



# Facilitator Guide

Infection Prevention and Control (IPAC)

**Point of Care Risk Assessment (PCRA)**

Application for Non-Health Care Settings

## How to use this guide

This guide contains a variety of scenarios to help staff become familiar with using an assessment process when providing personal care and support to people they serve. Using a Point of Care Risk Assessment (PCRA) will help to reduce the risk of spreading infection to themselves, co-workers, visitors and the people they are caring for. Additionally, this guide will also integrate Routine Practices and Additional Precautions within the scenario questions.

This guide can be used during team meetings, with small groups of staff, during IPAC huddles or on an individual basis. You can work through all of the scenarios during a dedicated training time, select the scenario(s) that are most appropriate to your setting, or work through one scenario at a time over a variety of sessions.

There is benefit to reviewing all scenarios. Substitute the person and/or setting in each scenario with what best represents your sector and environment. The process and steps to assess risk and determine which practice and precaution to use will be the same, regardless of the environment. As well, continued discussion and rehearsal will reinforce the PCRA process for your staff.

### Steps:

1. Prior to using this PCRA Facilitator Guide, staff should have knowledge of Routine Practices. The resource section contains links to a variety of IPAC resources that staff should be familiar with to best use the information in this guide.
2. Review the section on PCRA, and discuss why it is important and when you should use it. Ask how many staff routinely use a PCRA every time they are providing direct support. Is there room for improvement?
3. Review the flow charts from Public Health Ontario on pages 5 and 6 which outlines the steps to determine level of risk and outlines the recommended actions.
4. Read each scenario and discuss the questions asked. Alternatively, each staff member can have a copy of the PCRA Participant Workbook and record their own answers for discussion. Review the staff's responses with the answers provided in this guide. Discuss any similarities and differences.
5. Reflect on the people you support in your program and talk through any Routine Practices that should be in place based upon every day risk when providing direct care.



# Point of Care Risk Assessment (PCRA)

## What is a Point of Care Risk Assessment (PCRA)?

A thought process used to help identify what steps need to be taken to reduce risk of infection to yourself, the person you support and others in the environment.

## Before each interaction, you must assess the following:



### The Person

- Does the person have new or worsening symptoms? Do you notice any unusual changes in the person's behaviour or activity level from their baseline?
- Have I been informed that the person requires Additional Precautions (droplet, contact, airborne) due to an infection (i.e. signage)?
- What is the person's health status (i.e. immunocompromised)?
- Are there any unpredictable behaviours that may put myself or others at risk?



### The Task

- What type of task am I carrying out (i.e. providing direct face-to-face care, coming into contact with body fluids, direct care)?
- Am I prepared for the task (i.e. supplies ready, equipment required, knowledgeable about the process etc.)?



### The Environment

- What is required to prepare the environment to protect myself and others?
- Does the person have their own bedroom? Is the bathroom shared?
- Will cleaning and disinfecting be required, and where are the supplies?



