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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Components** | **Probability of Performance-Failure** | | | | **Impact (Clinical/Financial/Resources)** | | | **Infection Prevention Systems** | | | | **Score** | **Goal** |
| Potential Risks/Problems | High | Med | Low | Never | High | Moderate | Minimal | Poor | Fair | Good | Excellent | >7 |  |
| 3 | 2 | 1 | 0 | 3 | 2 | 1 | 3 | 2 | 1 | 0 |  |  |
| **Mandatory (no opting out) Local, State and Federal Regulation**  **(add 7 to all items in this column)** |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Procedures HAI’s** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surgical Site Infections |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SSI-Ortho Join Replacement |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SSI-plastic surgery |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SSI-ophthalmology |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SSI- |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SSI- |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SSI- |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Prevention Activities** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hand Hygiene program |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Standard Precautions |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TB screening of patients |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Appropriate prophylactic antibiotic |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Appropriate OR attire |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Environment** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Medication Refrigerator Temp logs |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sterilization monitoring |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Infection from inadequate air handling |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Positive Pressure room monitoring |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cleaning/high level disinfection process |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Construction/Renovation Program (ICRA’s) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Regulated Waste Management Program |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Program Components** | **Probability of Performance-Failure** | | | | **Impact (Clinical/Financial/Resources)** | | | **Infection Prevention Systems** | | | | **Score** | **Goal** |
| Potential Risks/Problems | High | Med | Low | Never | High | Moderate | Minimal | Poor | Fair | Good | Excellent | >7 |  |
| 3 | 2 | 1 | 0 | 3 | 2 | 1 | 3 | 2 | 1 | 0 |  |  |
| **Policy Procedures** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Current polices or procedures related to-infection control and prevention |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Established policy or procedures-safe injection practices |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Preparedness** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bioterrorism Agents |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Norovirus/Influenza/Other Respiratory infections |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Outbreak |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Community ID Risk-Lice/scabies/bed bugs |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Employee Health** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Annual TB screening (TST/QFT) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Annual Fit Testing |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Staff influenza immunization program |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bloodborne Pathogens Plan |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ATD/Tuberculosis Plan |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Multi Drug Resistance Organisms** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MRSA(Methicillin Resistant Staph aureus) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C difF (Clostridium difficile) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| VRE ( Vancomycin Resistant Enterococcus) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ESBL/CRE(Extended Spectrum Beta lactam/Carbapenemase Resistant Enterobacteriaceae) |  |  |  |  |  |  |  |  |  |  |  |  |  |

The Infection Control (IC) Risk Assessment grid is a visual tool to develop IC program priorities and stratify infection risks based on our geography, location in the community, and our patient population. The annual IC Plan is developed based on these risks. The Risk Assessment is an ongoing, continual process. If an outbreak should occur it will take precedence over the IC Plan.

**Zero-** Process has been going well **Low or 1**- Processes are initiated and being followed **Med or 2**-The processes in place are working well and the outcomes are improving and sustaining **High or 3**- Training or education sessions may need to be scheduled

Risk Assessment Completed on: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_