Purpose: A point-of-care risk assessment (PCRA) is performed by healthcare workers to determine the appropriate infection prevention and control measures for safe patient care (i.e. to protect the patient from transmission of microorganisms) and to protect the healthcare worker and other patients from exposure to microorganisms (e.g. from sprays of blood, body fluids, respiratory tract or other secretions or excretions and contaminated needles and other sharps).

Definitions:

1. **Routine Practices:** Infection prevention and control practices for use in the routine care of all patients at all times in all healthcare settings and are determined by the circumstances of the patient, the environment and the task to be performed.

Elements of Routine Practices include:

- Risk Assessment of the patient and the health care provider’s interaction with the patient
- Hand Hygiene according to the “4 Moments” as described in Ontario’s Just Clean Your Hands Program
- Control of the Environment, including appropriate accommodation, equipment reprocessing, environmental cleaning, safe handling of sharps and issues relating to construction and renovation
- Administrative Controls (i.e., management of staff health and practices), including encouraging staff immunization, respiratory etiquette and audits of practice
- Personal Protective Equipment (PPE) to protect staff.

2. **Additional Precautions:** Additional precautions are applied when the transmission characteristics of, or impact of, infection with a specific microorganism are not fully prevented by routine practices. These precautions should also be used when medical procedures increase the risk of transmission of a specific infectious agent or when the clinical situation prevents consistent application of routine practices (e.g. young children, incontinent adults, or cognitively impaired individuals).

3. **Respiratory Etiquette:** A combination of measures to be taken by an infected person designed to minimize the transmission of respiratory microorganisms (e.g. influenza). Includes instructional signage, covering cough, hand hygiene, wearing a mask if unable to contain cough.

Procedure:

Where there is a risk of transmission of infection based on the risk assessment, interventions and controls may be put into place to reduce one’s risk of acquiring or transmitting infection. Hand hygiene is always required; the risk assessment will indicate when PPE is to be worn.
References:


Appendix A: Risk Algorithm to Guide PPE Use

1. Assess the anticipated interaction with the patient and his/her environment
   - Will I be exposing myself to a splash or spray of blood, excretions or secretions?
     - Yes
     - No
   - Will I have contact with the patient's environment?
     - Yes
     - No
   - Wear gloves
     - Yes
     - No
   - Wear facial protection
     - Yes
     - No
   - Wear a gown
     - Yes
     - No

2. Will my hands be exposed to blood, excretions, secretions or contaminated items?
   - Yes
   - No
   - Will my face be exposed to splash, spray, cough or sneeze?
     - Yes
     - No
   - Will my clothing or skin be exposed to splashes/sprays or items contaminated with blood, excretions, secretions?
     - Yes
     - No

3. Follow specific additional precautions as required
   - Yes
   - No
   - Does the patient have a known infection or symptoms of an infection?
     - Yes
     - No
     - No further action required
<table>
<thead>
<tr>
<th>CONTACT PRECAUTIONS</th>
<th>DROPLET PRECAUTIONS</th>
<th>AIRBORNE PRECAUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For patients with:</strong></td>
<td><strong>For patients with:</strong></td>
<td><strong>For patients with:</strong></td>
</tr>
<tr>
<td>Antibiotic-resistant organisms (e.g., MRSA infection)</td>
<td>Pertussis</td>
<td>Pulmonary tuberculosis</td>
</tr>
<tr>
<td>Acute vomiting and/or diarrhea</td>
<td>Mumps</td>
<td>Measles</td>
</tr>
<tr>
<td>Uncontained drainage</td>
<td>Rubella</td>
<td>Chickenpox</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>Meningitis, etiology unknown and meningococcal</td>
<td></td>
</tr>
<tr>
<td><strong>Patient Identification and Management</strong></td>
<td><strong>Patient Identification and Management</strong></td>
<td><strong>Patient Identification and Management</strong></td>
</tr>
<tr>
<td>Identify at triage</td>
<td>Identify at triage</td>
<td>Identify at triage</td>
</tr>
<tr>
<td>Separate symptomatic patients from other patients in waiting room or triage into a single room</td>
<td>Surgical mask for patient</td>
<td>Surgical mask for patient</td>
</tr>
<tr>
<td><strong>HCW Response</strong></td>
<td>Triage into single room</td>
<td>Triage into single room with door (closed) – open window in room, if applicable</td>
</tr>
<tr>
<td>Hand hygiene</td>
<td>Respiratory etiquette</td>
<td>Place alert at entrance to room, if available</td>
</tr>
<tr>
<td>Gloves for any contact</td>
<td>Post alert at entrance to room, if available</td>
<td><strong>HCW Response</strong></td>
</tr>
<tr>
<td>Gown, if soiling is likely</td>
<td><strong>HCW Response</strong></td>
<td>Hand hygiene</td>
</tr>
<tr>
<td>Clean and disinfect equipment and surfaces that the patient contacted with a low-level disinfectant after patient leaves</td>
<td>Surgical face mask and eye protection for any contact</td>
<td>N95 respirator if patient has suspected or confirmed pulmonary tuberculosis</td>
</tr>
<tr>
<td></td>
<td>Clean and disinfect equipment and surfaces that the patient contacted with a low-level disinfectant after patient leaves</td>
<td>Respirator not required for chickenpox/measles if HCW is immune. Only immune staff to provide care</td>
</tr>
</tbody>
</table>