# Point of Care Risk Assessment (PCRA)

## When do you do a Point of Care Risk Assessment (PCRA)?

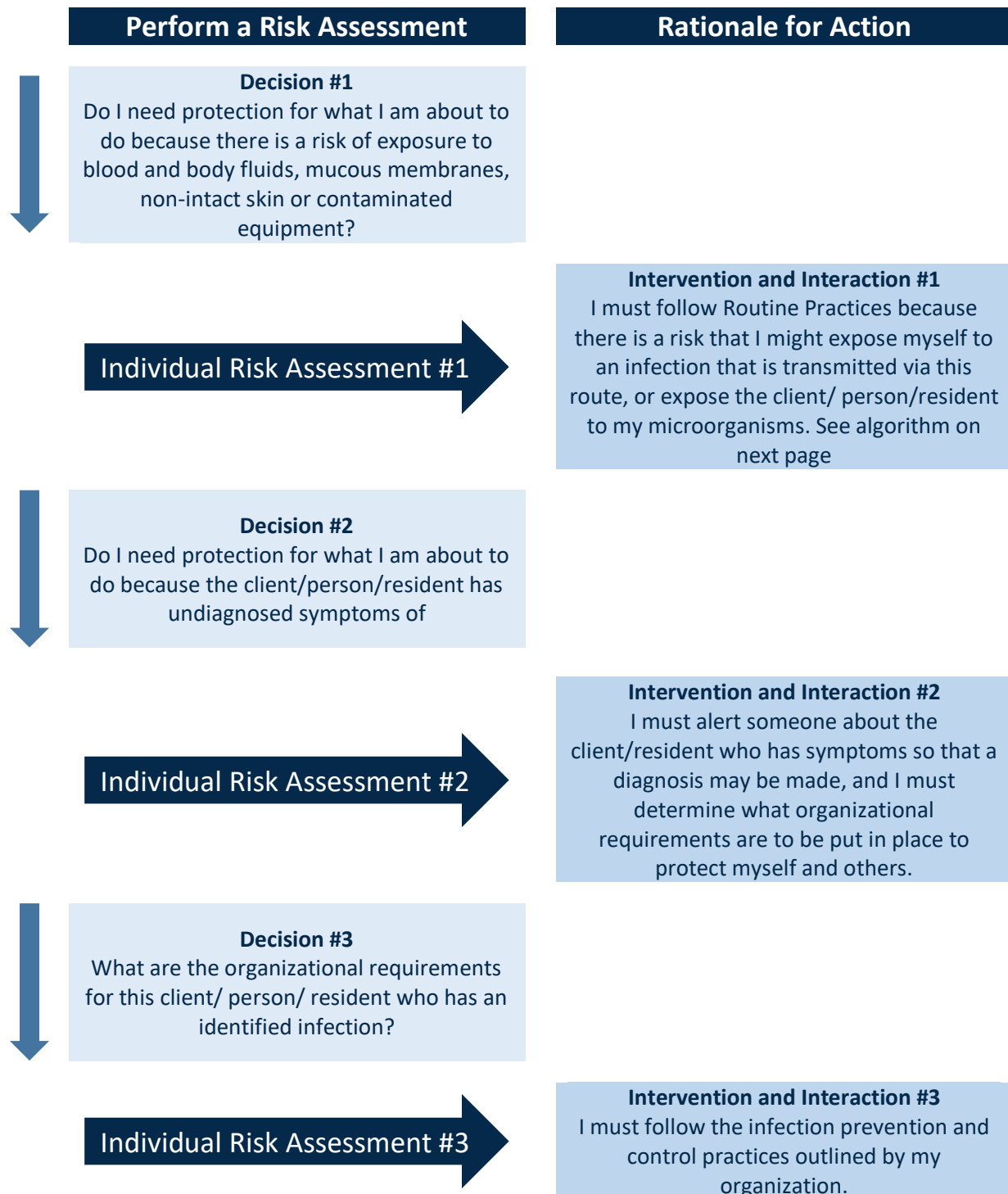
A PCRA should be completed before every interaction with a person you are providing care to. This would include an assessment of the environment in which the care is being provided in.

The following pages illustrate the Public Health Ontario Risk Assessment steps to be performed to determine an individual's risk of transmission of infectious agents and the associated protective measures.

