

APPENDIX 5

RISK MATRIX AND CLASSIFICATION OF FUNCTIONAL AREAS - SUPPORTING INFORMATION

A The factors that will impact routine environmental cleaning of functional areas:

FACTOR A. PROBABILITY OF CONTAMINATION

A1. Heavy Contamination (score = 3): An area is designated as being heavily contaminated if surfaces and/or equipment are routinely exposed to biological contaminants (e.g. blood or other body fluids in areas such as operating room, birthing suite, autopsy suite, cardiac catheterisation laboratory, haemodialysis, emergency room, client/patient/resident bathroom if visibly soiled).

A2. Moderate Contamination (score = 2): An area is designated as being moderately contaminated if surfaces and/or equipment does not routinely (but may) become contaminated with blood or other body fluids and the contaminated substances are contained or removed (eg, wet sheets). All client/patient/resident rooms and bathrooms should be considered to be, at a minimum, moderately contaminated.

A3. Light Contamination (score = 1): An area is designated as being lightly contaminated if surfaces are not exposed to blood, other body fluids or items that have come into contact with blood or body fluids (eg, lounges, libraries, offices, consulting areas, nurses station)

FACTOR B. VULNERABILITY OF POPULATION TO INFECTION

B1. Highly susceptible (score = 2): Most clients/patients/residents within the functional area are highly susceptible to infection due to their medical condition or lack of immunity. These include patients who are severely neutropenic or immuno-compromised (e.g. oncology, haematology, transplant, renal), neonates (level 2/3 nurseries) and those who have severe burns (ie, requiring care in a burns unit).

B2. Least susceptible (score = 0): For the purpose of risk stratification for cleaning, all other areas are classified as less susceptible.

FACTOR C. POTENTIAL FOR EXPOSURE

C1. High-touch surfaces (score = 3): High touch surfaces are those that have frequent contact with hands. Examples include patient care areas (doorknobs, telephone, call bells, bedrails, light switches, edges of privacy curtains) and bathrooms (toilet, flush button, taps).

C2. Low-touch surfaces (score = 1): Low touch surfaces are those that have minimal contact with hands. Examples include walls, ceilings, mirror.

B Risk classification of functional areas during normal conditions (ie, NO confirmed/suspected cases*)
For each functional area or department, the level of cleaning frequency that is required is based on FACTORS A, B, C in the boxes above. A score is given if the factors are present, and the frequency of cleaning is determined on the total score as derived in the following matrix.
*case = is a patient who has been confirmed/suspected to be colonised or infected with a multi-resistant organism (MRSA, VRE, MRGN), infectious respiratory pathogen, infectious gastroenteritis, *C.difficile* or other pathogen of epidemiological significance.

TABLE A: RISK CLASSIFICATION SCORES

FACTOR A: Probability of contamination	FACTOR B: Vulnerability of population to infection			
	Highly Susceptible population (score = 2)	Least Susceptible population (score = 0)	Highly Susceptible population (score = 2)	Least Susceptible population (score = 0)
	FACTOR C: Potential for Exposure			
	High-touch surfaces (score = 3)		Low-touch surfaces (score = 1)	
Heavy (score = 3)	8	6	6	4
Moderate (score = 2)	7	5	5	3
Light (score = 1)	6	4	4	2

TABLE B: RISK CLASSIFICATION INTERPRETATION OF SCORES

Precautions in place	Total Risk Score	Risk classification	Cleaning Frequency	Cleaning method	Required level of Cleanliness
Standard precautions	7 - 8	High Risk	High	Standard	Cleaning outcomes must be maintained by a high level of scheduled cleaning & capacity to spot clean in between patients.
	4-6	Moderate Risk	Moderate		Cleaning outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean as required.
	2-3	Low Risk	Low		Cleaning outcomes should be achieved through regular cleaning on a scheduled basis, with a capacity to spot clean as required.

C Risk classification of functional areas extra-ordinary conditions (confirmed or suspected cases*)
Each functional area will be allocated a HIGH, MODERATE OR LOW RISK classification, however there are circumstances where either cleaning frequency and/or cleaning methods will need to be intensified based on extra-ordinary conditions listed below:
*case = is a patient who has been confirmed/suspected to be colonised or infected with a multi-resistant organism (MRSA, VRE, MRGN), infectious respiratory pathogen, infectious gastroenteritis, *C.difficile* or other pathogen of epidemiological significance.

FACTOR D. OUTBREAK OR SINGLE CASES

D.1: single case* of a colonised or infected patient requiring additional transmission-based precautions, not linked to any other case.

D.2: Outbreak: An outbreak is defined as: (1) occurrence of more cases* of disease than expected in a given area among a specific group of people over a particular period of time; or (2) two or more linked cases* of the same illness.

TABLE C: RISK CLASSIFICATION INTERPRETATION

Precautions in place	Total Risk Score	Risk classification	Cleaning Frequency	Cleaning method	Required level of Cleanliness
D.1 Single case	7-8 plus D.1	High Risk	remains unchanged (see table B)	Transmission-based precautions used in LOCALISED area (e.g. side-room)	Same as Table B, however cleaning method is intensified to detergent + disinfectant for area where the isolated patient has contact.
	4-6 plus D.1	Moderate Risk	remains unchanged (see table B)		Same as Table B, however cleaning method is intensified to detergent + disinfectant for area where the isolated patient has contact.
	2-3 plus D.1	Low Risk	remains unchanged (see table B)		Same as Table B, however cleaning method is intensified to detergent + disinfectant for area where the isolated patient has contact.
D.2 Outbreak	2-8 plus D.2	Very High Risk	VERY HIGH	Transmission-based precautions used in WHOLE functional area	Cleaning outcomes must be achieved through the very highest level of frequency AND method of cleaning UNTIL the outbreak is contained and the status downgraded to 'normal'. Once the status has been downgraded, the functional area reverts to it's original risk classification (ie, table B)