Point of Care Risk Assessment Tool for Influenza Like Illness including NOVEL A/H1N1 INFLUENZA

Prior to any patient interaction, all health care workers (HCWs) have a responsibility to 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 of Personal Protective Equipment (PPE).

Point of Care Risk Assessment (PCRA) is an activity performed by the HCW before every patient interaction.

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 person 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 visits, 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)	See appended list of AGMP (below) and Appendix G of Teaching Tools for further detail.

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
Influenza and Compliant or Weak Cough and Not Compliant	1) Patient with symptoms compatible with influenza with cough.	Cough of any intensity and Adherence with respiratory hygiene Adherence to hand hygiene
	2) Patient with symptoms compatible with influenza with weak or no cough	Weak or no cough and No adherence with respiratory hygiene No adherence with hand hygiene
Influenza and Forceful Cough and Not Compliant	Patient with symptoms compatible with influenza with forceful cough	Forceful cough and Not adherent with respiratory hygiene Not adherent to hand hygiene
Influenza and AGMP	Patient with symptoms compatible with influenza	An Aerosol Generating Medical Procedure (AGMP) is being performed.

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

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**	**IV**	**IV**
Influenza and AGMP	**I**	**I**	**II**	**IV**	**IV**

Note: It is anticipated that the majority of patients with H1N1 Flu Virus (Human Swine Flu) 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 Required for the Level of Precautions for Human Cases of H1N1 Flu Virus (Human Swine Flu)

	Hand Hygiene	Respiratory Hygiene	N95 Respirator	Surgical or Procedure 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 Precautions**	**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, measles or Varicella.

Adapted from Interim Guidance: Infection Prevention and Control Measures for Health Care Workers in Acute Care Facilities, Appendix A, Public Health Agency of Canada, Final May 11, 2009, 1700.

Aerosol Generating Medical Procedures:

Definition: Any procedure carried out on a patient that can induce the production of aerosols of various sizes, including droplet nuclei.

- In circumstances where emergent resuscitation efforts are anticipated.
- Non-invasive positive pressure ventilation (BIPAP).
- Continuous positive pressure airways pressure (CPAP)
- Endotracheal intubation, including during cardiopulmonary resuscitation;
- Respiratory/airway suctioning; open airway suctioning;
- High-frequency oscillatory ventilation {HFOV}
- Tracheostomy procedure and care
- Chest physiotherapy
- Aerosolized or nebulized medication administration
- Diagnostic sputum induction;
- Bronchoscopy or other upper airway endoscopy;
- Autopsy of lung tissue
- Sputum induction
- Tube or needle thoracostomy