conduct any of the following? In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.	☐ Onsite infection control assessment ☐ Remote infection control assessment ☐ No infection control assessment conducted
Please specify reason for not conducting an onsite or remote assessment. [Optional]	_____
How many onsite infection control assessments were conducted across all CAHs during this response? This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no onsite assessments performed, enter 0.)
How many remote infection control assessments were conducted across all CAHs during this response? This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no remote assessments performed, enter 0.)
Please select the method in which the remote assessment was conducted	☐ Telephone ☐ Video (i.e, Skype, Zoom)

Inpatient Rehabilitation Facilities

NOTE: Colonization screening and infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) or colonization screening(s) were performed and questions are not displayed, please update your response to question Q3a.

How many inpatient rehabilitation facilities (IRFs) were involved? This includes the number of inpatient rehabilitation facilities where infected/colonized patients were identified, screening was conducted, or onsite/remote infection control assessments were performed.	_____ (Please provide approximate number of facilities if exact number is not known.)
If more than one inpatient rehabilitation facility was involved in the response, how many inpatient rehabilitation facilities conducted screening? Example: If 3 inpatient rehabilitation facilities were involved in the response, but only 2 conducted screening, enter 2.	_____
How many screening tests were performed for all targeted MDROs across all inpatient rehabilitation facilities during this response? Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	_____ (If no patients were screened, enter 0. If exact number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C. auris=50, CRE NDM=60).	_____
Please select the reason(s) for not screening patients in inpatient rehabilitation facilities [Check all that apply]	☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason for not conducting any screening. [Optional]	_____
If more than one inpatient rehabilitation facility conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 inpatient rehabilitation facilities conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	_____

How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all inpatient rehabilitation facilities during this response?

If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.

_____
(If none, enter 0. If exact number not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, and 10 were positive for C. auris while 8 were positive for CRE NDM, enter C. auris=10, CRE NDM=8).

_____

Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across all IRFs during this response?

This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

How many remote infection control assessments were conducted across all IRFs during this response? This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no remote assessments performed, enter 0.)
Please select the method in which the remote assessment was conducted	☐ Telephone ☐ Video (i.e, Skype, Zoom)

Long-term Acute Care Hospitals

NOTE: Colonization screening and infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) or colonization screening(s) were performed and questions are not displayed, please update your response to question Q3a.

How many long-term acute care hospitals (LTACHs) were involved? This includes the number of long-term acute care hospitals where infected/colonized patients were identified, screening was conducted, or onsite/remote infection control assessments were performed.	_____ (Please provide approximate number of facilities if exact number is not known.)
If more than one LTACH was involved in the response, how many LTACHs conducted screening? Example: If 3 LTACHs were involved in the response, but only 2 conducted screening, enter 2.	_____
How many screening tests were performed for all targeted MDROs across all LTACHs during this response? Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	_____ (If no patients were screened, enter 0. If exact number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C. auris=50, CRE NDM=60).	_____

Please select the reason(s) for not screening patients in LTACHs [Check all that apply]	☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason for not conducting any screening. [Optional]	_____
If more than one LTACH conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 LTACHs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	_____
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all LTACHs during this response? If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	_____ (If none, enter 0. If exact number not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, and 10 were positive for C. auris while 8 were positive for CRE NDM, enter C. auris=10, CRE NDM=8).	_____

Did your HAI/AR Program or a designee conduct any of the following? In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.	☐ Onsite infection control assessment ☐ Remote infection control assessment ☐ No infection control assessment conducted
Please specify reason for not conducting an onsite or remote assessment. [Optional]	_____
How many onsite infection control assessments were conducted across all LTACHs during this response? This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no onsite assessments performed, enter 0.)
How many remote infection control assessments were conducted across all LTACHs during this response? This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no remote assessments performed, enter 0.)
Please select the method in which the remote assessment was conducted	☐ Telephone ☐ Video (i.e, Skype, Zoom)

Ventilator-capable Nursing Homes/ Skilled Nursing Facilities

NOTE: Colonization screening and infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) or colonization screening(s) were performed and questions are not displayed, please update your response to question Q3a.

How many ventilator-capable nursing homes/ skilled nursing facilities (vSNFs) were involved? This includes the number of vSNF where infected/colonized patients were identified, screening was conducted, or onsite/remote infection control assessments were performed.	_____ (Please provide approximate number of facilities if exact number is not known.)
If more than one vSNF was involved in the response, how many vSNFs conducted screening? Example: If 3 vSNFs were involved in the response, but only 2 conducted screening, enter 2.	_____
How many screening tests were performed for all targeted MDROs across all vSNFs during this response? Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	_____ (If no patients were screened, enter 0. If exact number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C. auris=50, CRE NDM=60).	_____
Please select the reason(s) for not screening patients in vSNFs. [Check all that apply]	☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason for not conducting any screening. [Optional]	_____
If more than one vSNF conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 vSNFs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	_____

How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all vSNFs during this response?

If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.

_____
(If none, enter 0. If exact number not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, and 10 were positive for C. auris while 8 were positive for CRE NDM, enter C. auris=10, CRE NDM=8).

_____

Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across all vSNFs during this response?

This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

How many remote infection control assessments were conducted across all vSNFs during this response? This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no remote assessments performed, enter 0.)
Please select the method in which the remote assessment was conducted	☐ Telephone ☐ Video (i.e, Skype, Zoom)

Nursing Homes/ Skilled Nursing Facilities

NOTE: Colonization screening and infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) or colonization screening(s) were performed and questions are not displayed, please update your response to question Q3a.

How many non-ventilator capable nursing homes/ skilled nursing facilities (SNFs) were involved? This includes the number of SNF where infected/colonized patients were identified, screening was conducted, or onsite/remote infection control assessments were performed.	_____ (Please provide approximate number of facilities if exact number is not known.)
If more than one SNF was involved in the response, how many SNFs conducted screening? Example: If 3 SNFs were involved in the response, but only 2 conducted screening, enter 2.	_____
How many screening tests were performed for all targeted MDROs across all SNFs during this response? Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times. If exact number screened not known, please approximate.	_____ (If no patients were screened, please enter 0)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	_____

Please select the reason(s) for not screening patients in SNFs [Check all that apply]	☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason(s) for not conducting any screening. [Optional]	_____
If more than one SNF conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 SNFs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	_____
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all SNFs during this response? If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	_____ (If none, enter 0. If exact number not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, and 10 were positive for C. auris while 8 were positive for CRE NDM, enter C. auris=10, CRE NDM=8).	_____

Did your HAI/AR Program or a designee conduct any of the following? In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.	☐ Onsite infection control assessment ☐ Remote infection control assessment ☐ No infection control assessment conducted
Please specify reason for not conducting an onsite or remote assessment. [Optional]	_____
How many onsite infection control assessments were conducted across all SNFs during this response? This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no onsite assessments performed, enter 0.)
How many remote infection control assessments were conducted across all SNFs during this response? This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no remote assessments performed, enter 0.)
Please select the method in which the remote assessment was conducted	☐ Telephone ☐ Video (i.e, Skype, Zoom)

Assisted Living Facilities

NOTE: Colonization screening and infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) or colonization screening(s) were performed and questions are not displayed, please update your response to question Q3a.

How many assisted living facilities (ALFs) were involved? This includes the number of intermediate care facilities (ALFs) where infected/colonized patients were identified, screening was conducted, or onsite/remote infection control assessments were performed.	_____ (Please provide approximate number of facilities if exact number is not known.)
If more than one ALF was involved in the response, how many ALFs conducted screening? Example: If 3 ALFs were involved in the response, but only 2 conducted screening, enter 2.	_____
How many screening tests were performed for all targeted MDROs across all assisted living facilities during this response? Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	_____ (If no patients were screened, enter 0. If exact number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	_____
Please select the reason(s) for not screening patients in assisted living facilities [Check all that apply]	☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason(s) for not conducting any screening. [Optional]	_____
If more than one ALF conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 ALFs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	_____

How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across allassisted living facilities during this response?

If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.

_____
(If none, enter 0. If exact number not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, and 10 were positive for C. auris while 8 were positive for CRE NDM, enter C. auris=10, CRE NDM=8).

_____

Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across all assisted living facilities during this response?

