



Interim Guidance: Infection Prevention and Control Measures

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Appendix A

Point of Care Risk Assessment Tool for Pandemic (H1N1) 2009 Flu Virus

Prior to any patient interaction, all health care workers (HCWs) have a responsibility to always assess the infectious risk posed to themselves and to other patients, visitors, and HCWs. This risk assessment is based on professional judgement about the clinical situation and up-to-date information on how the specific healthcare organization has designed and implemented engineering and administrative controls, along with the availability and use of Personal Protective Equipment (PPE).

Point of Care Risk Assessment (PCRA) is an activity performed by the HCW **before every patient interaction**, to:

1. Evaluate the likelihood of exposure to H1N1 2009,
 - **from a specific interaction** (e.g., performing/ assisting with aerosol-generating medical procedures, other clinical procedures/ interaction, non-clinical interaction (i.e., admitting, teaching patient/ family), transporting patients, direct face-to-face interaction with patients, etc.),
 - **with a specific patient** (e.g., infants/ young children, patients not capable of self care/ hand hygiene, have poor-compliance with respiratory hygiene, copious respiratory secretions, frequent cough/ sneeze, early stage of influenza illness, etc.),
 - **in a specific environment** (e.g., single rooms, shared rooms/ washrooms, hallway, influenza assessment areas, emergency departments, public areas, therapeutic departments, diagnostic imaging departments, housekeeping, etc.),
 - **under available conditions** (e.g., air exchanges in a large waiting area or in an airborne infection isolation room, patient waiting areas);

AND

2. Choose the **appropriate actions/ PPE** needed to minimize the risk of patient, HCW/ other staff, visitor, contractor, etc. exposure to H1N1 2009 /suspect ILI case

PCRA is not a new concept, but one that is already performed regularly by professional HCWs many times a day for their safety and the safety of patients and others in the healthcare environment. For example, when a HCW evaluates a patient and situation to determine the possibility of blood or body fluid exposure or chooses appropriate PPE to care for a patient with an infectious disease, these actions are both activities of a PCRA.

References:

1. Health Canada, December 17, 2003. Infection Control Precautions for Respiratory Infections Transmitted by Large Droplet and Contact: Infection Control Guidance if there is a SARS Outbreak Anywhere in the World, When an Individual Presents to a Health Care Institution With a Respiratory Infection (Draft)
2. New York State Nursing Association (NYSNA), Nursing Practice Alert. Emergency Department Overcrowding/Preparedness. Website accessed May 2, 2009. http://www.nysna.org/practice/alerts/alert_1104.htm

The PCRA tool consists of tables 1 to 4.

A step-by-step description on how to use them follows :

Step 1: In Table 1, choose one of the physical setting and level of patient interaction options (in the highlighted column) using the description and example columns in the table.

Step 2: In Table 2, choose one of the patient clinical status and source control capability options (in the highlighted column) using the description and patient presentation column in the table.

Step 3: Using the matrix on Table 3, match the physical setting and level of patient interaction option from Table 1 (Step 1) with the patient clinical status and source control capability option identified from Table 2 (Step 2), to determine the appropriate level of precautions.

Step 4: From Table 4, determine what specific measures and personal protective equipment are indicated for the level of precautions identified in Table 3 (Step 3).

Table 1: Identification of the Physical Setting and Level of Patient Interaction

Physical Setting and Level of Patient Interaction	Description	Example
No Patient Interaction, Non-Clinical	Area with no patient access (restricted areas)	Non-clinical setting (medical record department, administrative office, central pharmacy, information technology office, central storage area, mail room, central maintenance areas, business office, etc.).
No Direct Patient Interaction and No Indirect Contact	No face-to-face interaction and no indirect contact with patients.	Hallways, cafeteria, public areas, clinical areas with no patient access (charting room, office, storage room, staff lounge, medication room, etc.), totally enclosed reception/triage areas with physical barrier between HCW and patient.
Indirect Contact	No direct patient interactions; Indirect contact only with patient environment or contaminated inanimate objects	Discharge patient room cleaning, equipment cleaning.
Direct Patient Interaction	Direct, face-to-face interaction with patient (within 2m of the patient)	Providing patient care, home care visit, assisting with Activity of Daily Living (ADL), diagnostic imaging, phlebotomy services, physiotherapy, occupational therapy, recreational therapy, intra-hospital transport/portering, non-enclosed triage/registration area, cleaning patient bedspace while occupied, routine ambulance or inter-facility transport.
Direct Patient Interaction with Potential for Aerosol Generation	Performing and/or assisting with Aerosol Generating Medical Procedures (AGMP)	Open endotracheal suctioning, bronchoscopy, endotracheal intubation, tracheostomy procedures, nebulized therapy, cardiopulmonary resuscitation.

Table 2: Identification of the Patient Clinical Status and Source Control Capability

Patient Clinical Status and Source Control Capability	Description	Patient Presentation
Recovered from Influenza	Patient recovered from influenza	Influenza-infected patient, beyond the known period of communicability
	1) Patient with symptoms compatible	Cough of any intensity and Adherence with

Influenza and Compliant or Weak Cough and Not Compliant	with influenza with cough	respiratory hygiene Adherence to hand hygiene
	2) Patient with symptoms compatible with influenza with weak or no cough	Weak or no cough and Not adherent with respiratory hygiene Not adherent to hand hygiene
Influenza and Forceful Cough and Not Compliant	Patient with symptoms compatible with influenza	Forceful cough and Not adherent with respiratory hygiene Not adherent to hand hygiene
Influenza and AGMP	Patient with symptoms compatible with influenza	And an Aerosol Generation Medical Procedure (AGMP) is being performed

Note: If more than one risk level identified (e.g., multiple concurrent patient interactions), select the higher risk level.

Table 3: Level of Precautions Matrix

Patient Clinical Status and Source Control Capability	Physical Setting and Level of Patient Interaction				
	No Patient Interaction Non clinical	No Direct or Indirect Patient Interaction	Indirect Contact	Direct Patient Interaction	Direct Patient Interaction with AGMP
Recovered from Influenza	I	I	II	II	II
Influenza and Compliant or Weak Cough and Not Compliant	I	I	II	III	IV
Influenza and Forceful Cough and Not Compliant	I	I	II	III	IV
Influenza and AGMP	I	I	II	IV	IV

Note: It is anticipated that the majority of patients with H1N1 2009 will be cared for using level II and III and a minority would be cared for using level IV precautions.

Table 4 Personal Protective Equipment Suggested for the Level of Precautions for Human Cases of H1N1 2009

	Hand hygiene	Respiratory hygiene	N95 Respirator	Mask*	Eye Protection	Gown	Gloves
Level I	Yes	Yes	No Patient Contact – Not Required				
Level II	Yes	Yes	No, Except as per Additional Precautions*	As Per Routine Practices			
Level III	Yes	Yes	No, Except as per Additional Precautions*	Yes	Yes	As Per Routine Practices	
Level IV	Yes	Yes	Yes	No	Yes	As Per Routine Practices	

*Additional Precautions recommend an N95 respirator for known or suspected active tuberculosis or measles.

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