2026 Q2 Quarterly Risk Assessment

SOUTHERN NEVADA Community HEALTH CENTER

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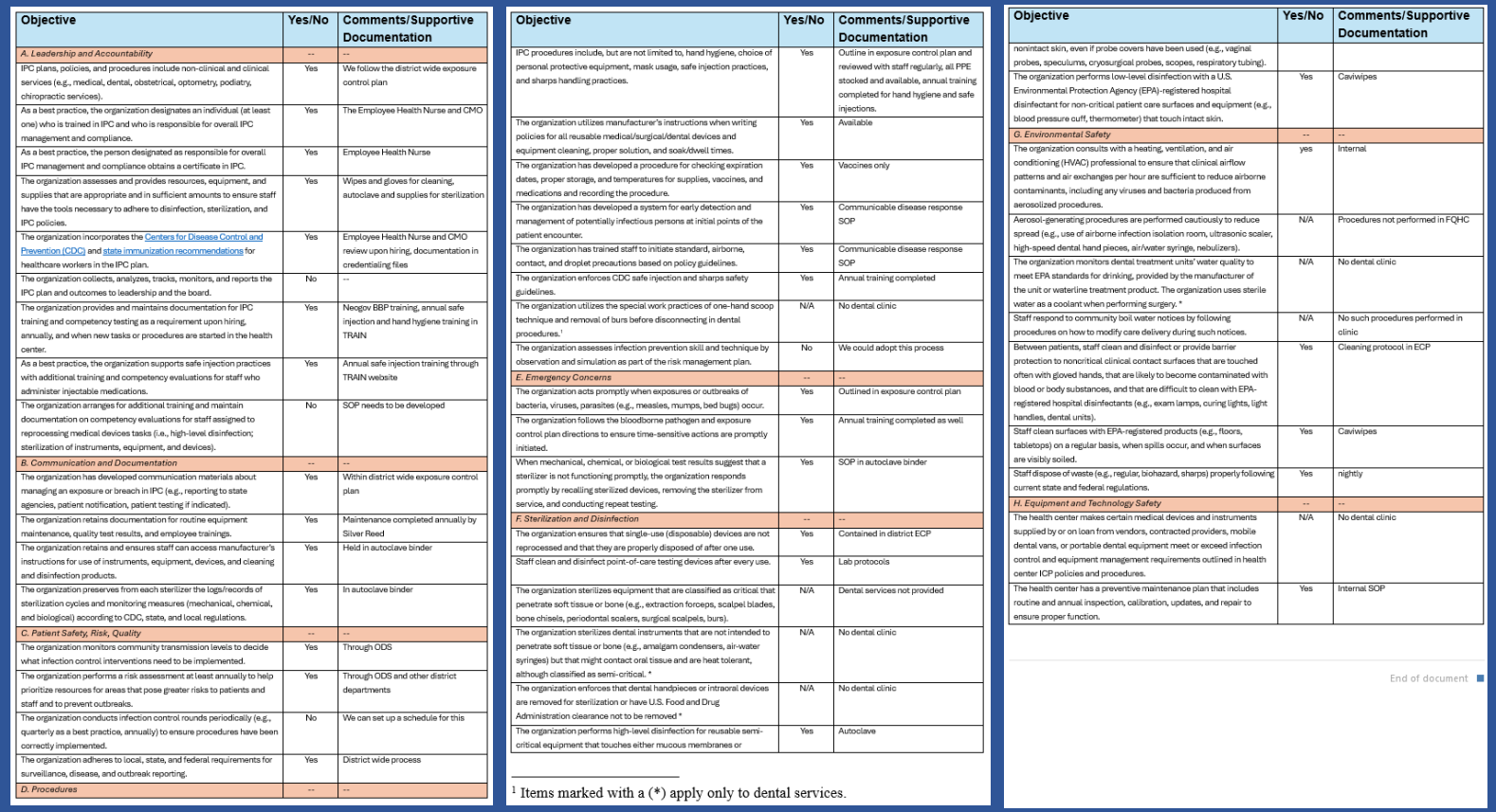
- FTCA requires one risk assessment to be completed each quarter. 2 of the 4 risk assessments must cover a high-risk area.
- The one required risk assessment for Q2 is complete, making the requirement at 100% compliance through Q2.
- The tool used for the Q2 Risk Assessment is called the *ECRI Risk Assessment and Mitigation Tool: Infection and Prevention and Control (IPC)*
- Criteria Audited
  - Conducted by medical director on 5/4/2026
  - 32/36 compliant (88.9%)
  - Action Plan to correct other 4 criteria done and under way.
- Goal is to have 75% or fewer action items open from risk assessments