This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

How many remote infection control assessments were conducted across all assisted living facilities during this response? This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no remote assessments performed, enter 0.)
Please select the method in which the remote assessment was conducted	☐ Telephone ☐ Video (i.e, Skype, Zoom)

Other Congregate Settings

NOTE: Colonization screening and infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) or colonization screening(s) were performed and questions are not displayed, please update your response to question Q3a.

How many other congregate settings (e.g., group homes, homeless shelter) were involved? This includes the number of congregate facilities where infected/colonized patients were identified, screening was conducted, or onsite/remote infection control assessments were performed.	_____ (Please provide approximate number of facilities if exact number is not known.)
If more than one congregate setting was involved in the response, how many facilities conducted screening? Example: If 3 congregate settings were involved in the response, but only 2 conducted screening, enter 2.	_____
How many screening tests were performed for all targeted MDROs across all congregate settings during this response? Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	_____ (If no patients were screened, enter 0. If exact number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	_____

Please select the reason(s) for not screening patients in other congregate settings [Check all that apply]	☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason(s) for not conducting any screening. [Optional]	_____
If more than one congregate setting conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 congregate settings conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	_____
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all congregate settings during this response? If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	_____ (If none, enter 0. If exact number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, and 10 were positive for C. auris while 8 were positive for CRE NDM, enter C. auris=10, CRE NDM=8).	_____

Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an online or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across all congregate settings during this response?

This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

How many remote infection control assessments were conducted across all congregate settings during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Please select the method in which the remote assessment was conducted

- ☐ Telephone
- ☐ Video (i.e, Skype, Zoom)

Dialysis Facilities (Outpatient)

NOTE: Colonization screening and infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) or colonization screening(s) were performed and questions are not displayed, please update your response to question Q3a.

How many outpatient dialysis facilities were involved? This includes the number of outpatient facilities where infected/colonized patients were identified, screening was conducted, or onsite/remote infection control assessments were performed.	_____ (Please provide approximate number of facilities if exact number is not known.)
If more than one outpatient dialysis facility was involved in the response, how many dialysis facilities conducted screening? Example: If 3 outpatient dialysis facilities were involved in the response, but only 2 conducted screening, enter 2.	_____
How many screening tests were performed for all targeted MDROs accross all outpatient dialysis facilities during this response? Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	_____ (If no patients were screened, enter 0. If exact number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	_____
Please select the reason(s) for not screening patients in outpatient dialysis facilities [Check all that apply]	☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason(s) for not conducting any screening. [Optional]	_____
If more than one outpatient dialysis facility conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 outpatient dialysis facilities conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	_____

How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all outpatient dialysis facilities during this response?

If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.

_____
(If none, enter 0. If exact number not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, and 10 were positive for C. auris while 8 were positive for CRE NDM, enter C. auris=10, CRE NDM=8).

_____

Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across all outpatient dialysis facilities during this response?

This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

How many remote infection control assessments were conducted across all outpatient dialysis facilities during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Please select the method in which the remote assessment was conducted

☐ Telephone
☐ Video (i.e, Skype, Zoom)

Dental Offices

NOTE: Colonization screening and infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) or colonization screening(s) were performed and questions are not displayed, please update your response to question Q3a.

How many dental offices were involved?

This includes the number of other facilities where infected/colonized patients were identified, screening was conducted, or onsite/remote infection control assessments were performed.

_____
(Please provide approximate number of facilities if exact number is not known.)

If more than one dental office was involved in the response, how many dental facilities conducted screening?

Example: If 3 dental offices were involved in the response, but only 2 conducted screening, enter 2.

_____

How many screening tests were performed for all targeted MDROs accross all dental offices during this response?

Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.

_____
(If no patients were screened, enter 0. If exact number screened not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).

_____

Please select the reason(s) for not screening patients in dental offices [Check all that apply]	☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason(s) for not conducting any screening. [Optional]	_____
If more than one dental office conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 dental offices conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	_____
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all dental offices during this response? If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	_____ (If none, enter 0. If exact number not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, and 10 were positive for C. auris while 8 were positive for CRE NDM, enter C. auris=10, CRE NDM=8).	_____

Did your HAI/AR Program or a designee conduct any of the following? In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.	☐ Onsite infection control assessment ☐ Remote infection control assessment ☐ No infection control assessment conducted
Please specify reason for not conducting an onsite or remote assessment. [Optional]	_____
How many onsite infection control assessments were conducted across all dental offices during this response? This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no onsite assessments performed, enter 0.)
How many remote infection control assessments were conducted across all dental offices during this response? This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no remote assessments performed, enter 0.)
Please select the method in which the remote assessment was conducted	☐ Telephone ☐ Video (i.e, Skype, Zoom)

Ambulatory Surgical Centers

NOTE: Colonization screening and infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) or colonization screening(s) were performed and questions are not displayed, please update your response to question Q3a.

How many ambulatory surgical centers were involved? This includes the number of other facilities where infected/colonized patients were identified, screening was conducted, or onsite/remote infection control assessments were performed.	_____ (Please provide approximate number of facilities if exact number is not known.)
If more than one ambulatory surgical center was involved in the response, how many dental facilities conducted screening? Example: If 3 ambulatory surgical centers were involved in the response, but only 2 conducted screening, enter 2.	_____
How many screening tests were performed for all targeted MDROs accross all ambulatory surgical centers during this response? Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	_____ (If no patients were screened, enter 0. If exact number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	_____
Please select the reason(s) for not screening patients at ambulatory surgical center(s) [Check all that apply]	☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason(s) for not conducting any screening. [Optional]	_____
If more than one ambulatory surgical center conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 ambulatory surgical centers conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	_____

How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all other outpatient settings during this response?

If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.

_____
(If none, enter 0. If exact number not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, and 10 were positive for C. auris while 8 were positive for CRE NDM, enter C. auris=10, CRE NDM=8).

_____

Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across all ambulatory surgical centers during this response?

This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

How many remote infection control assessments were conducted across all ambulatory surgical centers during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Please select the method in which the remote assessment was conducted

☐ Telephone
☐ Video (i.e, Skype, Zoom)

Other Outpatient Settings

NOTE: Colonization screening and infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) or colonization screening(s) were performed and questions are not displayed, please update your response to question Q3a.

How many other outpatient settings were involved?

This includes the number of other facilities where infected/colonized patients were identified, screening was conducted, or onsite/remote infection control assessments were performed.

_____
(Please provide approximate number of facilities if exact number is not known.)

If more than one other outpatient settings was involved in the response, how many outpatient facilities conducted screening?

Example: If 3 other outpatient settings were involved in the response, but only 2 conducted screening, enter 2.

_____

How many screening tests were performed for all targeted MDROs accross all other outpatient settings during this response?

Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.

_____
(If no patients were screened, enter 0. If exact number screened not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).

_____

Please select the reason(s) for not screening patients in other outpatient settings [Check all that apply]	☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason(s) for not conducting any screening. [Optional]	_____
If more than one other outpatient setting conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 other outpatient settings conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	_____
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all other outpatient settings during this response? If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	_____ (If none, enter 0. If exact number not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, and 10 were positive for C. auris while 8 were positive for CRE NDM, enter C. auris=10, CRE NDM=8).	_____

Did your HAI/AR Program or a designee conduct any of the following? In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.	☐ Onsite infection control assessment ☐ Remote infection control assessment ☐ No infection control assessment conducted
Please specify reason for not conducting an onsite or remote assessment. [Optional]	_____
How many onsite infection control assessments were conducted across all other outpatient settings during this response? This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no onsite assessments performed, enter 0.)
How many remote infection control assessments were conducted across all other outpatient settings during this response? This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no remote assessments performed, enter 0.)
Please select the method in which the remote assessment was conducted	☐ Telephone ☐ Video (i.e, Skype, Zoom)

Other Healthcare Settings

NOTE: Colonization screening and infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) or colonization screening(s) were performed and questions are not displayed, please update your response to question Q3a.

How many other healthcare facilities were involved? This includes the number of other healthcare facilities where infected/colonized patients were identified, screening was conducted, or onsite/remote infection control assessments were performed.	_____ (Please provide approximate number of facilities if exact number is not known.)
If more than one other healthcare facility was involved in the response, how many other healthcare facilities conducted screening? Example: If 3 other healthcare facilities were involved in the response, but only 2 conducted screening, enter 2.	_____
How many screening tests were performed for all targeted MDROs accross all other healthcare facilities during this response? Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	_____ (If no patients were screened, enter 0. If exact number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50, CRE NDM=60).	_____
Please select the reason(s) for not screening patients in other healthcare facilities [Check all that apply]	☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason(s) for not conducting any screening. [Optional]	_____
If more than one other healthcare facility conducted screenings, how many healthcare facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 ALFs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	_____

How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all other healthcare facilities during this response?

