Personal Protective Equipment (PPE)

Frequently Asked Questions

March 15, 2022

Updated Agreement with Unions on Personal Protective Equipment during COVID-19

The updated joint agreement of December 2021 sets out new minimum PPE requirements including that all clinical and non-clinical health care workers who enter a room or space, or are within two metres of a patient with suspected, presumed or confirmed COVID-19, will wear a fit-tested N95 respirator, gown, gloves, and eye protection.

In addition, all clinical and non-clinical health care workers are now expected to wear N95 respirators in settings where frequent or unexpected exposure to aerosol generated medical procedures is anticipated (for example, critical care units and emergency departments), where there is a high density of COVID-19 patients (such as COVID-19 units), or when there is evidence of unexplained transmission (such as COVID-19 outbreaks).

There may be situations where a health care worker, based upon their PCRA or their assessment of all known and foreseeable risks and hazards, may choose to wear a medical mask instead of an N95 respirator.

Questions? Email ppe@ahs.ca.

Issued by the AHS Emergency Coordination Centre (ECC).

- PPE Guidelines
- Use of Eye Protection
- PPE Supply
- PPE in Continuing Care Facilities
- PPE Use as a Member of Public
- Reprocessing of N95 Respirators
- **The numbers listed identify new questions or questions that have been updated to provide additional clarity: 2, 4, 5, 6, 7, 8, 9 ,10, 11, 13, 18, 19, 20, 22, 23 24, 25, 28, 40, 41, 42, 46, 50**

PPE Guidelines

1. **I'm a healthcare worker - where can I find the PPE guidelines?**
   AHS has developed a single, dedicated page for all information on Personal Protective Equipment (PPE) and related Infection, Prevention & Control (IPC) guidelines. Please visit www.ahs.ca/covidPPE to access all PPE and IPC guidelines.

2. **What precautions should I take when treating patients in general?**
   AHS requires all healthcare workers providing direct patient care in both AHS and community settings to wear a surgical/procedure mask continuously.

   Healthcare workers are asked to wear eye protection (e.g. goggles, face shield, or procedure mask with built-in eye shield), in AHS settings where frequent or unanticipated exposures to COVID-19 may occur, or in settings that are initial points of contacts for patients or the public and there is a greater risk of spread of the virus.

   As well as wearing a surgical/procedure mask continuously, staff should continue to use Routine

Practices for all patients at all times, which includes a point of care risk assessment. When assessing patients who present with an influenza-like illness (ILI), the ILI algorithm should be followed. (Note: COVID-19 may resemble other respiratory tract infections, grouped together as "ILI".)

Workers will have access to a fit-tested and seal-checked N95 or equivalent respirator if required based upon their own point of care risk assessment (PCRA), even in non-AGMP situations.

Eye protection should also continue to be utilized as part of Modified Respiratory Precautions, or as directed by the Point of Care Risk Assessment.

There may be situations where a health care worker, based upon their PCRA or their assessment of all known and foreseeable risks and hazards, may choose to wear a medical mask instead of an N95 respirator.

- Additional guidance about continuous masking is available on http://www.ahs.ca/covidPPE.
- Find more questions and answers about continuous use of eye protection, here.

3. **What should I do if a patient, visitor or designated support person refuses to wear a mask?**
The updated continuous masking directive now includes dedicated guidance on visitors refusing to mask, patients not requiring emergent care and who refuse to mask, and the means of engaging protective services and law enforcement, if necessary. Updates include:
    - Offering virtual care to adult outpatients requiring or awaiting routine care who are unable or refuse to mask.
    - When it may be appropriate for a non-urgent/non-emergent adult outpatient who refuses to mask to be asked to leave an AHS facility/setting.
    - Working collaboratively with designated support persons and families/visitors to find the most appropriate and safest solution for the situation, as per the AHS How to Support Mask Wearing: COVID-19 Worker Supports.
    - Means of enforcing compliance with families or visitors, including last-resort escalation at the discretion of the site leader or designate to removal from an AHS facility, and engaging the support of Protective Services (if on-site) or local police (if appropriate), as necessary.

    No patient shall be denied service in AHS because they cannot or will not wear a mask; however, in exceptional circumstances, non-urgent or routine care may be deferred or handled virtually when individuals refuse to mask and safe accommodations cannot be made to provide such care.

