

Outpatient Infection Prevention Risk Categorization Tool

This is a required survey for all ambulatory sites. For questions about how to answer any of the questions, please reach out to Jennifer Reece with Infection Prevention. Thank you for taking a few minutes to complete!

* Required

*This form will record your name, please fill your name.

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1. Name of clinic*	
If you manage more than one site, please complete a Form for each clinic individually	
2. Physical address of clinic*	
3. Practice Manager name*	
4. Clinic phone number*	
Enter number as NNNNNNNNNN format with no additional dashes or characters. Please provide a direct number to the clinic front desk.	
5. Name of Assistant Vice President or Director over this practice*	
6. Name of the person who has completed an approved Infection Control for the Outpatient Setting course?	
6. Is the practice accredited?	<input type="radio"/> Yes <input type="radio"/> No
9. If accredited, by whom?	<input type="checkbox"/> CLIA <input type="checkbox"/> TJC <input type="checkbox"/> DNV <input type="checkbox"/> AACVPR <input type="checkbox"/> Other
10. In the office do you? * Choose all that apply	<input type="checkbox"/> Give injections <input type="checkbox"/> Infusions

	<input type="checkbox"/> Mix medications in the office <input type="checkbox"/> Use flexible or rigid scopes (ex. endoscopes, cystoscopes, etc.) <input type="checkbox"/> Biopsies Invasive procedures/surgery (any procedures that enter the body) <input type="checkbox"/> Wound care <input type="checkbox"/> Ultrasound-external (ex. abdominal, on skin) <input type="checkbox"/> Ultrasound-internal (ex. transvaginal, anorectal) <input type="checkbox"/> Draw labs Point of Care (POC) testing (ex. blood glucose, rapid flu, rapid COVID, etc.) <input type="checkbox"/> None <input type="checkbox"/> Other
11. In the office, does an outside vendor come in and perform procedures on your patients? *	<input type="radio"/> Yes <input type="radio"/> No
12. When performing invasive procedures or surgical procedures, this describes the types of instruments used: *	<input type="checkbox"/> Disposable (thrown away after the case and used on only one patient) <input type="checkbox"/> Reusable (not thrown away and used on multiple patients after appropriate cleaning/disinfection/sterilization) <input type="checkbox"/> Does not apply
13. Do you perform sterilization of instruments or devices in the office? * Examples-table top sterilizer, autoclave, etc.	<input type="radio"/> Yes <input type="radio"/> No
14. Do you perform high level disinfection in the office? * Examples-soaking instruments/devices in chemicals, automatic reprocessor, Trophon, etc.	<input type="radio"/> Yes <input type="radio"/> No
15. Do you send instruments, scopes, probes, or devices to another facility for high level disinfection? *	<input type="radio"/> Yes <input type="radio"/> No
16. Do you send instruments or devices to another facility for sterilization? *	<input type="radio"/> Yes <input type="radio"/> No
17. Where do you send your instruments/devices for sterilization? * Name of the facility who sterilizes your instruments/devices	

<p>18. How do you perform high level disinfection?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Soaking instruments, devices, scopes, probes in chemicals <input type="checkbox"/> Use of an automatic reprocessor such as an AER or OER <input type="checkbox"/> Trophon <input type="checkbox"/> Other
<p>19. Where do you send your instruments, devices, scopes or probes for high level disinfection?</p> <p>Name of the facility that high level disinfects your instruments/devices</p>	

Risk Scoring Rubric

High Risk	Medium Risk	Low Risk
Perform invasive procedures and perform sterilization and/or high-level disinfection on-site, by clinic staff.	Perform invasive procedures but use either disposable instruments or send instruments off-site for reprocessing.	Perform no invasive procedures or any on-site reprocessing.