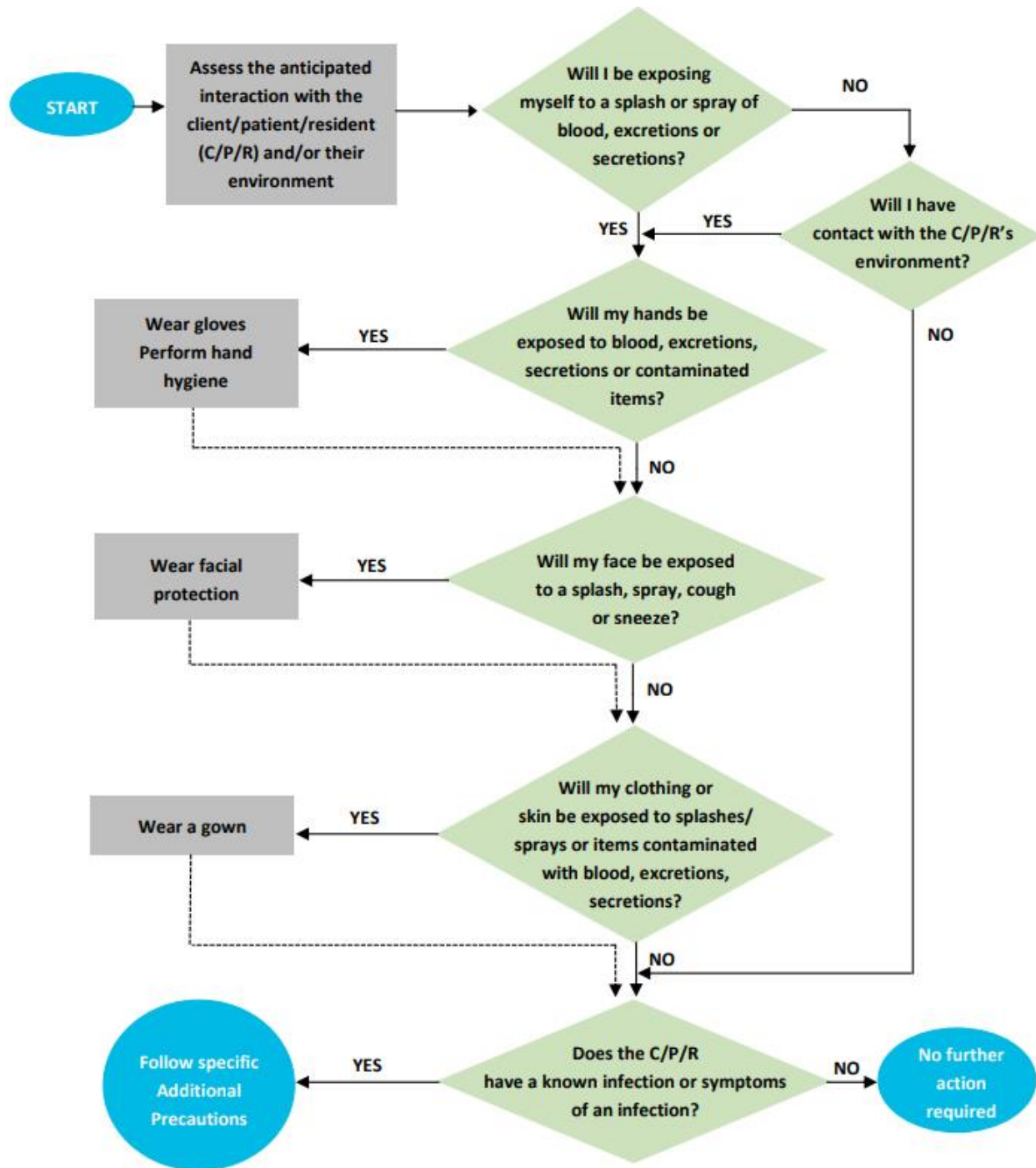
After reviewing the information, proceed to Section Two. You will find a series of scenarios and corresponding questions to review with your team. Use the algorithm and flow chart to help answer the questions.



Risk assessment steps to be performed to determine an individual's risk of transmission of infectious agents and the rationale for associated protective measures.



Routine Practices Risk Assessment Algorithm for All Client/Patient/Resident (C/P/R) Interactions.



## Section Two

# Scenarios



# Scenario #1

George is a 50-year-old man temporarily residing in a shelter. He is a regular smoker and often suffers from a “smokers cough”.

One morning at breakfast, George’s room mate approached a staff member and told him that George was awake coughing all night, far worse than normal.

George has not yet arrived for breakfast, so the staff member on duty decides to check in with George. Upon arrival George is notably coughing and hunched over in discomfort with a pile of tissues on his bed.

## Discussion Questions

**1. Before attending to George, what should be the first step taken by the staff member?**

### Facilitator Notes

Complete a Point of Care Risk Assessment of George and his bedroom (the environment).

PCRA is ALWAYS the first step.

At this point, it is unknown whether George may have an undiagnosed illness that can be contagious, so assessing the risk of transmission is important.

Remember transmission can be by: contact, droplets or airborne.

See information on Chain of Transmission on [Resource page](#).

**2. Based on your PCRA performed in question 1 what PPE is needed before checking in with George?**

### Facilitator Notes

Mask and eye protection due to cough and potential droplets in the air. Mouth, nose and eyes are portals of entry.

Gloves if handling the soiled tissues.

Gown if there is concern of droplets from cough getting onto your clothing.

**Remember...** Perform hand hygiene before and after!

The choice of PPE will depend on your proximity to George or the task or direct care provided to George. Offer a mask to George (if tolerated).

