

Significant risk mitigation action plan

Name of healthcare service:

Address:

Facility ID:

Main contact person:

Accrediting agency:

Purple text is for guidance only, delete before use. Refer to [Advisory PCHS26/03: Notification of significant risk for full information](#).

Healthcare service to complete within 48 hours of risk identification							Healthcare service to track progress and complete before final assessment	Accrediting agency to complete at final assessment		
Item #	Description of the significant risk	Date of identification	Initial risk rating	Actions required	Person responsible	Follow up risk rating	Progress notes	Date of final assessment	Evidence	Final risk rating
1	<ul style="list-style-type: none"> - The infection prevention and control manual is in its template state and has not been tailored to the practice - Staff demonstration of reprocessing processes was not consistent with relevant national and international standards - Steriliser calibration has not been conducted in the last three years - No evidence of daily steriliser maintenance. - No evidence of patient-level tracking of sterilised instruments. 	01/10/2025	Extreme	<ul style="list-style-type: none"> - Immediately stop reprocessing instruments on site and only use single-use instruments - Review and complete the infection prevention and control manual by 15/10/2026 - Appoint a person responsible for infection prevention and control to ensure oversight and compliance by 15/10/2026 - Conduct staff training on the reprocessing process and equipment operation and maintenance as soon as possible - Conduct steriliser validation and calibration as soon as possible then at least annually and whenever otherwise required by the manufacturer or standards - Conduct daily steriliser maintenance - Maintain ongoing documentation and records. 	Principal dentist and practice manager	Medium	01/10/2026-15/01/2026 <ul style="list-style-type: none"> - Stopped reprocessing instruments on-site and purchased single-use instruments 01/10/2026 - Completed the infection prevention and control manual 15/10/2026 - Completed all staff meeting to discuss infection and control procedures, and appointed the person responsible on 15/10/2025 - Completed staff training on 03/11/2025 - Completed steriliser validation and calibration on 03/11/2025, set up annual reminder - Resumed the use of steriliser on 03/11/2025 - Ongoing maintenance of daily sterilisation maintenance log. - Ongoing patient-level tracking of sterilised instruments. 	16/01/2026	<ul style="list-style-type: none"> - Reviewed the updated infection control prevention and control manual - Reviewed relevant meeting minutes and other documents relating to steriliser maintenance and staff training - Inspected the sterilisation station - Verified staff understanding of the updated infection prevention and control manual, policies and procedures through interviews and a walk-through of the process. 	Low