



CPTBC

College of Physical Therapists
of British Columbia

Point of Care Risk Assessment

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HOW TO USE THE PoCRA GUIDE

This guide is interactive and allows you to toggle between sections.
Please read the information in Step 1 before moving on to the strategies outlined in Step 2.

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COVID-19 and Infection Control in the Physical Therapy Context



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COVID-19 and Infection Control in the Physical Therapy Context

As you return to in-person community care during the COVID-19 pandemic, at a physical therapy clinic, at a client's home or elsewhere in the community, you will need to identify the risk of transmission and how best to minimize that risk to yourself, your co-workers, and your clients.

We know many physical therapists expressed a desire for a personal protective equipment (PPE) directive. This guide will help you understand what a Point of Care Risk Assessment (PoCRA) is and how to complete one before every client encounter.

A PoCRA helps you consider specific factors related to a client care interaction that may **increase the risk** of that interaction, and you can then determine what measures can be used to **mitigate that risk**.

The PoCRA is one component of Infection Prevention and Control (IPAC), as outlined in [CPTBC's Infection Prevention and Control Guide](#).

What do we know about COVID-19 transmission?

[BC Centre for Disease Control \(BCCDC\)](#) states COVID-19 spreads from an infected person through:

- **DROPLETS:** respiratory droplets spread when a person breathes, coughs, sneezes, talks, or sings.
- **CONTACT:** if a person has used their hands to cover their mouth or nose when they cough or sneeze and then touches other surfaces/objects, a second person can be exposed by touching that surface/object then touching their mouth, nose or eyes before cleaning hands.

According to the BCCDC:

"The virus can be spread to others from a person who has COVID-19 but who hasn't yet developed symptoms or from someone who never develops symptoms. Most people become ill from being in close contact with someone who shows symptoms such as coughing and sneezing."

As evidence evolves, the BCCDC will continue to update this information.

Masking and physical distancing is proven to be one of the most effective ways to reduce the spread of illness during an outbreak. The risk of person-to-person virus transmission increases with the amount of time spent in close contact with another person. For this reason, even when providing in-person care, it's important to keep 2 metres away from a client for as much of the visit as possible.

Step 1: Using PoCRA to Assess Level of Client Risk



Step 1: Using PoCRA to Assess Level of Client Risk

According to the Public Health Agency of Canada, a PoCRA is based on the health professional's judgment (i.e. knowledge, skills, reasoning and education) about the clinical situation. A PoCRA assists you in taking the appropriate actions and making decisions that minimize risks related to exposure. The BCCDC asks health professionals to complete a PoCRA prior to any client interaction to assess the infectious risks posed to you and others.

How do I use a PoCRA to determine the level of risk?

There is no one-size-fits-all answer for what infection control measures are needed for a client. That's why health professionals should continue to use critical thinking and clinical judgment on a case-by-case basis to assess risk and act accordingly.

The decisions you make as a result of conducting a risk assessment, much like the decisions you make about how to proceed during and following a client's initial assessment, will vary according to client specific details. This means you need to be nimble enough to respond to risk variations between each of your clients.

During the COVID-19 pandemic, evaluate the likelihood of exposure to the virus and consider a variety of details specific to the client interaction that may contribute to the level of risk.

PoCRA involves considerations related to the specific environment, task, and client.

Risks exist on a continuum, with factors that can increase or decrease those risks. Factors that **may increase risk** include the following:

Environment

- Time spent less than 2 metres away from your client
- A poorly ventilated treatment area
- Shared rooms or washroom in assisted living
- Inconsistent schedule or an infrequent level of housekeeping/cleaning

Task

- Likelihood of exposure to, or contact with, surfaces or items contaminated with blood or body fluids, respiratory secretions

Client

- Increased client age
- Complexity of client health status (immunocompromised, relevant co-morbidities)
- Client's inability to reliably and consistently adhere to hand hygiene, wear a mask, and/or manage respiratory hygiene
- Presence of respiratory secretions
- Frequent coughing or sneezing

The physical therapist's own health status and personal considerations may also be part of the risk assessment.

Many of these details can vary from client to client and will influence the decisions you make as a result of a PoCRA. When you conduct a PoCRA before a client encounter, you might make a different decision than another physical therapist about whether/how to proceed, even for the same client in the same environment, if your own level of comfort and your own personal situation is different than theirs.

Once you have determined the level of risk for a client interaction, you have to implement strategies to mitigate the risks identified.

Step 2: Risk Mitigation Strategies



HAVE YOU REVIEWED THE CONTENT IN STEP 1?