## Follow up Question

**What is the proper order to don (put on) PPE?**

1. Clean hands
2. Gown
3. Mask
4. Eye protection
5. Gloves





**3. After the interaction with George, what steps should you take upon exiting his room?**

## Facilitator Notes

PPE should be doffed prior to exiting or just outside of the room in a manner to prevent contamination (i.e. 2 metres from George).

Dispose of soiled PPE in the garbage closest to point of care - don't walk through the home/area with contaminated PPE on.

## Follow up Question

**What are the steps to doff (take off) PPE?**

Steps to doff:

1. Doff gloves
2. Doff gown
3. Clean hands
4. Doff eye protection
5. Doff mask
6. Clean hands

Replenish PPE stock to ensure enough is readily available.

**4. After your interaction with George, you are concerned that he has a respiratory infection.**

**What will be your next steps?**

## Facilitator Notes

George should isolate (if possible) in a private space with Droplet/Contact Precautions. Offer George a mask (if tolerated) for any close contact with others.

Increase surveillance of George's room mate, to monitor for symptoms.

Isolation would include meals in his room; essential visitors only and no access to shared spaces.

Postpone non-urgent appointments.

Inform staff team/supervisor the change in George's condition.

Signage for George's room and PPE station with ABHR and garbage pail for doffing PPE.



## Scenario #2

Sally is a support worker in a congregate care residential setting. The home in which she works at was recently declared to be in influenza outbreak. Jessica, a person Sally supports and two other staff members have received an influenza diagnosis.

Sally and her colleagues have tried their best to help Jessica stay isolated in her bedroom, in alignment with IPAC best practices, however, she has become upset and is beginning to act out.

In an effort to reduce some of the stress from the situation, they began allowing Jessica, with approval from the Public Health Unit, to use some other rooms in the house - always being mindful of the location of the other residents, which so far remain asymptomatic.

Sally is wearing a medical mask, eye protection, gloves and a gown when attending to Jessica including any time that she is out of her room. Sally is providing 1-1 care to Jessica, but occasionally must also perform some other tasks while at work during her shift.

## Discussion Questions

**1. In which of the following situations should Sally doff her PPE?**

- before entering the staff office to complete paperwork
- before leaving for the day
- when preparing a meal for Jessica

**2. In order to best assist Sally in caring for Jessica while she is sick, where should PPE, ABHR, signage, disinfectant, etc. be located within the home?**

## Facilitator Notes

She should doff her PPE in every situation.

PPE doffing should always occur after the task and just before leaving the environment (i.e. leaving the room).

A PCRA should be done just prior to the next task or interaction with the individuals and their environment.

## Facilitator Notes

If possible, clean PPE and signage should be available just outside the bedroom.

**NOTE:** PPE could become contaminated if kept within the bedroom. PPE should be stored in a manner that protects from contamination.

When doffing PPE, a no touch lined garbage pail should be available just before leaving the room/environment to dispose of contaminated PPE.

If not able to doff PPE just before leaving room due to lack of space, doff PPE in an alternative designated area as close as possible to the room to avoid walking through rooms with potentially contaminated PPE on.



3. Would your answer change if there was a concern for someone you support getting into the supply of PPE?

## Facilitator Notes

Yes, it would. This would potentially contaminate clean PPE and be an exposure risk to germs to staff and the resident(s) providing care to.

4. If yes, where would you locate PPE for staff use to ensure quick and easy access?

## Facilitator Notes

Consider small bottles of alcohol-based hand rub on staff so readily available.

If leaving PPE out is a potential concern, consider a locked cart on wheels that can be easily transported, or child proof locks on cupboards.

Consider staff wearing an apron (like Home Depot) and one full set of PPE in a Ziploc bag in the apron pocket.

Discuss you own location/setting and ideas of how it could look for your staff team (cupboard close by, high shelf).

**Follow up question: What are other IPAC measures could you follow to reduce contamination of the environment?**

Encourage Jessica to wear mask (if tolerated), when out of her room.

Disinfect areas Jessica touches or uses.

Disinfect commonly touched areas more frequently.

Encourage Jessica to perform respiratory etiquette and hand hygiene more frequently.



## Scenario #3

Five-year-old Selma arrives for therapy. At drop off, the parent noted that she was a bit tired and was not hungry for breakfast that morning.