    Questions or concerns about this directive, as well as situations you are managing on the front line, can be escalated to ppe@ahs.ca.

4. **What PPE should I use if, when performing a point of care risk assessment, I determine the patient's history to be uncertain or unreliable? (For example, if the patient's level of consciousness or cognitive state is impaired at the time of assessment.)**
After performing a point of care risk assessment, if details about a patient's history are unavailable or are unreliable, staff are advised to use Modified Respiratory Precautions, including a procedure mask, gown, gloves and eye protection (e.g. goggles, face shield, or procedure mask with built-in eye shield). If there is suspicion or concern about COVID-19, as directed by the PCRA, workers are advised to substitute a fit-tested N95 respirator for the procedure mask. Note: personal eye glasses are not sufficient eye protection.

    There may be situations where a health care worker, based upon their PCRA or their assessment of all known and foreseeable risks and hazards, may choose to wear a medical mask instead of an N95 respirator.

    If performing an aerosol-generating medical procedures, a fit-tested and seal-checked N95 respirator should be worn in place of a surgical or procedure mask in addition to gloves, gown, and eye protection.

5. **How does SARS COV-2 spread and how does that affect our PPE guidance?**
COVID-19 is mostly transmitted through tiny particles of various sizes that are generated when an infected person coughs, sneezes, talks, laughs, or sings, and potentially via direct and indirect contamination (i.e. hands and surfaces0. If you are too close to someone with COVID-19 you can get sick by breathing in the virus. As such, the updated Joint Statement with our Unions from December 2021 sets out new minimum PPE requirements including that all clinical and non-clinical health care workers who enter a room or space, or are within two metres of a patient with suspected, presumed or confirmed COVID-19, will wear a fit-tested N95 respirator, gown, gloves, and eye protection.

There may be situations where a health care worker, based upon their PCRA or their assessment of all known and foreseeable risks and hazards, may choose to wear a medical mask instead of an N95 respirator.

In addition, all clinical and non-clinical health care workers are now expected to wear N95 respirators in settings where frequent or unexpected exposure to aerosol generated medical procedures is anticipated (for example, critical care units and emergency departments), where there is a high density of COVID-19 patients (such as COVID-19 units), or when there is evidence of unexplained transmission (such as COVID-19 outbreaks).

6. **What type of precautions should I use when treating a patient with suspected, presumed or confirmed COVID-19?**
Staff and physicians are advised to use an N95 respirator, gown, gloves and eye protection (e.g. goggles/safety glasses or a face shield when caring for a patient with suspected, presumed or confirmed COVID-19.) **Layering or double masking is not recommended in any circumstance.** Note: personal eye glasses are not sufficient eye protection. All workers will have access to a fit-tested and seal-checked N95 or equivalent respirator when required.

There may be situations where a health care worker, based upon their PCRA or their assessment of all known and foreseeable risks and hazards, may choose to wear a medical mask instead of an N95 respirator.

It is critical that staff refer to and comply with the AHS Infection Prevention and Control (IPC) standards when treating patients. These standards outline the circumstances and situations where personal protective equipment is required and appropriate to respond to COVID-19.

Review the PPE checklist for Modified Respiratory Precautions and the proper procedures for donning and doffing. These guidelines are in alignment with both the Public Health Agency of Canada and theWorld Health Organization, and with other provinces and territories in Canada.

7. **What initial steps should I take with a patient that may have COVID-19?**
Note: all healthcare workers are required to wear a surgical/procedure mask continuously when treating any patient regardless of their COVID-19 status. Workers will have access to a fit-tested and seal-checked N95 or equivalent, as well as eye protection when they are within two metres of a patient with suspected, presumed or confirmed COVID-19.

Additional guidance about continuous masking is available on www.ahs.ca/covidppe or here for eye protection.

