FAQs Point of Care Risk Assessment (PCRA)

Prior to any patient interaction, audiologists and SLPs have a responsibility to assess the infectious risks posed to themselves, the patient, and any others from a patient, situation or procedure. This should be part of your routine practice, regardless of COVID-19. The PCRA helps registrants to select the appropriate mode of intervention, action, infection prevention and control and PPE to minimize the risk of exposure to known and unknown infections (Pandemic Practice Advice #2 Point of Care Risk Assessment).

1) Question: Are home visits considered acceptable in this climate?

   Answer: Yes, as long as you carry out the COVID-19 active screen and PCRA to determine the risks to the patient and to you, the healthcare provider. The PCRA will help you determine choice of PPE, physical distancing measures, equipment use, cleaning and adaptations to in-person assessments and treatment.

   Even though you are considering a home visit, determine if and what parts of your service could be carried out through virtual care.

   It is recommended that you call the patient or family before the home visit, not only to carryout the screen and PCRA, but also to discuss expectations of the visit. Expectations include other members of the household being in a different place, asking the patient to wash their hands before and after your visit, masking requirements and providing information on your infection prevention and control measures etc.

2) Question: If a patient feels safe and prefers to attend an appointment in-person is it sufficient for the audiologist (or SLP) to decide if the appointment should be in person vs virtual?

   It is a decision you will make with the patient or family member after you have carried out your PCRA. Directive 2 for Health Care Providers provides principles to help guide your decision. The second principle, Minimizing Harm to Patients, discusses the balance between benefit (audiology or SLP services) and burden (contracting COVID-19), this will vary from patient to patient according to their situation.

3) Question: If we work in a retail environment and administrative staff work with payment and in the clinic will there be a higher risk to patients? Should staff be scheduled only in the clinic on a given day to minimize cross-contamination?

An important element in the PCRA is the consideration of infection risk for you and other staff working in the same environment. Complete as many office and administrative tasks from home as possible and consider what tasks can be carried out outside regular hours.

If you work in an office with administrative staff, it is suggested that a plexiglass barrier be installed to minimise contact. The Ministry of Health advise minimising the number of staff working in a clinic at one time and to stagger work times and breaks (Pandemic Practice Advice #5 Physical Distance in Clinics and Communities).

If a health professional or staff person is carrying out different functions in the office or clinic, exposure to each other and to patients must be considered. If a six feet distance cannot be maintained between staff, and staff and patients, a mask, or face shield must be worn. Don't forget, hand hygiene is imperative.

For clinics and offices with large numbers of staff, the Ministry of Health has also suggested working in cohorts. One consistent group of staff start work at a given time or work on specific days.

4) Question: Is it possible that weighing risks and benefits may look different in rural areas compared to city centres? Could it depend on local COVID-19 cases?

Answer: Yes, when you are carrying out the PCRA you are considering the current situation in your environment and location regarding the incidence and prevalence of infectious agents. Risks of contracting the virus may be less in communities where there is little or no incidence of COVID-19. However, even though the risk may be lower, you still must follow the requirements in Directive 2 for Health Care Providers, and recommendations from Public Health Ontario.

5) Question: Having done a risk assessment, we want to change some procedures, for example, is it appropriate to obtain verbal consent and initial the consent form on behalf of a patient so they are touching fewer surfaces (pen, clipboard etc.)?

Answer: Yes, it is appropriate to obtain verbal consent and to initial the consent form. All regulated health professionals are required to obtain and document consent. The consent can be verbal or written. The *Health Care Consent Act* does not require patients to sign consent forms. If you want to use a form to guide your consent conversation, do so as long as you document the patient's or substitute decision maker's consent in the patient record.

6) Question: If someone refuses to wear a mask, can we refuse service?

Answer: When you are carrying out the PCRA prior to the appointment with the patient, explain the masking requirements. If the patient is reluctant to wear a mask, have a conversation with them letting them know that it is Public Health Ontario's recommendations to lessen COVID-19 transmission. They may wear their own masks (homemade, cloth or other).

Some health care providers are providing disposable masks for patients and visitors (Pandemic Practice Advisory #4).

Post the patient and visitor masking requirements in your office and on your website.

However, currently it is a requirement for adults and school-aged children (if tolerated) to wear a mask or face covering when receiving health care, so you can defer in-person service if they refuse.

7) Question: I work in the community. Can I visit a patient in a retirement home, and then see another patient in their own home on the same day?

Answer: Yes, you can as long as you carry out a PCRA and COVID-19 screen for each patient to determine PPE, equipment and disinfection requirements. You must safely don, doff and store or dispose your PPE between patients. Always clean your hands before and after each patient visit.

The Ministry of Health in Directive #3 placed restrictions on visits to Long-Term Care facilities. For their current recommendations on essential visitors click here.