Throughout the morning staff notice that she is fatigued, disinterested in regular activities, refusing fluids and snacks and is very clingy. Her nose has been running and she has been rubbing her eyes.

Her eyes are pink in colour and staff note a small amount of discharge.

## Discussion Questions

**1. What PPE would be required, and at what point should PPE be donned?**

### Facilitator Notes

At first sign of Selma showing fatigue and not being hungry, begin to monitor closely as this is an observable difference from her baseline (normal, typical behaviour).

Put on a mask and eye protection (droplets from runny nose can enter mouth, nose or eyes).

If there is concern of contact with discharge from the eyes or Selma's contaminated hands/environment, gloves and possibly gown should be added if risk of contaminating hands or clothing.

Hand hygiene should be performed prior to and after all physical contact with Selma as well as part of donning and doffing PPE.

**2. Following Routine Practices to care for Selma, what steps should staff take in this situation?**

### Facilitator Notes

Isolate Selma from other children and limit her movement to other areas in the building if unable to keep her isolated in one room. Call parents for immediate pick up.

Offer Selma a mask if she will wear it.

Designate a bathroom for Selma's use, if possible.

Disinfect any surfaces, materials, toys etc. she came in contact with.



**3. You were supervising Selma in an isolation area when her parents picked her up. You ensure Selma cleans her hands upon exiting.**

**You need to leave the room to go get the disinfectant wipes to clean the room. When and where should you remove your PPE?**

## Facilitator Notes

PPE doffing should always occur after the task (supervising Selma in room) and just before leaving the environment (i.e. leaving the isolation area).

Even though you are returning back to the isolation room, doffing your PPE prior to moving on to this task is important to prevent further environmental contamination.

**4. Why would cleaning and disinfecting the room be important after Selma leaves?**

**What PPE should the staff consider wearing while cleaning the room?**

## Facilitator Notes

Routine Practices are every day infection prevention and control measures to lessen the risk of transmission, this includes cleaning and disinfecting the person's environment.

Since Selma is no longer in the room, gloves should be worn while cleaning the room and hand hygiene performed before putting on gloves and after removal.

If there is risk of contaminating your clothing while cleaning, then a gown may be donned.

Following the manufacturer's instructions for use and contact time, disinfect the room focusing on any touch areas and surrounding surfaces, this can include furniture and all materials she came in contact with.



## Scenario #4

A support worker in a congregate care residential setting is supporting an individual named Pete. Pete has had a recent bout of loose stool and has vomited.

Pete needs assistance with hygiene and toileting. He is 47 years old, diagnosed with Cerebral Palsy and Hepatitis B and wears an adult brief due to incontinence.

Pete has requested assistance with cleaning himself up and changing his brief.

## Discussion Questions

**1. What elements (person, task, environment) of the PCRA do you need to consider before providing assistance to Pete?**

### Facilitator Notes

Assess Pete's mobility to determine level of care required to assist him (i.e. do you require two staff).

This interaction should include Routine Practices along with Additional Precautions.

Loose stool and vomiting may be symptoms of Norovirus or other gastro intestinal illnesses.

Droplet and Contact Precautions should be considered at Point of Care Risk Assessment.

Additional information on Routine Practices can be found on the [resource page](#).

**2. What PPE would be required when changing and assisting Pete?**

### Facilitator Notes

Full PPE: mask, eye protection, gloves and gown.

**Follow up question: Why wear full PPE?**

Risk of bodily fluids is very high in this scenario.

If Pete was not vomiting, your PCRA would only include gown and gloves because there is no anticipated risk of splash to face.

**Follow up question: What order do you don the PPE?**

Donning:

1. Clean hands
2. Gown
3. Mask
4. Eye protection
5. Gloves



### 3. If you are not vaccinated against Hepatitis B would there be any Additional Precautions?

## Facilitator Notes

No, Routine Practices are recommended for individuals who are a Hepatitis B carrier.

Hepatitis B is spread through direct contact with blood and some bodily fluids (i.e. semen/vaginal fluid and very rarely saliva).

Regardless of Pete being a Hepatitis B carrier, Routine Practices are based on the premise that any person's bodily fluid may contain infectious organisms.

There are many people who have Hepatitis B but may not have been tested because they do not have any symptoms.

