

Risk Assessment 2015

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done	Risk Priority
Tuberculosis	All staff, students, and visitors.	Current policy requiring follow-up for any positive TST. New proposed TB policy	Review of the current policy: adding the need to follow-up within 2 months of notice; adding the need for TTUHSC to pay for any QFT test performed at the health department with any positive TST from a TST administered by TTUHSC OH	Infection Control Nurse and Director of QI/OH	03/31/2015 Pending	Pending/In review	11
Influenza	All staff, students, and visitors	New Influenza Policy Implemented. We are offering the Influenza vaccine to all staff at no cost. Administration goal of 90%	Implementing the need to wear a surgical mask in all clinical areas for the duration of the Flu season if the vaccination is refused. To continue to monitor compliance	Infection Control Nurse and Director of QI/OH	Active	Done 02/19/2014 COC approved Active	10
Hand Washing	All staff, students, and visitors	Currently following CDC recommendations. Also educating all new hires in New Employee Orientation, monitoring via direct observation in the clinics from patients prospective	Continue to educate new employees during NEO. Place posters and educational material in hallways, bathrooms, and elevators	Infection Control Nurse and Director of QI/OH	03/31/2015 Pending	Pending/in review	10

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Standardization of all sanitation/decontamination products in all clinics. (Equipment/Devices)	Patients	Sanitizing per protocol, which is different in each clinic	Standardize all procedures taking into account special sterilization needs for certain equipment	Infection Control Nurse/Director of QI/OH, Clinic Manager, Instrument Tech	03/31/2015 Pending	Pending/in review	10
Invasive Procedures	Patients	Invasive procedures, equipment use, technical expertise	Monitor and reinforce education	Director of QI/OH, Clinic Manager, Instrument Tech	03/31/2015 Ongoing	Ongoing	10
High-risk Patients	Patients Diabetics, GBCC patients	Diabetic care Breast Cancer patient care Monitoring and reporting to COC	Standardize monitoring and reporting system, trend occurrences, monitor infections to low immunity patients	Infection Control Nurse/Director of QI/OH, Clinic Managers	03/31/2015 Ongoing	Ongoing	10
Special Populations Served	HIV infected, prisoners	Providing care as needed, monitoring	Reassess population needs and service provided	Infection Control Nurse/Director of QI/OH, Regulatory Specialist	03/31/2015 Ongoing	Ongoing	10
Reportable Conditions	Staff/Patients	Report to COC, DSHS, State agencies	Reinforce education and need to report on STD's	Infection Control Nurse/Director of QI/OH, Clinic Managers	03/31/2015 Ongoing	Ongoing	9

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Exposure Reporting	Physician, Staff, Patients	Report to COC, DSHS, State agencies	Reinforce education and the need to report STD's, monitor physician viral load related to exposure to protect patient population	Infection Control Nurse/Director of QI/OH, Clinic Managers	03/31/2015 Ongoing	Ongoing	9
Ebola	Physician, Staff, Patients	Report to DSHS, COC, state agencies	Reinforce education, facilitate PPE training for physicians	Infection Control Nurse/Director of QI/OH, Clinic Managers, Physicians	03/31/2015 Ongoing	Ongoing	5

Risk Event	Probability the Risk will Occur					Potential Severity if the Risk Occurs					How Well is the Organization Prepared to Address This Risk?					Risk Priority
	High	Med	Low	None		Life threatening	Permanent harm	Temp Harm	None			Poorly	Fairly Well	Well		
Score:																
TUBERCULOSIS	4	3	2	1		4	3	2	1			3	2	1		11
INFLUENZA	4					4							2			10
HANDWASHING	4					4							2			10
STANDARDIZATION OF SANITIZATION	4					4							2			10
INVASIVE PROCEDURES	4					4							2			10
HIGH-RISK PATIENTS	4					4							2			10
SPECIAL POPULATIONS	4					4							2			10
REPORTABLE CONDITIONS	4						3							1		9
EXPOSURE REPORTING	4						3						2			9
EBOLA			2					2						1		5