

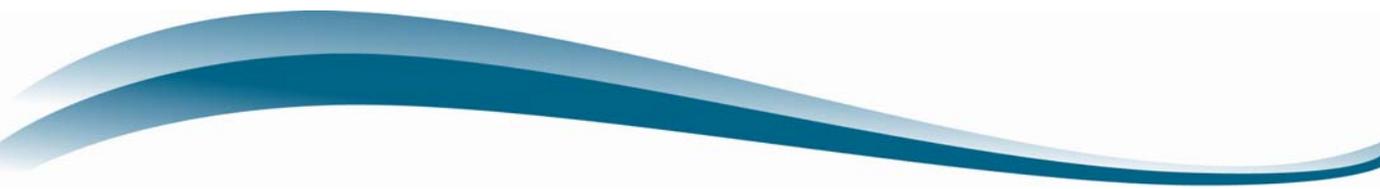


Self Study Guide

Assessing and Controlling Personal Risk



Occupational Health and Safety
Agency for Healthcare in BC



Acknowledgements

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Course materials developed by Stephanie Innes with content contributions from Dr. George Astrakianakis and Phyllis Stoffman.

Thank you to the following people who reviewed and commented on early versions of this online course:

- Mike Sagar, WorkSafe BC
- Shelagh Locke, WorkSafe BC
- Deb Niemi, BCNU
- Pam Piddocke , BCNU
- Joanne Archer, PicNet
- Jacqueline Per, VCH
- Bev Dobbyn, VIHA
- Joe Divitt, OHSAH
- Georgina Hackett, OHSAH
- Catherine Ogden, OHSAH
- Ana Rahmat, Hospital Employees Union (HEU)

Flow Charts adapted with permission from Vancouver Coastal Health Authority.

Definitions and references to WorkSafe BC Regulations from www.worksafebc.com.

Routine Practices cited directly from the Public Health Agency of Canada's updated Routine Practices and Additional Precautions, Draft 4.

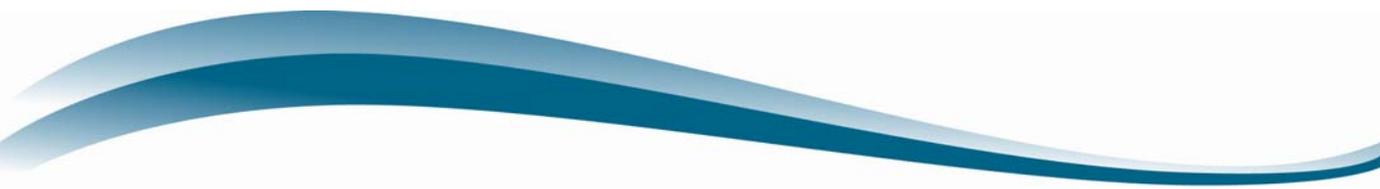


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Course Overview

Welcome to OHSAH's Point of Care Risk Assessment training for respiratory infections.

These training materials were prepared by the Occupational Health and Safety Agency for Healthcare in British Columbia (OHSAH), a bipartite agency that works collaboratively to reduce workplace injuries and illness in healthcare workers and to return injured workers back to the job quickly and safely.

This course was designed for front line healthcare professionals who work in healthcare settings and provide direct care to residents, patients or clients with potential respiratory infections.

As a front line healthcare worker, you are exposed to a variety of hazards in the workplace, including respiratory infections.



Learning Objectives

This course will give you the information to:

- Define and conduct a Point of Care Risk Assessment (PCRA)
- Identify the symptoms of respiratory infections that will impact your PCRA
- Identify the routes of transmission for respiratory infections
- Describe how your organization responds to the risk of exposure to respiratory infections

It is important that you complete a PCRA before every client, patient, resident interaction to determine the level of risk you are exposed to and how to protect yourself.



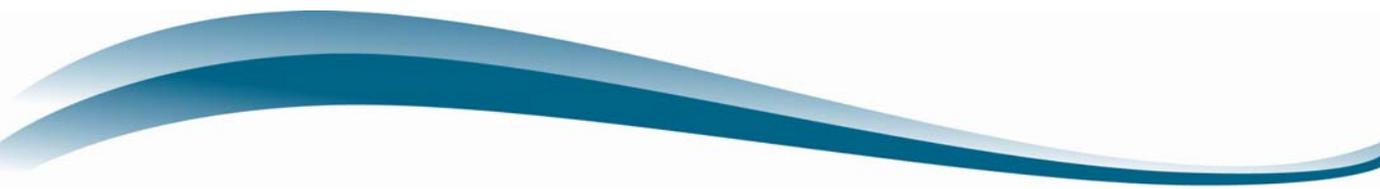
Activity: Pre - Module Self Assessment

Before we begin the self study guide, you are welcome to complete the following self assessment so that you can compare what you knew at the beginning of the course to what you know at the end of the course. If you don't want to do the self assessment just flip past it to the start of the course content.

1. A Point of Care Risk Assessment is completed by (Circle all that apply):
 - a) an individual health care worker to assess their personal risk of exposure to potential hazards
 - b) the organization to protect health care workers from exposure to potential hazards
 - c) an intake worker to determine whether a patient/client/resident should be provided with care

2. Symptoms that indicate someone has a respiratory infection include (Circle all that apply):
 - a) Coughing and sneezing
 - b) Scratchy, sore throat
 - c) Bruises
 - d) Fever and cough
 - e) Excessive thirst

3. Which of the following is a respiratory infection?
 - a) Influenza
 - b) Food poisoning
 - c) Pneumonia
 - d) Tuberculosis



4. The different routes of transmission for respiratory infections are:

- a) Direct contact, indirect contact, droplet and airborne spread
- b) Direct contact, airborne
- c) Droplet and indirect contact

5. In health care, what does PPE stand for?

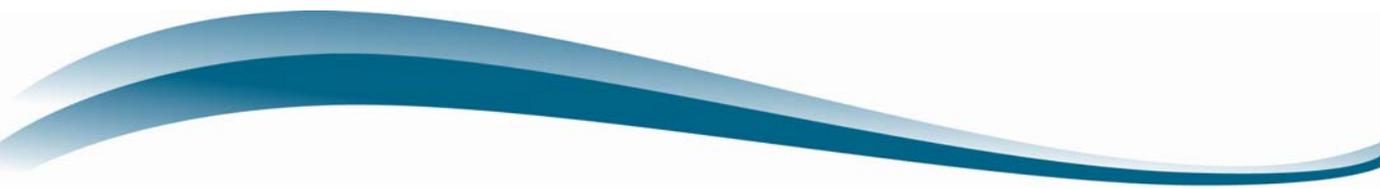
- a) Point of Protection Evaluation
- b) Point of Personal Evaluation
- c) Personal Protective equipment

6. Which of the following statements is true? In order to protect workers from hazards, an employer must:

- a) identify which workers are at risk to a potential hazard, reduce or minimize the risk to those workers but no others in the workplace
- b) not allow patients to have infections
- c) eliminate all potential risks that impact their workers
- d) conduct an organizational risk assessment and complete an exposure control plan in response to an identified risk

7. The employer implements controls using a hierarchy to minimize or eliminate the risk to workers. What is the hierarchy?

- a) With the worker, along the path, at the source
- b) At the source, along the path, with the worker
- c) Along the path, at the source, with the worker



8. When conducting a Point of Care Risk Assessment, what are the three most important questions to ask? Choose all that apply.

- a) What type of task am I doing?
- b) What are the symptoms of the client, patient or resident?
- c) Is it before or after lunch?
- d) What is the age of the client, patient or resident?
- e) What action do I need to take to protect myself from a potential exposure?
- f) Is the client, patient or resident able to follow directions?

9. Your organization implements controls based on assessing worker risk. Which of the following are included in an organizational risk assessment?

- a) Identifying the risk and identifying which workers are at risk
- b) Assessing each client, patient or resident for their potential risk of exposure
- c) Identifying the risk and ways to eliminate or minimize the risk
- d) Assessing the worker's risk based on how far they live from work
- e) Identifying the tasks that bring the workers into contact with the risk

Great work! You will have another opportunity at the end of the self study guide to revisit these questions but right now, let's look at Point of Care Risk Assessments in more detail.