- If your patient meets the higher risk screening criteria for COVID-19, have the patient wear a procedure mask immediately.
- Initiate Modified Respiratory Precautions, place the patient in a separate room as soon aspossible then proceed with your clinical assessment.
- Zone Medical Officer of Health (MOH) approval is **not** required for specimen collection.
- A deeper nasopharyngeal (NP) swab collected under Modified Respiratory Precautions and transported in viral transport medium OR a throat swab in a tube of sterile saline should be

submitted.
    - Note: universal transport medium and NP swabs will continue to be preferentially distributed to bone marrow transplant, solid organ transplant, hematology/oncology, and critical care wards. Polyester and cotton-tipped throat swabs with tubes of sterile saline will be distributed for COVID-19 and respiratory pathogen panel (RPP) testing.
    - COVID-19 specimens no longer need to be shipped according to Transportation of Dangerous Goods (TDG) Category B requirements. For additional concerns, contact the ProvLab Virologist on-call (VOC):
        - Edmonton (780-407-8921)
        - Calgary (403-333-4942)
    - More information can be found here.
- Review the lab bulletins page for the most up-to-date info on swabs and required processes.
    - When collecting an NP swab from a patient on a bone marrow transplant, solid organ transplant, hematology/oncology, and critical care ward use a FLOQSwab® and Universal Transport Medium to collect a normal nasopharyngeal swab
        - Directions for use of a FLOQSwab® and Universal Transport Medium - red top tube with pink fluid
    - Use nasopharyngeal or throat swabs distributed for COVID-19 testing.
        - APTIMA Collection Kits/Swabs and COPAN ESwabTM Collection Kits/Swabs are to be discontinued for COVID-19 testing.
- Use the COVID-19 requisition available within your site's clinical information system if available.
    - COVID-19 test requests can also be made by submitting respiratory specimens with the Serology and Molecular Testing Requisition and writing "COVID-19" in the bottom box (Specify Other Serology and Molecular Tests).
- If your patient requires admission to hospital, or if you would like the Zone MOH to assist with the risk assessment, call the Zone MOH.
- All patients who are symptomatic but are not hospitalized should be advised to self-isolate. They should not visit any other healthcare facilities, including outpatient imaging or labs, unless they are being admitted to hospital. Self-isolation information can be found here.

8. **Should I use an N95 respirator when treating a patient with suspected, presumed or confirmed COVID-19?**
The updated joint agreement sets out new minimum PPE requirements including that all clinical and non-clinical health care workers who enter a room or space, or are within two metres of a patient with **suspected, presumed or confirmed** COVID-19, will wear a fit-tested N95 respirator, gown, gloves, and eye protection.

In addition, all clinical and non-clinical health care workers are now expected to wear N95 respirators in settings where frequent or unexpected exposure to aerosol-generating medical procedures (AGMP) is anticipated, or when working with any intubated patients. A fit-tested N95 respirator should always replace a surgical/procedure mask in addition to gloves, gown, and eye protection for anyone in the room when an aerosol-generating medical procedure (AGMP) is performed for patients with suspected, presumed or confirmed COVID-19, ILI or any new or changing respiratory illness or diarrhea.

AGMPs generate aerosols and small droplet nuclei in high concentrations. These droplets may contain bacteria or viruses such as SARS, COVID-19, or influenza-like illness. Wearing an N95 respirator when performing an AGMP reduces the likelihood of transmission of these diseases to healthcare workers. For more guidance on AGMPs, visit www.ahs.ca/agmp.

You can learn more about when N95 respirators should be used in this guidance document for personal protective equipment (PPE). You can also learn more about continuous masking guidelines at www.ahs.ca/covidppe or here for eye protection.

There may be situations where a health care worker, based upon their PCRA or their assessment of all known and foreseeable risks and hazards, may choose to wear a medical mask instead of an N95 respirator.

9. **Do I need to wear an N95 respirator when completing manual chest compressionson a patient with suspected, presumed or confirmed COVID-19?**
AHS has completed a thorough review regarding the need for N95 respirator use by healthcare workers completing manual (hands-only) chest compressions. This review has determined that an N95 respirator is required to initiate hands-only chest compressions on patients with suspected, presumed or confirmed COVID-19. Workers will have access to a fit-tested and seal-checked N95 or equivalent respirator if required based upon their own point of care risk assessment (PCRA), even in non-AGMPsituations

Healthcare workers responding to a cardio-respiratory arrest for a patient with suspected, presumed or confirmed COVID-19 should:

- call for help
- place loose clothing/sheet over the mouth and nose of the patient, as airway source control while awaiting help; and,
- initiate hands-only chest compression wearing PPE including fit-tested N95 respirators.
- Only individuals wearing N95 respirators, should manage the airway and complete full CPR.