If not, please *read it now* before continuing in this section.

Step 2: Risk Mitigation Strategies

While the selection of appropriate personal protective equipment (PPE) is important, it's only ONE aspect of infection control. This section outlines other more protective measures that may be overlooked when preparing to provide in-person services.

Many physical therapists contact the College's Practice Advisor for guidance about PPE and ensuring the safety of their clients. The BCCDC has developed the Hierarchy for Infection Prevention and Exposure Control Measures, and physical therapists **must follow the BCCDC guidance**. This CPTBC PoCRA document is an additional resource based on the BCCDC information.

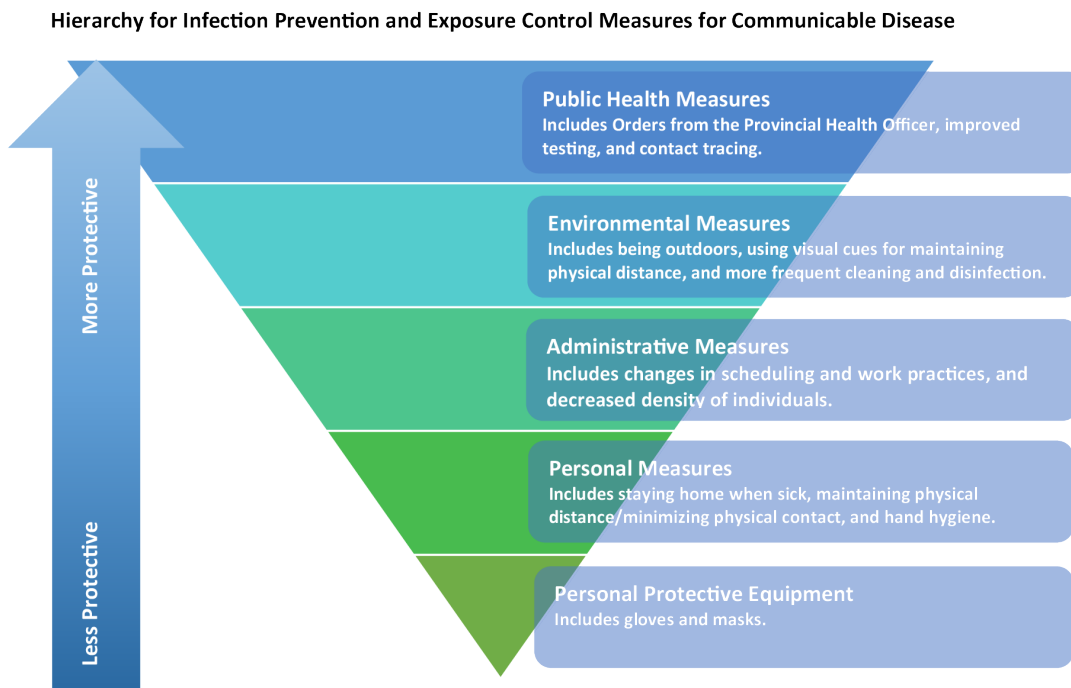


Image source: BC Centre for Disease Control (2020, May). Retrieved from http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidelinesCommunityBasedAlliedHCPsClinicSettings.pdf

How to use BCCDC Hierarchy for IPAC

Let's apply the levels in the BCCDC hierarchy to a physical therapy context to help mitigate the risks identified in a PoCRA. The levels are in order, arranged with the most protective measures for infection prevention and exposure control at the top, moving downwards towards the least protective measures. It's important to review all levels.

Don't overlook the top levels in the hierarchy – they are more protective and equally important!

Public Health Measures

These are the most protective measures to limit infection spread. They include measures such as the initial directive from the Provincial Health Officer to regulated health professionals to reduce in-person services to minimal levels and directives to self-isolate when ill.

Public Health risk mitigation strategies to consider

- Keep up to date on directives, orders, and guidance from the Provincial Health Office and the BCCDC.

The BCCDC will continue to update their content as more is learned about COVID-19. Check the [BCCDC site](#) regularly.

Environmental Measures

These are the physical changes that we make to our practice environments and how we use our practice spaces. Some practice environments such as mobile practices have unique risks, and we discuss them in [COVID-19 Frequently Asked Questions](#).

When you are preparing to treat a client, consider your environment. You can make changes to how you use the space to reduce the risk of virus transmission.

