Risk Assessment for all Healthcare workers

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Every healthcare worker has a role to play in ensuring the health, safety and welfare of themselves and others.
Who are we referring to as Healthcare workers?

Everyone that works within the healthcare setting...

<table>
<thead>
<tr>
<th>Nurses</th>
<th>Volunteers</th>
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</thead>
<tbody>
<tr>
<td>Housekeepers</td>
<td>Maintenance workers</td>
</tr>
<tr>
<td>Porters</td>
<td>Doctors</td>
</tr>
<tr>
<td>Therapists</td>
<td>Nutritionalist</td>
</tr>
<tr>
<td>Social Workers</td>
<td>Kitchen workers</td>
</tr>
<tr>
<td>Admin Staff</td>
<td>Unit clerks</td>
</tr>
<tr>
<td>Activities staff</td>
<td>Managers</td>
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</table>
What is a risk assessment?

• ...a thorough look at your workplace to identify those things, situations, processes, etc that may cause harm, particularly to people

• ...then evaluate how likely and severe the risk is, and decide what measures should be in place to effectively prevent or control the harm from happening
Why is risk assessment important?

• Create awareness of hazards and risks
• Identify who may be at risk (employees, cleaners, visitors, contractors, the public, etc)
• Determine if existing control measures are adequate or if more should be done
• Prevent injuries or illnesses when done at the design or planning stage
• Prioritize hazards and control measures
What is the goal of risk assessment?

• The aim of the risk assessment process is to remove a hazard or reduce the level of its risk by adding precautions or control measures, as necessary.

• By doing so, you have created a safer and healthier workplace.
Goals continued...

• Limiting unprotected exposure to pathogens
• Limiting transmission of infections associated with procedures
• Limiting transmission of infections associated with use of medical equipment, devices and supplies
Tools for Risk Assessment...

• Five steps
  – Canadian Standards Association & Health Canada (1997)
• VIHA Infection Precaution Risk Assessment
Five steps...

- **Step 1:** Identify the hazards (what can go wrong?)
- **Step 2:** Decide who might be harmed and how (what can go wrong? who is exposed to the hazard?)
- **Step 3:** Evaluate the risks (how bad? how often?) and decide on the precautions (is there a need for further action?)
- **Step 4:** Record your findings, proposed action and identify who will lead on what action. Record the date of implementation.
- **Step 5:** Review your assessment and update if necessary.

Canadian Standards Association & Health Canada (1997)
# Infection Precaution Risk Assessment

<table>
<thead>
<tr>
<th>Routine Practice</th>
<th>Additional Precautions</th>
<th>Primary Reason</th>
<th>Secondary Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hand Hygiene (4 moments) for all patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dealing with blood and/or body fluids</td>
<td></td>
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<tr>
<td></td>
<td>Non-infectious diagnosed vomiting and/or diarrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-draining wounds</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Precautions (Gown &amp; gloves)</th>
<th>Respiratory Infection with symptoms and/or New or Worsening cough</th>
<th>Known MRSA in sputum</th>
<th>With one or more of the following: fever, headache, sore throat, general aches and pains, lethargy, chest discomfort</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Vomiting NYD</td>
<td></td>
<td>With Diarrhea NYD</td>
</tr>
<tr>
<td></td>
<td>Fever</td>
<td></td>
<td>With one or more of the following: cough/ headache/rash</td>
</tr>
<tr>
<td>Droplet Precautions (Mask with face shield, gown &amp; gloves)</td>
<td>Rash resembling vesicles/pustules/ macules</td>
<td>With any of the following: cough, head pain and malaise</td>
<td>With new or worsening cough</td>
</tr>
<tr>
<td>Airborne Precautions (Negative pressure room, N95 mask, gown &amp; gloves)</td>
<td>Query Pulmonary TB or history of Pulmonary TB</td>
<td>With new or worsening cough</td>
<td>With new or worsening cough</td>
</tr>
</tbody>
</table>
Scenario 1....

