**Risk Assessment for Infection Surveillance, Prevention and Control Programs**

**in Ambulatory Healthcare Settings**

**Explanation of Risk Assessment Tool and the Template for a Risk Assessment Report**

This Risk Assessment tool, beginning on page 6, can be used to conduct a facility risk assessment for acquiring and transmitting infections in a variety of ambulatory healthcare settings. The results of the risk assessment can then be reported using the accompanying template for a Risk Assessment Report (beginning on page 3). **The findings of the risk assessment should be used to provide information about where an organization should focus its infection surveillance, prevention and control activities**.

A facility risk assessment is conducted by identifying and reviewing potential risk factors for infection related to the care, treatment, and services provided and to the environment of care in a specific healthcare setting. The identified risks of greatest importance and urgency are then selected and prioritized. **Based on these identified risks, facility personnel should develop the organization’s Infection Surveillance, Prevention and Control (ISPC) Plan (i.e., an action plan).**

The ISPC Plan should include a goal for reducing the risk of infection associated with each of these identified risks, a measurable objective for each goal, and evidence based strategies for meeting each of these objectives. The Plan should also identify the personnel responsible for implementing the strategies and include mechanisms for evaluating the effectiveness of meeting the ISPC Plan’s objectives.

**Assessment Process**

1. Convene a team to conduct the risk assessment.
2. Identify potential risk factors in each of the following categories:

* Community and populations served
* Potential for specific infection
* Treatment and care practices
* Instrument and medical device cleaning, disinfection and handling
* Environment of care
* Emergency management
* Others identified by the organization

1. Assess and score each potential risk factor based on the following:
   1. **Potential impact** of the event/condition on patients and personnel, determined by evaluating the potential for patient illness, injury, infection, death, need for admission to an inpatient facility; the potential for personnel illness, injury, infection, shortage; potential to impact the organization’s ability to function/remain open; and degree of clinical and financial impact.
   2. **Probability of the event/condition occurring** determined by evaluating the risk of the potential threat actually occurring. Information regarding historical data, infection surveillance data, the scope of services provided by the facility, and the environment of the surrounding area (topography, interstate roads, chemical plants, railroad, ports, etc.) are considered when determining this score.
   3. **Organization’s preparedness** to deal with the event/condition determined by considering policies and procedures already in place, staff experience and response to actual situations, and available services and equipment.
2. After risk scores are assigned in the three assessment groups, total the numbers in each group to provide a numerical risk level for each event/ condition.
3. Rank the events/conditions from the highest to lowest score in the table provided. Select the risks with the highest scores for priority focus for developing the annual ISPC Plan. NOTE: Some events/conditions with a lower score may be selected because they are an accreditation or regulatory requirement.

The risk assessment and ISPC Plan should be reviewed and approved by the organization’s quality assurance and performance improvement committee (or other designated committee). The risk assessment and ISPC Plan should be reviewed annually (and sooner if circumstances change).

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**Cover Page for Risk Assessment Report**

**Risk Assessment Report for Infection Surveillance, Prevention and Control (ISPC) Program**

**Year: 20\_\_**

**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Overview**

A facility risk assessment for acquiring and transmitting infections should be conducted annually in each healthcare facility. [Note: An annual risk assessment is required for organizations accredited by The Joint Commission and other accreditation organizations.] The risk assessment provides a foundation for the Infection Surveillance, Prevention and Control Program because it is used is used to provide information about where an organization should focus its infection surveillance, prevention and control activities.

This facility risk assessment was conducted by identifying and reviewing potential risk factors for infection related to the care, treatment, and services provided and to the environment of care in a specific healthcare setting. The identified risks of greatest importance and urgency were selected and prioritized and are noted below. Based on these identified risks, facility personnel will develop the organization’s Infection Surveillance, Prevention and Control (ISPC) Plan (i.e., an action plan, with goals and measurable objectives.)

The ISPC Plan includes a goal for reducing the risk of infection associated with each of the prioritized risks, a measurable objective for each goal, and evidence based strategies for meeting each of these objectives. The Plan also (1) identifies the personnel responsible for developing the Plan and implementing the ISPC Program strategies and (2) includes mechanisms for evaluating the effectiveness of the meeting the ISPC Program’s objectives.