Completing a Hepatitis B vaccination series can reduce your risk. Regardless of vaccination status, by following Routine Practices with every person and every interaction will reduce your risk of exposure to Hepatitis B and other blood borne viruses.

### 4. Are there other precautions you would put in place based on Pete's symptoms?

## Facilitator Notes

Isolate Pete and place Contact Precautions (and droplet if vomiting) signage outside of door.

**Follow Up Question: What if Pete would prefer signage not be displayed to respect his privacy?**

Pete's personal rights should be respected. The expectation is to ensure that his condition is communicated with the staff to inform their Risk Assessment. Option: post a symbol that alerts staff precautions are required or a communication book staff review.

Ensure any essential visitors for Pete are alerted and educated on Contact Precautions including putting on and taking off PPE properly.

Enhance cleaning protocol for his room and shared spaces with a high-level disinfectant (at minimum 1:10 ratio of bleach and water solution) to ensure the virus is killed.

Have PPE readily available for staff situated just outside of room when caring for Pete.

Monitor other residents for symptoms.

Encourage and emphasize good hand hygiene.

If Pete was ambulatory, dedicate a washroom if possible or disinfect thoroughly after use.



## Scenario #5

Staff member Jesse is working the night sleep shift when he is awoken by the sounds of loud noises coming from the washroom. Upon further follow-up, he finds resident Jerry leaning over the toilet vomiting. Jerry had tried to make it to the washroom, but he also had a loose bowel movement on the way, outside of the washroom door.

Jesse assesses the situation and looks for appropriate gloves but only finds a box of small, which is too small for his use. Due to the time of night, rather than leave and go look for the proper size, he assists by getting Jerry and the floor cleaned up.

Jesse performs hand hygiene using the bathroom sink, but not well enough as little did he know at the time he had been exposed to Norovirus.

## Discussion Questions

**1. What did Jesse do correctly in this situation?**

### Facilitator Notes

Responded to the individual upon hearing the noises.

Jesse only did a partial PCRA; he considered exposure to his hands and not to his face and clothing.

He attempted hand hygiene after exposure to bodily fluid.

**2. If Jesse had completed a Risk Assessment, how should he have proceeded with his care of the individual?**

### Facilitator Notes

Ask himself if he needs protection for what he is about to do because there is a risk of exposure to blood and body fluids.

Ask himself if it is possible Jerry has an undiagnosed infection.

Select PPE based on response. In this case, the response is yes to all of the above so full PPE would be required.

He should obtain the correct fitting gloves and not proceed without them.





**3. What is required to properly clean and disinfect the environment, including appropriate disposal of cleaning supplies and PPE?**

## Facilitator Notes

Remove and clean visible dirt and organic material (e.g. blood, secretions) from soiled surfaces before disinfecting.

Enhance cleaning protocol for his room and shared spaces with a high-level disinfectant (at minimum 1:10 ratio of bleach and water solution) to ensure the virus is killed.

Clean and disinfect in a manner from clean to dirty to limit chances of cross contamination.

Follow the manufacturer's instructions for use including contact time. Contact time is the period of time the product must remain "wet" in order for the disinfectant to be effective.

Check expiry dates, make sure disinfectant wipes are moist and the lid is properly closed after use.

Gloves protect the hands from chemicals, and can be worn.

Dispose of cleaning supplies at point of care in no touch garbage can.

Doff PPE upon leaving area and dispose in garbage.

**4. Are there any other Routine Practices or Additional Precautions required for Jerry, the staff or others in the home?**

## Facilitator Notes

Monitor Jerry closely.

Monitor others for symptoms.

Isolate Jerry (no communal activities) and seek a medical assessment for him.

Place signage outside of Jerry's bedroom.

Increase cleaning and disinfecting, especially shared spaces like the bathroom after Jerry uses it.

**Follow up question: What can you suggest to prevent this situation from occurring in the future?**

Routine checks of PPE supplies to ensure supplies including various sizes/types of PPE are readily available and accessible to staff.

Discuss your team's procedure for accessing PPE.



## Scenario #6

A day program staff is facilitating a baking activity with three people in the kitchen when the staff noted that Samantha appeared to be feeling unwell.

Samantha was pale, shaky and was holding her stomach. Staff asked if she was okay and Samantha replied that she felt like she was going to be sick.

