IPAC Organizational Risk Assessment for Health Care Offices and Clinics

IDENTIFY • ANALYZE • ASSESS • MANAGE • REVIEW

Companion resource to the Health Care Offices and Clinics Infection Prevention and Control Guideline

Use this companion tool to identify and prioritize organizational infection prevention and control risks. Complete periodically and when services, procedures, equipment, staffing, physical space or emerging infection risks change, or when audit findings indicate a significant concern.

Clinic/Department	Date	Assessment Lead	Review Date

Reason for Assessment: ☐ Routine / Annual ☐ New or Changed Service ☐ Renovation / Construction ☐ Audit Finding ☐ Incident / Exposure ☐ Emerging Infection Risk ☐ Other: _____

How to Use This Tool

Who should use this tool

The clinic operator or designate should complete the assessment, with input from staff familiar with the services, workflows, environment and IPAC practices being assessed. Depending on the size and complexity of the clinic, a multidisciplinary approach may be helpful.

When to use this tool

Use the organizational risk assessment when significant IPAC risks or audit findings are identified and when there are significant changes in services, procedures, equipment, staffing, infrastructure, clinic design or communicable disease risk. It may also be used to support periodic review of organizational IPAC risks.

How to complete the assessment

1. Identify the risk. Describe the IPAC hazard or situation and identify who or what may be affected.

2. Consider contributing factors and existing controls. Identify factors that may increase or reduce the risk and document the controls already in place.

3. Assess likelihood and impact. Use the likelihood and impact scales below, then use the risk matrix to determine the initial risk level.

4. Determine the risk priority. Use the overall risk level together with professional judgment, the nature of the hazard, existing controls, vulnerable populations and the potential for transmission or serious harm.

5. Identify additional controls and develop the action plan. Consider the most effective feasible controls first, document the actions required, assign responsibility and set target completion dates.

6. Follow up and reassess. Confirm actions were completed, evaluate whether controls are working as intended, reassess the risk and document the residual risk.

Likelihood

Rating	Level	Guide
1	Low	Unlikely to occur or occurs rarely.
2	Medium	Could occur or has occurred occasionally.
3	High	Likely to occur, occurs repeatedly or is currently occurring.

Impact / Severity

Rating	Level	Guide
1	Low	Limited consequence; readily managed with existing processes.
2	Medium	Could cause meaningful patient, staff or operational impact.
3	High	Could result in serious transmission, harm, major exposure or significant service disruption.

Risk Matrix

Impact ↓ / Likelihood →	1 Low	2 Medium	3 High
3 High	**Medium**	**High**	**High**
2 Medium	**Low**	**Medium**	**High**
1 Low	**Low**	**Low**	**Medium**

High: prioritize immediate action. Medium: implement additional controls to reduce risk. Low: maintain controls and monitor; reduce further when feasible.

The matrix is a guide. Professional judgment, the nature of the hazard, existing controls, vulnerable populations, and the potential for transmission or serious harm should also inform the final risk rating and urgency of action.

Hierarchy of Controls

When selecting additional controls, consider the most effective feasible controls first: elimination or substitution → engineering controls → administrative controls → personal protective equipment (PPE). Multiple controls may be needed.

Using the worksheet

Use the following worksheet to document the risk assessment and action plan. Refer to the worked example at the end of this resource for an example of how the assessment may be completed.

Organizational Risk Assessment Worksheet

Consider risks related to patient population, services and procedures, clinic layout and ventilation, staffing, staff immunization, reusable medical equipment, medication and injection practices, environmental cleaning, occupational exposures, and staff IPAC education and competency.

Hazard / Risk	Who/What May Be Affected	Existing Controls	L	I	Risk	Additional Controls / Actions	Responsible	Target Date

Implementation & Review

Priority Risk / Action	Status / Evidence of Completion	Residual Risk (L/M/H)	Review Date	Reviewer

Review the organizational risk assessment at planned intervals and whenever significant changes or new risks occur. Use audit findings and incident trends to inform reassessment.

Worked Example

The following example illustrates how a clinic might use the organizational risk assessment. The ratings and actions are examples only and should not replace assessment of the clinic's own circumstances.

Example scenario: A symptomatic patient with cough and fever arrives in a busy waiting area. The clinic has limited space to separate patients.

Hazard / Risk	Potential transmission of a respiratory infection in the shared waiting area.
Who/What May Be Affected	Patients, accompanying persons and staff.
Contributing Factors	High patient volume; limited separation space; symptomatic patients may not be identified before arrival.
Existing Controls	Respiratory etiquette signage; alcohol-based hand rub, tissues and masks available; staff screen for symptoms on arrival.
Likelihood (L)	3 - High: exposure could occur repeatedly in a busy shared waiting area.
Impact (I)	2 - Medium: transmission could result in meaningful patient, staff or operational impact.
Overall Risk	High, based on the risk matrix.
Additional Controls / Actions	Review scheduling and patient flow; identify symptomatic patients as early as feasible; use source control; separate symptomatic patients where feasible; minimize time in shared spaces; review ventilation and other available controls.
Responsible / Target Date	Clinic operator or designate / target date established by the clinic.
Follow-up / Reassessment	Confirm actions were implemented, review whether controls are working as intended, and reassess residual risk. Document further action if risk remains unacceptable.

Key point: The initial risk rating reflects the risk with existing controls in place. After additional controls are implemented, reassess and record the residual risk in the Implementation & Review section.