HRSA Health Resources & Services Administration ECRI

Risk Assessment and Mitigation Tool: Infection Prevention and Control (IPC)

Information provided by ECRI is not intended to be viewed as required by ECRI or the Health Resources and Services Administration, nor should these materials be viewed as reflecting the legal standard of care. Further, these materials should not be construed as dictating an exclusive course of treatment or procedure. Practice by providers varies, for reasons including the needs of the individual patient and limitations unique to the institution or type of practice. Best practice recommendations change over time. All organizations should consult with their clinical staff or other experts for specific guidance and with their legal counsel, as circumstances warrant.

- Refer to the "Guidance and Resources" section at the end of the document for pertinent references and resources.

Objective	Yes/No	Comments/Supportive Documentation
A. Leadership and Accountability	--	--
IPC plans, policies, and procedures include non-clinical and clinical services (e.g., medical, dental, obstetrical, optometry, podiatry, chiropractic services).	Yes	We follow the district wide exposure control plan
As a best practice, the organization designates an individual (at least one) who is trained in IPC and who is responsible for overall IPC management and compliance.	Yes	The Employee Health Nurse and CMO
As a best practice, the person designated as responsible for overall IPC management and compliance obtains a certificate in IPC.	Yes	Employee Health Nurse
The organization assesses and provides resources, equipment, and supplies that are appropriate and in sufficient amounts to ensure staff have the tools necessary to adhere to disinfection, sterilization, and IPC policies.	Yes	Wipes and gloves for cleaning, autoclave and supplies for sterilization
The organization incorporates the Centers for Disease Control and Prevention (CDC) and state immunization recommendations for healthcare workers in the IPC plan.	Yes	Employee Health Nurse and CMO review upon hiring, documentation in credentialing files
The organization collects, analyzes, tracks, monitors, and reports the IPC plan and outcomes to leadership and the board.	No	--
The organization provides and maintains documentation for IPC training and competency testing as a requirement upon hiring, annually, and when new tasks or procedures are started in the health center.	Yes	Neogov BBP training, annual safe injection and hand hygiene training in TRAIN
As a best practice, the organization supports safe injection practices with additional training and competency evaluations for staff who administer injectable medications.	Yes	Annual safe injection training through TRAIN website
The organization arranges for additional training and maintain documentation on competency evaluations for staff assigned to reprocessing medical devices tasks (i.e., high-level disinfection; sterilization of instruments, equipment, and devices).	No	SOP needs to be developed
B. Communication and Documentation	--	--
The organization has developed communication materials about managing an exposure or breach in IPC (e.g., reporting to state agencies, patient notification, patient testing if indicated).	Yes	Within district wide exposure control plan
The organization retains documentation for routine equipment maintenance, quality test results, and employee trainings.	Yes	Maintenance completed annually by Silver Reed
The organization retains and ensures staff can access manufacturer's instructions for use of instruments, equipment, devices, and cleaning and disinfection products.	Yes	Held in autoclave binder
The organization preserves from each sterilizer the logs/records of sterilization cycles and monitoring measures (mechanical, chemical, and biological) according to CDC, state, and local regulations.	Yes	In autoclave binder
C. Patient Safety, Risk, Quality	--	--
The organization monitors community transmission levels to decide what infection control interventions need to be implemented.	Yes	Through ODS
The organization performs a risk assessment at least annually to help prioritize resources for areas that pose greater risks to patients and staff and to prevent outbreaks.	Yes	Through ODS and other district departments
The organization conducts infection control rounds periodically (e.g., quarterly as a best practice, annually) to ensure procedures have been correctly implemented.	No	We can set up a schedule for this
The organization adheres to local, state, and federal requirements for surveillance, disease, and outbreak reporting.	Yes	District wide process
D. Procedures	--	--