Point of Care Risk Assessments

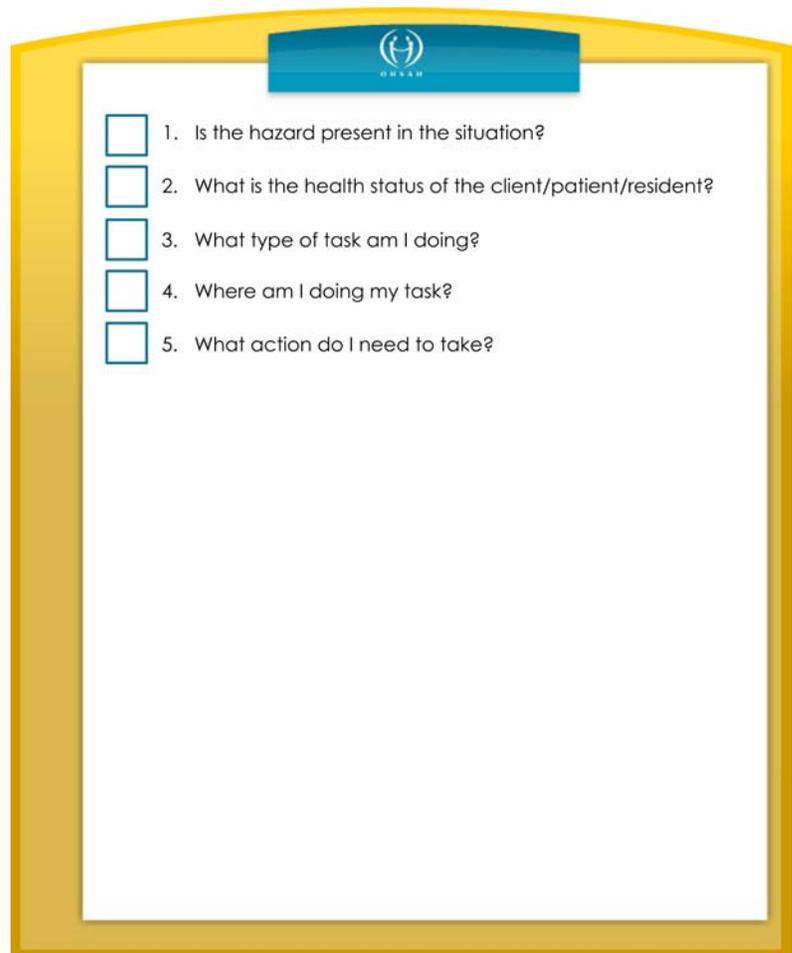
A Point of Care Risk Assessment (PCRA) is a risk assessment you complete as part of your job. Conducting a PCRA involves asking a series of questions before every client, patient, or resident interaction to determine whether you are at risk of being exposed to a respiratory infection.

The 5 questions are:

1. Is the hazard present in the situation?
2. What is the health status of the client, patient or resident?
3. What type of task am I doing?
4. Where am I doing my task?
5. What action do I need to take?

You likely ask many of these questions already. This course just formalizes the process and ensures that you follow the same system every time.

A PCRA focuses on the things you have control over and helps you decide what actions to take to protect yourself against exposure to respiratory infections.





1. Is the hazard present in the situation?
2. What is the health status of the client/patient/resident?
3. What type of task am I doing?
4. Where am I doing my task?
5. What action do I need to take?

Let's take a closer look at the PCRA questions

1. Is the hazard present in the situation?

In answering this question, you are identifying the possibility that you may be exposed to a respiratory infection; you are trying to determine if there is a potentially infected client, patient, or resident in the room. But remember, even if the client, patient, or resident is not present, surfaces in the room can be contaminated with respiratory virus.

2. What is the health status of the client, patient or resident?



If the client, patient or resident has symptoms of a respiratory infection (fever and cough) this will impact your risk of exposure and the actions you take.

We'll talk more about the different respiratory infections and their symptoms later in the course.

3. What type of task am I doing?

The type of task you are doing will determine what actions you will take to protect yourself. Direct care tasks bring you into close contact with a client, patient or resident. Indirect care tasks don't require close contact.

What are some examples of direct care tasks?

-
-
-

What are some examples of indirect care tasks?

-
-



Direct care tasks require close contact
Examples of direct care tasks include:

- Checking vital signs
- Giving medications
- Dressing change
- Starting or maintaining an IV line
- Drawing blood
- Transferring from bed to chair
- Assisting with bathing, dressing, feeding or walking



Indirect care tasks don't require close contact.
Examples of indirect care tasks include:

- Housekeeping
- Delivering or removing trays or equipment from empty patient room
- Restocking empty rooms
- Cleaning empty rooms

It is important to note that when you are providing indirect care, you may still require personal protective equipment (PPE). If you are performing a direct care task, you may require different personal protective equipment (PPE) than would Personal Protective Equipment includes:



- Eye/face protection
- Gown
- Gloves
- Surgical mask
- N95 Respirator

Later in the self study guide, we will discuss the specific PPE necessary to protect yourself from the different respiratory infections.



4. Where am I doing my task?

If you are doing your task in an area with a greater risk of exposure, for example, a room with poor ventilation, or where there are other people who may have respiratory infections, your risk of exposure will increase. That means you may need to take different actions than if you were performing the task in a well ventilated or private room.

Some examples of situations in which there might be a greater risk of exposure include:

- Prolonged/frequent contact to an infected source
- Shared rooms or washrooms
- Inadequate housekeeping
- Shared patient care equipment without cleaning between episodes of patient care
- Inadequate spatial separation between client, patient, or resident and caregiver (at least two metres)
- Inadequate ventilation

Depending on the answers to the first four questions, you will make different choices about how to protect yourself.

In answering the first four questions, you are helping to answer the final question:

5. What action do I need to take?

Your organization may have policies or procedures for you to follow, or you may need to wear specific personal protective equipment (PPE).

Later, you will learn more about what your organization does to protect you from a hazard and what PPE you should use in different situations.

Respiratory Infections



Now that you understand the five questions involved in conducting a PCRA, let's look at the different respiratory infections you may be exposed to and their modes of transmission.

Understanding how respiratory infections are spread helps you answer the first PCRA question: **"Is there a hazard present in the situation?"**

Respiratory infections are caused by bacteria and viruses that enter your body through your eyes, nose or mouth which then infect your respiratory system.

Respiratory infections can attack the upper airway (your nose and throat), often causing mild illness, or the lower airway (your bronchial tubes and lungs), usually causing a more serious illness.

The bacteria and viruses that cause respiratory infections are spread from person to person when infected people cough or sneeze.

The key modes of transmission for respiratory infections are through contact and through the air.

Understanding these modes of transmission also helps you answer the question **"What type of task am I doing?"**

If you're in direct or indirect contact or exposed through the air, you will need to protect yourself appropriately according to each mode.

So let's review each mode of transmission.

One: Contact

Transmission through contact means coming into physical contact with someone who has a respiratory infection or something that is contaminated with a respiratory virus or bacteria. This contact can be direct or indirect.



Direct contact: If you touch someone with a respiratory infection and then touch your eyes, mouth, or nose, you might be exposed and then become ill. For example, if someone coughs into their hand and then shakes your hand, the infection can be transmitted.



Indirect contact: If you touch an object that has been contaminated by someone with an infection, and then touch your eyes, mouth or nose, the virus or bacteria is transmitted.

Two: Airborne

Airborne transmission involves breathing in the virus or bacteria. For example, if someone with a respiratory infection talks, coughs or sneezes on you within close range, you can be exposed and develop a respiratory infection. This contact can be made through either droplet or airborne spread.



Droplet spread: Large-particle respiratory droplets generally travel only a short distance (<2 meters) through the air, and then settle out of the air quickly.

Airborne spread: Small particle airborne droplets are evaporated droplets that are extremely light and therefore can remain suspended in the air for a long time in dust particles, and can travel much further via air currents.

Identifying Modes of Transmission

Now that we've reviewed the modes of transmission, see if you can figure out which respiratory infections are airborne spread and which ones are droplet spread. Airborne and droplet spread respiratory infections require different precautions so it's good to learn about the different respiratory infections in each category.



Activity: Identifying modes of transmission for different respiratory infections

Look at each of the examples of respiratory infections. Circle the ones you think are airborne spread.

Mumps
Whooping cough
Tuberculosis (TB)
Novel Influenza
SARS
Meningitis
Measles
Pneumonia
Common colds
Chicken pox
Influenza
Vaccine preventable diseases





Let's review all the respiratory infections in their categories to see how you did.

Airborne spread respiratory infections include:

- Tuberculosis (TB)
- SARS
- Novel Influenza (when a vaccine hasn't been developed yet)
- Vaccine preventable diseases:
 - Chicken pox
 - Measles

Droplet spread respiratory infections include:

- Meningitis
- Mumps
- Whooping cough
- Common colds
- Pneumonia
- Influenza

Symptoms of Respiratory Infections

Now that you understand how infections are spread, you need to know what symptoms to watch for. This will help you answer the question **“What is the health status of the patient?”**

Most people with a respiratory infection have a fever and cough, so those are the two most important symptoms to look for when you complete a PCRA. If fever and cough are present, consider the patient infectious, and reduce your risk of exposure by wearing appropriate PPE for your tasks. Children with a fever and rash are also considered infectious until proven otherwise.

Review the additional symptoms for the following respiratory infections if you want to learn about other infection-specific symptoms in addition to fever and cough.

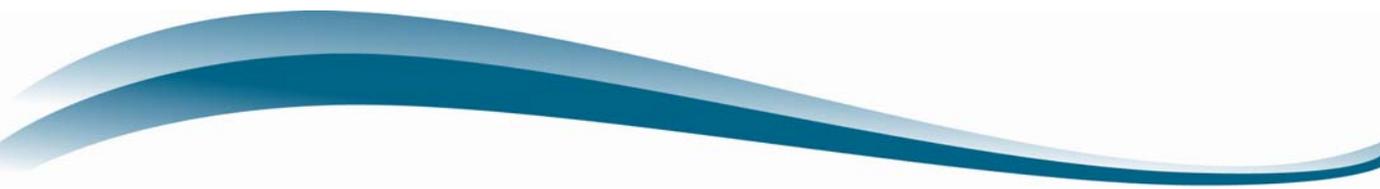
Common cold viruses

Includes rhinovirus, corona virus, RSV (Respiratory Syncytial Virus) para influenza virus, adenovirus, and metapneumovirus.

