



AMRIC

Webinar Point of care risk assessment (PCRA)

September 23rd 2022



Antimicrobial Resistance &
Infection Control Programme

HE Today's Webinar

- Overview:
- Point of care risk assessment (PCRA)
- Poster
- QR Code
- How to use the PCRA guide
- Scenarios
- Q&A



Posters

Key messages:

- Currently printed & disseminated to Acute and CHO areas mid September, (100 per hospital, 120 per CHO areas)
- Future requirements: Posters will be available to order via health promotion website from October.

Ordering details to be circulated once available.

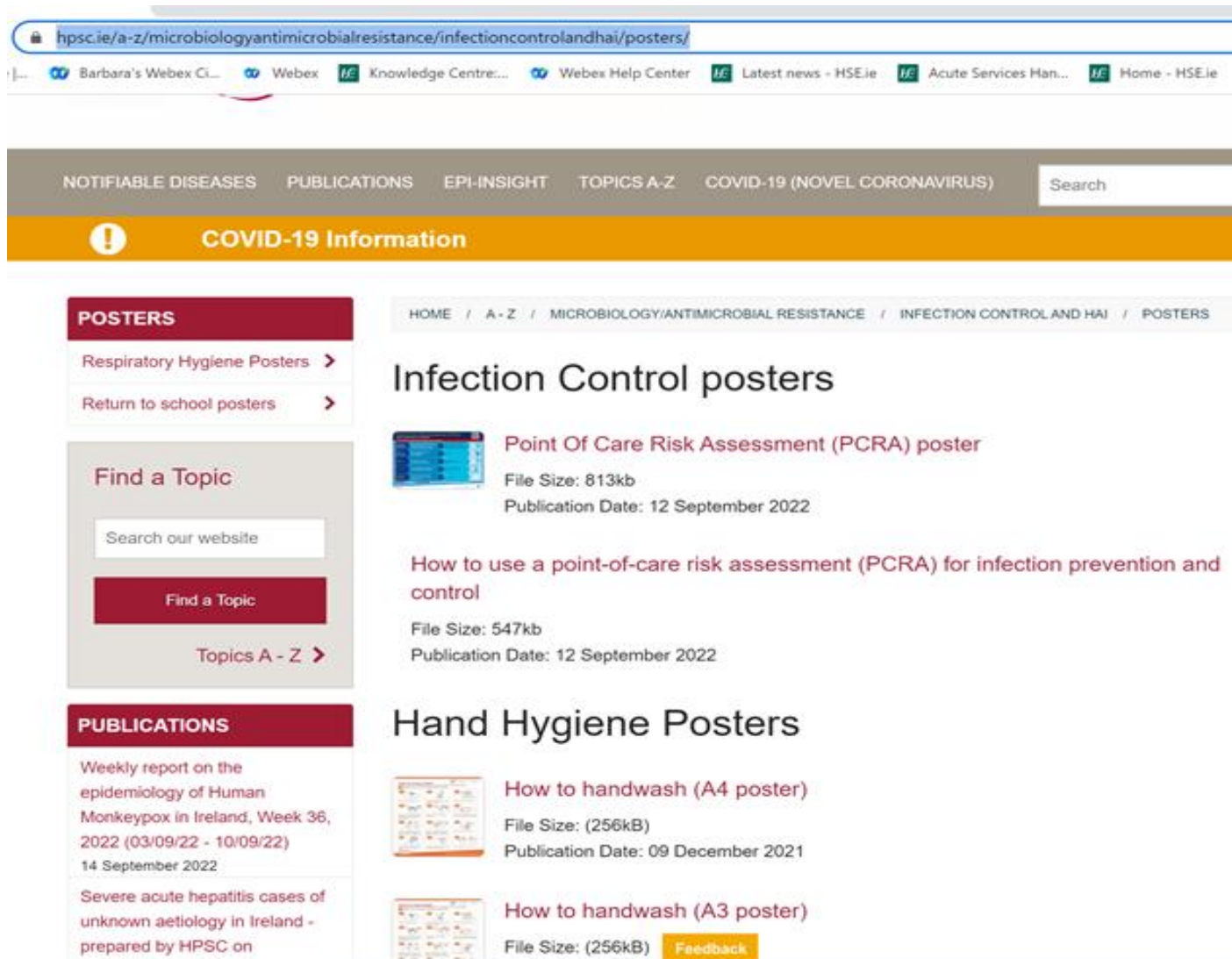
Are available on HPSC website: <https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/posters/>