This approach will allow staff to safely complete manual chest compressions while they await help from support teams who will have the time to don all PPE necessary to safely manage the airway, as well as chest compressions.

Hands-only chest compressions are different than Cardio-pulmonary resuscitation (CPR). Fit-tested N95 respirators continue to be required for full CPR that includes management of the airway patients with suspected, presumed or confirmed COVID-19.

10. **Is an N95 respirator required for a Nasopharyngeal Swab?**

A Nasopharyngeal Swab is not considered an aerosol-generating procedure by the Public Health Agency of Canada. Over 6 million tests for COVID-19 have been performed in Alberta with no evidence of transmission to staff collecting NP swabs using **Modified Respiratory Precautions** (including a procedure mask and eye protection).

The updated joint agreement sets out new minimum PPE requirements including that all clinical and non-clinical health care workers who enter a room or space, or are within two metres of a patient with **suspected, presumed or confirmed** COVID-19, will wear a fit-tested N95 respirator, gown, gloves, and eye protection.

Note: Workers will have access to a fit-tested and seal-checked N95 or equivalent respirator if required based upon their own point of care risk assessment (PCRA), even in non-AGMP situations.

11. **I've heard different names used for face masks. Do they all relate to the same type of mask?**
There are multiple names for a medical mask, including surgical, procedure or exam. While the names are often used interchangeably, all describe the standard mask staff are required to wear continuously when providing direct patient care or in areas where staff cannot achieve physical distancing measures (a minimum of two metres or six feet). Staff should wear an N95 when caring for patients with suspected, presumed or confirmed COVID-19, together with a gown, gloves and eye protection. Review the PPE checklist for Modified Respiratory Precautions and the proper proceduresfor donning and doffing.

AHS has a continuous masking directive in place. This is a requirement in accordance with the Directive: Use of Masks During COVID-19.

12. **What is the difference between a mask and an N95 respirator?**
A medical mask, also called a surgical or procedure mask has a moldable band to fit snuggly over the nose bridge, covering the lower face, mouth to below chin. The mask may be equipped with or without plastic

shields and have ear loops or ties. The main purpose of a mask is to prevent large particles expelled by the wearer from entering the environment when they cough or sneeze, and it protects others from infection. It also protects the wearer from splashes of large droplets of blood or body fluids. Medical masks do not require fit testing.

An *N95 respirator* is a tight-fitting device that must be fit-tested and provides more protection to the wearer when treating patients on airborne and Modified Respiratory Precautions, intubated patients or when performing an aerosol-generating medical procedures (AGMPs) on patients with diseases like COVID-19, SARS or H1N1. It also protects against the airborne transmission of communicable diseases such as TB, Measles, Chickenpox and Disseminated Shingles. For more guidance on AGMPs, visit www.ahs.ca/agmp.

13. What are the limitations for N95 respirator use and what are the indicators for replacing an N95 respirator?

Like other personal protective equipment, there are certain limitations of use with N95 respirators. Remember the following:

- N95 respirators worn in a patient care setting are typically one-time use to prevent cross-contamination between patients. However, if caring for multiple patients on a COVID-19 cohort unit, N95 respirator use can be extended.
- Your level of exertion and subsequent perspiration may indicate the need for more frequent replacement of the respirator as compared to users that have less physically demanding tasks. Replace your respirator if you notice it slipping or if it becomes damaged, soiled, or if breathing becomes difficult. Leave the contaminated area immediately and replace the respirator.

14. I haven't been fit tested for an N95 respirator. What should I do?

Workers will have access to an N95 or equivalent respirator if required based upon their own point of care risk assessment (PCRA), in situations when they are within two metres of a patient with suspected, presumed or confirmed COVID-19 and in non-AGMP situations. For workers that do not provide patient care, but are required to be within two metres of a patient and who do not conduct a PCRA, access to the PPE will be based on their assessment of all known and foreseeable risks and hazards. Contact your site/department Respiratory Fit Test Designate or your local WHS Advisor to be fit tested to the current models available. See the Respiratory Protection InSite page for contact information and more.

After being fit tested to a respirator, please ensure your manager is aware of the model you have been fitted to.

