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

**The PCRA is a component of routine practice which should be conducted before every patient interaction by a healthcare worker (HCW) to assess the likelihood of exposing themselves and/or others to infectious agents**.

This assessment informs the selection of appropriate actions and additional Personal Protective Equipment (PPE) to minimize the risk of exposure in addition to any Infection Prevention and Control recommendations already in place. This is a general tool, and risk assessments may vary from person to person.

1. **Before each patient interaction, a healthcare worker must assess the following:**

**THE PATIENT**

* What are the patient’s symptoms? (e.g. frequent coughing or sneezing, unexplained fever)
* Are there additional precautions for infectious agents in place? (Droplet/Contact, Contact, Airborne)
* Is the patient compliant with masking for source control, respiratory etiquette, hand hygiene, personal hygiene?
* Is the patient cognizant, cooperative, continent and with body fluids contained?
* Has the patient been recently screened for infectious signs and symptoms?
* Is the patient vaccinated?

**THE TASK**

* What type of task am I about to carry out (eg, providing direct face to face care, performing an aerosol generating medical procedure (AGMP), potential for contacting body fluids, personal care, or a non clinical interaction) ?
* Will the task require prolonged, close contact (less than 2 meters for greater than 15 minutes)?
* Is additional equipment required to carry out the task (eg dressings, commode, emesis basin)?
* Am I trained and prepared for the task?

**THE ENVIRONMENT**

* Are there potential hazards that may impact my task (e.g. ongoing AGMP, physical clutter)?
* Is there a risk to/from other individuals (e.g., shared rooms, mobile patients with infectious symptoms)?
* Is there enough space for physical distancing to be maintained?
* Can my planned work area be properly cleaned and disinfected?
1. **Choose the appropriate actions and PPE including the following:**
* **Hand hygiene** (e.g., before donning and after removing PPE items, before and after patient contact without PPE)
* **Respiratory etiquette** (e.g., offer the patient a medical mask, support the patient to use tissues/their elbow to cover coughs)
* **Personal space** (e.g., encourage the patient to respect other's personal space)
* **Implement additional precautions if required** (e.g., droplet and contact precautions for COVID-19)
* **Environmental and equipment cleaning and disinfection** (e.g., clean & disinfect environmental surfaces and reusable equipment between each use)
* **Patient placement** (e.g., prioritize patients with risks for infectious agents to single rooms where possible)
* **Select PPE items based on required additional precautions and your own point of care risk assessment**
1. **Incorporating PCRA and PPE choices in the care of patients with COVID-19:**

**HCW PPE Requirements For Care Of All Patients**

Use of medical masks in healthcare settings as outlined in the Public Health guidance and GRH guidance on Mask Use during the COVID-19 Pandemic

**Additional HCW PPE Requirements for Care of Patients with Suspected or Confirmed COVID-19 with the Omicron Variant (**[**see PCRA algorithm**](https://www.grhallthingscovid.com/wp-content/uploads/2021/12/GRH-Point-of-Care-Risk-Assessment-Dec-16-2021-2.docx)**)**

* As a minimum, droplet and contact precautions with an N95 is recommended for COVID suspect and confirmed patients when providing care
* If a HCW determines that patient interactions present an elevated risk of COVID-19/Omicron variant transmission on their individual PCRA, additional PPE (e.g., N95 respirators) are recommended and accessible (eg large numbers of suspect COVID-19 patients are present in the Emergency Department, patients with decreased LOC with inability of healthcare workers to obtain a history )
* For all AGMPs, wear an N95 respirator (instead of a fluid resistant mask), eye protection, gown, gloves.
* For AGMPs on COVID-19 suspect or confirmed place patient in an AIIR (airborne infection isolation room/negative pressure room) if available or private room with the door closed - with HEPA filter if available- for the procedure. There is no requirement for a fallow time (wait time) after the procedure and/or after the patient has left the room.

See below tables that provide PPE guidance based on risk.