Important: do not print from HPSC website as A3 size

It is printed in A3 format due to content, size and to ensure it is user friendly

Poster updates

Where to find it on the HPSC website



The screenshot shows the HPSC website's 'Posters' page. The URL in the browser is <https://hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/posters/>. The page features a navigation bar with links to 'NOTIFIABLE DISEASES', 'PUBLICATIONS', 'EPI-INSIGHT', 'TOPICS A-Z', and 'COVID-19 (NOVEL CORONAVIRUS)', along with a search bar. A prominent orange banner reads 'COVID-19 Information'. On the left, a sidebar contains a 'POSTERS' section with links to 'Respiratory Hygiene Posters' and 'Return to school posters', a 'Find a Topic' search box, and a 'PUBLICATIONS' section with a link to a 'Weekly report on the epidemiology of Human Monkeypox in Ireland, Week 36, 2022 (03/09/22 - 10/09/22)'. The main content area is titled 'Infection Control posters' and lists two posters: 'Point Of Care Risk Assessment (PCRA) poster' (813kb, 12 September 2022) and 'How to use a point-of-care risk assessment (PCRA) for infection prevention and control' (547kb, 12 September 2022). Below this, the 'Hand Hygiene Posters' section lists 'How to handwash (A4 poster)' (256kB, 09 December 2021) and 'How to handwash (A3 poster)' (256kB), with a 'Feedback' button next to the A3 poster.

hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/posters/

Barbara's Webex CL... Webex Knowledge Centre... Webex Help Center Latest news - HSE.ie Acute Services Han... Home - HSE.ie

NOTIFIABLE DISEASES PUBLICATIONS EPI-INSIGHT TOPICS A-Z COVID-19 (NOVEL CORONAVIRUS) Search

COVID-19 Information

POSTERS

Respiratory Hygiene Posters >

Return to school posters >

Find a Topic

Search our website

Find a Topic

Topics A - Z >


PUBLICATIONS

Weekly report on the epidemiology of Human Monkeypox in Ireland, Week 36, 2022 (03/09/22 - 10/09/22)
14 September 2022

Severe acute hepatitis cases of unknown aetiology in Ireland - prepared by HPSC on


HOME / A - Z / MICROBIOLOGY/ANTIMICROBIAL RESISTANCE / INFECTION CONTROL AND HAI / POSTERS


Infection Control posters

 **Point Of Care Risk Assessment (PCRA) poster**
File Size: 813kb
Publication Date: 12 September 2022

How to use a point-of-care risk assessment (PCRA) for infection prevention and control
File Size: 547kb
Publication Date: 12 September 2022

Hand Hygiene Posters

 **How to handwash (A4 poster)**
File Size: (256kB)
Publication Date: 09 December 2021

 **How to handwash (A3 poster)**
File Size: (256kB) [Feedback](#)

What is a PCRA:

A Point of Care Risk Assessment (PCRA) is a Healthcare worker's assessment of infection transmission risk:

- during a specific interaction
- with a specific patient
- in a specific environment
- under available conditions

The resulting choice of appropriate actions and/or personal protective equipment (PPE) to minimise risk to yourself, your patients and others in the environment.

Healthcare worker

Patient

PCRA

Environment

PCRA

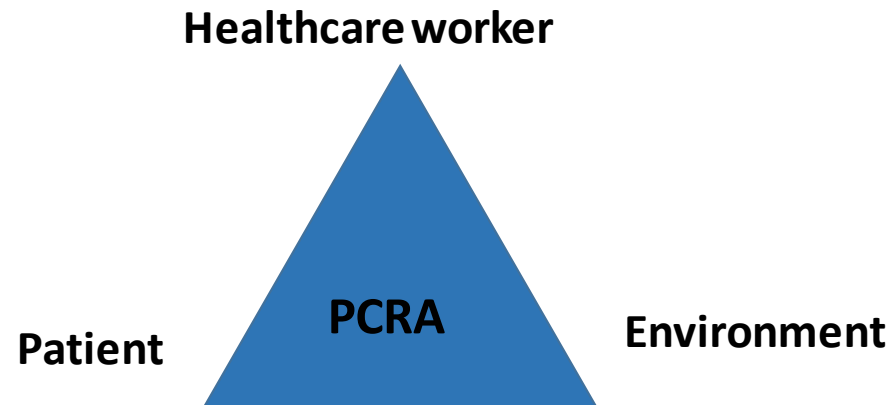
What is a PCRA

The purpose of a point of care risk assessment is to:

Keep you as the healthcare worker safe at all times
Enable you to provide safe healthcare

And

This protects our patients/service users/clients who access our healthcare services



PCRA

What is a PCRA



Who performs a Point of Care Assessment?

