COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

Diagnostic Accreditation Program

CRITICAL RISK CRITERION

Home Sleep Apnea Testing

Diagnostic Accreditation Program
College of Physicians and Surgeons of British Columbia
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Critical risk nonconformance

Introduction

Under established Diagnostic Accreditation Program (DAP) policy, identified nonconformances represent a risk that must be managed within an appropriate time frame. Through the use of a risk/frequency matrix the DAP has established time frames within which resolution to identified nonconformances must be submitted.

Critical risk has been defined as a nonconformance that results in an immediate hazardous or unsafe condition for patients or facility personnel, or a pervasive deficiency in the facility that represents systemic failure leading to unsafe conditions for patients or facility personnel. Critical risk nonconformances require immediate corrective action.

Through consultation with subject matter experts and community feedback, the DAP has identified a number of standard criterion that have been determined to be critical risk.

When a critical risk nonconformance is suspected to represent an immediate hazardous or unsafe condition for patients or facility personnel during an assessment activity the critical risk nonconformance management process will be initiated.

General safety

Safety practices and equipment

No.		Description	Reference	Risk	Change
HSA1.4		**Personal protective equipment is available for staff.**			
HSA1.4.1	**M**	Adequate and appropriate personal protective equipment is available to protect staff from chemical or biological hazards.		**C**	

Appropriate physical environment

No.		Description	Reference	Risk	Change
HSA1.2		**The diagnostic service is prepared for disasters and emergencies.**			
HSA1.2.1	**M**	Emergency exit routes are marked and provide unimpeded exit.		**C**	

Patient safety

Patient identification

No.		Description	Change
HPS1.2		**Patient identification precedes commencement of the test or procedure.**	
HPS1.2.1	**M**	Patient identification is confirmed prior to testing by the person(s) performing the test.	**C**
HPS1.2.2	**M**	At least two unique patient identifiers are used when verifying patient identification.	**C**

Infection prevention and control

Medical device reprocessing

No.		Description	Reference	Risk	Change
HIPC2.1		**Single-use medical devices are used for diagnostic or treatment purposes, where available.**			
HIPC2.2.4	**M**	Single-use medical devices are not reprocessed. *Intent: Single-use (disposable) medical devices are not intended to be reused, reprocessed, or used on another patient.*		**C**	