Samantha was weak, so staff helped her to the bathroom. She vomited into the toilet as soon as she arrived.

## Discussion Questions

**1. Based on your PCRA, what PPE would your Risk Assessment say is required to support Samantha?**

### Facilitator Notes

Since there is an indication Samantha may vomit, full PPE would be recommended so you are prepared, but if there is no time before helping her to the washroom, keep at least 2 metres distance when escorting to bathroom and ask someone in the class to get you PPE and don once you receive it.

After she vomited in the toilet, don eye protection, gloves and gown in case she vomits again and when escorting her/waiting for her to leave the day program.

Gloves to clean and disinfect bathroom toilet, sink etc.

No visible vomit, so no risk of splash during clean up, therefore no gown, mask or eye protection required.

**2. What other factors do you need to consider within this group environment?**

### Facilitator Notes

If Samantha was handling ready to eat food (i.e. cutting up veggies for a salad or making a sandwich) the food should be discarded and not consumed.

Should follow up on Samantha's condition to see if she had a contagious infection.

Monitor others for symptoms.

Ensure proper cleaning and disinfecting of the kitchen/food prep area.



## Scenario #7

Susie is diabetic and requires insulin injections daily. She requires a staff member to assist with her injections as she is not physically able to do it.

Susie does not have any symptoms of infection or diagnosed with any infections.

### Discussion Questions

**1. Based on your PCRA, what PPE is required for this task?**

#### Facilitator Notes

No PPE would be recommended.

Gloves may be considered if the person is known to bleed after injection or if there were any chronic skin conditions with open areas.

Gloves may also be considered if the staff member has any open areas on their own hands (i.e. uncovered cut that has not healed over, cracks in skin) that could be a portal of entry.

**2. What routine practices are important in this situation?**

#### Facilitator Notes

Hand hygiene before entering room or environment, prior to the injection, after the injection and when leaving the environment.

Prevent sharps injuries by:

1. Using a rigid container with biohazard symbol and a lid that can close/lock.
2. Biohazardous sharps container should be located within arms reach where injection given.
3. Needle should never be re-capped.
4. Needle and syringe should be disposed of in sharps container immediately after use.
5. Never fill the sharps container past the fill line.
6. Keep container in a secured location.



## Scenario #8

You receive a call from Jessica's school. Her teacher has noticed that throughout the day, she has become increasingly lethargic, didn't eat her snacks or lunch, and has nodded off at her desk a few times.

Her nose has been running. The teacher reports that Jessica feels warm to the touch and noticed some small bumps on her face/neck area. You have been asked to come pick her up right away.

### Discussion Questions

**1. The staff go to the school to pick her up, what measures should be taken?**

#### Facilitator Notes

Ideally, only one person should pick up Jessica to lessen risk of exposure.

Staff assisting Jessica will complete a PCRA which may include eye protection (if it does not interfere with driving) along with a mask and potentially gown/gloves if hands or clothing could come in contact with rash on skin (i.e. carrying her or buckling her into a car seat).

Have Jessica physically distanced in the vehicle, as best as possible (not front seat).

Offer Jessica a mask (if tolerated).

Open window or roof vent.

Avoid using the recirculate feature in the vehicle.

Perform hand hygiene.

**2. What steps should staff take when Jessica gets home?**

#### Facilitator Notes

Bring her to her bedroom or a location where she can isolate from others if she shares a room.

Staff doff PPE and complete hand hygiene.

Staff perform a PCRA prior to any interaction with Jessica.

Take temperature to confirm fever.

Contact health care provider due to fever and rash.

Monitor other children in the home for symptoms.

Increase cleaning and disinfecting of high touch surfaces and shared spaces/objects and the vehicle Jessica traveled in.



## Scenario #9

Mateo works at a short-term respite shelter and an altercation occurred with two people staying there over the weekend. Although minor, one person has been hurt, suffering a bloody nose and some scrapes and bruises. Some blood has also dripped onto the floor.

He is a person who uses illicit drugs and often shares equipment with others. You are required to provide first aid for his abrasions and bloody nose, as well as clean up the environment.