To learn more about when to use N95 respirators in your frontline work, visit www.ahs.ca/covidppe.

If you are a community partner who works in a non-AHS setting, please reach out to any organization that offers safety training to receive N95 respirator fit testing for you or your staff.

15. I was successfully fit tested for one N95 respirator model, and recently re-fit tested for another model. Both models are on my area's supply cart. Can I wear both?

No. Staff must only wear the make and model of N95 respirator that they have most recently been fit tested for and use only that model. This ensures frontline healthcare workers continue to have the protection they need to work safely. Additional and frequent use of N95 respirators may require staff to transition to a different model but with the same trusted protection.

16. Is use of the plastic shrouds recommended /supported for intubation and extubation? If so, should they be used for all intubations / extubations on symptomatic / asymptomatic patients? What are the supply implications if they start being widely used?

While this approach may seem a simple way to reduce exposure to respiratory droplets, this strategy is not in practice in Alberta and in initial simulation exercises was not found to be useful.

17. **Should face shields be reused? What about full face shield with the foam across the top?**
Manufacturer recommendations should always be confirmed. Most of the face shields in use are single use and disposable. If they can be cleaned and disinfected for reuse, the manufacturer will provide instructions for how to do this. In COVID-19 or ILI Units, face shields and masks may be worn for assessment of multiple patients as long as they are not grossly contaminated.

18. **If a face shield is reusable, what is the cleaning process?**
Manufacturers of reusable medical instruments and devices must provide instructions for cleaning and disinfection as part of the licensing process in Canada. Please refer to the manufacturer's instructions.

19. **Should I just be using PPE continuously?**
Yes. AHS requires all healthcare workers providing direct patient care in both AHS and community settings to wear a surgical/procedure mask continuously.

The updated joint agreement sets out new minimum PPE requirements including that all clinical and non-clinical health care workers who enter a room or space, or are within two metres of a patient with suspected, presumed or confirmed COVID-19, will wear a fit-tested N95 respirator, gown, gloves, and eye protection.

In addition, all clinical and non-clinical health care workers are now expected to wear N95 respirators in settings where frequent or unexpected exposure to aerosol generated medical procedures is anticipated (for example, critical care units and emergency departments), where there is a high density of COVID-19 patients (such as COVID-19 units), or when there is evidence of unexplained transmission (such as COVID-19 outbreaks).

Additional guidance about this approach is available on http://www.ahs.ca/covidppe or here for eye protection.

20. **Should providers who cannot observe physical distancing best practice of two metres while performing their duties wear PPE regardless of the patient's symptoms?**
All healthcare workers who are unable to maintain adequate physical distancing measures (a minimum of two metres or six feet) from patients are required to wear a surgical/procedure facemask and eye protection where frequent or unanticipated exposures to COVID-19 may occur. Additional guidance about this approach is available on www.ahs.ca/covidppe. To ensure you are properly protected, please use the PPE supplied by AHS in AHS facilities. This includes non-patient care and administrative sites.

Staff should continue to complete a point of care risk assessment to determine if further PPE is required for every patient.

Note: Workers will also have access to an N95 or equivalent respirator if required based upon their own point of care risk assessment (PCRA), in situations when they are within two metres of a patient with suspected, presumed or confirmed COVID-19 and in non-AGMP situations. For workers who do not provide patient care, but are required to be within two metres of a patient and who do not conduct a PCRA, access to the PPE will be based on their assessment of all known and foreseeable risks and hazards.

21. **As well as wearing a mask continuously, what other preventative measures should I take to ensure my safety and that of our patients and co-workers?**
    - Wear appropriate PPE at all times. This varies depending on the precautions for each patient. Don and doff your PPE appropriately. Posters available on AHS Insite provide good guidance for appropriate donning and doffing. Ask a partner for assistance, if required.
    - When physical distancing is not possible, such as in staff common areas, masks help prevent transmission. This means that if you need to remove your mask to eat or drink, and there isn't room to social distance, you must find another location.
    - Ensure all patients are masked when leaving their inpatient unit to attend services within other areas of the hospital. They should first perform hand hygiene before donning a mask.
    - Take your daily health screening very seriously and pay attention to your physical health. Do not

come to work sick.
- Practice frequent hand hygiene.
- Please gently remind your peers when you notice they might be forgetting good practices, and be grateful if they point out you are doing the same.

