

This policy has been adopted by UNC Hospitals for its use in infection control. It is provided to you as information only.

UNC Medical Center Risk Assessment

Thoughtful, systematic examination of infection hazards in the health care environment that could cause harm to patients, staff, families and visitors, or the facility. Organizational risk assessment should be used to select priorities for the IPC program, development of goals and measurable objectives.

	likelihood - incidence plus probability for cases to come to us	patient and hospital severity		
	LIKELIHOOD	SEVERITY	PREPAREDNESS	RISK SCORE
GEOGRAPHY/COMMUNITY	1(low)-5(high)	1(low)-5(high)	1(low)-5(high)	(Likelihood x Severity) / Preparedness
SPARC Activation Pathogens (Viral Hemorrhagic Fevers, Novel Influenza)	4	5	4	5.0
Outbreaks with vaccine preventable diseases (e.g., measles, pertussis, meningococcal)	4	4	3	5.3
Legionellosis	2	3	4	1.5
FACILITY				
Infection types				
CLABSI	3	4	2	6.0
CAUTI	2	2	4	1.0
<i>C.difficile</i>	4	4	3	5.3
SSI	3	4	2	6.0
Pneumonia	3	4	3	4.0
CRE, novel mechanisms	3	4	4	3.0
Endemic Respiratory Viruses including Influenza, RSV, COVID	4	3	4	3.0
Aspergillus/Rhizopus/Mucor	3	4	4	3.0
<i>Candida auris</i>	3	4	4	3.0
Non-tuberculous mycobacteria	3	4	3	4.0
Exposures				
TB	4	4	4	4.0
Pertussis	4	3	3	4.0
Zoster/varicella	4	2	3	2.7
<i>Nisseria meningitidis</i>	3	4	3	4.0
Patient-to-Patient OPIM exposures (e.g., blood, breast milk)	4	3	4	3.0
Supplies/Equipment Risks				
Indequate processing of HLDed patient equipment/endoscopes	4	4	4	4.0
Inadequate processing of sterilized medical devices/equipment	3	4	3	4.0
Unsafe injection practices	3	4	4	3.0
Inadequate supply of PPE	2	5	4	2.5
Environment				
Construction/renovation	5	3	4	3.8
Water intrusion	4	5	3	6.7
Supplies are not within expiration date	5	2	3	3.3
Areas are not free of dust, dirt, soil, trash, clutter (fixtures, walls, ceilings, floors) and in good repair	4	2	3	2.7
Patient care items are stored within 3 feet of a sink	3	5	3	5.0