

Risk Assessment Worksheet

Related comorbidities (e.g., cardiovascular, renal disease, respiratory, immunocompromised, pregnancy):

Cognition and compliance with recommended hygiene (Choose One)

- Independent and compliant
 Compliant but requires prompting (needs to be monitored)
 Non-compliant, mobile
 Non-compliant, mobile with assistance (walker, wheelchair, personal assistance)
 Non-mobile (bed-ridden)

Receiving Unit/ Site/ Facility (To be completed by or in collaboration with the receiving unit/site/facility)

Facility Name

Floor/Unit

Room Number

Contact Name (Person completing form)

Phone number

Fax number

Receiving site/unit in agreement with patient/resident transfer/admission:

- No Yes

Patient/Resident is being admitted to outbreak unit:

- No (outbreak information below not required) Yes (outbreak information required as listed below)

Outbreak status of receiving unit?

- N/A Under investigation Open Outbreak

El# (if required/available): _____

Onset date (dd-Mon-yyyy) _____

Etiological/Agent type: _____

Accommodation Type:

- Private room Private room with shared bathroom Shared (semi-private) room

All outbreak control measures in place:

- No Yes

Able to isolate/confine patient/resident to single room (if required):

- No Yes

Able to carry out enhanced disinfection of room for remainder of outbreak (if required):

- No Yes

Able to provide tray service to client in room (if required):

- No Yes

The following actions must be completed for confirmed influenza A or B outbreaks:

- Arrangements made to continue antiviral prophylaxis, as required.
 Confirm that current season influenza vaccine has been/will be given prior to discharge (unless refused).

Transfer/Discharge Review (To complete as per zone processes)

Transfer/Discharge

- Approved NOT Approved

Name of Approver/Title _____ Date (dd-Mon-yyyy) _____

Outbreak Lead completing form (if applicable)

Name _____ Date (dd-Mon-yyyy) _____