If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.

_____
(If none, enter 0. If exact number not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, and 10 were positive for C. auris while 8 were positive for CRE NDM, enter C. auris=10, CRE NDM=8).

_____

Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across all other healthcare facilities during this response?

This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

How many remote infection control assessments were conducted across all other healthcare facilities during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Please select the method in which the remote assessment was conducted

- ☐ Telephone
- ☐ Video (i.e, Skype, Zoom)

Total case count

Q12. How many total patients with the target mechanisms (for CPOs) or organisms (for C. auris) were identified during this response?

Include index patients, those identified through colonization screening, and any other patients identified on prospective or retrospective surveillance

_____

Q12a. If more than one targeted MDRO triggered the response, specify the number of patients identified for each organism/mechanism (e.g., targeted MDROs included Candida auris and CRE NDM for which 50 and 60 screening tests were conducted, across all setting types and including the index case, enter C auris=11, CRE NDM=9).

_____

Q12b. In which of the following age groups was colonization or infection identified?

Note: This question does not ask the health departments to collect any additional information or perform colonization testing, but to report this information if it is known

- ☐ Patients/residents - Infant (0-2 years)
- ☐ Patients/residents - Pediatric (3-17 years)
- ☐ Patients/residents - Adults (18-64 years)
- ☐ Patients/residents - Older adults (65+ years)
- ☐ No colonization or infection were identified among patients or residents
- ☐ Unknown

Q12c. Was colonization or infection identified among any of the following groups during this investigation?

Note: This question does not ask the health departments to collect any additional information or perform colonization testing, but to report this information if it is known

Definitions

Direct care personnel -Care Providers Direct care personnel-Ancilliary Indirect care personnel Visitors

- Physician
- Nurse Practitioners/Physician Assistants
- Registered Nurse
- Licensed Practical Nurse
- Certified Nursing Assistants
- Respiratory therapist
- Physical/Occupation therapist
- Speech Therapist
- Dietary personnel
- Radiology technicians
- Phlebotomists

- Registrars
- Volunteers
- Environmental Services Personnel
- Sterile Processing Department
- Pharmacists
- Supply chain
- Patient/resident family members
- Hospice care providers
- Chaplains
- Resident personal services (e.g., hair/nails)

☐ Direct care personnel - Care Providers
☐ Direct care personnel - Ancillary
☐ Indirect care personnel
☐ Visitors
☐ Other
☐ None of the above
☐ Unknown

Q12c (i). Specify the type of care provider:

☐ Physician
☐ Nurse Practitioners/Physician Assistants
☐ Registered Nurse
☐ Licensed Practical Nurse
☐ Certified Nursing Assistants
☐ Other
☐ None of the above
☐ Unknown

Q12c (ii). Specify the type of ancilliary care personnel:

☐ Respiratory therapist
☐ Physical/Occupation therapist
☐ Speech Therapist
☐ Dietary personnel
☐ Radiology technicians
☐ Phlebotomists
☐ Registrars
☐ Volunteers
☐ Other
☐ None of the above
☐ Unknown

Q12c (iii). Specify the type of indirect care personnel:

☐ Environmental Services Personnel
☐ Sterile Processing Department
☐ Pharmacists
☐ Supply chain
☐ Others
☐ None of the above
☐ Unknown

Q12c (iv). Specify the type of visitors/contracted personnel:

☐ Patient/resident family members
☐ Hospice care providers
☐ Chaplains
☐ Resident personal services (e.g., hair/nails)
☐ Others
☐ None of the above
☐ Unknown

Q12c (v). Please specify the "other" group in which colonization or infection identified:

_____

Q13. Was transmission within the healthcare facility or facilities suspected in this investigation?

◯ Yes
◯ No
◯ Unknown/unclear

Q14. How many patients with other (i.e. non-targeted) MDROs were identified during this investigation?

This includes colonization or infection. Specify organisms/mechanisms and number (e.g. If the targeted MDRO was E. coli NDM, and you identified 5 patients with infections or colonization of another MDRO, such as 3 with C. auris and 2 with CRPA VIM, please write: C. auris=3, CRPA VIM=2)

_____

Q14a. In which of the following age groups was colonization or infection identified?

Note: This question does not ask the health departments to collect any additional information or perform colonization testing for HC personnel but to report this information on healthcare personnel if it is known

- ☐ Patients/residents - Infant (0-2 years)
- ☐ Patients/residents - Pediatric (3-17 years)
- ☐ Patients/residents - Adults (18-64 years)
- ☐ Patients/residents - Older adults (65+ years)
- ☐ No colonization or infection were identified among patients or residents
- ☐ Unknown

Q14b. Was colonization or infection identified among any of the following groups during this investigation?

Note: This question does not ask the health departments to collect any additional information or perform colonization testing for HC personnel but to report this information on healthcare personnel if it is known

Definitions

Direct care personnel -Care Providers Direct care personnel-Ancilliary Indirect care personnel Visitors

- Physician
- Nurse Practitioners/Physician Assistants
- Registered Nurse
- Licensed Practical Nurse
- Certified Nursing Assistants
- Respiratory therapist
- Physical/Occupation therapist
- Speech Therapist
- Dietary personnel
- Radiology technicians
- Phlebotomists
- Registrars
- Volunteers
- Environmental Services Personnel
- Sterile Processing Department
- Pharmacists
- Supply chain
- Patient/resident family members
- Hospice care providers
- Chaplains
- Resident personal services (e.g., hair/nails)

- ☐ Direct care personnel - care providers
- ☐ Direct care personnel - ancillary
- ☐ Indirect care personnel
- ☐ Visitors
- ☐ Other
- ☐ None of the above
- ☐ Unknown

Q15. Were any of the isolates identified in this response as pan-non-susceptible based on testing by CDC or Regional AR Lab?

For CPOs, this is defined as non-susceptible to all available antibiotics based on testing by CDC or Regional AR Lab.

For C. auris, this is defined as non-susceptible to all available antifungals based on testing by CDC lab.

- ◯ Yes
- ◯ No
- ◯ Unknown

Q15a. If yes, please specify which organism and mechanism combination was pan-non-susceptible.

_____

Public Health Programs Involved in Response

Answer the following questions at the response level (i.e., for any setting affected and any organism/mechanism combination).

Q16. Which public health programs and partners contributed to the response?

[Check all that apply]

*Regional Public Health Staff includes regional office staff and remote staff strategically assigned or placed to serve a designated geographic region within the jurisdiction.

- ☐ State/Territorial HAI/AR Program
- ☐ State/Territorial, other public health program(s), specify below
- ☐ Local HAI/AR Program
- ☐ Local, other public health program(s)
- ☐ Regional Public Health Staff*
- ☐ Regional AR Lab
- ☐ CDC, specify below
- ☐ Regulatory or licensing group(s), specify below
- ☐ Other, specify below
- ☐ Unknown

Q16a (i). Please list other state/territorial program(s) involved:

_____

Q16a (ii). Please list the CDC program(s) involved:

Please list the team or division that was involved at CDC and NOT an individual person (e.g., DHQP AR Team, DHQP Response Team, Mycotics).

_____

Q16a (iii). Please list regulatory or licensing group(s) involved:

_____

Q16a (iv). Please list other program(s) involved:

_____

Q16b. Which entity had the responsibility of leading the overall nMDRO response?

- ◯ State/Territorial HAI/AR Program
- ◯ State/Territorial, other public health program(s)
- ◯ Local HAI/AR Program
- ◯ Local, other public health program(s)
- ◯ Regional Public Health Staff (e.g., regional office staff, remote staff strategically assigned or placed to serve a designated geographic region within the jurisdiction)
- ◯ Regional AR Lab
- ◯ CDC
- ◯ Regulatory or licensing group(s)
- ◯ Other
- ◯ Unknown

Notifications

Q17. Were any of the following notification types made?

[Check all that apply]

Notifications may have been made by the healthcare facility, local public health department, and/or HAI/AR Program.

Patient notification: Patients were informed of investigation or advised of potential exposure or risk.