Environmental risk mitigation strategies to consider

- Maximize the amount of time spent 2 metres away from your client by maintaining physical distancing for some portion of the in-person visit, perhaps while gathering a history or while providing education or exercise review.
- Ask a family member to participate in the direct contact portion of the visit and coach them to interact with the client to allow you to maintain a 2 metres distance.
- Plan how you will use your treatment space to ensure infection control; for example, can you position yourself away from the client's face when providing hands-on assessment or treatment? If secretion clearance is a treatment goal can you step back 2 metres prior to asking them to cough?
- Treat the client in a well-ventilated area, with windows or doors open, on their deck or in their yard if privacy can be maintained, even for some portion of the visit.
- Consistently employ rigorous cleaning and disinfection practices. See the [BCCDC Environmental Cleaning and Disinfectants for Clinic Settings](#) resource or the [College Infection Prevention and Control Guide](#).

Administrative Measures

Administrative measures include changes to aspects of the client encounter such as policies and procedures, scheduling changes and even the mechanism of service delivery. The biggest administrative change we can implement is providing services virtually where possible and we continue to see this messaging from the Ministry, the BCCDC, and WorkSafe BC.

Review your practice's current policies and procedures and develop new ones to provide as much virtual care as is possible. Your policies can outline COVID-19 screening protocols for your clients, and you can revise a cancellation policy so as not to incentivize people to attend when they are unwell. Creating new policies around late arrivals can help maintain physical distancing between clients. Staff may be scheduled in dedicated teams ("cohorts") so that the same group of people always work together.

The BCCDC's [COVID-19 screening questions](#) are an important tool to use when an in-person appointment is scheduled. Importantly, screening happens again when the client arrives. The Practice Advisors have heard that clients sometimes ask if they have to answer screening questions before every visit. The answer is yes, screening is an important infection prevention and exposure control measure and it must happen every time a client attends for in-person services.

If your COVID-19 screening reveals that a client is exposed to confirmed COVID-19 cases at their workplace, the BCCDC offers [recommendations](#) for risk assessment and management of health care workers who have been exposed.

Administrative risk mitigation strategies to consider

- Where in-person care is warranted, provide aspects of care virtually whenever possible (e.g. take a history virtually or conduct some or all follow up visits virtually).
- Conduct COVID-19 screening for every client, prior to every visit.
 - For clients with cognitive impairment consider contacting a family member or caregiver to ensure accuracy of COVID-19 screening responses.
 - For paediatric clients, involve parents or guardians in COVID-19 screening to answer whether they, the infant/child, or even siblings have any new symptoms.
- Use equipment or toys that the client/family already has.
- Limit the number the people in the treatment area to those required for the provision of care.
- Before involving a physical therapist support worker, determine if the benefit to the client outweighs the risk of adding another person in direct contact with the client.

Personal Measures

Personal measures are the decisions that you personally and your client themselves can make to protect yourselves and others from the spread of infection.

Personal risk mitigation strategies to consider

- Stay home when you feel ill.
- Practice good hand hygiene, and respiratory etiquette.
- Position yourself away from the client's face in case they cough or sneeze.

Personal Protective Equipment (PPE)

The current Face Coverings (COVID-19) Order requires the use of a mask in most public indoor settings, including the offices of health professionals. A face shield is not a substitute for a mask as it has an opening below the mouth.

Exemptions from the face covering requirement are listed in section 4 of the Order.

Health professionals should use additional PPE when they determine it is appropriate to do so based on the results of each PoCRA.

Many have expressed that a directive from the BCCDC describing the “required PPE” would have been safer. B.C.’s health regulatory colleges asked the Provincial Health Office for clarification about PPE requirements. The message is clear:

- Health professionals must ensure that the use of PPE does not replace the need to follow Provincial Health Office directives (public health measures), and are expected to implement sound environmental, administrative, and personal measures.
- PPE must be considered in combination with those more protective measures, not instead of those measures.
- Over-reliance on PPE may result in health professionals having a false sense of security and therefore not paying as much attention to implementing the other more protective measures.

The use of PPE should be supported by the health professional’s PoCRA, in accordance with the current evidence. Health professionals who forego a PoCRA and instead automatically use gloves, gowns, surgical masks, and face shields for every client interaction, regardless of level of risk, may not be demonstrating responsible use of a limited resource. Keep in mind that improper use or removal of PPE can contribute to infection transmission.

We know there may be pre-symptomatic or asymptomatic physical therapists, staff, and clients in the clinic or practice environments. When you reach this stage in the hierarchy, you have **already implemented** multiple infection prevention and exposure control measures which are more protective than PPE. Now, when deciding on the appropriate PPE to use in combination with all of these measures, you must consider the results of your PoCRA that determined your and your client’s risk of COVID-19 exposure and apply the appropriate PPE strategies.