**Assessment Tool**

An organizational Infection Risk Assessment **tool** (below) was reviewed and adapted for use by (Organization name) by the following personnel:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Risk Assessment tool was used to identify potential infection risk factors in each of the following categories:

* Community and populations served
* Potential for specific infection
* Treatment and care practices
* Instrument and medical device cleaning, disinfection and handling
* Environment of care
* Emergency management
* Others identified by the organization

**Process**

The following personnel conducted the risk assessment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The group identified, assessed and scored each potential risk factor based on the following:

1. **Potential impact** of the event/condition on patients and personnel, determined by evaluating the potential for patient illness, injury, infection, death, need for admission to an inpatient facility; the potential for personnel illness, injury, infection, shortage; potential to impact the organization’s ability to function/remain open; and degree of clinical and financial impact.
2. **Probability of the event/condition occurring,** determined by evaluating the risk of the potential threat actually occurring. Information regarding historical data, infection surveillance data, the scope of services provided by the facility, the environment of the surrounding area (topography, interstate roads, chemical plants, railroad, ports, etc.), and health department data, are considered when determining this score.
3. **Organization’s preparedness** to deal with the event/condition, determined by considering policies and procedures already in place, staff experience and response to actual situations, and available services and equipment.

**Ranking of Scores**

After risk scores are assigned in the three assessment groups, the numbers in each group were totaled to provide a numerical risk level for each event/condition. The numerical risk level can range from 0 (lowest vulnerability) to 9 (highest vulnerability). The risk factors (i.e., events/conditions) were then ranked from highest to lowest risk level in the table below. The risks with the highest scores will be used for priority focus for developing the annual ISPC Plan. NOTE: Some events/conditions with a lower score may be selected because they are an accreditation or regulatory requirement, or can be quickly and easily implemented.

**Distribution of Risk Assessment**

The Risk assessment was shared with others, such as the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to solicit comments. The original group evaluated and incorporated the comments, as needed, and finalized this risk assessment. The risk assessment will be taken to the (governing body) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the \_\_\_\_\_\_\_\_\_\_\_\_\_\_Committee for final approvals before the Infection Surveillance, Prevention and Control Plan is developed. After final approval of the risk assessment findings, the ISPC Plan will be developed by \_\_\_\_\_\_\_\_\_\_with periodic reports back to the \_\_\_\_\_\_\_\_\_\_\_\_Committee until the Plan has been fully implemented.

**Results**

A numerical risk level of 9 is identified as the highest perceived potential risk.

| **Event or Condition** | **Score** |
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**Risk Assessment for the Infection Surveillance, Prevention and Control (ISPC) Program**

**Year: 20\_\_\_**

**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Event or Condition** | **What is potential impact of event/condition on patients and staff?** | | | | **What is probability of event/condition occurring?** | | | | **What is organization’s preparedness to deal with this event/condition?** | | | | **Numerical risk level** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **High (3)** | **Med (2)** | **Low (1)** | **None (0)** | **High (3)** | **Med (2)** | **Low (1)** | **None (0)** | **None (3)** | **Poor (2)** | **Fair (1)** | **Good (0)** | **Total** |
| **Community & Populations served:** | | | | | | | | | | | | | |
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| **EMERGING INFECTIOUS DISEASE** |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Potential for specific infection:** | | | | | | | | | | | | | |
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| **Care practIces:** | | | | | | | | | | | | | |
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| **instrument & medical device cleaning, disinfection & handling** | | | | | | | | | | | | | |
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| **Environment of care:** | | | | | | | | | | | | | |
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| **Emergency Management:** | | | | | | | | | | | | | |
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1. **Potential impact of the event/condition on patients and personnel**: determined by evaluating the potential for patient illness, injury, infection, death, need for admission to an inpatient facility; the potential for personnel illness, injury, infection, shortage; potential to impact the organization’s ability to function/remain open; and degree of clinical and financial impact.
2. **Probability of the event/condition occurring**: determined by evaluating the risk of the potential threat actually occurring. Information regarding historical data, infection surveillance data, the scope of services provided by the facility, and the environment of the surrounding area (topography, interstate roads, chemical plants, railroad, ports, etc.) are considered when determining this score.
3. **Organization’s preparedness to deal with the event/condition**: determined by considering policies and procedures already in place, staff experience and response to actual situations, and available services and equipment.

Developed by: K. Arias, M. Patrick, K. Delahanty and S. Odachowski

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| **RISK EVENT/ CONDITION** | **GOAL** | **OBJECTIVE**  **(measurable, includes**  **timeframe for completion)** |
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**GOALS AND OBJECTIVES**

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| **RISK EVENT/ CONDITION** | **GOAL** | **OBJECTIVE**  **(measurable, includes**  **timeframe for completion)** | **STRATEGIES** | **IMPLEMENTATION** | |
|  |  |  |  | **Respon-sible**  **Person(s)** | **Method for Evaluating**  **Effectiveness** |
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