

2025 Q4  
Quarterly  
Risk  
Assessment







## CY25 ECRI Self-Assessment Tool for Bloodborne Pathogens - Findings and Action Plan



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**Assessment conducted by:** Dr. Robin Carter, DO, Medical Director in consultation with Merylyn Yegon

**Q4 Assessment Completed on:** 10/27/2025

**Overall Score:** 111/120 or 92%

**Findings/areas of highest risk identified:**

1. **Exposure Determination and the Exposure Control Plan –**
  - a. # 5b: Document annual consideration and implementation of safer medical devices, even if the decision is that no new medical devices are required?
    - i. Assessment Notes: This will need to be adopted.
2. **Hygiene Practices**
  - a. #16: After washing visible dirt from skin with soap and water, are employees required to decontaminate their hands with an alcohol-based handrub?
    - i. Assessment Notes: Hand washing is considered clean, hand sanitizer used before each patient
  - b. #17c: In work areas where occupational exposure to BBP is reasonably likely, is it prohibited to: Apply cosmetics or lip balm?
    - i. Assessment Notes: Lip balm is allowed in the clinic but not in the lab area.
3. **Personal Protective Equipment**
  - a. #23: If an employee decides not to use PPE because its use would prevent healthcare delivery or pose an occupational safety hazard, is that incident investigated and documented to determine whether changes can be instituted to prevent such occurrences in the future?
    - i. Assessment Notes: Policy may be needed.
4. **Vaccinations**
  - a. #41: If the postvaccination anti-HBsAg test is negative (<10 mIU/mL), is the three-dose vaccination series repeated and the test for anti-HBsAg given again one to two months after the last dose of the vaccine?
    - i. Assessment Notes: There Can be the 2 or 3 dose series.
  - b. #42: If the test is still negative after a second vaccine series, is the healthcare worker tested for HBsAg and total anti-HB core antibody (anti-HBcAg) to determine his or her HBV infection status?
    - i. Assessment Notes: Employees are sent to their PCP for further evaluation.
  - c. #44: Are healthcare workers found to be HBsAg negative but total anti-HBcAg positive considered to have been infected in the past but not in need of vaccination or treatment?
    - i. Assessment Notes: Needs to be addressed in ECP.
  - d. #45: Are healthcare workers who test positive for both HBsAg and total anti-HBcAg tests considered to have chronic HBV infection and given appropriate counseling for preventing transmission to others as well as a referral for ongoing care for medical management?
    - i. Assessment Notes: Needs to be addressed in ECP

# 2025 Q4 Quarterly Risk Assessment Findings

## 9 Findings

# 2025 Q4 Quarterly Risk Assessment Action Plan

9 Activities will correct and prevent 9 findings by July of 2026.

CY25 Goals	CY25 Activities (What, Who, When)	CY25 Performance
		3 & 6 Month Follow Up
Exposure Determination and the Exposure Control Plan	<ul style="list-style-type: none"> <li>Document annual consideration and implementation of safer medical devices, even if the decision is that no new medical devices are required.                             <ul style="list-style-type: none"> <li>Led by Medical Director to evaluate annually and implemented by June of 2026.</li> </ul> </li> </ul>	Jan 2026 – Apr 2026 – Jul 2026 –
		3 & 6 Month Follow Up
Hygiene Practices	<ul style="list-style-type: none"> <li>Revisit training of hand sanitizing at team huddles, and of lip balm not being used in clinic area                             <ul style="list-style-type: none"> <li>Medical Director and/or Operations Managers to provide training to team at huddles by April 2026.</li> </ul> </li> </ul>	Jan 2026 – Apr 2026 – Jul 2026 –
		3 & 6 Month Follow Up
Personal Protective Equipment	<ul style="list-style-type: none"> <li>If an employee decides not to use PPE because its use would prevent healthcare delivery or pose an occupational safety hazard, is that incident investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future?                             <ul style="list-style-type: none"> <li>Medical Director to incorporate this language and protocol into the existing PPE policy by July 2026.</li> </ul> </li> </ul>	Jan 2026 – Apr 2026 – Jul 2026 –
		3 & 6 Month Follow Up
Vaccination	<ul style="list-style-type: none"> <li>Exposure control plan (ECP) needs to be reviewed and revised to address all concerns identified through the risk assessment regarding employee vaccinations.                             <ul style="list-style-type: none"> <li>Medical Director reviews and revises the language of the ECP and then will present to operations managers and executives for approval and then have the board(s) approve by July 2026.</li> </ul> </li> </ul>	Jan 2026 – Apr 2026 – Jul 2026 –
		3 & 6 Month Follow Up
Postexposure Evaluation, Follow-up, and Prophylaxis	<ul style="list-style-type: none"> <li>Meet with clinical and executive leadership whether HBV &amp; HCV rapid testing should be added for employees like HIV.                             <ul style="list-style-type: none"> <li>Medical Director to conduct a review of current protocols, number of incidents in the last three years, and determination of whether SNHD should carry rapid testing for HBV &amp; HCV, and have those rapid tests added to the CLIA lab license.</li> </ul> </li> <li>Currently, Concentra protocols are used to govern activities in this space. SNCHC leadership needs to evaluate the Concentra protocols and determine if updates are necessary and how to implement them.                             <ul style="list-style-type: none"> <li>Led by Medical Director and Quality Management Coordinator to present to leadership and potentially the Board(s) for approval by July 2026.</li> </ul> </li> <li>Conduct further education of the team regarding consultation after possible exposure to HIV according to the most recent U.S. Public Health Service recommendations, including: When the source virus is known or suspected to be resistant to antiretrovirals (although initiation of PEP should not be delayed awaiting results of resistance testing)?                             <ul style="list-style-type: none"> <li>Led by Medical Director and Operations Managers to educate the team and review at subsequent huddles.</li> </ul> </li> </ul>	Jan 2026 – Apr 2026 – Jul 2026 –
		3 & 6 Month Follow Up
Housekeeping	<ul style="list-style-type: none"> <li>Review general practices and SOP protocols for maintaining, cleaning, and disinfecting in patient care areas to control environmental contamination with agents of CJD, and Ebola disinfecting practices.                             <ul style="list-style-type: none"> <li>Led by Medical Director to review and revise protocols for changes needed by June 2026</li> <li>Training provided by Operational Managers once the Medical Director has decided which updates and training are needed from their review and revision of the protocols by July 2026.</li> </ul> </li> </ul>	Jan 2026 – Apr 2026 – Jul 2026 –

Questions?

