

DOH 420-440 October 2022

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# Template: Risk Assessment for Pathogens of Epidemiological Concern

Attached is a risk assessment template that may be used as by a facility to identify and stratify their pathogens of epidemiological concern (PEC).

#### Instructions:

Assign a risk score for each PEC, ranging from 0 to 3, in each of the four assessment categories. Total the numbers in all the assessment categories to determine the numerical risk level for each PEC (i.e., add or multiply the score for each section to calculate the numerical risk level). Rank the PECs from highest to lowest. Pathogens with the highest risk score should be the highest priority for developing and updating strategies for preventing transmission.

Additionally, a gap analysis may be used to assess a facility's preparedness for preventing transmission of PEC. Please see the document *PEC Gap Analysis* as an example. Resources, including best practice guidance, for developing and improving strategies to prevent transmission of PEC are in the Resources section below.

The potential impact of				The probability of				The organization's				Identified as a pathogen of				Total
transmission on patient				transmission occurring.				preparedness to				epidemiological concern by				Numerical
and staff.								prevent transmission.				agency				Risk Level
High	Med	Low	None	High	Med	Low	None	High	Med	Low	None	LHJ	DOH	CMS	Other	
(3)	(2)	(1)	(0)	(3)	(2)	(1)	(0)	(0)	(1)	(2)	(3)					
	trans	transmission and s	transmission on parameters and staff.  High Med Low	transmission on patient and staff.  High   Med   Low   None	transmission on patient and staff.  High   Med   Low   None   High	transmission on patient transmission and staff.  High   Med   Low   None   High   Med	transmission on patient and staff.  High   Med   Low   None   High   Med   Low	transmission on patient and staff. transmission occurring.  High Med Low None High Med Low None	transmission on patient and staff. transmission occurring. preventing Med Low None High Med Low None High	transmission on patient and staff. transmission occurring. prepare prevent transmission occurring. High Med Low None High Med Low None High Med	transmission on patient and staff. transmission occurring. preparedness prevent transmission Med Low None High Med Low None High Med Low	transmission on patient and staff. transmission occurring. preparedness to prevent transmission.  High Med Low None High Med Low None High Med Low None	transmission on patient and staff. transmission occurring. preparedness to prevent transmission.	transmission on patient and staff. transmission occurring. preparedness to epidemiologous prevent transmission. ag	transmission on patient and staff.  High Med Low None LHJ DOH CMS	transmission on patient and staff.  High Med Low None LHJ DOH CMS Other

The Risk Assessment is an ongoing process and should be updated at least annually.

#### **Numerical Risk Level Total:**

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 or sustained.

**High or 3**- Process needs attention. Training or education may be needed.

### **Definition of Categories:**

What is the potential impact of transmission of patient and staff: Determined by evaluating the potential for 1) patient infection, illness, death, and need for medical intervention; 2) personnel infection, illness, staff shortage, and 3) impact on the organization's ability to function, provide safe patient care, and remain open.

What is the probability of transmission occurring: Determined by evaluating the risk of the pathogen actually being identified and transmission actually occurring, including surveillance data, scope of services provided by the facility, prevalence in the community, prevalence in newly admitted patients, environment of care conditions, patient population, mode of transmission, and virulence of pathogen.

**Organization's preparedness to deal with this pathogen:** Determined by considering policies and procedures already in place, staff experience, historical response to similar situations, and availability of, PPE, isolation rooms, staff, cleaning and disinfection agents, and equipment

## **References for Risk Assessment Template:**

K. Arias, M. Patrick, K Delahanty and S. Odachowski. "Risk Assessment for Infection Surveillance, Prevention and Control Programs in Ambulatory Healthcare Settings" available online at: <u>ASC\_Risk\_Assessment\_Template.docx (live.com)</u>

Risk\_Assessment\_Example\_2.docx (live.com)

#### Resources:

Center for Disease Control and Prevention, "Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms" Containment Strategy Guidelines. Updated January 2019, available online at: <a href="https://example.com/health-new-contain-MDRO-H.pdf">Health-New-contain-MDRO-H.pdf</a> (cdc.gov)

Center for Disease Control and Prevention, "Multidrug-resistant organisms (MDRO) Management) Infection Control. Updated February 15, 2017 available online at: MDRO Management | Guidelines Library | Infection Control | CDC

Massachusetts Department of Public Health, "Guidance for Control of Targeted Multi-Drug Resistant Organisms (MDROs)" Updated February 7, 2020, available online at MDPHMDROToolkit FINAL.pdf (healthcentricadvisors.org)

Oregon Health Authority,"Oregon Multidrug-Resistant Organism and Clostridioides Difficile Toolkit", updated October 30, 2019, available online at: MDRO\_TOOLKIT.pdf (oregon.gov)

Washington State Hospital Association, "Washington State's New Pathogen Law" Law Change: Hospitals Must Adopt Pathogen Policy By January 1, 2023. June 8, 2022. Available online at: <a href="PowerPoint Presentation">PowerPoint Presentation (wsha.org)</a>

Washington State Department of Health, "Carbapenem-Resistant Enterobacteriaceae Reporting and Investigation Guideline" Updated March 2022, available online at: <u>Carbapenem-Resistant Enterobacteriaceae Reporting and Investigation Guideline (wa.gov)</u>