

## COVID-19 Point of Care Risk Assessment (PCRA) – Nursing Staff

### A Point-of-Care risk assessment (PCRA) must be performed before every patient interaction

Based on their professional and clinical judgment, if a health care worker determines that health and safety measures may be required in the delivery of patient care, then the worker shall have access to the appropriate health and safety control measures and Personal Protective Equipment (PPE), including a Fit Tested N-95 Respirator. The employer will not unreasonably deny access to the appropriate PPE. Due to Global supply chain demands, all staff are reminded to use PPE in a responsible manner.

### Principles of PCRA

- **Is the hazard present?** Is there a potentially infected patient in the room? Are the surfaces contaminated?
- **What is the health status of the patient?** Is the patient exhibiting respiratory symptoms?
- **What type of task am I doing?** Direct (patient care) or Indirect (eg. housekeeping, delivering trays)
- **Where am I doing my task?** Increased risk if poor ventilation, inadequate social distancing, crowded rooms, and shared equipment etc.
- **What Action do I need to take?** Follow policies and procedures and Chief Medical Officer of Health Directive #5 or the most current directive.

Point Of Care Risk Factors	Risk description for COVID-19	Decision
Patient	Is the patient unable to follow instructions? (e.g., infants/young children, patients not capable of self-care/hand hygiene, cognitively impaired, have poor-compliance with respiratory hygiene)	Use Professional and Clinical Judgement to determine if a Fit Tested N-95 Respirator should be used instead of a surgical mask
	Is patient displaying or verbalizing symptoms of increasing risk? (e.g., excretions/ secretions cannot be contained - respiratory secretions, frequent cough/sneeze)	
Activity	Will you be performing an activity that may induce significant respiratory secretions that cannot be contained? (e.g., cough inducing procedure)	Use Professional and Clinical Judgement to determine if a Fit Tested N-95 Respirator should be used instead of a surgical mask
	Will AGMPs be performed, frequent or probable? Is the patient's condition changing? (e.g. manual or high frequency oscillatory or non-invasive ventilation, open endotracheal or airway suctioning, CPR, bronchoscopy, sputum induction, tracheostomy care, nebulized therapy/aerosolized medication administration, high flow heated oxygen therapy devices and autopsy)	MUST replace surgical procedure mask with a Fit Tested N-95* Respirator

Point Of Care Risk Factors	Risk description for COVID-19	Decision
Environment	Will care be provided outside of a regular patient room and patient is not able to wear a surgical/procedure mask?( e.g., hallway, public areas, outpatient unit, non-traditional/ leased environment)	Use Professional and Clinical Judgement to determine if a Fit Tested N-95 Respirator should be used instead of a surgical mask

**Aerosol Generating Medical Procedures (AGMPs) include but are not limited to:**

- Intubation and related procedures (e.g. manual ventilation, open endotracheal suctioning), cardio pulmonary resuscitation
- Bronchoscopy
- Sputum induction
- Non-invasive ventilation (i.e. BiPAP)
- Open respiratory/airway suctioning
- High frequency oscillatory ventilation\
- Tracheostomy care
- Nebulized therapy/aerosolized medication administration
- High flow heated oxygen therapy devices (e.g. ARVO, optiflow)
- Autopsy

The PCRA should include the frequency and probability of routine or emergent AGMPs being required. Fit Tested N-95 Respirators, or approved equivalent or better protection must be used by all health care workers in the room where AGMPs are being performed, are frequent or probable, or with any intubated patients.