22. I provide direct patient care. What should I do if I am having mask fit issues?
If you are providing direct patient care and are experiencing mask fit issues, we would suggest that you add a face shield to offer extra protection. For patients with suspected, presumed or confirmed COVID-19,face shield/goggles, N95 respirator, gown and gloves should always be used.

23. Do those working in patient care areas but not in direct contact with patients (e.g. EVS), need to change their mask when they leave the room?
No, you do not need to change when you leave the room if you've maintained physical distance and have not provided direct contact with a patient.

The surgical/procedure mask should be immediately changed and safely disposed of whenever it is soiled or wet, whenever the healthcare worker feels it may have become contaminated and after care for any patient on Modified Respiratory Precautions (i.e. suspected, presumed or confirmed influenza-like illness or COVID-19).

Also keep in mind that when taking a break, or eating a meal, the wearer should dispose of the mask and perform hand hygiene. Physical distancing must be maintained and a new mask should be applied before returning to work.

24. Is there a maximum time a procedure mask should be worn before it is changed to ensure it remains effective?
The surgical mask/procedure mask/N95 respirator should be immediately changed and safely disposed of whenever it is soiled or wet, whenever the healthcare worker feels it may have become contaminated and after care for any patient on Modified Respiratory Precautions (i.e. suspected, presumed or confirmed influenza-like illness or COVID-19).

25. Can home-made masks be worn instead of the AHS issued procedure mask?
Workers who work in administrative areas with no direct patient contact or patient items are required to wear a mask continuously in all areas of their workplace where they cannot maintain adequate physical distancing. Workers in these areas can choose to wear their own non-medical (e.g. cloth) mask.
HCW are required to wear a surgical/procedure mask continuously, at all times and in all areas of their workplace if they are involved in direct patient contact or cannot maintain a physical distance (oftwo metres) from patients and co-workers.

26. Should staff with certain conditions avoid providing care to a patient with a suspected, presumed or confirmed case of COVID-19?
AHS is committed to keeping our people healthy and safe. During this time, healthcare workers who have underlying medical conditions and potential risk factors for severe COVID-19 disease, or are pregnant, may be concerned about their personal risk. To protect the health and safety of those healthcare workers with respect to COVID-19, AHS has released the following position statements for general guidance:
- Healthcare Workers with Underlying Medical Conditions and Potential Risk Factors for Severe COVID-19 Disease
- Pregnant Healthcare Workers and COVID-19

If you have any questions, please speak with your supervisor or medical staff leader.

27. Should staff providing care to a patient with a suspected, presumed or confirmed case of COVID-19 berestricted from providing care to other patients?
Cohorting of COVID-19 suspected, presumed or confirmed COVID-19 patients in acute care will be required to ensure patient and staff safety. All AHS acute care and community sites are developing

plans for patient cohorting, in consultation with Infection Prevention and Control (IPC). This may mean that some siteswill have designated COVID-19 units, floors, or rooms.

Cohorting patients will provide the best protection for our patients and staff, and will help preserve personal protective equipment. All decisions to cohort patients will be done in consultation with Infection Prevention and Control, based on best evidence.

Review the Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders to find more information on how the order on single site employment impacts staff who work at a Long Term Care (LTC) or a Designated Supportive Living (DSL) facility with a confirmed outbreak.

28. How is cohorting being determined by site?

Based on site-specific capacity, facility design, and patient population, each site is developing its own cohorting plan, using the following guiding principles and considerations:

- The decision to cohort must be made in consultation with IPC.
- A staged approach to cohorting is based on minimizing risk to the most patients while adhering to IPC principles and practices.
- Strict adherence to IPC point-of-care risk assessment, hand hygiene, appropriate use of personal protective equipment (PPE), donning and doffing by healthcare providers, adequate spatial separation and appropriate cleaning and disinfection is required.
- When cohorting patients, consideration should also be given to:
    - underlying patient conditions (e.g., immune-compromised);
    - vaccination status, especially for influenza with respect to co-infection;
    - Co-infection with other diseases (e.g., influenza).

Each zone shall develop decision trees/algorithms based on local infrastructure:

- Decisions regarding the cohorting of suspected, presumed or confirmed patients versus COVID-19 only patients on a dedicated unit.