### Discussion Questions

**1. What elements (person, task, environment) should Mateo consider when conducting his PCRA?**

**2. If this person was not known as someone who uses drugs and shares equipment, would you approach this situation differently?**

### Facilitator Notes

#### Person

- Could this person be at higher risk for a blood borne infection such as sharing drug equipment?
- Is this person's behavior going to allow me to complete my task safely?

#### Task

- Do I have the potential to come in contact with blood while providing first aid or with blood on the floor that could come in contact with hands and clothing while cleaning?
- Do I have the appropriate PPE, and equipment to provide first aid?
- Do I know how to safely clean the area, what disinfectant products do I need?

#### Environment

- Is this a safe place to provide first aid or could it be provided elsewhere?
- Could others come in contact with blood in the area?
- What other areas may be contaminated?
- How do I dispose of supplies contaminated with blood?

### Facilitator Notes

No, as Routine Practices considers all blood and bodily fluids as potentially infectious and care should be taken to prevent exposure to blood, regardless of the person's risk factors.



## Scenario #10

Megumi has recently returned to her residential support home after surgery. She is alert but not moving well in bed because of pain. Aldo, her staff, prepares her pain medication and hands her the medicine cup containing the two pills and a glass of water.

While she is taking her meds, Aldo can see that there is bloody fluid oozing through the bandaged area, and the bandage needs to be changed.

## Discussion Questions

**1. Based on Aldo's initial PCRA, what PPE is required to give Megumi her medication? When should Aldo clean his hands?**

### Facilitator Notes

Initially, no PPE would be required for providing oral medications as exposure to blood or bodily fluids would be unlikely.

Hand hygiene should always be done just prior to preparing medications, and before interacting with the person and after leaving the person's environment.

**2. When Aldo sees that wound care is required, would his initial PCRA change? If so, what elements (person, task, environment) should be considered?**

### Facilitator Notes

Aldo will need to do a new PCRA considering:

#### Person

- Does this person need immediate medical attention?
- Does this person have any behaviours that might put myself or others at higher risk?

#### Task

- Is this task required to be done right away?
- Are there instructions provided from the hospital on when and how to change the bandage or do I need more information?
- Do I know how to change a bandage to avoid contaminating the surgical site?
- Is there a potential to be exposed to blood while providing wound care and what PPE will I need?

#### Environment

- Is this the appropriate place for this task?
- How can I prevent potential contamination to the surrounding environment?



## Scenario #11

A staff member is facilitating a small group activity for young children in the gym when the staff noted a foul odour.

Upon checking it appears that one child in the group, Emma, has had a bout of loose stool in her pants, down her leg and onto the climber she was playing on.

As the staff member is taking Emma to the bathroom to clean her up, she vomits on the floor upon entry.

## Discussion Questions

**1. Based on your PCRA, what PPE would be required to take Emma to the washroom and clean up the play area?**

### Facilitator Notes

Initially, when you are helping Emma get to the washroom, gloves and a gown to clean up Emma and play area would be required.

Emma did not vomit at this point, nor indicate that she needed to, so mask and eye wear would not be required.

Since she did end up vomiting don mask and eye protection.

Don full PPE to clean and disinfect the bathroom if risk of bodily fluid on clothing, hands and face.

Dispose of PPE and cleaning materials in no touch garbage at point of care.

Discard PPE and don new PPE before escorting Emma to wait for her parents.

**2. What are the various factors you need to consider in this group environment?**

### Facilitator Notes

Who else was playing with Emma?

Monitor others for symptoms.

While attending to Emma, another staff member to have children in the group perform hand hygiene.

Proper disinfection of play equipment.

Should follow up on Emma's condition to see if she had a contagious infection.



## Reflection

What have you learned from this discussion that you will change, begin doing or discontinue doing in your own day to day practice?

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Are there additional resources you need from your organization to support you with Point of Care Risk Assessments (PCRAs) and other Routine Practices?

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Is there any additional information on Routine Practices that you want to learn more about (see resources)?

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## Resources

[Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings \(PIDAC\)](#)

[Chain of Transmission](#)

[COVID-19 IPAC Fundamentals Training \(PHO\)](#)

[Point-of-Care Risk Assessment Handout](#)

[Putting on PPE / Taking of PPE Videos](#)

[Routine Practices and Additional Precautions \(PIDAC\)](#)

[Routine Practices Fact Sheet for All Health Care Settings \(PHO\)](#)

## Questions or Feedback

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