

March 15, 2021

**Infection Control Risk Assessment (ICRA)
for Reopening and Annual Assessment of Long-Term Care Facility
(to be used with ICRA Worksheet)**

Purpose of Reopening ICRA: To identify risks and to prioritize mitigation strategies.

This ICRA is the basis for the Reopening Plan for the facility. Facilities should identify risks based on their patient population, their geographic location, conditions in the community. Conditions in the community include socioeconomic factors, education level, and language diversity. By evaluating these types of conditions, facilities can better design educational opportunities and interventions.

To complete the ICRA, a multi-disciplinary team should be created. The members should include the following positions: Infection Preventionist, Medical Director, Pharmacy, Nursing, Housekeeping, Maintenance, Administration, Central Supply, Quality Assurance and Dietary.

Facilities should consider conducting the ICRA at least once a year or when conditions change at the facility or in the community. When using the ICRA for the first time, the facility may need to hold several meetings to complete each section as applicable to the facility.

When ranking risks, consider the probability of the event occurring; the degree of risk; the potential impact on care, treatment, or services; and how prepared the organization is to respond to the problem.

Use the following criteria for ranking of events.

- The risks you identify should be ranked in the order to be addressed. The issues should be prioritized (ranked 0-3) based on four(4) criteria: the probability of the event occurring, potential impact of it happening, what is the capacity of the facility to detect, and the readiness of the facility to prevent the event.
- Each facility's priorities will be different, and the ICRA should be conducted at the facility level.
 - Discuss each potential risk and come to group consensus before assigning a number to a component.
 - Occasionally compare risk scores to validate with group assignments.

Example:

EVENT	Probability of Occurrence <i>(How likely is this to occur?)</i>				Impact on Resident/Staff Safety <i>(Will this failure directly impact safety?)</i>				Capacity to Detect <i>(Are process in place to identify this failure?)</i>				Readiness to Prevent <i>(Are policies, procedures, and resources available to address this</i>			YEAR: _____
	High	Med	Low	None	Life Threatening	Permanent Harm	Temp Harm	None	High	Med	Low	None	Poor	Fair	Good	RISK LEVEL Add rankings (score of 8 or > are considered highest priority for improvement efforts)
Score	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
Lack of Hand Hygiene Compliance	3				3				2				2			10

In the example above, we will use the “Hand Hygiene Compliance” to work through the criteria for scoring.

- **What is the probability of the event occurring? (How likely is it to occur?)**
 - Hand hygiene audits show that the hand hygiene compliance rate is 45%. There is a high probability that non-compliance will occur. This event’s probability would be scored as a 3 (high). Enter this number as shown in the example above.
- **What is the potential impact on care, treatment, or services? (Will the failure directly impact safety?)**
 - If hand hygiene is not performed prior to treatment, the potential for harm is high (resident infections, HCP transmission, financial risks). This potential impact would be scored a 3 (high). Enter this number as shown in the example above.
- **What is the capacity of detecting the event? (Are processes in place to identify this failure?)**
 - Audits are conducted by facility leadership, monthly. Most of the observations are conducted on day shift observing clinical staff. Compliance rates are not calculated. The process would be assigned a score of 2 (Fair). Some audits are conducted, but not all shifts and disciplines are included. Compliance rates are not calculated and shared with frontline staff monthly. Enter this number as shown in the example above.
- **What is the readiness for preventing the event? (Are policies, procedures, and resources available to address the risk?)**
 - ABRHs are not located inside resident rooms and Hand Hygiene policy and procedure has not been reviewed and revised since 2009. Hand Hygiene educational materials and signage are not available in Spanish and the facility employs several first language Spanish speaking individuals this list is not all inclusive of items to be considered. The readiness would be scored as fair (2). Enter this number as shown in the example above.

- **The assigned numbers from each criterion are added and entered in the last column of the spreadsheet, as shown in example above.**

- Issues with the highest risk level have more risk and should be a higher priority. In general, any risk level that is ≥ 8 , should be included in the IPC Program. (Note: Hand Hygiene should always be included due the national non-compliance rates.)
- The group should help identify the top risks and assist with the development of goals, objectives, strategies for implementation, and method for evaluation.
- Next develop the “Reopening Plan.” Include the goals, objectives strategies for implementation and method for evaluation.
- The ICRA and the Reopening Plan should be evaluated, and risks should be reviewed annually, and anytime substantial changes occur as stated in the CMS guidance.