Provider notification: Providers were informed of the investigation or advised of potential exposure or risk.

Public disclosure: Members of the public were made aware of the investigation through media reports or other communication to the public.

- ☐ Patient notification
- ☐ Provider notification
- ☐ Public disclosure
- ☐ None
- ☐ Unknown

Q17a. Approximate number of patients notified

_____

Other Details

Q18. State lab specimen ID of index case

If specimen or isolate was tested at a Public Health Laboratory, please enter the state laboratory accession number. If multiple index cases triggered the response, include at least one state laboratory accession number. If the specimen was tested at a regional lab, please include that ID.

_____

(If isolate was not tested at the Public Health Laboratory, please input N/A.)

Q19. Date of specimen collection of index case

If multiple index cases triggered the response, include the first one.

_____

(If exact date not known, please provide approximate.)

Q20. Date target mechanism (for CPOs) or organism (for C. auris) was identified

If multiple index cases triggered the response, include the first one.

_____
(If exact date not known, please provide approximate.)

Q21. Were any of the staff contributing to this response partially or fully funded through the following funding mechanisms:

[Check all that apply]

- ☐ ELC Core Program H
- ☐ SHARP 1 or SHARP 2
- ☐ Enhancing Detection Expansion/CARES
- ☐ State/Local Funding
- ☐ Other, please specify below
- ☐ Unknown

Q21a. Please specify the other funding source:

_____

Additional Comments

Q22. Additional notes/comments to CDC (any other information you would like to share about this particular response)

_____

Q23. Response end date

Date when the HAI/AR Program closed or ended the response.

_____
(Please leave this field empty if the response is ongoing.)

Form Approved
OMB Control Number: 0920-1282
Expiration Date: 6/30/2026

CDC estimates the average public reporting burden for this collection of information as 8 hours per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1282).

HARP 3: Other HAI (non-nMDRO) Responses

Jurisdiction _____

HARP 3: Other HAI/AR (non-nMDRO) Responses Instructions:

Please report HAI/AR (non-nMDRO) responses conducted by either

- Staff from HAI/AR Program or their designee* (regardless of funding source), or
- Staff partially or fully funded through one of the following mechanisms who contributed to the response.
- ELC Core Program H
- SHARP 1 or SHARP 2
- Enhancing Detection Expansion/CARES This instrument is due on February 28, 2025 for the reporting period August 1, 2024 - December 31, 2024.

Data entry instructions

- Please enter one REDCap form for each HAI/AR (non-nMDRO) response that took place during the reporting period (August 1, 2024 - December 31, 2024, due by February 28, 2025).
- For continuing responses please ensure all the data entered are cumulative irrespective of the reporting period.
- The reporting instrument is programmed to display a subset of questions based on the answer(s) to Question 3a establishing the other HAI response as an investigation or consultation.
- Other HAI investigations must be reported by direct entry into this REDCap instrument.
- Other HAI consultations may be reported using the bulk upload tool (available in the Bulk Upload section of this REDCap project) OR by direct entry into this REDCap instrument.
Please review the HAI/AR Response & Prevention Reporting System Guide for additional details.

***Designee may include other state health department staff, local health department staff, contractor, or other partner supported by your program for which your program can assure the quality of services provided. Recipients should work with designees to ensure that all responses are submitted without duplication.**

HAI/AR Response & Prevention Reporting System Guide

[Attachment: "HAIAR Response & Prevention Reporting System Guide_6Feb2025.pdf"]

Reported through excel-based tracking tool/Imported into REDCap	☐ Yes
Q1. Local outbreak/response ID ID for cross-referencing with your local tracking tool as needed. May use any unique identifier.	_____
Q2. Response Start Date Date when the HAI/AR Program first made the decision to start the response.	_____ (If exact date not known, please approximate.)
Q3a. Did you perform (or provide substantial technical assistance with) any of the following activities for this response? [Check all that were performed] Note: When considering whether substantial technical assistance was provided, judgment can be applied (refer to the "Where to submit HAI/AR response and prevention activities" section of the HAI/AR Response & Prevention Reporting Guide for more information)	☐ Onsite for any reason ☐ Remote infection prevention and control assessment ☐ Patient notification or call for cases ☐ Environmental sampling ☐ Screening ☐ None of the above
Q3b. Did the HAI/AR program offer public health assistance for any of the following, for any facility involved in the response: [Check all that were offered]	☐ Onsite infection prevention and control assessment ☐ Remote infection prevention and control assessment ☐ Colonization screening ☐ Unknown ☐ None of the above
Q4. During which reporting period did the HAI/AR Program engage in activities related to this response? [Check all that apply]	☐ August 1, 2019 - July 31, 2020 ☐ August 1, 2020 - July 31, 2021 ☐ August 1, 2021 - July 31, 2022 ☐ August 1, 2022 - July 31, 2023 ☐ August 1, 2023 - July 31, 2024 ☐ August 1, 2024 - December 31, 2024

Epidemiological investigation

Q5. Did this response involve any of the following issues: [Check all that apply]	☐ Injection safety breach (other than drug diversion) ☐ Drug diversion ☐ Medical device reprocessing breach ☐ Medical product contamination other than device, extrinsic (facility) ☐ Medical product or device contamination, intrinsic (pre-facility) ☐ Environmental cleaning and disinfection issue ☐ Water related issue (i.e., water, faucet, holding tank, water treatment) ☐ Wastewater plumbing related issue (i.e., suspected or confirmed transmission from sink drains, toilets, hoppers, etc.) ☐ Foodborne illness ☐ Other infection prevention and control breach ☐ Other ☐ None ☐ Unknown
Q5a. Type of medical device:	_____
Q5b. Type of product:	_____
Q5c. Type of product:	_____
Q5d. Other infection prevention and control breach, specify:	_____
Q5e. Other, specify:	_____

Q6. What was the trigger for the response?

Select the option that best describes the trigger for initiating this response. If needed, more than one option can be selected.

- ☐ Single clinical case
- ☐ Multiple clinical cases
- ☐ Screening (e.g., admission, discharge, etc.)
- ☐ Infection control breach
- ☐ Other
- ☐ Unknown

Definitions/Examples

- Single clinical case: In some situations, identifying even a single pathogen, infection, or condition reflects a departure from baseline and warrants investigation. Examples include identification of an unusual HAI, a highly virulent or infectious pathogen, suspected involvement of contaminated medical products, an unusual infection following a procedure or other situations in which even a single case signals that other people may be at risk.
- Multiple clinical cases: A response to an unusual grouping of two or more instances of an organism/pathogen, infection type, or condition that occur together in time and space or share some other unique characteristic.
- Screening case: A response may be initiated as a result of screening activities (e.g., MRSA colonization identified through routine NICU screening).
- Infection control breach: A response to an infection control breach can occur even in the absence of any identified infections or colonization. Infection control breaches may be identified by public health or may be reported to the health department by the facility, healthcare personnel, survey agencies, or other partners.

Q6b. Other trigger, specify: _____

Total case count

Q7. How many confirmed or probable cases were identified in this response?

_____

(If not known, please approximate and use the comments field to explain further, as needed. Please enter 0 if no cases identified.)

Include all cases (e.g., patient, healthcare personnel); include infection and colonization, if relevant.

Q7a. In which of the following age groups was colonization or infection identified?

Note: This question does not ask the HAI/AR Program to collect any additional information or perform colonization testing, but to report this information if it is known

- ☐ Patients/residents - Infant (0-2 years)
- ☐ Patients/residents - Pediatric (3-17 years)
- ☐ Patients/residents - Adults (18-64 years)
- ☐ Patients/residents - Older adults (65+ years)
- ☐ No colonization or infection were identified among patients or residents
- ☐ Unknown

Q7b. Was colonization or infection identified among any of the following groups during this investigation?

