



Covid-19 Pandemic Guidance

Point of Care Risk Assessment Resource for Occupational Therapists

COVID-19 is most commonly transmitted by droplet exposure. Droplet exposure may occur when droplets that contain microorganisms are propelled a short distance (i.e. within 2 metres) through the air and are deposited on the mucus membranes of a host. Droplets may also contaminate the immediate environment when they settle on surfaces and may contribute to contact transmission.¹

Prior to each client interaction, occupational therapists must complete a Point of Care Risk Assessment (PCRA) to assess the risks posed by the client, situation or procedure to themselves, other care providers, other clients and visitors. Occupational therapists should refer to employer PCRA resources if applicable. A PCRA is based on the occupational therapist's judgement about the specific clinical situation (including the client's condition, physical, emotional and mental health) and effective infection prevention and control practices, as well as up-to-date, accurate information on COVID-19. Control measures must then be implemented based on the evaluation of the risk factors identified.

Conducting a PCRA involves asking questions before *every* interaction with the client to determine the risk of exposure to a potential hazard, such as COVID-19. Examples of such questions include²:

1. Is the hazard present in this situation?

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

- Close contact (within 2 meters) with the client who has suspected or confirmed COVID-19
- Close contact with surfaces/items that are contaminated with body fluids/droplets
- Likelihood of splashes or sprays of body fluids during the task(s)

2. What is the health status of the client?

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

- Client requires assistance with self-care and/or has difficulty managing hand hygiene
- Client has copious respiratory secretions, is frequently coughing and/or sneezing and has difficulty managing respiratory hygiene
- Client has difficulty maintaining or understanding physical distancing
- Client is immunocompromised or identified as high risk for increased negative outcomes associated with COVID-19 (i.e. people with heart disease, hypertension, lung disease, diabetes, cancer, weakened immune systems and older adults)³

3. What type of task(s) am I doing in this specific interaction?

Maintain a safe distance of 2 meters for tasks that do not require close contact. When close contact is required, the time spent performing the activity should be minimized when possible.

¹ Public Health Agency of Canada. (2012). Infections Disease Prevention and Control: Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings. http://publications.gc.ca/collections/collection_2013/aspc-phac/HP40-83-2013-eng.pdf

² Adapted from BC Centre for Disease Control. (2020, May). *Infection Prevention and Control for Novel Coronavirus (COVID-19): Interim Guidance for Long-Term Care and Seniors Assisted Living*. http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf

³ Government of Canada. (2020). People who are at high risk for severe illness from COVID-19. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/people-high-risk-for-severe-illness-covid-19.html>

- Direct care task(s) requiring close contact involving greater risk of exposure (e.g., wound care, feeding, assistance with bathing, dressing, transfers, etc.)
- Indirect care tasks that do not require close contact, but involve surfaces/items that may contribute to contact transmission (e.g., housekeeping, delivering or removing equipment, etc.)

4. Where am I doing my task?

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

- In an environment with prolonged and frequent contact with a known infection source
- In a shared room or washroom
- In an environment with inadequate/unknown infection prevention and control practices
- In an environment where there is shared equipment with inadequate/unknown cleaning and disinfection practices between client use
- In an environment where physical distancing of 2 metres is not possible/realistic
- In an environment where there is concern about inadequate ventilation
- In an environment where there is concern about inadequate client placement or grouping

5. What action(s) do I need to take?

To mitigate the identified risks for this situation, the following actions should be taken, as recommended by the BC CDC, in the order of most to least protective (select all that apply):

- Enact public health measures (e.g., Orders from the Provincial Health Officer, self-isolation, etc.)
- Use alternative assessment/treatment options (e.g., telehealth, postpone appointment, etc.)
- Implement environmental controls (e.g., being outdoors, visual cues on floor, partitions, etc.)
- Ensure physical distancing practices (e.g., stay 2m apart, stagger appointment times, etc.)
- Enhance environment/equipment cleaning and disinfection practices (e.g., therapeutic equipment, toys, mobile documentation devices, sharps safety, handling of waste/linen, etc.)
- Implement administrative measures (e.g., development/revision of policies, procedures, COVID-19 screening protocols, collection of information for contact tracing, etc.)
- Provide additional education and signage for clients, families and visitors
- Reinforce hand hygiene practices (e.g., washing hands frequently, availability of hand sanitizer)
- Reinforce respiratory hygiene practices (e.g., coughing into the elbow, refrain from touching eyes, nose or mouth with unwashed hands, refrain from sharing any food, drinks utensils, etc.)
- Ensure appropriate use of PPE (for occupational therapist, client, caregivers and/or other staff)

Occupational therapists must select and implement appropriate actions to minimize the risk of COVID-19 exposure to themselves, their clients, care providers and other staff. Recommendations for specific infection prevention and control measures are available on the BC Centre for Disease Control's website and may vary depending on your specific practice contexts and environments.

<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care>

Be Calm, Be Kind, Be Safe.

Acknowledgement

Adapted from the BC Centre for Disease Control's Infection Prevention and Control for Novel Coronavirus (COVID-19): Interim Guidance for Long-Term Care and Seniors Assisted Living document dated May 19, 2020, Appendix C – Point of Care Risk Assessment Tool for COVID-19. http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf