

COVID-19 Point of Care Risk Assessment Tool

Prior to each patient/client/resident interaction, health-care workers must complete a Point of Care Risk Assessment (PCRA) to assess the risks posed by a patient/client/resident, situation or procedure to themselves, other care providers, other patients/residents/clients, essential care partners/designated family caregivers, and visitors.

Conducting a PCRA involves asking a series questions before every client interaction to determine the risk of being exposed to a potential hazard, such as COVID-19.

Health-care workers may, following completion of the PCRA, choose to wear a procedure mask or an N95 respirator.

1. Is the hazard present in the situation?

- Close contact (within two meters) with a patient/resident/client with symptoms of COVID-19?
- Close contact with surfaces or items contaminated with body fluids?
- Likelihood of splashes or sprays of blood or body fluids?

2. Is this an undifferentiated patient/resident/client? Is this an acute unknown situation?

- With widespread community transmission, if you do not know the clinical details of the patient OR if your knowledge of the patient's infectious status is not current and you do not have time to gather this information before close contact, a fit-tested N95 should be your default choice of respiratory protection.

3. What is the health status of the person receiving care?

Examples of situations in which there might be a greater risk of exposure to patient/resident/client droplets include:

- Providing assistance with care needs and hand hygiene
- Patient/resident/client with copious respiratory secretions
- Patient/resident/client with frequent coughing or sneezing
- Patient/resident/client with poor compliance to respiratory hygiene, hand hygiene and physical distancing
- Patient/resident/client who are immunocompromised (potential prolonged viral shedding)

4. Does my task require direct or indirect contact?

- Direct care tasks requiring close contact involve a greater risk of exposure (e.g., wound care, feeding, assisting with bathing, dressing, transporting clients)?

- Indirect care tasks that do not require close contact (e.g., housekeeping, delivering or removing trays or equipment from an empty room) present a lower risk of exposure.

Note: Always try to maintain a physical distance of six feet/two meters for tasks that do not require close contact.

5. Where am I doing my task?

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

- Prolonged and frequent unprotected contact to an infected patient/resident/client
- Inadequate patient/client/resident placement or cohorting
- Shared rooms or washrooms
- Shared patient/client/resident care equipment without cleaning between episodes of patient/client/resident care
- Inadequate spatial separation (at least six feet/two meters) between the person receiving care and caregiver
- Inadequate ventilation
- Infrequent housekeeping
- Non-compliance with cleaning and disinfection standards of environment and/or equipment

6. What action do I need to take?

Choose appropriate actions, control measures and/or PPE needed to minimize the risk of clients, care providers and other staff being exposed to COVID-19.

Appropriate actions can include:

- Hand hygiene
- Respiratory hygiene
- Source control and physical distancing
- Environmental and equipment cleaning
- Accommodation selection
- Client ambulation or transfer
- Use of PPE and additional precautions as required

Resources

<https://sharedhealthmb.ca/files/IPC-acute-care-manual-winnipeg.pdf>

<https://sharedhealthmb.ca/files/COVID-19-highlights-winnipeg.pdf>

<https://sharedhealthmb.ca/files/IPC-acute-care-manual-provincial.pdf>

<https://sharedhealthmb.ca/files/COVID-19-highlights-provincial.pdf>

<https://sharedhealthmb.ca/files/covid-19-highlights-ltc.pdf>

<https://sharedhealthmb.ca/files/covid-19-physical-distancing-and-restoring-services.pdf>

<https://sharedhealthmb.ca/files/covid-19-provincial-ppe-framework-guidance.pdf>