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Procedure: Risk Assessment

Date:

Revised Date:

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:

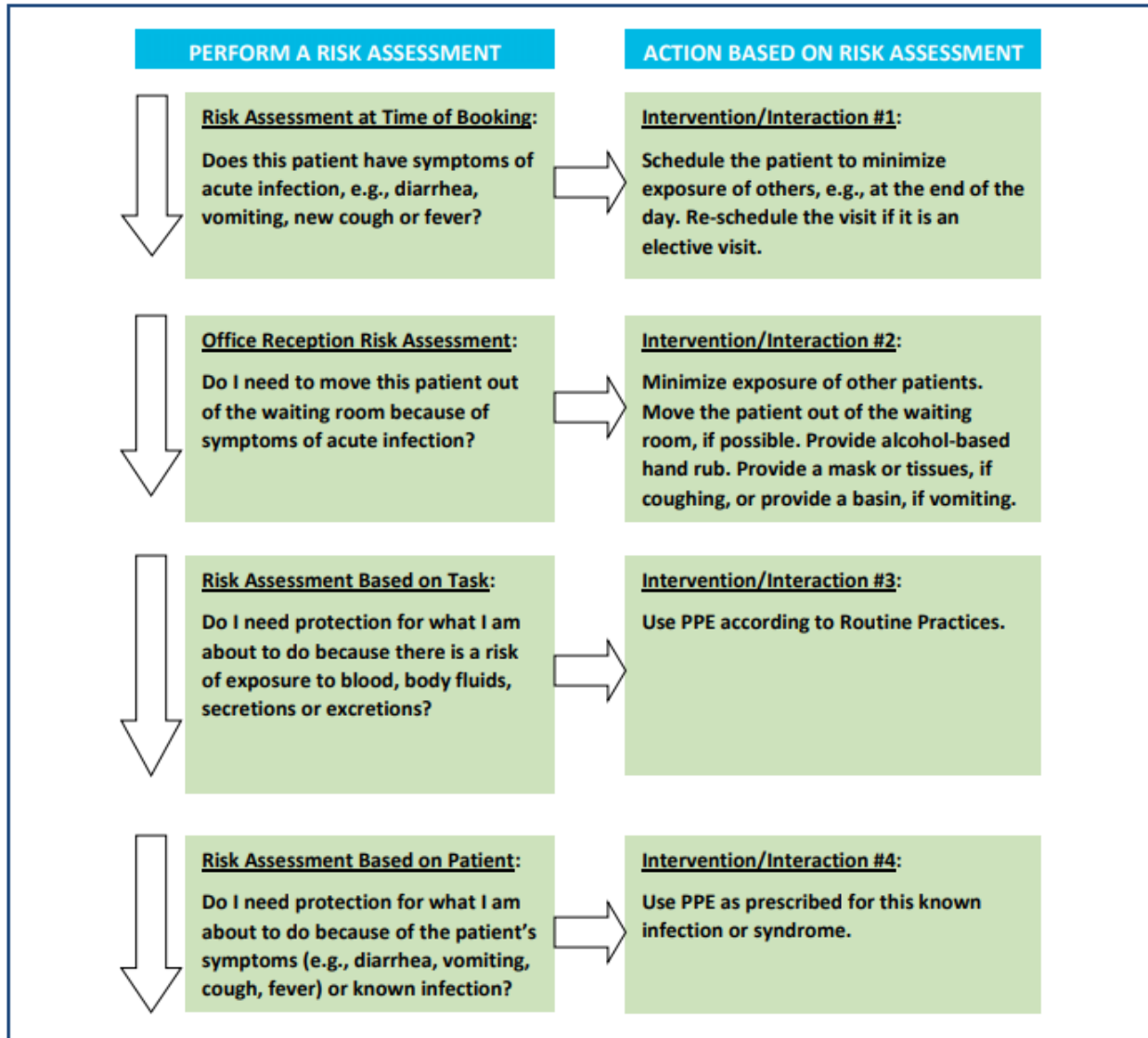
1. **Routine Practices:** Infection prevention and control practices for use in the routine care of *all* patients at *all* times in *all* healthcare settings and are determined by the circumstances of the patient, the environment and the task to be performed.

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:

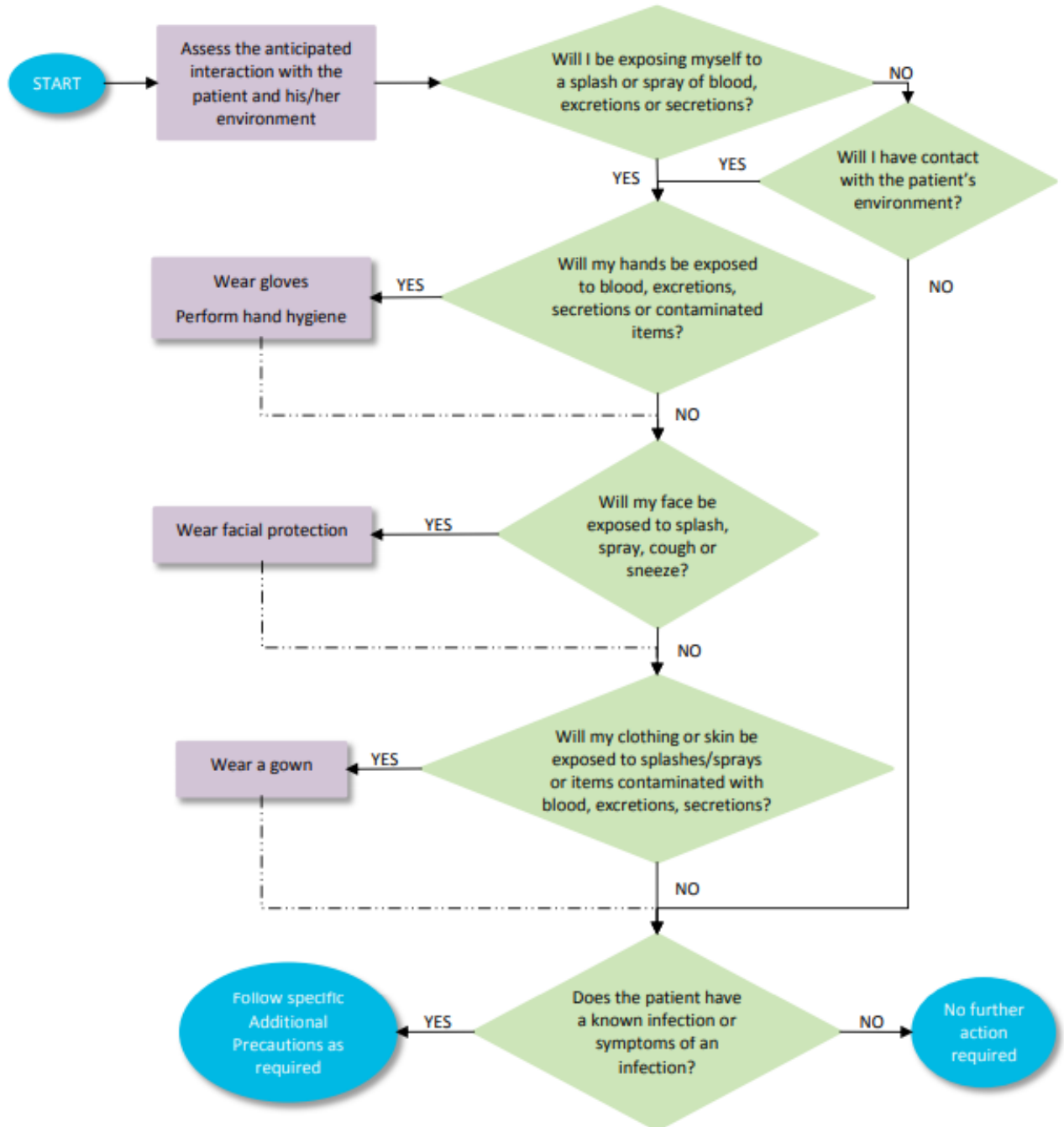
Where there is a risk of transmission of infection based on the risk assessment, interventions and controls may be put into place to reduce one's risk of acquiring or transmitting infection. Hand hygiene is always required; the risk assessment will indicate when PPE is to be worn.



References:

1. Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Routine Practices and Additional Precautions in All Health Care Settings. 3rd edition. Toronto, ON: Queen's Printer for Ontario; November 2012. https://www.publichealthontario.ca/en/eRepository/JPAP_All_HealthCare_Settings_Eng_2012.pdf
2. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Infection Prevention and Control for Clinical Office Practice. 1st Revision. Toronto, ON: Queen's Printer for Ontario; April 2015. https://www.publichealthontario.ca/en/eRepository/IPAC_Clinical_Office_Practice_2013.pdf
3. Public Health Agency of Canada. 2013. Routine practices and additional precautions for preventing the transmission of infection in healthcare settings. <http://publications.gc.ca/site/eng/440707/publication.html>

Appendix A: Risk Algorithm to Guide PPE Use



CONTACT PRECAUTIONS	DROPLET PRECAUTIONS	AIRBORNE PRECAUTIONS
<p><u>For patients with:</u></p> <ul style="list-style-type: none">■ Antibiotic-resistant organisms (e.g., MRSA infection)■ Acute vomiting and/or diarrhea■ Uncontained drainage■ Conjunctivitis	<p><u>For patients with:</u></p> <ul style="list-style-type: none">■ Pertussis■ Mumps■ Rubella■ Meningitis, etiology unknown and meningococcal <p><u>Droplet + Contact Precautions for patients with:</u></p> <ul style="list-style-type: none">■ Acute Respiratory Infection (e.g., croup, RSV, common cold, influenza, bronchiolitis, pneumonia, acute exacerbation of asthma)	<p><u>For patients with:</u></p> <ul style="list-style-type: none">■ Pulmonary tuberculosis■ Measles■ Chickenpox
<p>▼</p> <p><u>Patient Identification and Management</u></p> <ul style="list-style-type: none">■ Identify at triage■ Separate symptomatic patients from other patients in waiting room or triage into a single room	<p>▼</p> <p><u>Patient Identification and Management</u></p> <ul style="list-style-type: none">■ Identify at triage■ Surgical mask for patient■ Triage into single room■ Respiratory etiquette■ Post alert at entrance to room, if available	<p>▼</p> <p><u>Patient Identification and Management</u></p> <ul style="list-style-type: none">■ Identify at triage■ Surgical mask for patient■ Triage into single room with door (closed) – open window in room, if applicable■ Place alert at entrance to room, if available
<p>▼</p> <p><u>HCW Response</u></p> <ul style="list-style-type: none">■ Hand hygiene■ Gloves for any contact■ Gown, if soiling is likely■ Clean and disinfect equipment and surfaces that the patient contacted with a low-level disinfectant after patient leaves	<p>▼</p> <p><u>HCW Response</u></p> <ul style="list-style-type: none">■ Hand hygiene■ Surgical face mask and eye protection for any contact■ Clean and disinfect equipment and surfaces that the patient contacted with a low-level disinfectant after patient leaves	<p>▼</p> <p><u>HCW Response</u></p> <ul style="list-style-type: none">■ Hand hygiene■ N95 respirator if patient has suspected or confirmed pulmonary tuberculosis■ Respirator not required for chickenpox/measles if HCW is immune. Only immune staff to provide care