Note: This question does not ask the HAI/AR Programs to collect any additional information or perform colonization testing, but to report this information if it is known

Definitions

Direct care personnel-Care Providers Direct care personnel-Ancilliary Indirect care personnel Visitors

- Physician
- Nurse Practitioners/Physician Assistants
- Registered Nurse
- Licensed Practical Nurse
- Certified Nursing Assistants
- Respiratory therapist
- Physical/Occupation therapist
- Speech Therapist
- Dietary personnel
- Radiology technicians
- Phlebotomists
- Registrars
- Volunteers
- Environmental Services Personnel
- Sterile Processing Department
- Pharmacists
- Supply chain
- Patient/resident family members
- Hospice care providers
- Chaplains
- Resident personal services (e.g., hair/nails)

☐ Direct care personnel - Care Providers
☐ Direct care personnel - Ancillary
☐ Indirect care personnel
☐ Visitors
☐ Other
☐ None of the above
☐ Unknown

Q7c (i). Specify the type of care provider:

☐ Physician
☐ Nurse Practitioners/Physician Assistants
☐ Registered Nurse
☐ Licensed Practical Nurse
☐ Certified Nursing Assistants
☐ Other
☐ None of the above
☐ Unknown

Q7c (ii). Specify the type of ancilliary care personnel:	☐ Respiratory therapist ☐ Physical/Occupation therapist ☐ Speech Therapist ☐ Dietary personnel ☐ Radiology technicians ☐ Phlebotomists ☐ Registrars ☐ Volunteers ☐ Other ☐ None of the above ☐ Unknown
Q7c (iii). Specify the type of indirect care personnel:	☐ Environmental Services Personnel ☐ Sterile Processing Department ☐ Pharmacists ☐ Supply chain ☐ Others ☐ None of the above ☐ Unknown
Q7c (iv). Specify the type of visitors/contracted personnel:	☐ Patient/resident family members ☐ Hospice care providers ☐ Chaplains ☐ Resident personal services (e.g., hair/nails) ☐ Others ☐ None of the above ☐ Unknown
Q7c (v). Please specify the "other" group in which colonization or infection identified:	_____
Q8. Infection type(s): [Check all that apply]	☐ No infection identified ☐ Gastrointestinal ☐ Respiratory tract ☐ Blood stream ☐ Surgical site ☐ Skin/soft tissue ☐ Eye ☐ Urinary tract ☐ Neurological ☐ Other ☐ Unknown
Q8a. Other, please specify: [Optional]	_____
Q9. Number of potentially exposed patients: Please provide an approximate number, if unknown please enter "Unknown".	_____ (Please provide an approximate number, if unknown please enter "Unknown". Please enter 0 if no potential exposures.)
Q10. Was transmission within a healthcare facility suspected in this investigation (including colonization or infection)?	◯ Yes ◯ No ◯ Unknown/unclear

Q11. Primary pathogen identified

Select the most common pathogen identified. Choose the most specific choice available. For COVID-19, please select SARS-CoV-2.

If multiple pathogens were identified, please select "Other" for primary pathogen. When other is select, an additional field will appear with a text box. Please enter the pathogen names in the Other, specify box.

- ◯ Achromobacter spp.
- ◯ Acinetobacter spp.
- ◯ Adenovirus
- ◯ Aspergillus spp.
- ◯ Bacillus spp.
- ◯ Burkholderia spp.
- ◯ Candida auris
- ◯ Candida spp. (not including C. auris)
- ◯ Citrobacter spp.
- ◯ Creutzfeldt-Jakob disease (CJD)
- ◯ Clostridioides difficile
- ◯ Clostridioides perfringens
- ◯ Clostridioides sordelli
- ◯ Clostridioides spp. (not including C. difficile)
- ◯ Cytomegalovirus
- ◯ Cryptococcus neoformans
- ◯ Ebola virus
- ◯ Elizabethkingia spp.
- ◯ Cronobacter sakazakii (Enterobacter sakazakii)
- ◯ Enterobacter spp.
- ◯ Enterococcus spp.
- ◯ Enterovirus spp.
- ◯ Escherichia coli
- ◯ Escherichia spp. (not including E. coli)
- ◯ Hepatitis A
- ◯ Hepatitis B
- ◯ Hepatitis C
- ◯ Human immunodeficiency virus (HIV)
- ◯ Influenza virus
- ◯ Klebsiella spp.
- ◯ Legionella spp.
- ◯ Listeria spp.
- ◯ Measles virus
- ◯ Middle East respiratory syndrome-coronavirus (MERS-Cov)
- ◯ Monkeypox virus
- ◯ Mucor spp.
- ◯ Mycobacterium tuberculosis
- ◯ Nontuberculous mycobacteria (NTM)
- ◯ Norovirus
- ◯ Pantoea spp.
- ◯ Propionibacterium spp.
- ◯ Proteus spp.
- ◯ Providencia spp.
- ◯ Pseudomonas spp.
- ◯ Ralstonia spp.
- ◯ Respiratory syncytial virus
- ◯ Rhodococcus spp.
- ◯ Salmonella spp.
- ◯ SARS-CoV-2 (COVID-19)
- ◯ Serratia spp.
- ◯ Staphylococcus aureus (methicillin resistant) - MRSA
- ◯ Staphylococcus aureus (methicillin susceptible) - MSSA
- ◯ Staphylococcus aureus (methicillin resistance unknown)
- ◯ Staphylococcus spp. (not including S. aureus)
- ◯ Stenotrophomonas spp.
- ◯ Streptococcus pyogenes (Group A strep)
- ◯ Streptococcus agalactiae (Group B strep)
- ◯ Streptococcus spp. (not including S. pyogenes or S. agalactiae)
- ◯ Zika virus
- ◯ Other
- ◯ No organism identified
- ◯ Not applicable
- ◯ Unknown

Q11a. Other pathogen(s) identified, specify: _____

Q11b. Is this pathogen a novel or targeted MDRO (nMDRO)?
- ◯ Yes
- ◯ No
- ◯ Unknown

If this is an nMDRO investigation, please report in HARP 2: nMDRO Responses instead of HARP 3: Other HAI (non-nMDRO and COVID-19) Responses

Facility/Setting Information

Q12. Setting Type(s): Select setting types involved (where infections were identified, screenings were conducted, onsite assessments were performed, etc.). Additionally, select the setting type that best describes how the overall facility is licensed (e.g., in a SNF that cares for ventilated residents, select vSNF.)

If the facility has more than one level of care, select the level(s) of care relevant to the investigation and the responses to follow up activities should be submitted for those level(s) where investigation was conducted.

[Check all that apply]

- ☐ Acute Care Hospital (ACH)
- ☐ Critical Access Hospital (CAH)
- ☐ Inpatient Rehabilitation Facility
- ☐ Long-term Acute Care Hospital (LTACH)
- ☐ Ventilator-capable Nursing Home/ Skilled Nursing Facility (vSNF)
- ☐ Nursing Home/ Skilled Nursing Facility (SNF)
- ☐ Assisted Living Facility
- ☐ Other congregate setting (e.g., group homes, homeless shelter)
- ☐ Dialysis Facility (outpatient)
- ☐ Dental Office
- ☐ Ambulatory Surgical Center
- ☐ Other outpatient setting
- ☐ Other healthcare settings
- ☐ Unknown

Q12a. Please select the location within the ACH, if applicable
- ☐ Intensive care unit
- ☐ Burn unit
- ☐ Oncology unit
- ☐ Dialysis unit
- ☐ Operating room
- ☐ Emergency department
- ☐ Transplant unit
- ☐ Labor and delivery
- ☐ Medical unit
- ☐ Surgical unit
- ☐ Rehab unit
- ☐ Other
- ☐ Unknown

Q12a (i). Other location within the ACH facility, specify: _____

Q12a (ii). Intensive care unit type:

[Optional, Check all that apply]
- ☐ General
- ☐ Medical care
- ☐ Surgical
- ☐ Neuro
- ☐ Neonatal intensive care unit (NICU)
- ☐ Pediatric intensive care unit (PICU)
- ☐ Other

Q12b. Please select the location within the LTACH, if applicable

[Check all that apply]
- ☐ Intensive care unit
- ☐ Non-Intensive care unit
- ☐ Other
- ☐ Unknown