Objective	Yes/No	Comments/Supportive Documentation
IPC procedures include, but are not limited to, hand hygiene, choice of personal protective equipment, mask usage, safe injection practices, and sharps handling practices.	Yes	Outline in exposure control plan and reviewed with staff regularly, all PPE stocked and available, annual training completed for hand hygiene and safe injections.
The organization utilizes manufacturer's instructions when writing policies for all reusable medical/surgical/dental devices and equipment cleaning, proper solution, and soak/dwell times.	Yes	Available
The organization has developed a procedure for checking expiration dates, proper storage, and temperatures for supplies, vaccines, and medications and recording the procedure.	Yes	Vaccines only
The organization has developed a system for early detection and management of potentially infectious persons at initial points of the patient encounter.	Yes	Communicable disease response SOP
The organization has trained staff to initiate standard, airborne, contact, and droplet precautions based on policy guidelines.	Yes	Communicable disease response SOP
The organization enforces CDC safe injection and sharps safety guidelines.	Yes	Annual training completed
The organization utilizes the special work practices of one-hand scoop technique and removal of burs before disconnecting in dental procedures.[1]	N/A	No dental clinic
The organization assesses infection prevention skill and technique by observation and simulation as part of the risk management plan.	No	We could adopt this process
E. Emergency Concerns	--	--
The organization acts promptly when exposures or outbreaks of bacteria, viruses, parasites (e.g., measles, mumps, bed bugs) occur.	Yes	Outlined in exposure control plan
The organization follows the bloodborne pathogen and exposure control plan directions to ensure time-sensitive actions are promptly initiated.	Yes	Annual training completed as well
When mechanical, chemical, or biological test results suggest that a sterilizer is not functioning promptly, the organization responds promptly by recalling sterilized devices, removing the sterilizer from service, and conducting repeat testing.	Yes	SOP in autoclave binder
F. Sterilization and Disinfection	--	--
The organization ensures that single-use (disposable) devices are not reprocessed and that they are properly disposed of after one use.	Yes	Contained in district ECP
Staff clean and disinfect point-of-care testing devices after every use.	Yes	Lab protocols
The organization sterilizes equipment that are classified as critical that penetrate soft tissue or bone (e.g., extraction forceps, scalpel blades, bone chisels, periodontal scalers, surgical scalpels, burs).	N/A	Dental services not provided
The organization sterilizes dental instruments that are not intended to penetrate soft tissue or bone (e.g., amalgam condensers, air-water syringes) but that might contact oral tissue and are heat tolerant, although classified as semi-critical. *	N/A	No dental clinic
The organization enforces that dental handpieces or intraoral devices are removed for sterilization or have U.S. Food and Drug Administration clearance not to be removed *	N/A	No dental clinic
The organization performs high-level disinfection for reusable semi-critical equipment that touches either mucous membranes or	Yes	Autoclave

[1] Items marked with a (*) apply only to dental services.

Objective	Yes/No	Comments/Supportive Documentation
nonintact skin, even if probe covers have been used (e.g., vaginal probes, speculums, cryosurgical probes, scopes, respiratory tubing).		
The organization performs low-level disinfection with a U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant for non-critical patient care surfaces and equipment (e.g., blood pressure cuff, thermometer) that touch intact skin.	Yes	Caviwipes
G. Environmental Safety	--	--
The organization consults with a heating, ventilation, and air conditioning (HVAC) professional to ensure that clinical airflow patterns and air exchanges per hour are sufficient to reduce airborne contaminants, including any viruses and bacteria produced from aerosolized procedures.	yes	Internal
Aerosol-generating procedures are performed cautiously to reduce spread (e.g., use of airborne infection isolation room, ultrasonic scaler, high-speed dental hand pieces, air/water syringe, nebulizers).	N/A	Procedures not performed in FQHC
The organization monitors dental treatment units' water quality to meet EPA standards for drinking, provided by the manufacturer of the unit or waterline treatment product. The organization uses sterile water as a coolant when performing surgery. *	N/A	No dental clinic
Staff respond to community boil water notices by following procedures on how to modify care delivery during such notices.	N/A	No such procedures performed in clinic
Between patients, staff clean and disinfect or provide barrier protection to noncritical clinical contact surfaces that are touched often with gloved hands, that are likely to become contaminated with blood or body substances, and that are difficult to clean with EPA-registered hospital disinfectants (e.g., exam lamps, curing lights, light handles, dental units).	Yes	Cleaning protocol in ECP
Staff clean surfaces with EPA-registered products (e.g., floors, tabletops) on a regular basis, when spills occur, and when surfaces are visibly soiled.	Yes	Caviwipes
Staff dispose of waste (e.g., regular, biohazard, sharps) properly following current state and federal regulations.	Yes	nightly
H. Equipment and Technology Safety	--	--
The health center makes certain medical devices and instruments supplied by or on loan from vendors, contracted providers, mobile dental vans, or portable dental equipment meet or exceed infection control and equipment management requirements outlined in health center ICP policies and procedures.	N/A	No dental clinic
The health center has a preventive maintenance plan that includes routine and annual inspection, calibration, updates, and repair to ensure proper function.	Yes	Internal SOP

