



Point-of-Care Risk Assessments (PCRA) during the COVID-19 Pandemic

Tip Sheet

What is a Point-of-Care Risk Assessment (PCRA)?

A Point-of-Care Risk Assessment is a regulated health-care professional assessment of infection transmission risk during all patient/resident/client interactions. The PCRA will determine the level of infection precaution measures (e.g. Personal Protective Equipment – PPE) to protect themselves, other health-care workers, and patients/residents/clients while in outbreak and non-outbreak conditions at any health-care facility.

All regulated health-care professionals (e.g. RNs, RPNs, NPs, Respiratory Therapists, Social Workers, etc.) must perform a PCRA before all patient/resident/client interactions. Each regulated health-care professional is accountable for their own practice and must do so within the scope of their individual knowledge, skill, and judgement.

Why should you perform a PCRA?

Performing a PCRA will protect yourself, your patients/residents/clients and all persons that may encounter them. Regardless of the practice setting or sector, a PCRA should be completed.

College of Nurses of Ontario's (CNO) Standards and PCRA

The following three principles in the CNO's *Code of Conduct*¹ mandates nurses to take measures and perform assessments that will prevent harm to patients/residents/clients and safeguard the nurse's own health. Each Code Indicator under the Principle is further supported by the CNO Professional Standards statement as shown on the *Mapping Code of Conduct to CNO Standards and Guideline*² document:

Principle 3: *Nurses maintain patient's trust by providing safe and competent care.*
Code Indicator 3.9: "Nurses are accountable to, and practice under, relevant laws and CNO's standards of practice."

Supporting statements from the *Professional Standards, Revised 2002*:

¹ https://www.cno.org/globalassets/docs/prac/49040_code-of-conduct.pdf

² <https://www.cno.org/globalassets/docs/prac/code-of-conduct-document-mapping.pdf>

“Each nurse is accountable to the public and responsible for ensuring that their practice and conduct meets legislative requirements and the standards of the profession.”

“[E]nsuring practice is consistent with CNO’s standards of practice and guidelines as well as legislation.”

“[U]nderstanding the legislation and standards relevant to nursing and the practice area.”

Nurses must practice in adherence to the standards of the profession, legislative acts and regulations, and orders/directives/instructions from authoritative bodies, such as the Office of the Chief Medical Officer of Ontario.

Principle 5: *Nurses act with integrity to maintain patients’ trust.*

Code Indicator 5.3: “Nurses take prompt action to prevent and protect patients from harm.”

Supporting statements from the Professional Standards, Revised 2002:

“[T]he goal of professional practice is to obtain the best possible outcome for clients, with no unnecessary exposure to risk of harm.”

Nurses take steps, such as performing a PCRA, to eliminate the unnecessary, harmful exposure of clients/residents/self to COVID-19.

Principle 6: *Nurses maintain public confidence in the nursing profession.*

Code Indicator 6.7: “Nurses are responsible for maintaining their health. They seek help if their health affects their ability to practice safely.”

Nurses are proactive in maintaining their own health by performing assessments that will protect/prevent them from becoming infected with COVID-19. Also, the PCRA ensures that nurses wear the appropriate PPE that will further protect their health and that of their patients/residents.

For other regulated professions, you may have similar standards. Check with your college.

Health & Safety and PCRA

Working safely while providing care is imperative to reduce the risk of exposure to yourself. ONA’s position on this is to apply the precautionary principle.

The World Health Organization, Centers for Disease Control and Prevention, and the Public Health Agency of Canada all recognize that aerosol transmission of COVID-19 occurs. Asymptomatic and pre-symptomatic transmissions of COVID-19 are significant.

If you are caring for a suspect, probable or confirmed COVID-19 patient, a fit-tested NIOSH or Health Canada-approved filtering facepiece respirator is required. Surgical or procedure masks are not adequate because they do not provide respiratory protection.

If there is community spread of COVID-19 in your area due to asymptomatic transmission, a filtering facepiece respirator is recommended because with asymptomatic and pre-symptomatic transmission, it is not possible to know whether someone has COVID-19.

Your filtering facepiece respirator should come from a box with a make, model, and expiry date on it so you are using up-to-date supply. You need to confirm that you have been fit-tested on the model that the employer provides for you and that you have been trained properly in the donning and doffing of a respirator and other PPE. A seal check must be performed each time you don an N95 respirator to ensure a proper fit. Prior to use and after use, you must perform hand hygiene.

