

# Point of Care Risk Assessment (PCRA)

The point of care risk assessment (PCRA) is a routine practice which should be conducted before every patient/client/resident (hereafter 'patient') interaction by a trained health care worker (HCW) to assess the likelihood of exposing themselves and/or others to infectious agents. This assessment informs the selection of appropriate actions and Personal Protective Equipment (PPE) to minimize the risk of exposure. This is a general tool. The questions and actions may need to be adapted for specific health care settings and roles.

## 1 Before each patient interaction, an HCW must assess the following:



### THE PATIENT

- ☐ What are the patient's symptoms (e.g., frequent coughing or sneezing)?
- ☐ Does the patient require additional precautions (contact/droplet/airborne) for other diseases?
- ☐ What is the patient's health status (e.g., immunocompromised)?
- ☐ Is the patient able to practice respiratory etiquette and perform hand hygiene?



### THE TASK

- ☐ What type of task am I carrying out (e.g., providing direct face-to-face care, performing an aerosol generating medical procedure), coming into contact with body fluids, personal care, non-clinical interaction)?
- ☐ Am I trained, equipped and ready for the task?



### THE ENVIRONMENT

- ☐ Where am I doing my task?
- ☐ Is there triage or screening?
- ☐ Is the client in a separate room? Is the bathroom shared?
- ☐ Can physical distancing be maintained?
- ☐ Is there adequate environmental cleaning and disinfection?

## 2 Choose appropriate actions and PPE including the following:

- ☐ Hand hygiene (e.g., before and after a task, before and after PPE use, before and after contact with patient).
- ☐ Respiratory etiquette (e.g., support patient to cover their coughs with a tissue or their elbow).
- ☐ Patient separation (e.g., prioritize the patient for a single room).
- ☐ Physical distancing (e.g., encourage patient to maintain a 2 metre physical distance if direct care is not involved).
- ☐ Environmental and equipment cleaning and disinfection (e.g., clean re-usable equipment between each use).
- ☐ Implement Additional Precautions if required (e.g., Droplet and Contact precautions).
- ☐ Select appropriate pieces of PPE, as below and per the Provincial Mask Use in Health Care Settings Policy.

### Selecting PPE

\*Wear a medical mask as per the provincial mask use in health-care settings direction. If additional precautions (ie droplet, contact, airborne) are in place, put on all required PPE.



Access to additional PPE, such as respirators, will be provided in circumstances where a HCW determines there is an elevated risk of transmission through patient interaction. Follow additional measures outlined in local/provincial Public Health guidelines for performing AMGPs to minimize risk.



## \*Considerations for when to wear a respirator (N95) instead of a medical mask

A respirator is **REQUIRED** in the following situations

Risk of airborne transmission from an airborne infectious agent (i.e., pulmonary tuberculosis, measles, new novel virus)

Risk of airborne transmission from a procedure (i.e., aerosol generating medical procedures)

\*\*Based on organizational guidance as determined by an organizational risk assessment (i.e., in areas with poor or unknown ventilation)

A respirator will be **PROVIDED** in the following situations

There is an elevated risk of AGMP/airborne transmission, as determined by the PCRA

The list below includes examples of factors when caring for patients that may elevate the risk of aerosol transmission individually or in combination with each other.

### Example Scenarios:

- In a room or unit with multiple patients who are suspected or confirmed to have COVID-19 (i.e., cohort unit or COVID-19 test collection and assessment centres)
- In a room or unit where frequent or unexpected AGMPs may occur.
- Airborne infections (measles, TB, chicken pox, new novel virus)

When worn, HCWs must only wear the respirator that they have currently fit-tested for and perform a seal check prior to use. Other equivalent respirators, such as elastomeric half-face respirators (EHFRs) and powered air purifying respirators (PARPs), may also be used if staff have been provided training on their appropriate use and organizational procedures related to their use are followed. Staff must be retested for N95 every two years or sooner if their face shape changes.

Reviewing and maintaining ventilation systems to improve indoor air quality and ventilation are important to decrease risk of aerosol transmission. See Public Health Ontario (PHO) for more information.