Symptoms include:

- Runny nose
- Sneezing
- Headache
- Scratchy throat
- Influenza
- Fever
- Cough
- Sore throat
- Body and muscle aches
- Fatigue





Pneumonia

Pneumonia is an infection in the lungs and can be either viral or bacterial. Bacterial pneumonia is often a secondary infection that develops when your immune system is weakened by another respiratory viral infection, such as influenza.

Because you will not know what type of pneumonia your patient may have, you should consider any secretions from a patient with pneumonia as infectious.

Symptoms include:

- Fever
- Cough
- Shortness of breath
- Sweating
- Shaking chills
- Chest pain that fluctuates with breathing
- Headache
- Muscle pain
- Fatigue

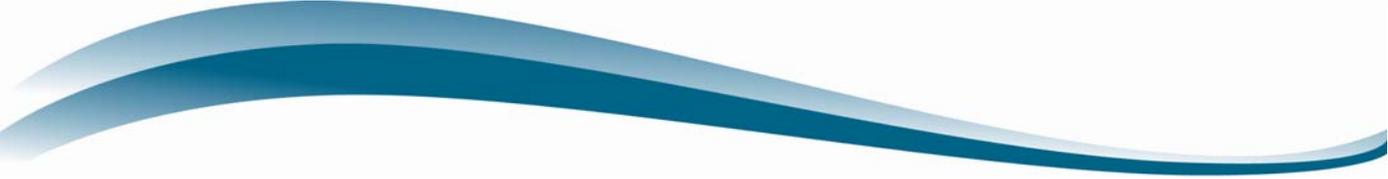
Pulmonary Tuberculosis (TB)

TB may have a slow onset; the fever is low-grade and people may not be acutely ill unless they have an underlying disease, such as HIV.

People often have symptoms for quite some time before they seek medical care. Once diagnosed, they are usually hospitalized to ensure that they receive appropriate anti-TB medications. After that, they may be discharged if their living situation is suitable.

Symptoms include:

- Fever
- Cough (sputum may be blood tinged)
- Night sweats
- Weight loss



Chickenpox

Symptoms include:

- Fever
- Red, itchy rash that begins as multiple small, red bumps that look like pimples or insect bites.
- Headache

Mumps

Symptoms include:

- Fever
- Swelling, particularly just below and in front of the ears
- Pain when chewing and swallowing
- Sore throat
- Fatigue
- Loss of appetite

Measles

Symptoms include:

- Fever
- Cough
- Red rash
- Runny nose
- Red eyes
- Extreme fatigue

SARS

- Fever
- Cough
- Headache
- Muscle pain
- Fatigue
- Shortness of breath

Now that you understand what the hazard is, the next question you will need to answer is “**Where am I doing my task?**”

If you are providing care in an area where there may be other people with respiratory infections, you will need to protect yourself against exposure to respiratory infections even if your client, patient, or resident doesn't have a respiratory infection.

Examples include going into:

- An emergency room
- An admitting area
- The home of a client who may have family members who have respiratory infections



Using a PCRA for Respiratory Infections

Once you have answered the first four questions, you will have the information you need to answer the final question: **“What action do I need to take?”**



Attention

No matter what the situation is, you should always follow routine practices. Routine practices include all the Infection Prevention and Control practices for use in the routine care of all patients at all times in all healthcare settings and are determined by the circumstances of the patient, the environment and task to be performed.

Routine practices include:

- Point of Care Risk Assessments
- The hand hygiene program (including point of care alcohol-based hand rub)
- Source control (triage/early diagnosis and treatment, respiratory hygiene, spatial separation)
- Patient accommodation, placement and flow
- Aseptic techniques
- Use of personal protective equipment
- Sharps safety and prevention of bloodborne pathogen transmission
- Cleaning and disinfecting of non-critical patient care equipment
- Proper handling of waste and linen
- Education of patients, families and visitors
- Restriction of visitors



This information is cited directly from the Public Health Agency of Canada’s updated Routine Practices and Additional Precautions, Draft 4.

If you have a client, patient, or resident who has a fever and cough but hasn’t been diagnosed, wear an N95 Respirator, gown, gloves and eye or face protection to protect yourself.

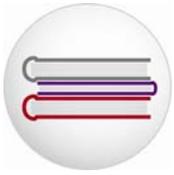
When you do know the diagnosis, wear PPE according to what is recommended.

You may require an N95 Respirator when you are conducting an aerosol generating medical procedure for certain respiratory infections or when you are providing care to an individual with pulmonary tuberculosis (TB).

If the person isn't diagnosed yet, you will want to wear an N95 respirator until you receive the diagnosis.

You should also know which vaccines you have received for the different respiratory infections.





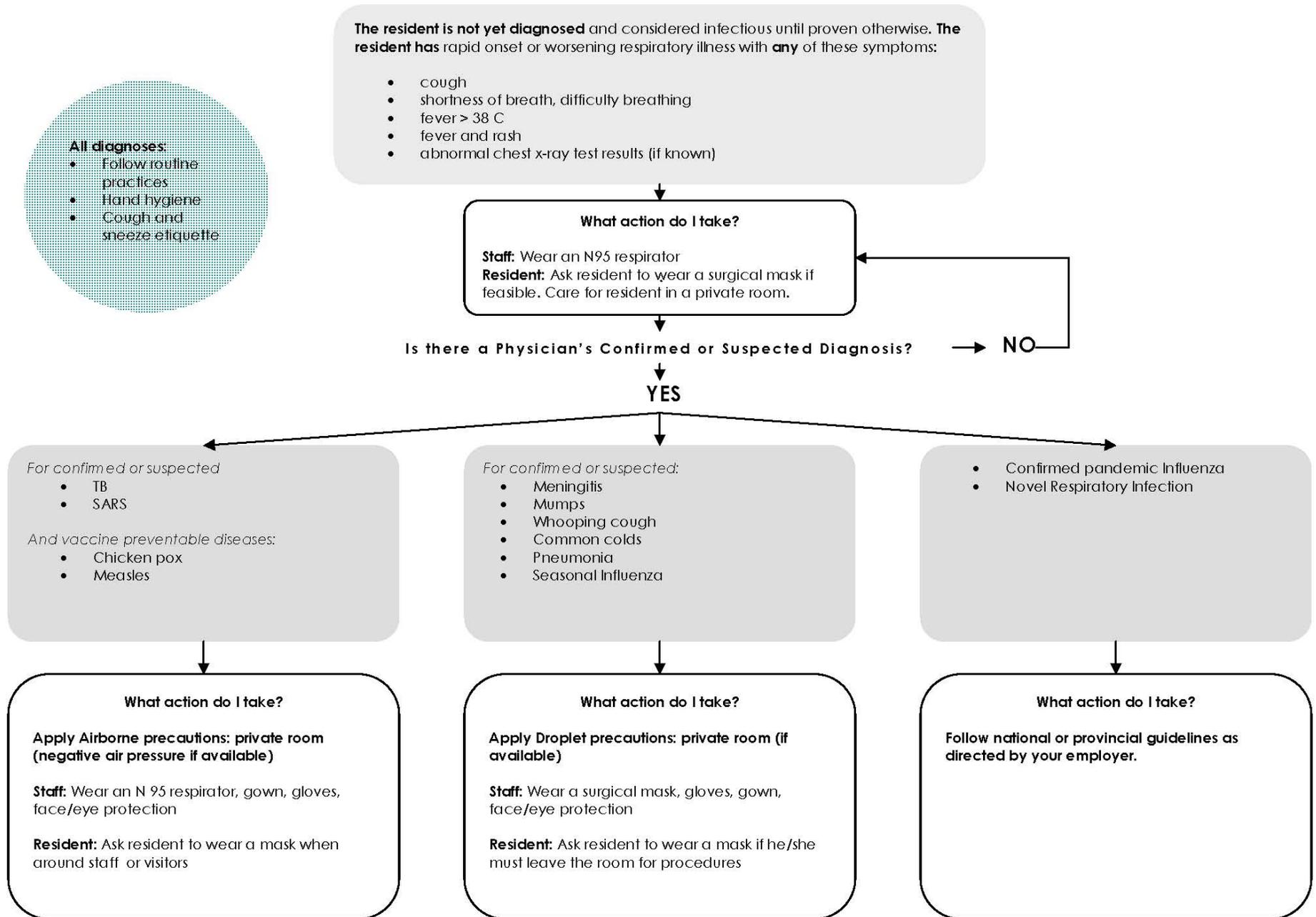
Reference

Review the following flow charts and choose the one that applies to your sector to see what PPE you should wear for the different respiratory infections.

