***[AGENCY NAME]***

**POLICY AND PROCEDURE**

# **SUBJECT: Facility Risk Assessment for Use of Source Control**

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## Accountability: *[Accountable staff here]* Document No.: *[Policy No.]*

**POLICY:** This organization determines when broader use of source control is indicated as an appropriate strategy to mitigate the transmission of COVID-19 based on state or national guidelines.

**PROCEDURE:**

1. The *[Director of Nursing, Infection Preventionist, etc.]* or designee will *[designate a COVID-19 Facility Risk Assessment for consistent use – OR – data consistently used for a COVID-19 Facility Risk Assessment].* If information changes, the risk assessment process may be reviewed and updated.
2. A clearly defined set of metrics and data is used in the COVID-19 facility risk assessment.
3. Risk assessment data includes:
   1. *Outbreak determination*
   2. *Resident Characteristics*
   3. *Coordinated Approach Information*
   4. *Stakeholder Input*
      1. *Residents*
      2. *Family/Responsible Party/POA*
      3. *Staff*
   5. *Metrics/Measurements including* [*Cases and Variants*](https://www.health.state.mn.us/diseases/coronavirus/stats/case.html) *data retrieved from the Minnesota Department of Health (MDH) COVID-19* [*situation update*](https://www.health.state.mn.us/diseases/coronavirus/stats) *data and/or* [*Hospitalization & Capacity*](https://www.health.state.mn.us/diseases/coronavirus/stats/hosp.html) *data retrieved from the MDH COVID-19* [*situation update*](https://www.health.state.mn.us/diseases/coronavirus/stats) *data.*
4. Stakeholder input is gathered annually and will remain consistent in the facility risk assessment until the next stakeholder review.
5. The facility assessment is completed *[weekly]* and updates to source control or related infection prevention and control practices that result from the assessment are communicated to staff, residents, and visitors.

**Effective Date:**

**Reviewed By: Date:**

**Revised By: Date:**