

1. POINT OF CARE RISK ASSESSMENT (PCRA)

Prior to every interaction with the patient, resident or client (P/R/C); all healthcare staff are responsible to assess the task/care to be performed, the clinical presentation of the P/R/C, physical state of the environment and the healthcare setting, to determine the infectious risk to themselves, those receiving care, Designated Caregivers, visitors, and staff. A Point of Care Risk Assessment (PCRA) is a tool for staff to use before each interaction to determine appropriate action and control measures needed to minimize the risk to staff, the P/R/C and others in the healthcare (external) environment.

A Point of Care Risk Assessment (PCRA) should be used by both clinical and non-clinical staff

1.1. How to Perform a Point of Care Risk Assessment

To perform a PCRA, consider infection transmission risk for the specific:

- Interaction/task
- Environment
- P/R/C, and
- Health care worker

When each staff member performs a <u>PCRA</u>, they must determine the risk of exposure and potential for the spread of microorganisms (germs) during interactions with those receiving care. Examples of factors to consider include:

- ? What kind of contact will I have with the P/R/C (prolonged or frequent direct care)?
- **?** What is the health status of the P/R/C? Are they showing signs and symptoms of infection (i.e., coughing, sneezing, respiratory secretions)? Are they immunocompromised?
- ? Is the P/R/C cooperative? Do they understand what is happening?
- ? Will there be a risk of splashes or sprays of blood or body fluids during the task(s) or procedure(s)? Is there a risk of exposure to secretions and excretions, non-intact skin, or mucous membranes?
- ? If the P/R/C has diarrhea, is he/she continent? If incontinent, can stool be contained in a diaper or incontinent product?
- ? Is the P/R/C able and willing to perform hand hygiene and/or wear a medical mask (procedure or surgical mask) if required?
- ? Will an aerosol generating medical procedure (AGMP) be involved?
- ? Is the P/R/C in a shared room/treatment space?



1.2. Using Control Measures After Performing a PCRA

After assessing the status of the P/R/C, the task/procedure, and the care environment, use control measures to lower the chance of spreading potentially harmful microorganisms. Control measures may include:

- Hand hygiene (using alcohol-based hand rub at point of care)
- Placement and accommodation of the P/R/C:
 - Place those with suspected or confirmed airborne infection (e.g., measles or tuberculosis) into an airborne infection isolation room (AIIR) with the door closed
 - Implement strategies to reduce aerosol production in AGMP's (see: <u>AGMP section 4.5</u>)
 - Give priority to those with uncontained wound drainage or uncontained diarrhea into a single room
 - If sharing a room, spatial separation (2m) between beds is ideal and shared equipment must be cleaned between uses.
- Treating an active infection
- Selecting roommates for shared rooms or for transport in shared ambulances (and other types of transportation e.g., air ambulances, taxis), consider the infection risk posed from a P/R/C or posed to the P/R/C
- Consider the immune status of P/R/C who may potentially be exposed to certain infections (e.g., measles, mumps, rubella, varicella)
- Flow (movement) of the P/R/C
 - Restrict movement of symptomatic P/R/C within the specific care area/facility or outside the facility as appropriate for the suspected or confirmed infection/colonization.
- Work assignment: consider the immune status of staff who will potentially be exposed to certain infections (e.g., measles, mumps, rubella, varicella)
- Personal protective equipment (PPE) selection:
 - Use personal protective equipment appropriate to the suspected or confirmed infection/colonization.
- Aseptic technique for invasive procedures such as injections, IV insertions, etc.
 Cleaning and disinfecting non-critical care equipment and the environment.
- Handling of linen and waste
- Restricting visitor access where appropriate
- Assess need for implementing, maintaining or discontinuing Additional Precautions.

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