The PCRA is a routine practice that should be conducted by a health-care worker (HCW) before every patient/client/resident (hereafter ‘patient’) interaction to assess the likelihood of exposing themselves and/or others to infectious agents. This assessment informs the selection of appropriate actions and personal protective equipment (PPE) to minimize the risk of exposure. This is a general tool. The questions and actions may need to be adapted for specific health-care settings and roles.

1. Before each patient interaction, a health-care worker must assess the following:

   **The patient**
   - What are the patient’s symptoms (e.g., frequent coughing or sneezing)?
   - Does the patient require additional precautions (droplet, contact, airborne) for infectious agents?
   - What is the patient’s health status (e.g., immunocompromised)?
   - Is the patient able to practice respiratory etiquette and perform hand hygiene?

   **The task**
   - What type of task am I carrying out (e.g., providing direct face-to-face care, performing an aerosol generating medical procedure (AGMP), coming into contact with body fluids, personal care, non-clinical interaction)?
   - Am I trained, equipped and ready for the task?

   **The environment**
   - Where am I doing my task?
   - Is there triage or screening?
   - Is the patient in a separate room? Is the bathroom shared?
   - Is there cleaning and disinfection?

2. Choose appropriate actions and PPE including the following:

   - **Hand hygiene** (e.g., before and after a task, before and after PPE use, before and after contact with patient)
   - **Respiratory etiquette** (e.g., support the patient to cover their coughs with a tissue or their elbow)
   - **Patient room assignment** (e.g., prioritize the patient with risks for infectious agents for a single occupancy room where possible)
   - **Environmental and equipment cleaning and disinfection** (e.g., clean and disinfect re-usable equipment between each use)
   - **Implement additional precautions if required** (e.g., droplet and contact precautions for COVID-19)
   - **Select appropriate pieces of PPE**, as outlined below

**Selecting PPE**

Wear a medical mask as per the provincial mask use in health-care settings policy. If additional precautions (e.g., droplet, contact, airborne) are in place, put on all required PPE.

- Could my hands be exposed to blood or body fluids?
  - Yes: Wear gloves

- Could my eyes or face be splashed/sprayed with blood or body fluids?
  - Yes: Wear medical mask and eye protection

- Could my clothing or skin come into contact with blood or body fluids, including splashes/sprays?
  - Yes: Wear gown

- Is there an airborne or increased aerosol transmission risk?
  - Yes: Wear respiratory protection (see page 2)*

Access to additional PPE, such as respirators, will be provided in circumstances where a HCW determines there is an elevated risk of COVID-19 transmission through patient interaction. Follow additional measures outlined in local health authority guidelines for performing AMGPs to minimize risk.
Considerations for when to wear a respirator (e.g., N95) instead of a medical mask

A respirator is **REQUIRED** in the following situations:

- Risk of airborne transmission from an airborne infectious agent (e.g., pulmonary tuberculosis)
- Risk of airborne transmission from a procedure (e.g., aerosol generating medical procedures on a patient with suspected or confirmed COVID-19)
- Based on organizational guidance as determined by an organizational risk assessment** (e.g., in areas with poor or unknown ventilation)

A respirator will be provided in the following situations:

- There is an elevated risk of COVID-19 transmission, as determined by the PCRA

The list below includes examples of factors when caring for patients with suspected or confirmed COVID-19 that may elevate the risk of COVID-19 aerosol transmission individually or in combination with each other.

*Local organizational guidance (e.g., health authority) may have additional examples according to local epidemiology and other considerations. Consult infection prevention and control (IPC) and/or workplace health & safety teams as needed.*

**Example scenarios:**

- In a room or unit with multiple patients who are suspected or confirmed to have COVID-19 (e.g., cohort unit or COVID-19 test collection and assessment centres).
- In a room or unit where frequent or unexpected AGMPs may occur.
- If there is prolonged close proximity (e.g., more than 15 minutes of face-to-face contact) to the patient.
- If the patient has excessive and sustained coughing without wearing a medical mask for source control.
- If it is anticipated that the patient will be doing an activity with heavy expiratory exertion (e.g., shouting).

When worn, HCWs must only wear the respirator that they have been currently fit-tested for and perform a seal check prior to use. Other equivalent respirators, such as elastomeric half-face respirators (EHFRs) and powered air purifying respirators (PAPRs), may also be used if staff have been provided training on their appropriate use and organizational procedures related to their use are followed.

**An organizational risk assessment (e.g., COVID-19 safety plan) is essential for evaluating the hierarchy of controls to minimize risk. An organization risk assessment must include reviewing and maintaining ventilation systems. Measures to improve indoor air quality and ventilation are important to decrease risk of aerosol transmission. See IPC ventilation resources for more information.**