Everyone.

Anyone who interacts with patients or the patient environment needs to *understand* PCRA.

This includes clinical and non-clinical staff in acute care, long term care and community settings.

When do you perform a Point of Care Risk Assessment?

Before every interaction with a patient or the patient environment.

You will choose the appropriate actions/PPE to minimise the risk to you, your patient and others in the environment based on your assessment of infection transmission risk.



Performing a Point of Care Risk Assessment

PCRA

To perform a PCRA consider infection transmission risk for the following:

1. Interaction
2. Environment
3. Patient
4. Health Care Worker

This will help you to determine the appropriate actions/PPE to minimise the risk for yourself, your patient and others in the environment.





Performing a Point of Care Risk Assessment

Conducting a risk assessment related to everyday practices and +/- additional precautions

An individual assessment of each client/patient/resident's potential risk of transmission of microorganisms must be made by all health care providers and other staff who come into contact with them.

Based on that risk assessment and a risk assessment of the task:
determine appropriate interventions :

hand hygiene

use of personal protective equipment (PPE)

waste management

client/patient/resident placement

= reduce the risk of transmission of microorganisms to and from the individual



Antimicrobial Resistance &
Infection Control Programme

PCRA



How?

Point Of Care Risk Assessment (PCRA)

Infection prevention & control (IPC)



To be carried out before each patient/client interaction

IMPORTANT

Check patient's /client's symptoms /MDRO status

Does the patient have unexplained rash, cough, sneezing / unexplained diarrhoea / fever or known MDRO. Suspected or confirmed droplet (eg influenza, meningitis) or airborne illness (e.g. chicken pox, measles, MDRX TB)

If yes:

PPE (as per below) determined by level of anticipated contact and type of activities. For suspected/confirmed droplet/airborne illness - medical (droplet) or respirator (airborne) mask as minimum



HANDS

Perform hand hygiene as per WHO 5 moments

Can my hands be exposed to blood, body fluids, non intact skin, mucous membranes or contaminated items

If yes:

Don gloves



MUCOUS MEMBRANES

Will I be exposed to a splash, spray, cough, sneeze while I am within 2 metres of a patient/client

If yes:

ADD Facial protection (includes mask & goggles or visor)



SKIN/CLOTHING

Will my skin/clothing come in direct contact with blood, body fluids, non intact skin or items contaminated with body fluids

If yes:

Low contact activity = apron
High contact activity = gown



IF CONDUCTING AN AEROSOL GENERATING PROCEDURE

Aerosol generating procedure (AGP)
Does the patient have a suspected droplet/airborne illness or an emerging respiratory pathogen

If yes:

ADD FFP2/3 respirator



REMEMBER: Hand Hygiene (WHO 5 moments) first and last in all cases to protect patients and yourself





Point Of Care Risk Assessment (PCRA)

Infection prevention & control (IPC)



To be carried out before each patient/client interaction

How to use a Point-of-Care Risk Assessment (PCRA) for Infection Prevention and Control

The PCRA is an element of routine practice which should be conducted before every patient/client/resident interaction by a healthcare worker (HCW) to assess the likelihood of exposing themselves and/or others to infectious agents/transmissible microorganisms.

This PCRA supports the selection of appropriate actions and additional Personal Protective Equipment (PPE) to minimise the risk of exposure in addition to any Infection Prevention and Control (IPC) recommendations already in place.

This is a general tool, and risk assessments may vary from person to person.

PCRA explainer

QR Code





Step 1

Before each patient interaction, a healthcare worker must assess the following:

Patient/client/resident/service user

- What are the patient's symptoms (e.g., respiratory symptoms, e.g. coughing, unexplained fever, rash, enteric symptoms, diarrhoea)?
- Are there additional precautions in place (droplet, contact, airborne)?
- Has the patient a history of multi-drug resistant organisms (MDROs) etc.?
- Is the patient well, independent and able to perform hand hygiene and practice respiratory etiquette etc.?
- Has the patient been recently screened for infectious symptoms (e.g. triage, review of daily symptom check)?





2. TASK

What type of task am I carrying out (e.g., providing direct face-to-face care, potential for contact with blood/body fluids, personal care, performing an aerosol generating procedure (AGP), non-clinical interaction)?

Is additional equipment required to safely carry out the task (standard precautions, e.g., use of dressings, provide tissues, emesis basin)





3. ENVIRONMENT

Are there potential hazards that may impact my task (e.g. physical clutter)?

Is there a risk to/from other individuals (e.g., shared rooms, mobile patients with infectious symptoms)?

Is there enough space for physical distancing to be maintained? (i.e. Influenza)

Can my planned work area be properly cleaned and disinfected?





Step 2

Choose appropriate actions and PPE including the following:

Hand hygiene (as per WHO 5 Moments)

Respiratory etiquette (e.g. offer the patient a mask, if tolerated, support the patient to use tissues/their elbow to cover coughs)

Personal space (e.g. encourage the patient to respect other's personal space)

Implement additional precautions if required (e.g. droplet and contact precautions as required)

PCRA explainer



Environmental and equipment cleaning and disinfection (e.g. clean & disinfect environmental surfaces and reusable equipment between each use)

Patient placement e.g. prioritise patients with risks for infectious agents to single rooms (where possible)

Select PPE items based on required additional precautions and your own risk assessment, as per the PCRA poster.

NOTE: Reassessment of PPE requirements should occur as the clinical scenario develops to reflect changes in transmission risk.

For further information, refer to **Draft National Guidelines for Infection and Prevention Control (IPC) 2022**, [ncec-ipc-guideline-2022-for-consultation.pdf \(hse.ie\)](https://www.hse.ie/ncec-ipc-guideline-2022-for-consultation.pdf).

Adapted from Nova Scotia Health authority/IWK Health Centre, Canada.



PCRA explainer

Health professionals must be able to distinguish between clinical situations in which gloves must be worn and those in which their use is not indicated.

They must also be able to risk assess situations and identify the key points during care when gloves must be removed and hands decontaminated – the WHO's (2009b) five moments of hand hygiene

Inappropriate and unnecessary gloves use may have an impact on patient safety.

The misuse of gloves: contributing factor in the transmission of healthcare-associated infections and outbreaks in healthcare settings

(Duong and McLaws, 2017; Wilson et al, 2017a; Wilson et al, 2017b; Wilson & Loveday, 2014).

During the Covid-19 pandemic: fear among health professionals, further exacerbating the misuse of PPE, specifically gloves (Cawcutt et al, 2020).



HE Risk assessment for appropriate use of gloves

- Who is at risk (patient and/or healthcare worker/professional?)
- Are sterile or non-sterile gloves required?
- Potential exposure to blood, body fluids, secretions, excretions, mucous membranes or non-intact skin during care and invasive procedures
- The health professional's and/or patient's sensitivity to glove materials
- The glove size required
- Organisational policies related to a latex-free environment
- Potential contact with hazardous substances such as chemicals, for example cytotoxic drugs

Source: Baloh et al (2019); Vikke et al (2019).

Reference: Nursing Times (2022) The impact of glove misuse on patient safety during the Covid-19 pandemic



HE PCRA scenarios: Environment

Touching computers or electronics in patient care areas:

Will you have contact with the patient environment?

If yes, hand hygiene after contact (WHO Moment 5)

Handling a wheelchair:

Will you have contact with the patient environment?

If yes, hand hygiene after contact (WHO Moment 5)

NB: Ensure all equipment is cleaned regularly as per cleaning schedule

Visibly Soiled Items/Surfaces:

Will you have contact with visibly soiled or likely soiled items or surfaces?

If yes: Hand hygiene

If soiling of clothing is anticipated, apron/gown + gloves before contact

Take off gown and gloves after contact hand hygiene

PCRA Environment



Bodily Fluids:

Are splashes or sprays of body fluids or excretions anticipated?

If yes, before contact:

- Hand hygiene
- If soiling of clothing is anticipated, put on an apron/gown
- Add a fluid repellent mask, Type IIR
- Add eye protection and gloves

After contact:

Take off gloves and gown, hand hygiene

Take off eye protection then mask, hand hygiene

Your 5 Moments for Hand Hygiene



WHAT TO CONSIDER IN YOUR ASSESSMENT:

The Interaction:

Will you have contact with the patient or their environment?

If yes, hand hygiene before patient contact and after contact (as per WHO 5 moments).

Transferring a patient

Will you have contact with the patient or their environment?

If yes, hand hygiene before patient contact and after patient/environment contact (as per WHO 5 moments)

(Note current context in relation to COVID & mask wearing recommendations)

Patient Environment Changing bed linen:

Will you have contact with the patient environment? If yes, hand hygiene after contact (Moment 5), If there is soiling: gloves, apron/gown

PCRA

Your 5 Moments for Hand Hygiene



HE PCRA: Patients presenting with Rashes

To care for a person with fever and rash: a child (differential diagnosis, blanching rash:

Suspect meningitis: bacterial/viral

Droplet precautions:

Wear gloves, handling child, NB:FFP2/3 or surgical face masks

Try maintain a distance (where possible):

If the patient does not have any respiratory symptoms: risk assess, +/- need for eye protection

Sneeze/Cough: risk of splash: add: eye protection

ICU: Eye protection: suctioning, ventilator.

NB: Continuous reassessment

Suspect: Person presents to ED with Measles, known to be circulating in region,

Airborne wear FFP2/3 respirator, gloves: lesions, eye protection.

PCRA

Your 5 Moments for Hand Hygiene



HE PCRA if transmission based precautions already in place

If transmission based precautions are already in place for the patients?

Follow existing precautions

Remember other precautions may be needed in addition to these.

Continually reassess and risk assess

Note the patient may develop other symptoms

Depending on the task you are carrying out or the interaction with the patient

PCRA

Your 5 Moments for Hand Hygiene





Scenarios

Handling specimens

Is there a risk of contact with body fluids? If yes,

Hand hygiene, wear gloves before contact

Take off gloves and perform hand hygiene and after contact

PCRA

Your 5 Moments for Hand Hygiene





Scenarios

HEALTH CARE WORKERS – SKILL SET/competence

Consider the skill set of the HCW

- Does the HCW have the knowledge and ability to perform the task without increasing the risk of infection transmission?
- HCW to seek education and resources as required.
- Assign the most experienced HCW when appropriate.

Health Care Workers - Immune Status

- Is there a risk of exposure to specific infections (e.g. measles, mumps, varicella)?
- If so, assign an immune HCW (when possible).
- In line with occupational health guidance

**Poster
updates**



Scenarios

WA-MPX:

Conduct a point of care risk assessment. On suspicion that a patient may have WA-MPX Clade infection, they should be immediately placed in a single room, ideally in a negative pressure isolation room (if available), if one is not available, then they should be isolated in a single room with en-suite bathroom facilities.

Immediately conduct a point of care risk assessment (PCRA) and implement Contact, Droplet, and Airborne Precautions.

NB: Airborne precautions should be implemented as a precautionary measure for the following reasons:

until varicella has been ruled out

the extent of the rash and the lesions has been determined

It has been determined that the patient does not have any upper/lower respiratory tract symptoms.

Standard precautions should be used with all patients at all times- a point of care risk assessment (PCRA) to determine the likelihood of onward transmission of the virus will determine which are the most important elements such as - hand hygiene, appropriate choice and use of PPE, and appropriate patient placement.

Refer to current guidance



MPX



Scenarios

HCID: (e.g. CB-MPX)

Important to advise all HCWs about undertaking a PCRA

Remind HCWs about the need to constantly think about the possibility of HCIDs
remember to ask about a patients travel history when they present to a healthcare facility.

Update to Guide on PCRA to include travel history

HCID



Scenarios: respiratory illnesses

COVID -19 Refer to current guidance recommendations

COVID-19: Low risk setting where COVID-19 is not suspected: surgical mask

Suspected/Confirmed COVID-19: Respirator mask + additional PPE as per risk assessment i.e. +/- apron/gloves/eye protection is splashing of body fluids expected

Is the patient coughing?

If yes, if within 1metre of the patient = risk of splashes or sprays

Consider offering the patient a mask

Influenza: surgical mask + additional PPE as per risk assessment (as above)

NB: Cough etiquette/independent competent patient/client/resident

AGPs: In line with guidance, for COVID: Upgrade mask to respirator type for AGPs for COVID-19 as recommended in guidance



- Depending on your interaction/level of contact with the person/environment/type of patient/client/resident/situation
- Scenario 1: 34 year old male fit well healthy: has declared CPE positive on check in for an OPD appointment.
- What precautions are needed?.
- Low risk situation: Hand hygiene, wearing clothes
- 2nd scenario: Elderly patient, CPE on a trolley, in ED, Double incontinent: known CPE positive
- What PPE do I need to wear?
- High risk contamination of hands/uniform.
- Important continually risk assess situation/patient etc.

Remove PPE as per
doffing procedure

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/posters/HSE%20Covid-19%20Donning%20%20Doffing.pdf>



Thank you

Further queries

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