	<b>POLICIES &amp; PROCEDURES</b> Number: <b>20-25</b> Title: <b>Point of Care Risk Assessment (POCRA)</b>
<b>Authorization:</b> [X] SHR Regional Infection Prevention and Control Executive Committee	Source: <b>Infection Prevention &amp; Control</b> Date Initiated: June 15, 2010 Date Approved: October 5, 2010 Date Revised: Date Reaffirmed: Scope: SHR Agencies & Affiliates

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**Introduction**

Point of Care Risk Assessment (POCRA) is not a new concept, but one that is already performed regularly by professional healthcare workers (HCW's) many times a day for their safety and the safety of the clients and others in the healthcare environment. It is a systematic process of reviewing work activities, evaluating the possible hazards/risks and implementing suitable control measures to eliminate, reduce or minimize the possible hazards/risks. POCRA is part of basic Routine/Standard practices that are used with all clients at all times to reduce the risk of transmission of microorganisms to and from the client.

Definitions:

Client: Refers to patients in acute care, residents in long term care, and individuals receiving care in the community.

**Policy**

1. A Point of Care Risk Assessment must be completed before each interaction with a client and their environment in acute care, long term care, and in the community throughout Saskatoon Health Region.
2. Appropriate Personal Protective Equipment must be worn for the type of hazard/risk identified.

**Purpose**

1. To protect the clients, visitors and health care workers by preventing and controlling the spread of infectious diseases throughout the health care facilities and community care.

2. To determine which interventions are required to interrupt the cycle of transmission.

### **Procedure**

1. Risk Assessment:

Risk assessment as it relates to client symptoms, care and service delivery, includes assessment for:

- risk factors which contribute to infections (i.e. chronic illness, obesity, lack of hygiene, etc.)
- presence of any infectious disease
- the need for additional precautions.

The risk assessment should include the assessment of the risk of the potential for the following:

- contamination of skin or clothing by microorganisms in the client environment;
- exposure to blood, body fluids, secretions, excretions, tissues;
- exposure to non-intact skin;
- exposure to undiagnosed/diagnosed rashes
- exposure to mucous membranes; and
- exposure to contaminated equipment or surfaces

Ask Yourself:

- Is my clothing contaminated from a previous client or activity?
- Did I wash my hands?
- What task am I going to perform?
- Do I or the client have any non-intact skin, infection, or rash?
- What contact am I going to have with the client?
- Will I have exposure to blood, body fluids, respiratory secretions, excretions, non-intact skin, mucous membranes, rashes or contaminated equipment?
- What PPE will I need?
- Will the client be cooperative?
- Will the client be transported to diagnostic areas of the hospital and how does that affect the risk assessment at the receiving end (i.e. is there information that needs to be sent?).
- Will the client be transported to hospital, long term care facility or to a physician's office? How will this be completed and by whom?
- Will equipment need to be transported, cleaned, disinfected and stored, etc.?
- Are there pets in the home and can they be contained in another area while doing care?

See Appendix A: POCRA Algorithm

2. Transmission of microorganisms can result from direct transmission from person to person (i.e. coughing, sneezing, hand contact) and indirect transmission (i.e. contaminated equipment or environmental surfaces). Choose the appropriate PPE according to the method of transmission and the risks identified: (See Appendix B for Routine/Standard Point of Care Risk Assessment).

Risk reduction:

In order to reduce the likelihood of the risk of infection, illness or injuries from occurring, the following strategies should be implemented:

- a. Client screening
- b. Client received education about illness/infection
- c. Placement of infected individuals
- d. Perform hand hygiene at designated times
- e. Use of appropriate personal protective equipment (PPE)
- f. Clean and disinfect multiuse equipment OR
- g. Use single use equipment OR
- h. Dedicate equipment to one individual
- i. Clean, disinfect and sterilize equipment as per SHR policy
- j. Handle laundry in a safe manner
- k. Use Sharps container appropriately
- l. Handle waste according to SHR policy on Waste Management
- m. Clean the environment
- n. Implement healthy workplace practices (i.e. bending, lifting, etc.)
- o. Implement preventative workplace practices such as staff immunization

3. Education:

Health care providers should review:

- Point of Care Risk Assessment for Standard Precautions yearly.
- Hand hygiene, standard precautions, additional precautions, chain of infection and transmission based precautions yearly.

Health care providers should educate their clients and their families/visitors regarding using the appropriate infection control practices, hand hygiene and proper use of personal protective equipment when required.