Q12c. Please select the location within the vSNF, if applicable [Check all that apply]	☐ Ventilator unit (or ventilated residents, if no separate ventilator unit) ☐ Non-ventilator unit ☐ Other ☐ Unknown
Q12d. Please select the location within the SNF, if applicable [Check all that apply]	☐ Tracheostomy unit (e.g., provides tracheostomy care but not license for ventilator services) ☐ Short-stay unit in long-term care facility ☐ Memory care unit ☐ Other ☐ Unknown
Q12e (i). Please select the types of congregate settings [Check all that apply]	☐ Group home ☐ Homeless shelter ☐ Behavioral health/ mental health facility ☐ Correctional facility ☐ School health clinic ☐ Migrant shelter ☐ Independent living facility ☐ Emergency shelters (other than homeless shelters) ☐ Other ☐ Unknown
Q12e (ii). Other congregate setting type, specify:	_____
Q12f (i). Please select the other outpatient setting type and services provided. [Check all that apply]	☐ Urology ☐ Endoscopy ☐ Wound clinic ☐ Pain clinic ☐ Home health ☐ Oncology ☐ Dermatology ☐ Ophthalmology/ eye clinic ☐ Federally Qualified Health Centers (FQHC) ☐ Other ☐ Unknown
Q12f (ii). Other outpatient setting type, specify:	_____
Q12g. Other healthcare setting type, specify:	_____

Q13a. NHSN OrgID of the primary outbreak facility (i.e., If this response activity includes more than one facility, please provide the NHSN OrgID of the facility where the majority of the health department response activity occurred). If NHSN OrgID is unknown, not available, or cannot be shared please complete Q13b. Note: for more information on how to obtain a facility NHSN OrgID visit: https://www.cdc.gov/nhsn/pdfs/orgid-verification-508.pdf.	_____ (If NHSN OrgID is unknown, not available, or cannot be shared please complete Q13b.)
Q13b. Zip code of the primary outbreak facility (i.e., If this response activity includes facilities in more than one zip code, please include the zip code of the facility where the majority of response activity occurred)	_____ (If zip code cannot be shared or is unknown please enter 99999.)
Q14. Were any of the facilities involved tribally operated or a part of the Indian Health Service:	◯ Yes ◯ No ◯ Unknown

Infection Control Assessments

Answer the following questions for each setting type involved.

Provision of onsite or remote assistance to assess infection control issues may be done directly by the recipient or by a designee. A designee may include other state health department staff, local health department staff, contractor, or other partner supported by your program for which your program can assure the quality of services provided. Recipients should work with designees to ensure that all responses are submitted without duplication.

The number of infection control assessments conducted should include each unique facility assessment to include repeat assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both onsite and remote visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

To be counted as an infection control assessment (onsite/remote) requires the use of a structured form of data collection, such as CDC ICAR tool or a similar state/locally developed tool.

Acute Care Hospitals

NOTE: Infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) were performed and questions are not displayed, please update your response to question Q3a.

Q15a. How many acute care hospitals (ACHs) were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q15a(i). Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

Q15a(ii). How many onsite infection control assessments were conducted across all ACHs during this response?

This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Q15a(iii). How many remote infection control assessments were conducted across all ACHs during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Critical Access Hospitals

NOTE: Infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) were performed and questions are not displayed, please update your response to question Q3a.

Q15b. How many critical access hospitals (CAHs) were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q15b(i). Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

Q15b(ii). How many onsite infection control assessments were conducted across all CAHs during this response?

This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Q15b(iii). How many remote infection control assessments were conducted across all CAHs during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Inpatient Rehabilitation Facilities

NOTE: Infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) were performed and questions are not displayed, please update your response to question Q3a.

Q15c. How many inpatient rehabilitation facilities (IRFs) were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q15c(i). Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

Q15c(ii). How many onsite infection control assessments were conducted across all IRFs during this response?

This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Q15c(iii). How many remote infection control assessments were conducted across all IRFs during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Long-term Acute Care Hospitals

NOTE: Infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) were performed and questions are not displayed, please update your response to question Q3a.

Q15d. How many long-term acute care hospitals (LTACHs) were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q15d(i). Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

Q15d(ii). How many onsite infection control assessments were conducted across all LTACHs during this response?

This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Q15d(iii). How many remote infection control assessments were conducted across all LTACHs during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Ventilator-capable Nursing Homes/ Skilled Nursing Facilities

NOTE: Infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) were performed and questions are not displayed, please update your response to question Q3a.

Q15e. How many ventilator-capable nursing home/skilled nursing facility (vSNFs) were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q15e(i). Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

Q15e(ii). How many onsite visits included infection control assessments?

In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

_____
(If no onsite assessments performed, enter 0.)

Q15e(iii). How many remote infection control assessments were conducted across all vSNFs during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Nursing Homes/ Skilled Nursing Facilities

NOTE: Infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) were performed and questions are not displayed, please update your response to question Q3a.

Q15f. How many non-ventilator capable nursing home/skilled nursing facilities (SNFs) were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q15f(i). Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

Q15f(ii). How many onsite infection control assessments were conducted across all SNFs during this response?

This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Q15f(iii). How many remote infection control assessments were conducted across all SNFs during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Assisted Living Facilities

NOTE: Infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) were performed and questions are not displayed, please update your response to question Q3a.

Q15g. How many assisted living facilities (ALFs) were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q15g(i). Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

Q15g(ii). How many onsite infection control assessments were conducted across all assisted living facilities during this response?

This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Q15g(iii). How many remote infection control assessments were conducted across all assisted living facilities during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Other Congregate Settings

NOTE: Infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) were performed and questions are not displayed, please update your response to question Q3a.

Q15h. How many other congregate settings (e.g., group homes, homeless shelter) were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q15h(i). Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an online or remote assessment.

[Optional]

_____

Q15h(ii). How many onsite infection control assessments were conducted across all congregate settings during this response?

This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Q15h(iii). How many remote infection control assessments were conducted across all congregate settings during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Dialysis Facilities (Outpatient)

NOTE: Infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) were performed and questions are not displayed, please update your response to question Q3a.

Q15i. How many outpatient dialysis facilities were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q15i(i). Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an online or remote assessment.

[Optional]

_____

Q15i(ii). How many onsite infection control assessments were conducted across all outpatient dialysis facilities during this response?

This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Q15i(iii). How many remote infection control assessments were conducted across all outpatient dialysis facilities during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Dental Offices

NOTE: Infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) were performed and questions are not displayed, please update your response to question Q3a.

Q15j. How many dental offices were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q15j(i). Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

Q15j(ii). How many onsite infection control assessments were conducted across all dental offices during this response?

This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Q15j(iii). How many remote infection control assessments were conducted across all dental offices during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Ambulatory Surgical Centers

NOTE: Infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) were performed and questions are not displayed, please update your response to question Q3a.

Q15k. How many ambulatory surgical centers were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q15k(i). Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

Q15k(ii). How many onsite infection control assessments were conducted across all ambulatory surgical centers during this response?

This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Q15k(iii). How many remote infection control assessments were conducted across all ambulatory surgical centers during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Other Outpatient Settings

NOTE: Infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) were performed and questions are not displayed, please update your response to question Q3a.

Q15l. How many other outpatient facilities were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q15l(i). Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

Q15l(ii). How many onsite infection control assessments were conducted across all other outpatient settings during this response?

This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Q15l(iii). How many remote infection control assessments were conducted across all other outpatient settings during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Other Healthcare Settings

NOTE: Infection control assessment questions appear based on the choices selected in Q3a. If infection control assessment(s) were performed and questions are not displayed, please update your response to question Q3a.

Q15m. How many other facilities were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q15m(i). Did your HAI/AR Program or a designee conduct any of the following?

In general, the initial onsite infection control (IC) assessment should include a review of IC policies AND observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

In general, the initial remote IC assessment should include a review of key IC policies AND practices such as hand hygiene, PPE use, environmental cleaning and disinfection, and sink hygiene.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC ICAR tool or similar state/locally developed tool.

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No infection control assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

Q15m(ii). How many onsite infection control assessments were conducted across all other healthcare facilities during this response?

This number should include each unique facility assessments to include repeat onsite visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Q15m(iii). How many remote infection control assessments were conducted across all other healthcare facilities during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and onsite visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Public Health Programs Involved in Response

Answer the following questions at the response level (i.e., for any setting affected and any pathogen).

Q16. Which public health programs and partners contributed to the response?

[Check all that apply]

*Regional Public Health Staff includes regional office staff and remote staff strategically assigned or placed to serve a designated geographic region within the jurisdiction.

- ☐ State/Territorial HAI/AR Program
- ☐ State/Territorial, other public health program(s), specify below
- ☐ Local HAI/AR Program
- ☐ Local, other public health program(s)
- ☐ Regional Public Health Staff*
- ☐ Regional AR Lab
- ☐ CDC, specify below
- ☐ Regulatory or licensing group, specify below
- ☐ Other, specify below
- ☐ Unknown

Q16a(i). Please list other state/territorial program(s) involved:

_____

Q16a(ii). Please list the CDC program(s) involved:

Please list the team or division that was involved at CDC and NOT an individual (e.g., DHQP AR Team, DHQP Response Team, Mycotics).