Recommended PPE strategies to mitigate risk:

- Understand which PPE (gloves, gown, procedural mask, eye protection) is required for contact, droplet, or airborne precautions. See page 14 of the [CPTBC's Infection Prevention and Control Guide](#).
- Where the use of PPE would interfere with treatment goals (for example, prevents seeing facial expression or lip reading), or where the client does not tolerate wearing PPE, consider asking a family member or caregiver to provide direct care while you provide coaching from a 2 metres distance.

Remember that interactions where PPE was required pre-COVID-19 will still require PPE based on risk of exposure to blood, body fluid, respiratory secretions. For example, physical therapists should use appropriate PPE to protect from an infant or toddler who is likely to cough, sneeze, drool, or spit up to protect themselves and the next client they see.

For more information about face masks visit the [BCCDC Masks webpage](#).

To learn more about the differences between types of face masks see this [BCCDC infographic](#).

Final Considerations



Final Considerations

As physical therapists we need to do everything we can to minimize risk to ourselves and our clients. We do not want a client who arrives at our practice without having been exposed to COVID-19 to leave our practice having inadvertently been exposed to COVID-19.

While setting up our practice in these ‘new normal’ circumstances with all of the unknowns of a pandemic is difficult, the BCCDC guidance documents give us a proactive framework to follow should we determine in-person physical therapy services are appropriate for our clients.

What if a client reports they have symptoms suggestive of COVID-19 after I treated them?

Potential exposures are challenging and this would be a stressful situation. If this happens, you will be able to reflect on your PoCRA and all of the infection prevention and exposure control measures you took proactively to minimize the spread of COVID-19 in your practice. For this reason, be sure to clearly document your PoCRA and the infection prevention measures taken so as to be able to refer to your documentation if necessary.

Public health is in contact with every individual who has a confirmed diagnosis of COVID-19 in the province. If the client turns out to have a confirmed case of COVID-19, public health staff will implement robust contact tracing. This means that you will be contacted if you are deemed a close contact and public health staff will provide you with direction. They will likely also ask for a record of all staff, clients and family members or companions who may have come into contact with the client at the time they attended the session. Your record keeping will be very important to allow public health to effectively complete their tracing.

If you think you or your clients are at risk, or if you are concerned about a possible exposure to COVID-19 and are looking for more specific direction, reach out to public health via [HealthLink BC](#) or by calling 811.

We're all in this together

Physical therapists practice in a wide variety of practice contexts around the province. It may be more challenging to apply the hierarchy for infection prevention and exposure control in some practice contexts compared to others.

Physical therapists will need to be nimble and resourceful as more is learned about the virus. Continue to connect, collaborate and innovate with colleagues and team members about best practices during COVID-19. Share and learn from each other.

Resource List



Resource List

1. BC Centre for Disease Control (n.d.). [Common questions: Find answers to some of the most common questions about COVID-19.](#)
2. BC Centre for Disease Control (n.d.). [COVID-19 Care.](#)
3. BC Centre for Disease Control (May 15, 2020). [COVID-19: Infection prevention and control guidance for community-based allied health care providers in clinic settings.](#)
4. BC Centre for Disease Control (n.d.). [Environmental cleaning and disinfectants for clinic settings.](#)
5. BC Centre for Disease Control (January 25, 2021). [Face masks: How are they different?](#)
6. BC Centre for Disease Control (June 30, 2020). [Infection Prevention and Control Requirements for COVID-19 in Long Term Care and Seniors' Assisted Living.](#)
7. BC Centre for Disease Control (March 4, 2021). [Masks.](#)
8. BC Centre for Disease Control (January 26, 2021). [Recommendations for risk assessment and management of health care worker exposures to COVID-19 patients: Interim guidance for the provincial workplace health call centre.](#)
9. [British Columbia COVID-19: Support App & Self-Assessment Tool \(n.d.\).](#)
10. College of Physical Therapists of British Columbia (May 15, 2020). [BC Restart Plan – Phase 2 Guidance.](#)
11. College of Physical Therapists of British Columbia (December 2019). [Infection Prevention and Control.](#)
12. Government of Canada (January 8, 2021). [Infection prevention and control for COVID-19: Interim guidance for acute healthcare settings.](#)
13. HealthLinkBC (March 20, 2021). [Coronavirus disease \(COVID-19\).](#)