References:

Provincial Infection Control Network of British Columbia. *PICNet Infection Control Guidelines: Providing Health Care to the Client Living in the Community*. 2009.

Hoosian, Shamsudin. *Summary of the Risk Assessment Methodology used for the Preparation of the Control Self-Assessment*. 2003.

Canadian Center for Occupational Health and Safety. *Risk Assessment*. Online at <http://www.ccohs.ca/oshanswers/hsprograms/risk-assessment.html>. Cited April 27, 2010.

Audit Toolkit Version 2, September 2009© CHICA-Canada, Revised May 18, 2010. Online at: <http://www.chica.org/AuditToolkit/Tools/AnnexB.pdf>

## Appendix A – POCRA Algorithm

(Adapted from CHICA-Canada; Audit Toolkit 2010)

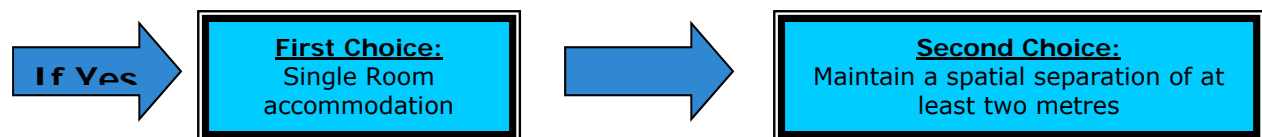
### Part A

The answers to the following questions will determine accommodation needs:

- Does the client have a new or worse cough or shortness of breath with fever or chills?
- Does the client have copious uncontrolled respiratory secretions?
- Does the client have a sudden onset of fever, intense headache, nausea, vomiting, stiff neck and photophobia.
- Is the client unable/unwilling to comply with respiratory hygiene, hand hygiene, etc.?
- Is there active soiling of the environment (e.g., uncontained diarrhea, wound drainage not contained by a dressing?)
- Does the client have a suspected infection of unknown etiology (with or without a history of travel)?

If client is in a health care facility continue:

If client is in the community setting skip to part (B)



### Part B

The answers to the following questions will determine PPE needs during any direct or indirect interaction with a client (e.g., giving a bed bath, performing a clinical procedure):

- Will I be exposed to body fluids (e.g., blood, excretions, secretions)?

If yes, PUT ON PPE as INDICATED

- Will my hands be exposed to blood, diarrhea, vomit, non-intact skin, rash or contaminated items?

If yes, WEAR GLOVES & PERFORM HAND HYGIENE

- Will my face be exposed to a splash, spray, or an uncontained cough?

If yes, WEAR FACIAL PROTECTION (Procedure mask & eye shield or goggles)

- Will my clothing or skin be exposed to splashes/sprays or items contaminated with blood, excretions or secretions?

If yes, WEAR an APRON/GOWN (wear gown when exposed to large amounts of fluids)

## Appendix B – Routine/Standard Point of Care Risk Assessment

Risk Assessment for Blood or Body Fluid** Exposure	Hand & Cough Hygiene	Gloves	Gown/Apron	Procedure Mask	Eye Protection
No Direct or Indirect Contact with blood or body fluids	YES	NO	NO	NO	NO
Indirect Contact with blood or body fluids through contaminated equipment or environment	YES	YES	YES *	NO	NO
Direct Contact with rash, non-intact skin or excessive skin scales with no risk of splashing	YES	YES	YES *	NO	NO
Direct Contact with blood or body fluids with low risk of splashing	YES	YES	YES *	NO	NO
Direct or Indirect Contact with blood or body fluids with high risk of splash, spray, cough or sneeze	YES	YES	YES	YES	YES

\* The decision to upgrade from an apron to use of a gown is based on your assessment of risk in each situation.

**The decision to upgrade to a level of protection higher than suggested is based on your assessment of risk in each situation.** See IP&C Manual, Section 30 for definitions and details of Additional Precautions. See IP&C Manual, Policy 20-150 for donning and removal instructions for PPE.

If other concurrent infectious agents require Additional Precautions, those measures should be followed (e.g., known or suspected active Tuberculosis requires N95 mask, C. difficile requires gown and gloves, etc.).

\*\*Definition of Body Fluid

- Any fluid found in, produced by, or excreted from the human body which includes: blood, urine, feces, saliva, tears, breast milk, cerebrospinal fluid, semen, vaginal fluid, amniotic fluid, pleural fluid, peritoneal fluids, serous fluid, bile, digestive juices, vomit, pus and other infected discharges.
- The definition also includes contact with wounds and skin scales.