

Point of Care Risk Assessment – IPAC Best Practice Guideline

Site Applicability

PHC Long Term Care, Sub Acute Care, Acute Care, Ambulatory Care, and Emergency departments

Practice Level

RN, RPN, LPN

Guideline

Assessment

A Point of Care Risk Assessment (PCRA) includes assessment of the task, the patient and the environment at the start of each health care worker (HCW) and patient interaction to:

- 1) Evaluate the likelihood of exposure:
 - to blood and body fluids, respiratory droplets or aerosols, mucous membranes or non-intact skin, including:
 - vaginal secretions
 - seminal secretions
 - cerebral spinal fluid
 - synovial fluid
 - pleural fluid
 - peritoneal fluid
 - pericardial fluid
 - amniotic fluid
 - non-bloody saliva and tears
 - nasal secretions
 - sputum
 - sweat
 - vomit
 - urine
 - feces
 - with a specific patient, who may be at higher risk for transmission of infection, such as:
 - infants and young children
 - patients incapable of self-care/hand hygiene
 - patients with poor compliance to respiratory hygiene principles
 - patients having copious respiratory secretions
 - patients with frequent cough/sneeze, or with early stage of respiratory illness

- during a specific task, such as:
 - face-to-face and direct care
 - aerosol generating medical procedures
 - procedures that may cause splashing of fluids
 - in a specific environment, consider accommodation and location factors such as:
 - single room
 - shared room/washroom
 - hallway
 - emergency department
 - public area
 - therapeutic or diagnostic imaging department
 - cluttered or crowded health care environments
 - under available conditions:
 - air exchanges in an airborne infection isolation room
 - special separation of patients in a waiting room
 - timely access to housekeeping services
- 2) Choose the appropriate actions, control measures, and/or personal protective equipment (PPE) needed to minimize the risk of patient, HCW/staff, visitor, and/or contractor exposure to infectious agents.
- Appropriate actions include consideration of:
 - Hand Hygiene
 - at point-of-care
 - before and after PPE use
 - according to the 5 moments for [hand hygiene](#)
 - Respiratory etiquette
 - Use of Additional Precautions and PPE as required
 - Selecting appropriate accommodation
 - Environmental /equipment cleaning
 - Patient ambulation/transportation
 - PPE selection will vary based on patient characteristics and the nature of the task performed. Note: A PCRA is indicated for PPE selection even when a patient is on Additional Precautions as more PPE may be indicated based on a risk assessment for specific task or scenario. Please refer to the [PHC PCRA algorithm](#).

References

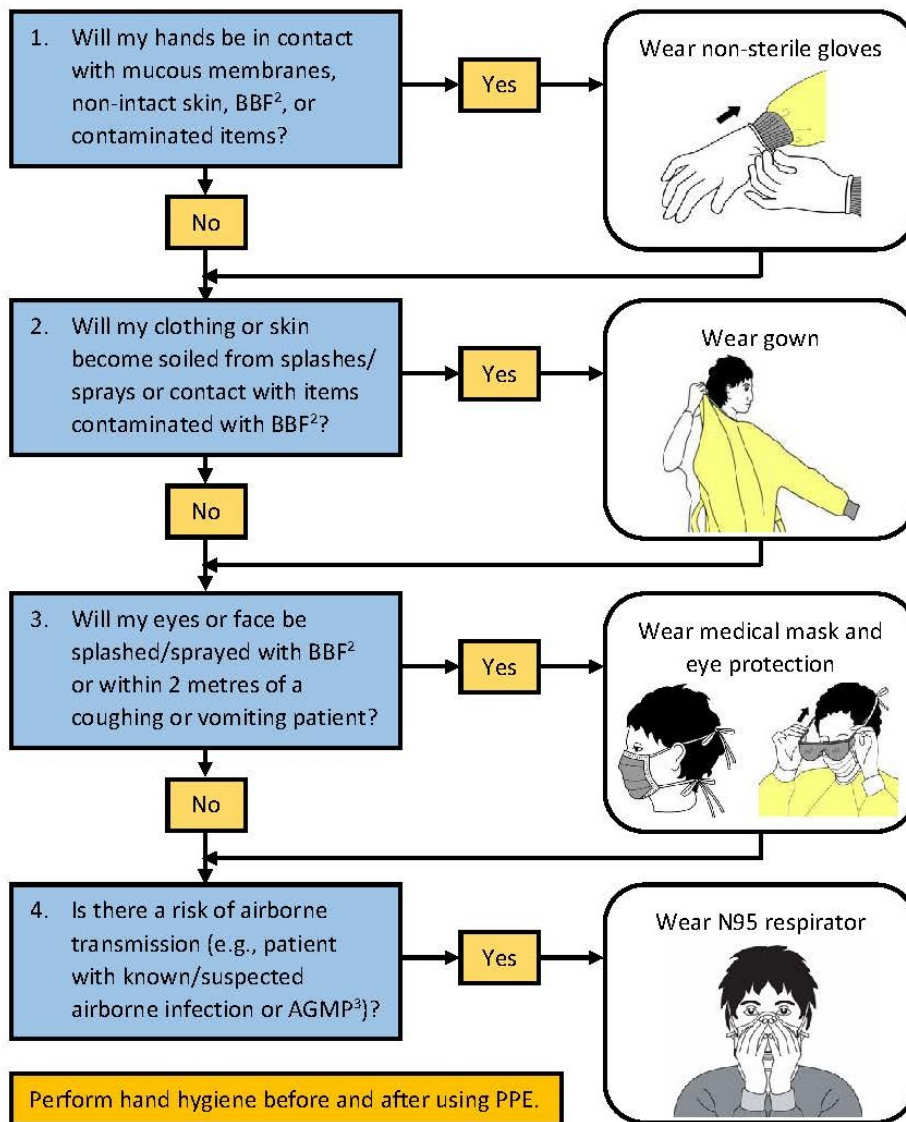
PHAC. (2013). Routine Practices and Additional Precautions for Preventing the Transmission of Infections in Health Care Settings. Retrieved from http://publications.gc.ca/collections//collection_2013/aspc-phac/HP40-83-2013-eng.pdf

First Released Date:	20-MAY-2020
Posted Date:	21-OCT-2021
Last Revised:	21-OCT-2021
Last Reviewed:	
Approved By:	PHC
	Infection Prevention and Control
Owners:	PHC
	IPAC

Appendix A

Point of Care Risk Assessment Algorithm

A PCRA is to be performed prior to contact with every patient in the patient environment¹, even if the patient has been placed on Additional Precautions as more PPE may be required.



Notes

1. Patient environment – any area within 2 metres of the patient as well as their belongings and bathroom, or the immediate space around a patient that may be touched by the patient and health care provider when providing care or performing tasks
2. BBF – blood and body fluids; includes urine, feces, wound drainage, saliva, vomit, CSF, sputum, nasal secretions, semen, vaginal secretions
3. AGMP – aerosol-generating medical procedure; includes nebulized therapy, airway suctioning, bronchoscopy, high flow oxygen administration, non-invasive positive pressure ventilation, intubation/extubation, and CPR