• Patient being admitted through Triage into the ER department
• Resident being transferred to your LTC facility from the community
• Client within their own home
  You meet them for the first time and note that they are sneezing and they inform you that they have a new very active, productive cough
Step 1: Identify the hazards...

- Potential for pathogenic organism?
Step 1...

- When you are first approaching a potential patient
  - Routine practices

  - Primary Reason
    - Known ARO positive
    - Diarrhea NYD
    - Draining infected wounds
    - Respiratory Infection with symptoms and/or
    - New or Worsening cough
    - Vomiting NYD
    - Fever
    - Rash resembling vesicles/pustules/macules
    - Query Pulmonary TB or history of Pulmonary TB
Step 2: Decide who might be harmed and how...

- Potential for droplet/airborne transmission
- Potential for indirect contact transmission from contaminated surfaces etc.
- Potential for other Patient/Resident/Client exposure
- Potential for multidisciplinary team exposure
Step 2...

• Continue Routine Practices
• Assess risk
Step 3: Evaluate the risks...

- Is there a need for additional precautions as well as routine practices?
- Do everything that is reasonably practical to protect patients from harm
Step 3...

- **Additional Precautions**
  - **Contact**
    - Precautions
    - (Gown & gloves)
  - **Droplet**
    - Precautions
    - (Mask with face shield, gown & gloves)
  - **Airborne**
    - Precautions
    - (Negative pressure room, N95 mask, gown & gloves)
- Signage
- Environmental cleaning
- Mask for patient/resident/client
- Limiting activities
Step 4: Record your findings, proposed action and identify who will lead on what action...

• Most responsible health care worker:
  – Record date/time of additional precautions taken
  – Record reason for additional precautions
  – Assess need for additional tools
    • Care plan
    • Bristol Stool Chart, etc.
Step 5: Review your assessment and update as necessary...

- Constant changes mean good documentation is important

- Review your risk assessment when:
  - You are planning a change
  - Routinely...every shift change
  - When there has been a significant change
Scenario 2...

• Visitor, Volunteer, Medical Imaging, porters, FMO etc.

• Within the unit setting
  – FMO working within a patient room
  – Volunteers delivering tea, reading materials
  – Visitors coming in for the first time
Step 1: Identify the hazards...

- Look for Hand Hygiene kiosk at the entrance to the unit
- Follow any precaution signs posted at the entrance to room and/or bedside curtain
- If precaution sign posted outside patient room...first see most responsible health care worker before entering
Step 2 & 3...

• Adhere to precautions posted on the sign
• Is it truly necessary to visit/maintain this room at this time?
• Can the investigation be postponed?
• Provide a service to do everything reasonably practicable to protect patients’ from harm
Step 4: Record your findings, proposed action and identify who will lead on what action...

- Inform work colleagues that room is under precautions if maintenance will require more than one member of the team
- Porters will inform patients destination of change in precautions
- Visitors will inform other visitors etc.
Step 5: Review your assessment and update as necessary...

- Adhere to change in posted precautions as and when necessary
Myths...

• “The patient has been on antibiotics for 24hrs...I have taken her off droplet precautions...”

• Patient has been on antibiotics for 24 hours and there is an improvement of symptoms: resolving cough, decreased WCC, no fever
Myths...

• “Patient has not had diarrhea for 48 hours and I have taken him off contact precautions.”

• Patient requires absence of diarrhea for 48 hours and has had a normalized/formed stool
Where can I find the risk assessment?

• Presently
  – The link for the Infection Precaution risk Assessment Tool can be found on the VIHA Intranet. On the Infection Prevention & Control site under *National Infection Control Week*

• Watch for it’s inclusion within the IC manual
Challenges...

• Maintaining quality whilst eliminating risk is a major challenge facing everyone in healthcare today.

• The challenge increases when we must implement additional precautions in order to deliver ‘best care’.
As Health Care Workers and role models....we have the ability to lead practice and ensure that best care is delivered with the minimal amount of risk.
Questions?

Billy noticed that the goldfish had diarrhoea again.