- Acute Care
- Long Term Care
- Home and Community Care

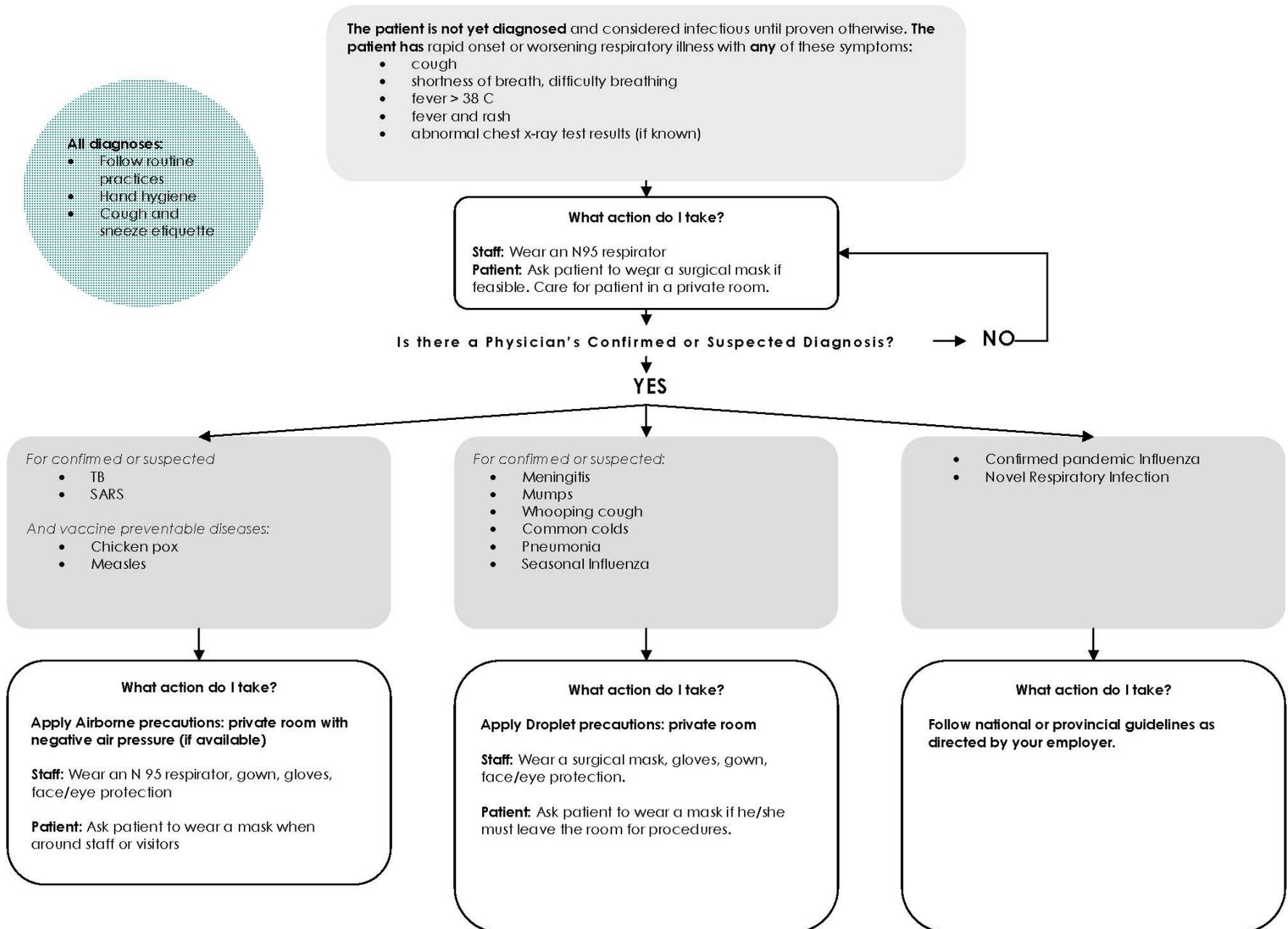
Remember that no matter what the situation is, you should always follow Routine Practices.

Long-Term Care Flow Chart for PCRA of Respiratory Infections



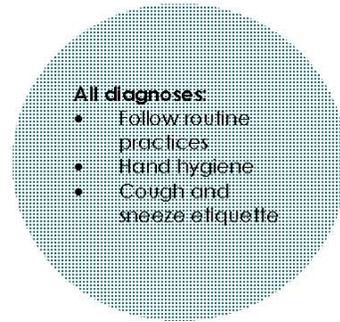
Adapted with permission from Vancouver Coastal Health's, "Acute Care Algorithm for Immediate Management of Respiratory and/or Febrile Illness in Adults – Not Yet Diagnosed"

Acute Care Flow Chart for PCRA of Respiratory Infections



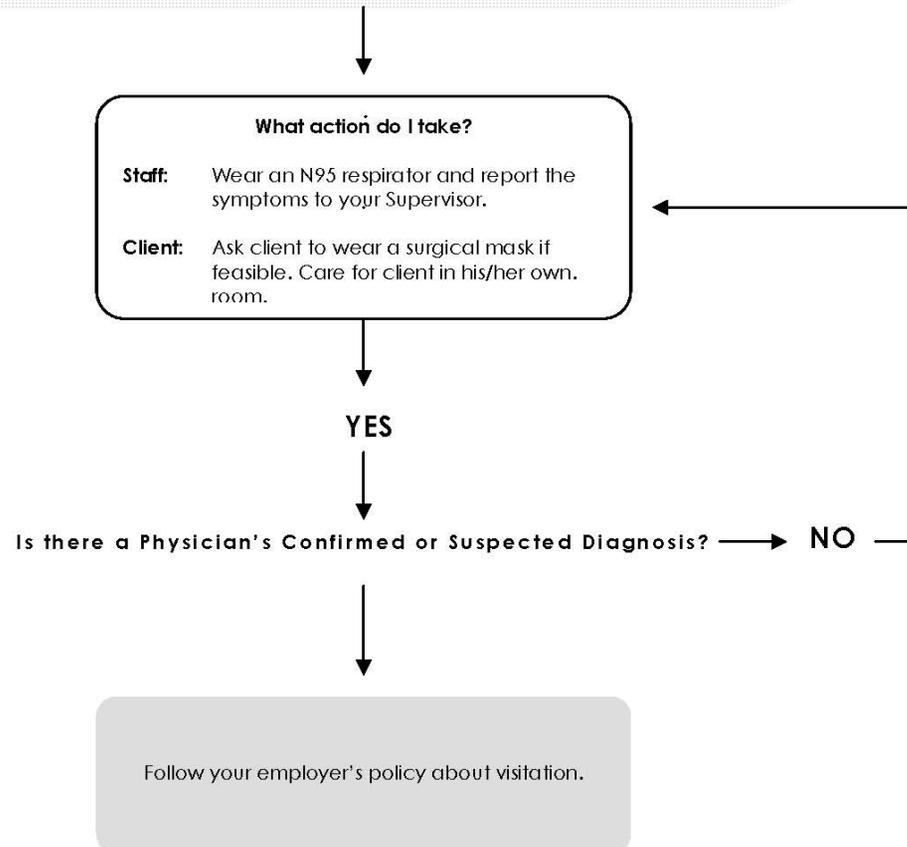
Adapted with permission from Vancouver Coastal Health's, "Acute Care Algorithm for Immediate Management of Respiratory and/or Febrile Illness in Adults – Not Yet Diagnosed"

Home & Community Care Flow Chart for PCRA of Respiratory Infections



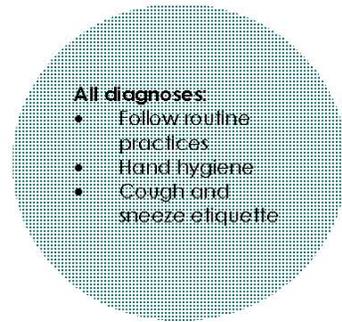
The client was pre-screened and appeared healthy, but has since developed rapid onset or worsening of **any** of these symptoms:

- cough and/or
- shortness of breath, difficulty breathing (and/or)
- fever > 38 C (and/or)
- fever and rash (and/or)
- abnormal chest x-ray test results (if known)



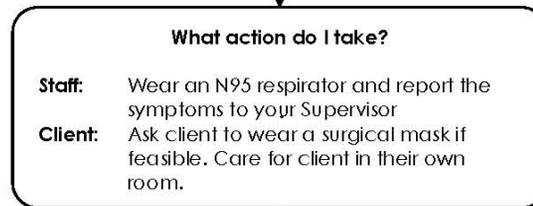
Adapted with permission from Vancouver Coastal Health's, "Acute Care Algorithm for Immediate Management of Respiratory and/or Febrile Illness in Adults – Not Yet Diagnosed"

Home & Community Care Flow Chart – page 2



The client is not yet diagnosed and therefore considered infectious until proven not infectious. The client has rapid onset or worsening respiratory illness with **any** of these symptoms:

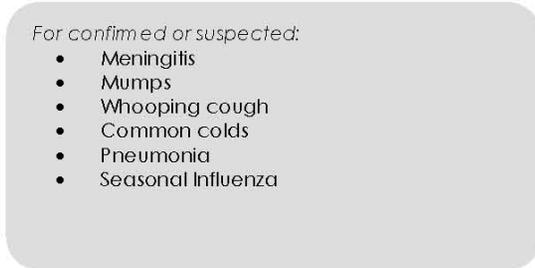
- cough and/or
- shortness of breath, difficulty breathing (and/or)
- fever > 38 C (and/or)
- fever and rash (and/or)
- abnormal chest x-ray test results (if known)



YES

Is there a Physician's Confirmed or Suspected Diagnosis?

NO



Exposure in the Workplace

Now, you should have a good understanding of how to conduct a Point of Care Risk Assessment, including the things that you can do as an individual to assess your risk and protect yourself.

In addition to conducting your own PCRA, your organization also does a risk assessment to determine what they can do to help minimize the risk of exposure to their workers.

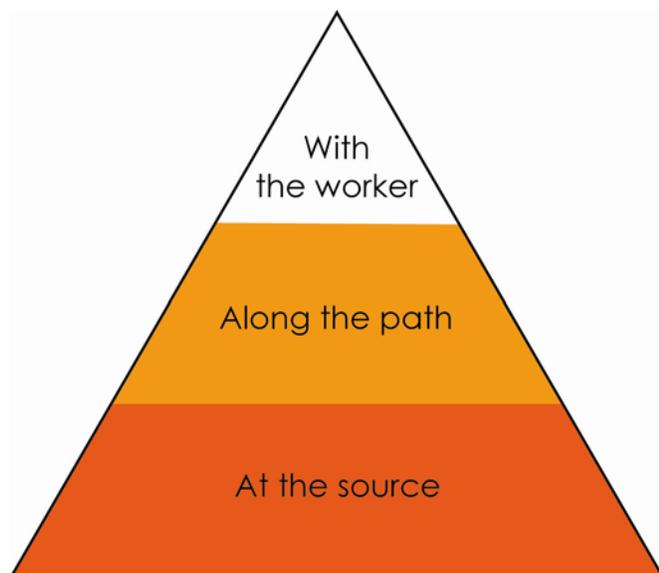
Your organization assesses the risk of exposure for all jobs in your workplace and assigns them a risk level of low, moderate or high.

If you're not sure if your organization has completed a risk assessment, talk to your supervisor or a JOHSC representative.

After your employer completes the risk assessment for all the different jobs in your organization, they determine different controls to reduce the risk of exposure specific to each job in the organization.

These controls are like a tool kit; the different resources in the kit are selected and used depending on the situation, and your risk level.

Your organization is responsible for informing you of the risks associated with your job, communicating the information in the Exposure Control Plan and providing you with the education and training necessary to use the controls to do your job safely.



Information about exposure to respiratory infections and ways to control the risks of exposure can be found in your organization's Exposure Control Plan.

An Exposure Control Plan (ECP) is a document created by an employer in response to an identified risk including chemical exposures, infectious diseases, and contact diseases.



The ECP identifies the specific and appropriate controls that will minimize or eliminate that risk.

Employers must develop an Exposure Control Plan in response to an identified risk, and the ECP must be reviewed annually.

There are eight essential elements in an ECP:

1. Purpose
2. Responsibilities
3. Risk identification and assessment, and risk controls
4. Education and training
5. Safe work procedures
6. Hygiene and decontamination procedures
7. Health monitoring
8. Documentation

Talk to your supervisor if you want to know more about your organization's Exposure Control Plan.



Activity: Sample PCRA



Now that you understand that your organization also completes a risk assessment, let's take a look at an example that illustrates how you can conduct a PCRA.

Eileen is a care aide in a long term care facility, and is assisting a 75 year old woman named Nancy. Nancy has had a stroke which has left her with right-sided weakness and confusion so she cannot dress herself without assistance.

Recently, Nancy has developed a fever of 38.5°C and a cough, and has been diagnosed with influenza. Nancy is also agitated and confused.

Today, Eileen's task is to assist Nancy with getting dressed for the day, but she wants to make sure she protects herself from exposure to a respiratory infection.

Let's see how Eileen conducts a PCRA by answering all the PCRA questions and making a choice about PPE based on the answers.

1. Is there a hazard present in the situation?

Eileen determines that there is because Nancy has been diagnosed with influenza.

2. What is the health status of the resident?

Eileen reviews Nancy's chart and sees that she has symptoms of a respiratory infection including a fever and cough.

3. What task am I doing?

Since she will be helping Nancy to get dressed, Eileen knows that she will be performing a direct care task.

4. Where am I doing my task?



Nancy has a single room and Eileen is not expecting any other people to be present while she helps Nancy get dressed. She decides that there is no additional hazard.

5. What action do I need to take?

Eileen thinks about the information she gathered through the Point of Care Risk Assessment, and decides to ask Nancy to wear a surgical mask to contain her coughs and sneezes.

Eileen also decides to wear a gown, gloves, eye protection and a surgical mask while she is providing direct care.

Circle the correct answer, then look **on page ?? of the appendix/the next** page to see the answers.

Question 1 Did Eileen take the correct action with the resident in this situation?

- a) Yes
- b) No

Reason for your answer:

Question 2 Did Eileen choose the correct PPE?

- a) Yes
- b) No

Reason for your answer:



Correct Responses

Question 1 Did Eileen take the correct action with the resident in this situation?

Correct: Yes. While it's unlikely that Nancy will tolerate a surgical mask given that she is confused and agitated, it's still alright to ask if you feel that is appropriate.

Incorrect: No. While it's unlikely that Nancy will tolerate a surgical mask given that she is confused and agitated, it's still alright to ask if you feel that is appropriate. Eileen took the appropriate action.

Question 2 Did Eileen choose the correct PPE?

Correct: Yes. Eileen chose the appropriate PPE for providing direct care to a person who has been diagnosed with influenza.

Incorrect: No. Eileen chose the appropriate PPE for providing direct care to a person diagnosed with influenza. She would not need any additional protection unless the respiratory infection was undiagnosed or she was conducting an aerosol generating medical procedure.



Activity: Assessments

Now you'll have an opportunity to apply your learning to scenarios. There are a few different scenarios in your sector and we suggest that you complete each one. This will help you get comfortable conducting a Point of Care Risk Assessment.

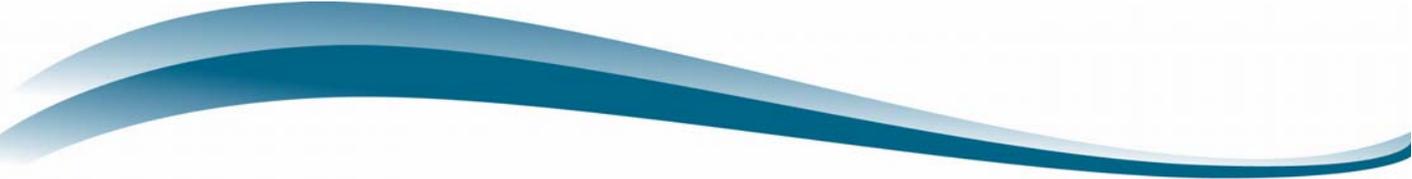


In the scenario, you won't have to answer question #1 – "Is there a hazard present?" There is a hazard present in each scenario, which is why we are asking you to conduct a Point of Care Risk Assessment.

Think about what you have learned about how to conduct your Point of Care Risk Assessment when you read the scenario and answer the questions.

The scenarios will present you with the four questions you need to answer to

conduct a PCRA. You will not need to answer question #1, "Is there a hazard present in the situation?" Choose the scenarios from the sector that is most relevant to you – long term care, home and community care, or acute care. Answer the questions following the scenario and when you have completed the activity, look **at the correct responses, starting on page ?? of the appendix** to compare your answers to ours.



Scenarios Long Term Care

Three residents at Blueshore Long Term Care facility are coughing and have low-grade fevers. The physician believes they may have respiratory infections as two caregivers are now home sick with respiratory infections.

The three residents are being cared for in one room. Signs are posted outside the room stating that no one is allowed in the room without the correct PPE.

You are assigned to care for these three residents. You will check their vital signs, help them with a sponge bath, and bring in trays at meal time.

What information do you need before you begin? Click on the areas that relate to the questions you need to answer.

What is the health status of the resident?

What task am I doing?

Where am I doing the task?

What actions do I need to take?



You are cleaning the room of Mrs. Simpson who has a bad cough, fever and sore throat. Mrs. Simpson is out while you clean the room.

Photo of empty room (or no photo if you don't have time)

1. Choose all that apply. What is the health status of the resident?
 - a) Coughing
 - b) Fever
 - c) Sneezing
 - d) Sore Throat

2. What type of task am I doing?
 - a) No care
 - b) Direct care
 - c) Indirect care

3. Choose all that apply. What actions do you need to take to protect yourself?
 - a) Wear gloves and a gown while cleaning
 - b) Clean any frequently touched surfaces
 - c) Wear an N95 respirator, eye protection, gown and gloves
 - d) Use extra strong hospital approved disinfectant



Activity: Scenarios Acute Care

You are an admitting nurse in a hospital. Mr. Domingues, a 46 year old male, arrives at the IV therapy outpatient department for his scheduled IV antibiotic treatment for his wound infection.

As you are setting him up for his treatment, he tells you that he's been increasingly unwell with total body aches, fatigue and fever since yesterday. He is now starting to cough and you note that he is bringing up mucous when he coughs.

What is the health status of the resident?

What task am I doing?

Where am I doing the task?

What actions do I need to take?

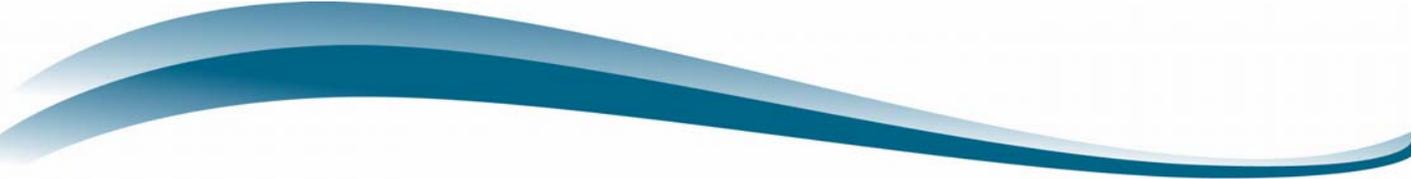
You are a nurse at Mountainview Hospital. 8-month-old baby Alanna has been admitted from her family doctor's office with a fever and rash that is not yet diagnosed. The baby's mother tells you that the baby has been lethargic, with a poor appetite and fever since yesterday.

The baby has vomited once and has obvious nasal congestion which makes her sneeze quite often, and when she makes sounds her voice sounds very raspy.



1. Circle all that apply. What is the health status of the patient?
 - a) Poor Appetite
 - b) Fever
 - c) Sneezing
 - d) Rash

2. What type of task am I doing?
 - a) No care
 - b) Direct care
 - c) Indirect care

- 
3. Circle all that apply. What actions do you need to take to protect yourself?
- a) Quarantine Alanna to avoid spreading any symptoms
 - b) Clean any frequently touched surfaces.
 - c) Don all PPE: a N95 Respirator, gown, gloves, face mask, and goggles



Activity: Scenarios Home and Community Care



You are a Community Health Worker (CHW) visiting the home of a client for daily care. You normally assist the client with a transfer out of bed and with showering. You also prepare breakfast, assist the client with eating and dressing, and take the client for a walk.

The client, Mrs. Young, is a 75 year old female who has had a stroke in the past year and has right-sided weakness. She's unable to care for herself independently and cannot walk on her own.

When you enter the home, Mrs. Young says that she is not feeling well. She has a cough that started the evening before and is very weak. She has called her doctor and he advised her to stay home and rest. She is to call back if she develops shortness of breath or vomiting.

What is the health status of the client?

What task am I doing?

Where am I doing the task?

What actions do I need to take?



You are a Supervisor for a Home and Community Care agency. One of your clients, Lisa, has asked to meet with you in her home. Lisa lives with her children and her mother.

She wants to discuss care options for her mother. Lisa's mother is coughing and is in her bedroom. You and Lisa meet in the living room where her children are playing. You stand at the door of Lisa's mother's room to say hello but do not enter her room.

1. Choose all that apply. What is the health status of the client?
 - a) No symptoms
 - b) Coughing
 - c) Fever
 - d) Sore Throat

2. What type of task am I doing?
 - a) No care
 - b) Direct care
 - c) Indirect care

3. Choose all that apply. What actions do you need to take?
 - a) Wear gloves and a gown during the visit.
 - b) Cancel the visit.
 - c) Wear a surgical mask.
 - d) Wash your hands after the visit



Now that you have completed the scenarios, you should have a good understanding of how to conduct a Point of Care Risk Assessment. Check your answers against the correct responses starting **on page ?? of the appendix.**

The scenarios were the final activity in this self study guide. Congratulations on completing the PCRA course.

We hope that this course provided you with all of the information you need to return to your workplace and use your Point of Care Risk Assessment before every client, patient, or resident interaction.

If you want to compare how much you know now to how much you knew before you started this self study guide, you are welcome to complete the following post-course self assessment. If you don't want to do the self assessment just flip past it to the appendix.



Summary

Thank you for taking the time to complete OHSAH's Point of Care Risk Assessment Self Study Guide for respiratory infections. You should now have you with the information to:

- Define and conduct a Point of Care Risk Assessment (PCRA)
- Identify the symptoms of respiratory infections that will impact your PCRA
- Identify the routes of transmission for respiratory infections
- Describe how your organization responds to the risk of exposure to respiratory infections

This information will play a vital role in your role as a front line healthcare worker, so we hope this training has helped you to understand the importance of taking the time to conduct a Point of Care Risk Assessment every time.

Remember, if you have any questions, you can use this self study guide at any time for reference or review.



Activity: Post-Module Self Assessment

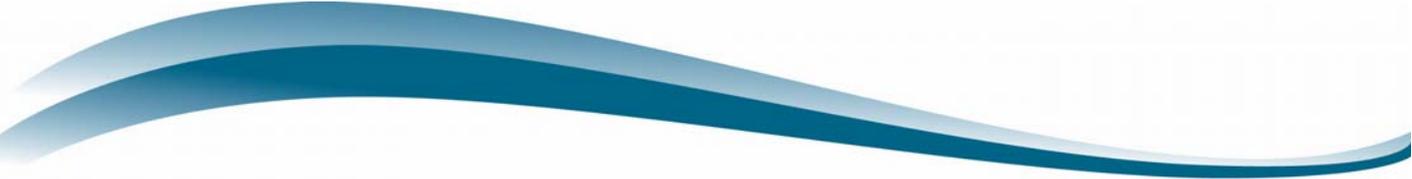
Now that you have a better understanding of what it takes to create a Point of Care Risk Assessment, let's see what you've learned. Please answer the following 9 questions to the best of your ability.

1. A Point of Care Risk Assessment is completed by (Circle all that apply):
 - a) an individual health care worker to assess their personal risk of exposure to potential hazards
 - b) the organization to protect health care workers from exposure to potential hazards
 - c) an intake worker to determine whether a patient/client/resident should be provided with care

2. Symptoms that indicate someone has a respiratory infection include (Circle all that apply):
 - a) Coughing and sneezing
 - b) Scratchy, sore throat
 - c) Bruises
 - d) Fever and cough
 - e) Excessive thirst

3. Which of the following is a respiratory infection?
 - a) Influenza
 - b) Food poisoning
 - c) Pneumonia
 - d) Tuberculosis

4. The different routes of transmission for respiratory infections are:
 - a) Direct contact, indirect contact, droplet and airborne spread
 - b) Direct contact, airborne
 - c) Droplet and indirect contact

- 
5. In health care, what does PPE stand for?
- a) Point of Protection Evaluation
 - b) Point of Personal Evaluation
 - c) Personal Protective equipment
6. Which of the following statements is true? In order to protect workers from hazards, an employer must:
- a) identify which workers are at risk to a potential hazard, reduce or minimize the risk to those workers but no others in the workplace
 - b) not allow patients to have infections
 - c) eliminate all potential risks that impact their workers
 - d) conduct an organizational risk assessment and complete an exposure control plan in response to an identified risk
7. The employer implements controls using a hierarchy to minimize or eliminate the risk to workers. What is the hierarchy?
- a) With the worker, along the path, at the source
 - b) At the source, along the path, with the worker
 - c) Along the path, at the source, with the worker
8. When conducting a Point of Care Risk Assessment, what are the three most important questions to ask?
- a) What type of task am I doing?
 - b) What are the symptoms of the client, patient or resident?
 - c) Is it before or after lunch?
 - d) What is the age of the client, patient or resident?
 - e) What action do I need to take to protect myself from a potential exposure?
 - f) Is the client, patient or resident able to follow directions?



9. Your organization implements controls based on assessing worker risk. Which of the following are included in an organizational risk assessment?

- a) Identifying the risk and identifying which workers are at risk
- b) Assessing each client, patient or resident for their potential risk of exposure
- c) Identifying the risk and ways to eliminate or minimize the risk
- d) Assessing the worker's risk based on how far they live from work
- e) Identifying the tasks that bring the workers into contact with the risk

Congratulations on completing the Self Assessment. To check your answers, please go to **page ?? of the appendix.**

The page features two decorative, wavy blue lines that curve across the top and middle of the page. The top line starts high on the left, dips, and then rises towards the right. The bottom line starts lower on the left, dips, and then rises towards the right. Both lines have a gradient from a darker blue on the inside to a lighter blue on the outside.

Appendices



Long Term Care

Correct Responses

Three residents at Blueshore Long Term Care facility are coughing and have low-grade fevers. The physician believes they may have respiratory infections as two caregivers are now home sick with respiratory infections.

The three residents are being cared for in one room. Signs are posted outside the room stating that no one is allowed in the room without the correct PPE.

You are assigned to care for these three residents. You will check their vital signs, help them with a sponge bath, and bring in trays at meal time.

What information do you need before you begin? Click on the areas that relate to the questions you need to answer.

“What is the health status of the resident?”

They are coughing and have low-grade fevers.

“What task am I doing?”

Your chief task is providing direct care such as checking vital signs, assisting with bathing, and bringing meals.

“Where am I doing the task?”

In this scenario, you’re in a long-term care facility in a quarantined room because all the residents show symptoms of respiratory infections. There are no additional hazards from other residents.

“What actions do I need to take?”

Because the residents have symptoms of an undiagnosed respiratory infection, you must wear a N95 Respirator, gown, gloves, and goggles to protect yourself. You should also ask residents to wear masks and follow cough/sneeze etiquette.



Long Term Care

Correct Responses

You are cleaning the room of Mrs. Simpson who has a bad cough, fever and sore throat. Mrs. Simpson is out while you clean the room.

1. Choose all that apply. What is the health status of the resident?
 - a) Coughing
 - b) Fever
 - c) Sneezing
 - d) Sore Throat

2. What type of task am I doing?
 - a) No care
 - b) Direct care
 - c) Indirect care

3. Choose all that apply. What actions do you need to take to protect yourself?
 - a) Wear gloves and a gown while cleaning.
 - b) Clean any frequently touched surfaces.
 - c) Wear an N95 respirator, eye protection, gown and gloves
 - d) Use extra strong hospital approved disinfectant



Acute Care

Correct Responses

You are an admitting nurse in a hospital. Mr. Domingues, a 46 year old male, arrives at the IV therapy outpatient department for his scheduled IV antibiotic treatment for his wound infection.

As you are setting him up for his treatment, he tells you that he's been increasingly unwell with total body aches, fatigue and fever since yesterday. He is now starting to cough and you note that he is bringing up mucous when he coughs.

“What is the health status of the patient?”

He has body aches, fatigue, fever and a productive cough.

“What task am I doing?”

Your chief task is his direct care. You are responsible for the IV antibiotic treatment.

“Where am I doing the task?”

In this scenario, you're in the IV therapy outpatient department. No other people appear to have symptoms of acute respiratory infections.

“What actions do I need to take?”

Because the respiratory infection is not yet diagnosed, you should don all PPE: a N95 Respirator, gown, gloves, face mask, and goggles to protect yourself. Try to find a private area for Mr. Domingues to receive his treatment and ask him to wear a surgical mask if other staff or patients are in the area.



Acute Care

Correct Responses

You are a nurse at Mountainview Hospital. 8-month-old baby Alanna has been admitted from her family doctor's office with a fever and rash that is not yet diagnosed. The baby's mother tells you that the baby has been lethargic, with a poor appetite and fever since yesterday.

The baby has vomited once and has obvious nasal congestion which makes her sneeze quite often, and when she makes sounds her voice sounds very raspy.

1. Circle all that apply. What is the health status of the patient?
 - a) Poor Appetite
 - b) Fever
 - c) Sneezing
 - d) Rash

2. What type of task am I doing?
 - a) No care
 - b) Direct care
 - c) Indirect care

3. Circle all that apply. What actions do you need to take to protect yourself?
 - a) Quarantine Alanna to avoid spreading any symptoms
 - b) Clean any frequently touched surfaces.
 - c) Don all PPE: a N95 Respirator, gown, gloves, face mask, and goggles



Home and Community Care

Correct Responses

You are a Community Health Worker (CHW) visiting the home of a client for daily care. You normally assist the client with a transfer out of bed and with showering. You also prepare breakfast, assist the client with eating and dressing, and take the client for a walk.

The client, Mrs. Young, is a 75 year old female who has had a stroke in the past year and has right-sided weakness. She's unable to care for herself independently and cannot walk on her own.

When you enter the home, Mrs. Young says that she is not feeling well. She has a cough that started the evening before and is very weak. She has called her doctor and he advised her to stay home and rest. She is to call back if she develops shortness of breath or vomiting.

"What is the health status of the client?"

She has a cough but no indication of fever.

"What task am I doing?"

You are responsible for direct care such as preparing breakfast, assisting with bathing and eating and taking Mrs. Young for a walk.

"Where am I doing the task?"

In this scenario, you're in the client's home and neighbourhood.

"What actions do I need to take?"

If you are concerned that Mrs. Young has a respiratory infection, you may choose to wear PPE such as gown, gloves, mask and goggles. You may also ask Mrs. Young to wear a mask. Otherwise, you may treat as a cough and cold and follow routine practices. Ensure that you also report Mrs. Young's symptoms to your supervisor so she can be monitored.



Home and Community Care

Correct Responses

You are a Supervisor for a Home and Community Care agency. One of your clients, Lisa, has asked to meet with you in her home. Lisa lives with her children and her mother.

She wants to discuss care options for her mother. Lisa's mother is coughing and is in her bedroom. You and Lisa meet in the living room where her children are playing. You stand at the door of Lisa's mother's room to say hello but do not enter her room.

1. Choose all that apply. What is the health status of the client?
 - a) No symptoms
 - b) Coughing
 - c) Fever
 - d) Sore Throat

2. What type of task am I doing?
 - a) No care
 - b) Direct care
 - c) Indirect care

3. Choose all that apply. What actions do you need to take?
 - a) Wear gloves and a gown during the visit.
 - b) Cancel the visit.
 - c) Wear a surgical mask.
 - d) Wash your hands after the visit.



Glossary

- Airborne Transmission:** Transmission of microorganisms by inhaling infectious aerosols (solid or liquid particles in the air). This can occur as a result of an infected person coughing, sneezing or talking, or during some medical procedures.
- Ambulatory Care Settings:** Facilities that provide health care to patients who do not remain overnight (e.g., hospital-based outpatient clinics, non-hospital-based clinics and physician offices, urgent care centers, surgi-centers, free-standing dialysis centers, public health clinics, imaging centers, ambulatory behavioral health and substance abuse clinics, physical therapy and rehabilitation centers, and dental practices).
- Caregivers:** All persons who are not employees of an organization, are not paid, and provide or assist in providing healthcare to a patient (e.g., family member, friend) and acquire technical training as needed based on the tasks that must be performed.
- Case:** An individual who is infected with an infectious disease
- Cohorting:** This term applies to the practice of grouping patients infected or colonized with the same infectious agent together to confine their care to one area and prevent contact with susceptible patients (cohorting patients). During outbreaks, healthcare personnel may be assigned to a cohort of patients to further limit opportunities for transmission (cohorting staff).



Cohort Staffing:

The practice of assigning specified personnel to care only for clients/patients/residents known to be colonized or infected with the same microorganism. Such personnel would not participate in the care of clients/patients/residents who are not colonized or infected with that microorganism.

Contact:

An individual who is exposed to a person colonized or infected with a contagious infectious disease in a manner that allows transmission to occur (e.g. roommate).

Contact Precautions:

A type of Additional Precautions to reduce the risk of transmitting infectious agents via contact with an infectious person. Contact Precautions are used in addition to Routine Practices. They are a set of practices used to prevent transmission of infectious agents that are spread by direct or indirect contact with the patient or the patient's environment. Healthcare personnel caring for patients on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment. Donning of gown and gloves upon room entry, removal before exiting the patient room and performance of hand hygiene immediately upon exiting.

Client/Patient/Resident:

Any person receiving health care within a health care setting.



**Contact Transmission
(Direct And Indirect):**

Direct contact occurs when microorganisms are transferred directly from an infected person (body surface to body surface). Some bacteria and viruses can survive on surfaces for several hours or days. Indirect contact involves the transfer of microorganisms from a contaminated intermediate source (e.g., door handle, table surface, and tray), contaminated instruments or hands.

Contamination:

The presence of an infectious agent on a body surface, on clothes, gowns, gloves, bedding, toys, surgical instruments, dressings or other inanimate objects.

Control:

Short for control measure.

A method that controls the risk to workers. Risk controls must eliminate the risk to workers or, if elimination is not possible, minimize the risk.

Controls should be implemented in the following order: Engineering controls reduce risk by mechanical means (e.g., installing barriers, increasing room ventilation, utilizing a negative pressure isolation room).

Administrative controls involve changes to scheduling or job rotation, or work procedures to reduce exposure (e.g., hand washing, respiratory cough/sneeze etiquette).

Personal protective equipment (e.g., gloves, gowns, eye goggles, surgical masks, respirators).

Direct Care:

Providing hands-on care, such as bathing, washing, turning client/patient/resident, changing clothes/diapers, dressing changes, care of open wounds/lesions or toileting. Feeding and pushing a wheelchair are not classified as direct care.



Disease Transmission:	Refers to the way a pathogen is transmitted (passed) from person to person or animal to person. Infectious diseases can be transmitted through blood, through the air, and through direct contact with contaminated surfaces.
Droplet Nuclei:	Particles that are formed by the evaporation of droplets (see airborne transmission)
Droplet Transmission:	Transmission occurs when droplets containing a microorganism are propelled a short distance through the air and deposited on the mucous membranes (e.g., of the eyes, nose or mouth).
Exposure:	The condition of being subject to an infectious disease by contact with an infected person or a contaminated environment.
Fever:	An elevation of body temperature above the normal range (37°C.) A low-grade fever is no higher than 38.3°C.
Health Care Facility:	A set of physical infrastructure elements supporting the delivery of health-related services. A health care facility does not include a patient's home or physician offices where health care may be provided.
Health Care Setting:	Any location where health care is provided, including settings where emergency care is provided, hospitals, long-term care homes, mental health facilities, outpatient clinics, community health centres and clinics, physician offices, dental offices, offices of allied health professionals and home health care.
Health Care Worker (HCW):	Individual providing or supporting health care services that will bring them into contact with patients/clients/ residents.



