

Point of Care Risk Assessment

ADMISSION TO SERVICE

Assessment should be standardized during the admission process to include:

- Immunization history
- Recent exposures to infectious diseases such as Chickenpox, Measles or Tuberculosis
- Recent travel history, particularly travel abroad
- New or worsening cough, and are unable to follow respiratory/cough etiquette
- Fever
- New undiagnosed rash
- Sudden onset of diarrhea
- Drainage or leakage not contained in a dressing and/or medical appliance
- Any risk of colonization and/or infection with an Antibiotic Resistant Organism (ARO).
See the [ARO Screening Questionnaire](#)

ONGOING

A risk assessment should be completed on an ongoing basis, assessing the following :

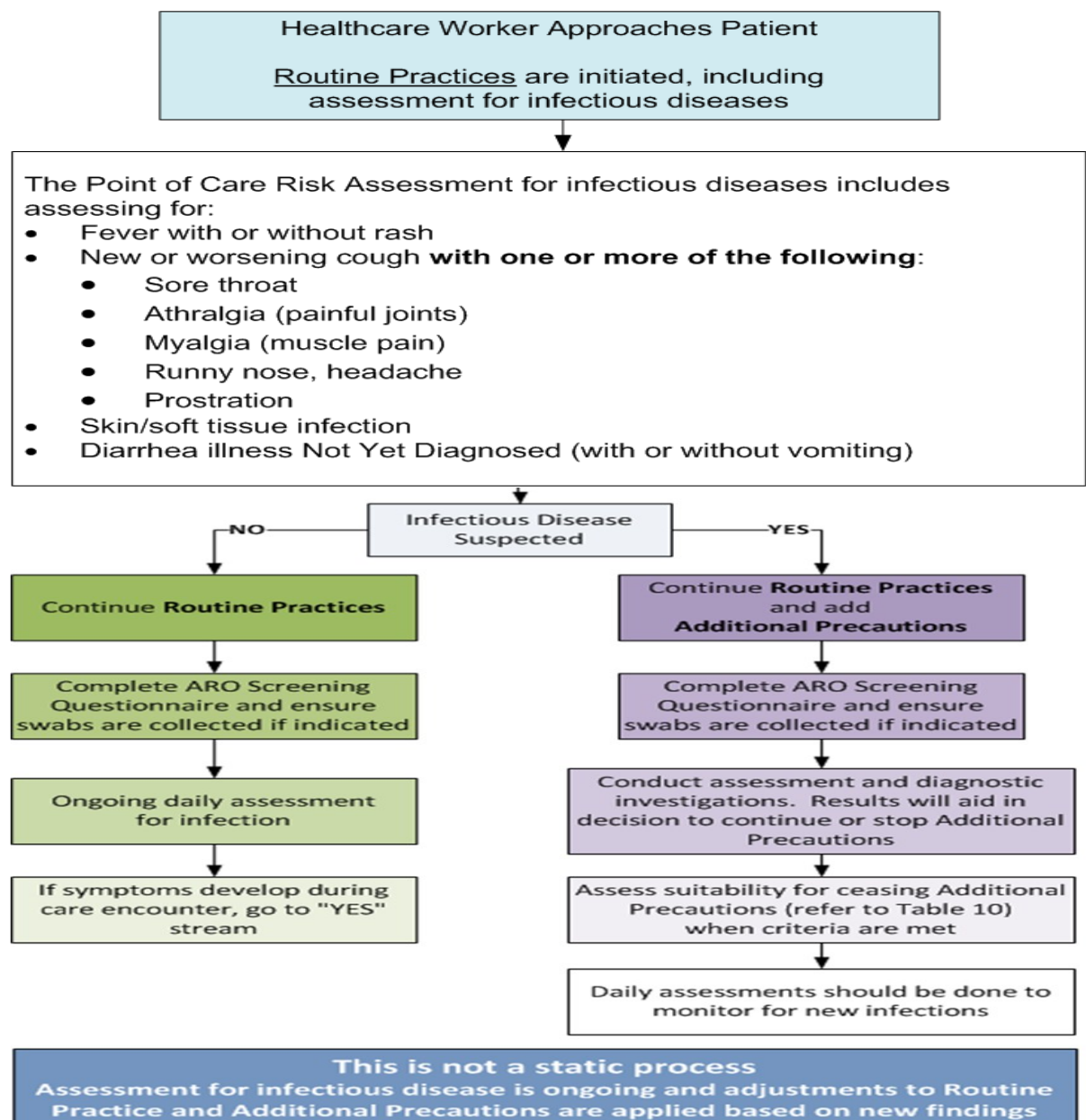
- Is the patient continent?
- How susceptible is the patient to infection? Is their immune system intact?
- Does the patient have any invasive devices or open areas?
- What is the risk of exposure to blood, body fluids, microorganisms, mucous membranes or non-intact skin in the task about to be performed?
- Does the patient have a new or worsening cough, and are unable to follow respiratory/cough etiquette?
- Does the patient have a fever?
- Does the patient have a new undiagnosed rash?
- Does the patient have sudden onset of diarrhea?
- Does the patient have any drainage or leakage not contained in a dressing and/or medical appliance?
- How competent is the healthcare provider in performing the task?
- How cooperative will the patient be while the task is performed?

Point of Care Risk Assessment (continued)

FOR HOME AND COMMUNITY CARE

The information of the client referral form may not represent the current health/condition of the client.

The presence of an ARO should not exclude the client from home care as long as they meet the criteria for home nursing services.



Point of Care Risk Assessment (continued)

Infection Prevention & Control Best Practice Guidelines

RISK ASSESSMENT FOR ADDITIONAL PRECAUTIONS

Routine Practice	- Hand Hygiene (4 moments) for all patients - Dealing with blood and/or body fluids - Non-infectious diagnosed vomiting and/or diarrhea - Non-draining wounds	Based on the assumption that all blood and certain body fluids (urine, feces, wounds, and sputum) contain infectious organisms (bacteria, viruses or fungi). Routine practices reduce exposure and potential cross infection.	
Additional Precautions	Primary Reason	Secondary Reason	Justification
Contact Precautions	Known ARO positive/	ARO disease alert on patient chart	Patient will remain on additional precautions if ARO disease alert is present despite any negative sets of results until reviewed by an ICP.
	Diarrhea NYD	Including known or recent history of Clostridium difficile	Based on the assumption that feces contain infectious organisms (bacteria, viruses or fungi)
	Draining infected wounds	Weeping Cellulitis/Shingles	Based on the assumption that infectious organisms are present
Droplet Precautions	Respiratory Infection with symptoms and/or New or Worsening cough	Known MRSA in sputum with productive cough	Potential for infectious organism transmission via droplet route
		With one or more of the following: fever, headache, sore throat, general aches and pains, lethargy, chest discomfort	Potential for pneumonia, influenza A or B, Coronavirus, Rhinovirus, RSV, Adenovirus, etc.
	Vomiting NYD	With Diarrhea NYD	Potential for infectious organism transmission via droplet route, including Norovirus, etc.
Airborne Precautions	Rash resembling vesicles/pustules/macules	With any of the following: cough, head pain and malaise	Potential for Rubeola, Variola, Chicken Pox, Varicella Zoster (that are widespread and cannot be occluded by dressings)
	Query Pulmonary TB or history of Pulmonary TB	With new or worsening cough	Potential for active Pulmonary TB

For more information, please contact the [Infection Prevention and Control Program](#)