End of document

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4 Findings

SOUTHERN NEVADA Community HEALTH CENTER

CY26 ECRI Risk Assessment and Mitigation Tool: Infection Prevention and Control (IPC)

Assessment conducted by: **Dr. Robin Carter, DO, Medical Director**

Q2 Assessment Completed on: **5/4/2026**

Overall Score: **32/36 or 88.9%**

Findings/areas of highest risk identified:

1. **Leadership and Accountability –**
    a. Does the organization collect, analyze, track, monitor, and report the IPC plan and outcomes to leadership and the board.
        i. Assessment Notes: No - This needs to be done
    b. Does the organization arrange for additional training and maintain documentation on competency evaluations for staff assigned to reprocessing medical devices tasks (i.e., high-level disinfection; sterilization of instruments, equipment, and devices).
        i. Assessment Notes: No – A Standard Operating Procedure needs to be developed.
2. **Patient Safety, Risk, Quality**
    a. Does the organization conduct infection control rounds periodically (e.g., quarterly as a best practice, annually) to ensure procedures have been correctly implemented?
        i. Assessment Notes: No – A schedule will be set up to establish this practice.
3. **Procedures**
    a. Does the organization assess infection prevention skill and technique by observation and simulation as part of the risk management plan?
        i. Assessment Notes: No – SNCHC could adopt this process.

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4 Activities will correct and prevent 4 findings by March of 2027.

CY26 ECRI Risk Assessment and Mitigation Tool: Infection Prevention and Control (IPC)

Action Plan:

CY26 Goals	CY26 Activities (What, Who, When)	CY26 Performance
		3 & 6 Month Follow Up
Leadership and Accountability	• Infection Prevention plan and outcome reports will be developed, implemented, and monitored by the Medical Director and the Quality Work Group (QWG), in a manner that it can be regularly presented to the Leadership team and Governing Board. o Medical director will decide what data to capture, how to report it, and how and what to monitor by the end of September 2026. o Medical director will decide how the reporting formats will be designed for presentation to the leadership team and board and create a template by December 2026. o Medical director will present first report with steps to continue monitoring the data to leadership team and board by March 2027. • Medical director will identify a way of annually measuring the infection prevention competency and training of the team and their ability to safely handle and reprocess medical devices and create a standard operating procedure (SOP) that governs this activity by December 2026.	Sep 2026 – Dec 2026 – Mar 2027 –
		3 & 6 Month Follow Up
Patient Safety, Risk, Quality	• Medical Director will ensure the new Infection Prevention SOP includes a standardized expectation of leadership to round throughout the clinic to ensure infection prevention practices have effectively been trained and are occurring. This practice will be enacted and sustained beginning January 2027.	Sep 2026 – Dec 2026 – Mar 2027 –
		3 & 6 Month Follow Up
Procedures	• Medical Director will ensure the new Infection Prevention SOP includes a standardized expectation of leadership to assess infection prevention skill and technique by observation and simulation as part of the risk management plan. This practice will be enacted and sustained beginning January 2027, and after trial and error have refined the process, it will be added to the risk management plan by the end of March 2027 by the medical director .	Sep 2026 – Dec 2026 – Mar 2027 –

Questions?