_____

Q16a(iii). Please list regulatory or licensing group(s) involved:

_____

Q16a(iv). Please list other program(s) involved:

_____

Q16a. Which entity had the responsibility of leading the overall HAI/AR response?

- ◯ State/Territorial HAI/AR Program
- ◯ State/Territorial, other public health program(s)
- ◯ Local HAI/AR Program
- ◯ Local, other public health program(s)
- ◯ Regional Public Health Staff (e.g., regional office staff, remote staff strategically assigned or placed to serve a designated geographic region within the jurisdiction)
- ◯ Regional AR Lab
- ◯ CDC
- ◯ Regulatory or licensing group(s)
- ◯ Other
- ◯ Unknown

Notifications

Q17. Were any of the following notification types made?

[Check all that apply]

Notifications may have been made by the healthcare facility, local public health department, and/or HAI/AR Program.

Patient notification: Patients were informed of investigation or advised of potential exposure or risk.

Provider notification: Providers were informed of the investigation or advised of potential exposure or risk.

Public disclosure: Members of the public were made aware of the investigation through media reports or other communication to the public.

- ☐ Patient notification
- ☐ Provider notification
- ☐ Public disclosure
- ☐ None
- ☐ Unknown

Q17a. Approximate number of patients notified

_____

Other Details

Q18. State lab specimen ID of index case

If specimen or isolate was tested at a Public Health Laboratory, please enter the state laboratory accession number. If multiple index cases triggered the response, include at least one state laboratory accession number. If the specimen was tested at a regional lab, please include that ID.

_____

(If isolate was not tested at the Public Health Laboratory, please input N/A)

Q18a. Date primary pathogen of response was identified

If multiple index cases triggered the response, include the first one.

_____

(If exact date not known, please provide approximate.)

Q19. Were any of the staff contributing to this response partially or fully funded through the following funding mechanisms: [Check all that apply]	☐ ELC Core Program H ☐ SHARP 1 or SHARP 2 ☐ Enhancing Detection Expansion/CARES ☐ State/Local Funding ☐ Other, please specify below ☐ Unknown
Q19a. Please specify the other funding source:	_____

Additional Comments

Q20. Additional notes/comments to CDC (any other information you would like to share about this particular response)	_____
Q21. Response end date Date when the HAI/AR Program closed or ended the response.	_____ (Please leave this field empty if the response is ongoing.)

Form Approved
OMB Control Number: 0920-1282
Expiration Date: 6/30/2026

CDC estimates the average public reporting burden for this collection of information as 8 hours per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1282).

HARP 4: Prevention-based Activities

Jurisdiction _____

HARP 4: Prevention-based Infection Control Assessments, Admission Screenings, and Point Prevalence Surveys (PPS) Instructions:

Please report prevention-based activities conducted by either

- Staff from HAI/AR Program or their designee* (regardless of funding source), or
- Staff partially or fully funded through one of the following mechanisms who contributed to the response.
- ELC Core Program H
- SHARP 1 or SHARP 2
- Enhancing Detection Expansion/CARES This instrument is due on February 28, 2025 for the reporting period August 1, 2024 - December 31, 2024.

Data entry instructions

- The Facility ID field will be used to link assessments, screenings, and PPS within the same facility. Please use the same Facility ID if a facility recieved multiple prevention-based activities.
- Prevention-based Infection Control Assessments or Prevention-based Admission Screenings

- Please enter one REDCap form instance for each facility conducting prevention-based infection control assessment or prevention-based admission screenings that took place during the reporting period (August 1, 2024 - December 31, 2024, due by February 28, 2025). Please report the total number of assessments/admission screenings for the facility.
- Prevention-based infection control assessments are distinct from response-driven assessments. Prevention-based infection control assessments are intended to provide feedback on infection control policies and practices before a problem is identified and require direct observation (either in person or via video) using a structured form for data collection. These typically are focused on facility types with characteristics associated with increased risk of HAI/AR threats (e.g., MDRO transmission, COVID-19 prevention, or other HAI threats). Admission screening is the use of colonization screening to identify an MDRO at the time of admission to a new healthcare facility or unit within the same facility to ensure timely

implementation of recommended interventions (e.g., use of contact precautions, placement in a cohort unit). In addition, admission screening can be useful to measure infection prevention and control effectiveness at a facility (i.e., parsing MDRO importation from intra-facility transmission when coupled with repeat PPSs) and identify other facilities in the region with a high MDRO prevalence. Prevention-based admission screenings are conducted proactively and are not triggered by a case or an outbreak.

- Prevention-based Point Prevalence Surveys (PPS)
- Please enter one REDCap form instance for each PPS (this is different from above). You may complete multiple instances of this form if a facility recieved repeated PPS during the reporting period.
- Prevention-based/proactive PPS are colonization screenings conducted at a healthcare facility at a predetermined frequency (e.g., every four to six months) and are not triggered by identification of a case. Prevention-based PPSs are a way to improve surveillance and identify those who require infection control actions to prevent further transmission. These PPSs can occur prior to a facility's identification of both novel and targeted MDRO cases, may involve only a subset of patients/residents (such as a single high acuity unit), and are distinct from PPSs performed in response to a single case or suspected transmission.
- Bulk Uploads
- Data for HARP 4 may be reporting using the bulk upload tools (available in the Bulk Upload section of this REDCap project) OR by direct entry into this REDCap instrument.
- Please refer to the "Excel-Based Tracking and Bulk Upload Process" section of the HAI/AR Response & Prevention Reporting System Guide for additional details regarding the use of bulk upload tools. *Designee may include other state health department staff, local health department staff, contractor, or other partner supported by your program for which your program can assure the quality of services provided. Recipients should work with designees to ensure that prevention activities are submitted without duplication.

HAI/AR Response & Prevention Reporting System Guide

[Attachment: "HAIAR Response & Prevention Reporting System Guide_6Feb2025.pdf"]

Reported through excel-based tracking tool/Imported into REDCap	☐ Yes
Reported through excel-based tracking tool/Imported into REDCap	☐ Yes
Reported through excel-based tracking tool/Imported into REDCap	☐ Yes

Facility Level Information

Q1. Facility ID

The Facility ID field will be used to link prevention-based activities (i.e., assessments, screenings, and PPS) within the same facility. Please use the same Facility ID if a facility recieved multiple prevention-based activities.

_____
(Please assign a unique identifier for the facility in which this activity took place. This ID will be utilized for tracking purposes)

Q2. Please indicate facility setting type	◯ Acute Care Hospital (ACH) ◯ Critical Access Hospital (CAH) ◯ Inpatient Rehabilitation Facility ◯ Long-term Acute Care Hospital (LTACH) ◯ Ventilator-capable Nursing Home/ Skilled Nursing Facility (vSNF) ◯ Nursing Home/ Skilled Nursing Facility (SNF) ◯ Assisted Living Facility ◯ Other congregate setting (e.g., group homes, homeless shelter) ◯ Dialysis Facility (outpatient) ◯ Dental Office ◯ Ambulatory Surgical Center ◯ Other outpatient setting ◯ Other healthcare settings ◯ Unknown
Q2a. Please specify the other outpatient setting:	_____
Q2b. Please specify the other healthcare setting type:	_____
Q3a. NHSN OrgID of facility If NHSN OrgID is unknown, not available, or cannot be shared please complete Q3b. Note: For more information on how to obtain a facility NHSN OrgID visit https://www.cdc.gov/nhsn/pdfs/orgid-verification-508.pdf	_____ (If NHSN OrgID is unknown, not available, or cannot be shared please complete Q3b.)
Q3b. Zip code of the facility	_____ (If zip code cannot be shared or is unknown please enter 99999)
Q4. Was this facility tribally operated or a part of the Indian Health Service:	◯ Yes ◯ No ◯ Unknown
Q5. Please indicate the type of prevention-based activity conducted:	◯ Prevention-based Infection Control Assessments ◯ Prevention-based Admission Screenings ◯ Prevention-based Point Prevalence Survey
Q6. Please indicate the reporting period for when these prevention-based infection control assessments/admission screenings occurred.	◯ August 1, 2024 - December 31, 2024

Prevention-based Infection Control Assessments

Report all prevention-based infection control assessments for the facility during the reporting period.