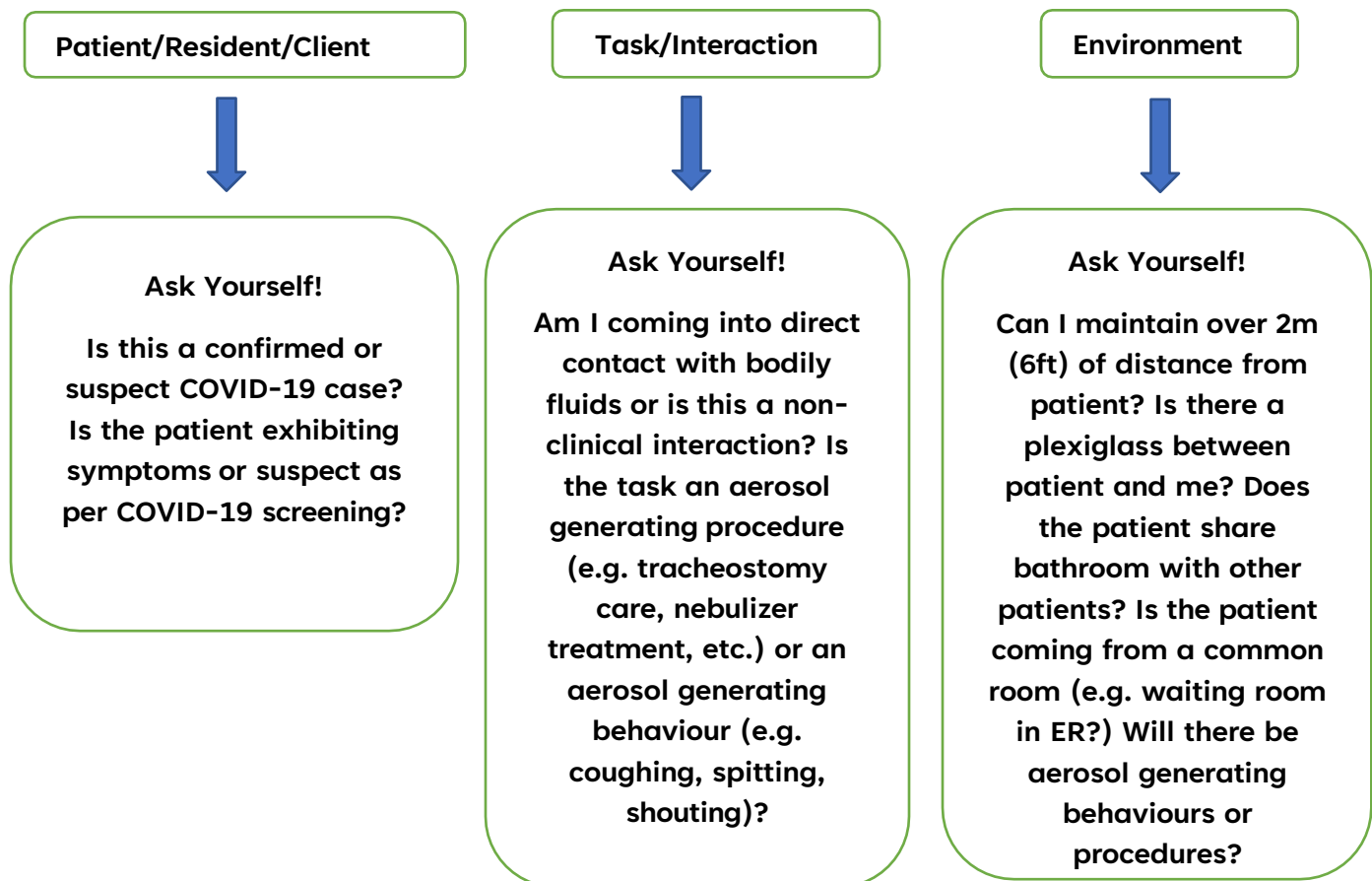
Inform your supervisor if you are unsure about how to don or doff your PPE or perform a seal check. If you are denied access to a respirator, please advise your Bargaining Unit.

Please note: A PCRA does not change, alter, or otherwise relieve the employer of their obligation to provide a healthy and safe working environment for all workers.

If you still have further questions, please contact you Bargaining Unit President. To find them, go to <https://www.ona.org/find-my-bargaining-unit-president/>.

Point-of-Care Risk Assessment (PCRA) - ASK YOURSELF

Assess all three factors with every patient/resident/client interaction.





**Gloves, protective eye wear, gown,
fit-tested N95 respirator, equivalent or better.**

Aerosol generating behaviours or procedures: tracheostomy care, nebulizer treatment, shouting, coughing, singing, etc.

Personal Protective Equipment:

Gloves: All interactions where hands might be exposed to bodily fluids or direct contact with patient.

Eye protection/medical mask: All interactions where close contact with a patient/resident/client might occur, regardless of 2m/6ft distancing.

Gown: All interactions where you might be exposed to bodily fluids or direct physical contact with patient/resident/client.

N95 respirator, equivalent or better: All confirmed COVID-19 cases and while performing any aerosol generating procedure. Also, if suspected/unclear patient status or symptoms (e.g., unable to assess if patient had coughed before entering room and unable to assess for symptoms).

References and Resources

Code of Conduct, 2019. College of Nurses of Ontario (2019).

<https://www.cno.org/en/protect-public/code-of-conduct-for-nurses/>

Professional Standards, Revised 2002. College of Nurses of Ontario (2018)

https://www.cno.org/globalassets/docs/prac/41006_profstds.pdf

Mapping Code of Conduct to CNO Practice Standards and Guidelines. College of Nurses of Ontario (2021)

<https://www.cno.org/globalassets/docs/prac/code-of-conduct-document-mapping.pdf>

Centers for Disease Control and Prevention (CDC)

<https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/sars-cov-2-transmission.html>

Health Canada

<https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/medical-devices/personal-protective-equipment/medical-masks-respirators/niosh-n95-designation.html>

Public Health Ontario

<https://www.publichealthontario.ca/-/media/documents/R/2012/rpap-risk-assessment.pdf?la=en>

Public Health Agency of Canada

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/main-modes-transmission.html>

World Health Organization

<https://www.who.int/news-room/commentaries/detail/transmission-of-sars-cov-2-implications-for-infection-prevention-precautions>