Hospital-Grade Disinfectant:

A disinfectant that has a drug identification number (DIN) from Health Canada indicating its approval for use in Canadian hospitals.

Host

In disease transmission host refers to the organism (may be a human or other animal) in which a parasite (bacteria, virus) obtains its nutrition and is able to replicate and cause disease.

Infection:

A condition in which the body is invaded by disease-producing microorganisms that multiply and one or more organs sustain at least temporary damage. Asymptomatic or sub clinical infection is an infectious process running a course similar to that of clinical disease but below the threshold of clinical symptoms. Symptomatic or clinical infection is one resulting in clinical signs and symptoms (disease).

Infectious Disease:

A situation in which infection causes signs and symptoms and is clinically apparent.

Isolation:

The physical separation of infected/colonized individuals from those uninfected for the period of communicability of a particular disease.

Patient:

An individual who receives care in a hospital or surgical centre.

Personal Protective Equipment (PPE):

A variety of barriers used alone or in combination to protect mucous membranes, skin, and clothing from contact with infectious agents. PPE includes gloves, masks, respirators, goggles, face shields, aprons and gowns.



Precautions:	Interventions to reduce the risk of transmission of microorganisms (e.g. patient-to-patient, patient-to-staff, staff-to-patient, contact with the environment, contact with contaminated equipment).
Public Health Agency Of Canada (PHAC):	A national agency focused on efforts to prevent chronic diseases and injuries and to respond to public health emergencies and infectious disease outbreaks by working closely with provinces and territories. Some of the PHAC activities were originally part of Health Canada and some publications referred to in this document originated in Health Canada but are now under the jurisdiction of PHAC.
Resident:	An individual who resides in a long-term care facility/or interim care unit.
Respirator:	Personal protective device that fits tightly around the nose and mouth and reduces the risk of inhaling hazardous airborne particles and aerosols (including infectious agents).
Reusable Equipment (Non-Critical):	Patient/resident/client care equipment that can be reused on another patient/resident/client that either touches only intact skin, but not mucous membranes or does not directly touch them. Reprocessing of these items involves cleaning and/or low level disinfection with facility approved disinfectant, e.g. commode.
Routine Practices:	The system of infection prevention and control practices recommended by the Public Health Agency of Canada to be used with all clients/patients/residents during all care to prevent and control transmission of microorganisms in all health care settings.



Screening:

A process to identify clients/patients/residents displaying symptoms that may be associated with a particular disease, example: Influenza.

Staff:

Anyone conducting activities within a health care setting that will bring him/her into contact with clients/patients/residents including

Symptom:

Any perceptible, subjective change in the body or its functions that indicates disease or phases of disease, as reported by the affected individual. Example: cough, fever



Self Assessment Correct Responses

1. A Point of Care Risk Assessment is completed by: (Circle all that apply)
 - a) an individual health care worker to assess their personal risk of exposure to potential hazards
 - b) the organization to protect health care workers from exposure to potential hazards
 - c) an intake worker to determine whether a patient/client/resident should be provided with care

2. Symptoms that indicate someone has a respiratory infection include: (Circle all that apply)
 - a) Coughing and sneezing
 - b) Scratchy, sore throat
 - c) Bruises
 - d) Fever and cough
 - e) Excessive thirst

3. Which of the following is a respiratory infection?
 - a) Influenza
 - b) Food poisoning
 - c) Pneumonia
 - d) Tuberculosis

4. The different routes of transmission for respiratory infections are:
 - a) Direct contact, indirect contact, droplet and airborne spread
 - b) Direct contact, airborne
 - c) Droplet and indirect contact

5. In health care, what does PPE stand for?
 - a) Point of Protection Evaluation
 - b) Point of Personal Evaluation
 - c) Personal Protective equipment



6. Which of the following statements is true? In order to protect workers from hazards, an employer must:

- a) identify which workers are at risk to a potential hazard, reduce or minimize the risk to those workers but no others in the workplace
- b) not allow patients to have infections
- c) eliminate all potential risks that impact their workers
- d) conduct an organizational risk assessment and complete an exposure control plan in response to an identified risk

7. The employer implements controls using a hierarchy to minimize or eliminate the risk to workers. What is the hierarchy?

- a) With the worker, along the path, at the source
- b) At the source, along the path, with the worker
- c) Along the path, at the source, with the worker

8. When conducting a Point of Care Risk Assessment, what are the three most important questions to ask?

- a) What type of task am I doing?
- b) What are the symptoms of the client, patient or resident?
- c) Is it before or after lunch?
- d) What is the age of the client, patient or resident?
- e) What action do I need to take to protect myself from a potential exposure?
- f) Is the client, patient or resident able to follow directions?

9. Your organization implements controls based on assessing worker risk. Which of the following are included in an organizational risk assessment?

- a) Identifying the risk and identifying which workers are at risk
- b) Assessing each client, patient or resident for their potential risk of exposure
- c) Identifying the risk and ways to eliminate or minimize the risk
- d) Assessing the worker's risk based on how far they live from work
- e) Identifying the tasks that bring the workers into contact with the risk

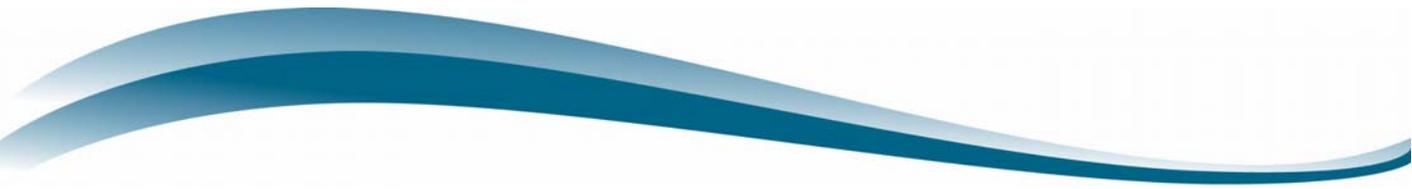
Course Evaluation

Date: _____

Help us improve the quality of our sessions! Feel free to complete the evaluation and mail it to us.

c/o Stephanie Innes, OHSAH
#301-1195 West Broadway, Vancouver, BC V6H 3X5

ABOUT YOU	Session:	<input type="checkbox"/> ECP	<input type="checkbox"/> PCRA	<input type="checkbox"/> WHMIS	<input type="checkbox"/> Infection Cntrl	<input type="checkbox"/> OHS New worker
	I am from:	<input type="checkbox"/> Vancouver Island Health	<input type="checkbox"/> Vancouver Coastal Health	<input type="checkbox"/> Northern Health	<input type="checkbox"/> Provincial Health Services	
		<input type="checkbox"/> Fraser Health	<input type="checkbox"/> Interior Health	<input type="checkbox"/> Other _____		
	Position category: (examples: home care, maintenance, nursing)	_____				
	Number of years in this job: _____	Are you on the JOHSC? <input type="checkbox"/> yes <input type="checkbox"/> no				
	If you are on the JOHSC, total years on current JOHSC: _____					
	On the JOHSC I represent:	<input type="checkbox"/> Workers	<input type="checkbox"/> Employer	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Other	
I have taken an OHSAH session before.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which one(s): _____			
I have received other OH&S education.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which one(s): _____			



		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
THE PRESENTATION	1. The course goals and learning objectives were clearly outlined.					
	2. The course was easy to follow.					
	3. There was a good balance between content presentation and interactive activities.					
	4.a – The visual images accompanying the text (ie – photos) helped me understand the content.					
	4b. The audio accompanying the text helped me understand the content					
	5. The ‘Ask an Expert’ tool was sufficient for getting questions answered					
	6. The course met my expectations.					
	7. The course was: <input type="checkbox"/> too short <input type="checkbox"/> too long <input type="checkbox"/> adequate.					
8. The amount of <i>content</i> presented during the course was: <input type="checkbox"/> too much, <input type="checkbox"/> too little, or <input type="checkbox"/> adequate						
9. Are there other methods of course delivery that you would consider participating in? Please rank your preference – 1 being the most preferred, 7 being the least preferred. <input type="checkbox"/> teleconference <input type="checkbox"/> classroom <input type="checkbox"/> online course <input type="checkbox"/> self paced workbook <input type="checkbox"/> web conference <input type="checkbox"/> peer coaching on the job <input type="checkbox"/> other _____						
Comments on the presentation:						



APPLICATION	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
	1. The activities helped me understand and learn the concepts presented.					
	2. I will be able to apply much of the material to my work.					
	3. The additional downloadable resources from the course will be helpful to my work.					
	4. The examples and activities were relevant to my work.					
	5. After completing this course, I feel confident that I can apply my new skills and knowledge to my work.					
	6. What is the most valuable thing you learned today (knowledge or skills) that you anticipate using in your work?					
	7. Was there anything you did not understand during today's course? Please provide specific examples.					
	8. Can you suggest an example or activity we could include in the next course?					
	9. Was there any part of the course that you did not feel was relevant to your work?					
Comments on the Application:						



THE TECHNOLOGY		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	The course was easy to navigate.					
	The instructions for the activities were easy to follow.					
	I had no difficulty using the technology in the online course. (games, videos, quizzes, etc).					
	Comments on the technology:					

COURSE COMMENTS	

Again, We Thank You!