Only one instance of HARP 4 should be completed PER facility to describe to TOTAL number of prevention-based infection control assessments conducted in the facility during the reporting period.

Q7a (i). Type of assessment(s) performed

[Check all that apply]

- ☐ Onsite
- ☐ Remote

Q7a (ii). Total number of onsite infection control assessments: _____

Q7a (iii). Total number of remote infection control assessments: _____

Q7b. Reason for infection control assessment(s)

[Check all that apply]

- ☐ MDRO prevention
- ☐ COVID-19 prevention
- ☐ General HAI prevention (general non-MDRO or request from facility, etc.)
- ☐ None of the above

Prevention-based Admission Screenings

Report all prevention-based admission screenings for the facility during the reporting period.

Only one instance of HARP 4 should be completed PER facility to describe to TOTAL number of prevention-based admission screenings conducted in the facility during the reporting period.

Q8. Indicate target(s) screened:

- ☐ C. auris
- ☐ KPC, VIM, IMP, OXA-48-like, NDM
- ☐ CRAB with OXA-23, -24/40, -58, -235
- ☐ Other

C. auris

Total Screened Total Positive
_____ _____

Total Screened Mechanism Total Positive Associated Organism
KPC, VIM, IMP, OXA-48-like, NDM _____ KPC only _____ _____
VIM only _____ _____
IMP only _____ _____
OXA-48-like only _____ _____
NDM only _____ _____
Multiple Mechanisms (i.e., dual, triple) - Combo 1 _____ _____
Multiple Mechanisms (i.e., dual, triple) - Combo 2 _____ _____
Multiple Mechanisms (i.e., dual, triple) - Combo 3 _____ _____

If there were multiple mechanisms (i.e., dual, triple) - combo 1, please list: _____

Example: KPC/NDM

If there were multiple mechanisms (i.e., dual, triple) - combo 2, please list: _____

Example: KPC/NDM

If there were multiple mechanisms (i.e., dual, triple) - combo 3, please list: _____

Example: KPC/NDM

Total Screened Mechanism Total Positive
CRAB with OXA-23, -24/40, -58, -235 _____ OXA-23 only _____
OXA-24/40 only _____
OXA-58 only _____
OXA-235 only _____
Multiple Mechanisms (i.e., dual, triple) - Combo 1 _____
Multiple Mechanisms (i.e., dual, triple) - Combo 2 _____
Multiple Mechanisms (i.e., dual, triple) - Combo 3 _____

If there were multiple mechanisms (i.e., dual, triple) - combo 1, please list: _____

Example: OXA-23/OXA-235

If there were multiple mechanisms (i.e., dual, triple) - combo 2, please list: _____

Example: OXA-23/OXA-235

If there were multiple mechanisms (i.e., dual, triple) - combo 3, please list: _____

Example: OXA-23/OXA-235

Other

Please specify target orangism and/or mechanism

_____

Total Screened Total Positive
_____ _____

Prevention-based Point Prevalence Survey

Only PREVENTION-based PPS should be reported here. Response based activities should be reported in HARP 2/3.

Multiple instances of HARP 4 may be completed for facilities receiving more than one PPS during the reporting period. Additional PPS rounds should be captured in an additional instance of HARP 4, where the Facility ID remains the same.

Q9. Date of PPS:

_____
(If exact date not known, please approximate.)

Q10. Indicate which target(s) screened and number of screenings performed:

- ☐ C. auris
- ☐ KPC, VIM, IMP, OXA-48-like, NDM
- ☐ CRAB with OXA-23, -24/40, -58, -235
- ☐ Other

C. auris

Total Screened Total Positive
_____ _____

Total Screened Mechanism Total Positive Associated Organism
KPC, VIM, IMP, OXA-48-like, NDM _____ KPC only _____ _____
VIM only _____ _____
IMP only _____ _____
OXA-48-like only _____ _____
NDM only _____ _____
Multiple Mechanisms (i.e., dual, triple) - Combo 1 _____ _____
Multiple Mechanisms (i.e., dual, triple) - Combo 2 _____ _____
Multiple Mechanisms (i.e., dual, triple) - Combo 3 _____ _____

If there were multiple mechanisms (i.e., dual, triple) - combo 1, please list: _____

Example: KPC/NDM

If there were multiple mechanisms (i.e., dual, triple) - combo 2, please list: _____

Example: KPC/NDM

If there were multiple mechanisms (i.e., dual, triple) - combo 3, please list: _____

Example: KPC/NDM

Total Screened Mechanism Total Positive
CRAB with OXA-23, -24/40, -58, -235 _____ OXA-23 only _____
OXA-24/40 only _____
OXA-58 only _____
OXA-235 only _____
Multiple Mechanisms (i.e., dual, triple) - Combo 1 _____
Multiple Mechanisms (i.e., dual, triple) - Combo 2 _____
Multiple Mechanisms (i.e., dual, triple) - Combo 3 _____

If there were multiple mechanisms (i.e., dual, triple) - combo 1, please list: _____

Example: OXA-23/OXA-235

If there were multiple mechanisms (i.e., dual, triple) - combo 2, please list: _____

Example: OXA-23/OXA-235

If there were multiple mechanisms (i.e., dual, triple) - combo 3, please list: _____

Example: OXA-23/OXA-235

Other

Please specify target organism and/or mechanism

_____

Total Screened Total Positive
_____ _____

Q11a. Was there a public health investigation conducted as a result of this prevention-based PPS?

◯ Yes
◯ No

Q11b. nMDRO Response ID:

The nMDRO Response ID should match the Local outbreak/Response ID associated with Q1 of HARP 2.

_____
(If multiple responses were conducted, separate nMDRO Response IDs with a semicolon)

Funding

Q12. Were any of the staff contributing to this prevention-based activity partially or fully funded through the following funding mechanisms:

[Check all that apply]

- ☐ ELC Core Program H
- ☐ SHARP 1 or SHARP 2
- ☐ Enhancing Detection Expansion/CARES
- ☐ State/Local Funding
- ☐ Other, please specify below
- ☐ Unknown

Q12a. Please specify the other funding source: _____

Additional Comments

Q13. Additional notes/comments to CDC (any other information you would like to share about this facility/PPS): _____

Form Approved
OMB Control Number: 0920-1282
Expiration Date: 6/30/2026

CDC estimates the average public reporting burden for this collection of information as 8 hours per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1282).

HARP Bulk Uploads

Jurisdiction _____

HARP Bulk Uploads

HAI/AR Programs may submit HAI/AR Response & Prevention Reporting System data for:

- HARP 2: nMDRO Consultations
- HARP 3: HAI (non-nMDRO) Consultations
- HARP 4: Prevention-based Activities via the Excel-based tool linked below. Prior to using this tool, please thoroughly review the "Excel-Based Tracking and Bulk Upload Process" section of the HAI/AR Response & Prevention Reporting System Guide for additional details regarding the use of the bulk upload tool.

HAI/AR Response & Prevention Reporting System Guide

[Attachment: "HAIAR Response & Prevention Reporting System Guide_6Feb2025.pdf"]

HAI/AR Response & Prevention Bulk Upload Tool

Please download this Excel file (.xlsx) if you wish to participate in bulk data upload. The Excel file has 7 tabs (instructions, codebook, nMDRO consultations, HAI consultations, prevention-based infection control assessments, prevention-based admission screenings, and prevention-based point prevalence surveys).

[Attachment: "BP1_BulkUpload_Template.xlsx"]

The 2025 Bulk Upload Tool will be made available in March 2025.

Please acknowledge that you have reviewed the "Excel-based Tracking and Bulk Data Upload Process" section of the HAI/AR Response & Prevention Reporting System Guide prior to submitting the bulk upload tool.

◯ Yes

All values that do not match those originally coded in the Excel-based tool will be imported as missing data.

Please upload a completed version of the Bulk Upload Excel Tool:

(File must be saved as .xlsx)

The file uploaded should have the naming convention "harp_bulk_2024_JURIS.xlsx" where JURIS is the standard 2 letter abbreviation for your state/territory. Cities/counties may spell out their name (e.g., harp_bulk_2024_chicago or harp_bulk_2024_lacounty).