AHS is not considering dedicated COVID-19 hospitals due to the downstream impact to specialty care services and geographic considerations, including transport concerns, needing confirmed test results of individuals as COVID-19 positive versus having influenza-like-illness, and needing to maximize bed capacity across all sites.

29. Does my union support the PPE guidelines in place in Alberta?

Yes. On March 26, 2020, Feb. 2021 and Dec. 2021, Alberta Health Services (AHS), the Alberta Union of Provincial Employees(AUPE), Covenant Health (CH), the Health Sciences Association of Alberta (HSAA), and United Nurses of Alberta (UNA) updated our joint agreement on the safe and effective use of personal protection equipment (PPE) in our collective response to the COVID-19 pandemic. In December 2021, the joint agreement was updated to provide the guidance that all clinical and non-clinical health care workers who enter a room or space, or are within two metres of a patient with suspected, presumed or confirmed COVID-19, will wear a fit-tested N95 respirator, gown, gloves, and eye protection.

In addition, all clinical and non-clinical health care workers are now expected to wear N95 respirators in settings where frequent or unexpected exposure to aerosol generated medical procedures is anticipated (for example, critical care units and emergency departments), where there is a high density of COVID-19 patients (such as COVID-19 units), or when there is evidence of unexplained transmission (such as COVID-19 outbreaks).

Employers and unions share the common goal of protecting the health and safety of health care workers. It is critical to ensure that appropriate PPE is used by all staff and physicians, while also preserving supplies of specialized equipment for when they are required to safely provide care.

It has been agreed by all Unions that a point of care risk assessment must be conducted for every patient interaction to ensure front-line health care workers have the specific PPE they need.

30. Why were Public Health Nurses who provide routine immunizations for infants, children and adults across multiple Community Health Centres advised against the routine use of PPE?

Effective immediately, all healthcare workers are required to wear a surgical/procedure mask continuously, at all times and in all areas of the workplace if they:

- provide direct patient care
- work in patient care areas in both AHS and community settings
- cannot maintain adequate physical distancing from patients (a minimum of two metres or six feet); or
- if entry into patient care areas is required

Additional guidance about this approach is available on www.ahs.ca/covidppe. It is recommended that all providers continue to complete a point of care risk assessment, and use PPE guided by that risk assessment.

31. What should I do if I'm a community physician and don't have modified respiratory precautions supplies?

Community physicians that are unable to safely assess patients or who don't have access to proper PPE should first determine if virtual care is an option.

- The Alberta Medical Association has resources to help providers understand virtual care options.
- The CPSA has also issued advice on virtual care during the COVID-19 pandemic including what care can be provided virtually, consent, documentation, billing and resources.

Community physicians unable to safely assess patients who have symptoms of COVID-19 should advise clinically stable patients to immediately self-isolate at home. Testing will be by appointment, which can be easily booked online by visiting www.ahs.ca/covid. If using the Internet is not an option, 811 can book an appointment online for individuals who require testing.

These patients should, when possible, avoid taking public methods of transportation home, including buses, taxis, or ride sharing. Self-isolation information can be found here.

If your patient is unwell enough to require hospital admission, call the Zone MOH.

For physician and specialist offices, we are moving to a cost recovery model. AHS has an ability to source the required equipment and has supply chain mechanisms in place to maintain supply, and procure in bulk. Ordering and securing PPE through AHS will continue as it has to date during the pandemic response.

Community physicians have the option to procure Personal Protective Equipment (PPE) and some cleaning supplies from Alberta Health Services (AHS) during the COVID-19 pandemic. As we move into a different phase of the pandemic response, AHS has moved to a cost-recovery model for distribution of PPE to community physicians not located in AHS-operated spaces.

To obtain PPE, PCN members will order through their PCN. Community physicians who are not members of PCNs will order directly through AHS. More information here:

- Ordering process for PCNs and PCN member physicians
- Ordering process for other community physicians who are not members of PCNs (non-PCN primary care physicians and community specialists)
- Current AHS PPE price list

AHS is just one option for community physicians to order PPE. They can also order PPE through the Government of Alberta's Provincial Operations Centre until July 1, or they can source from any other supplier in the market.

Physicians working in AHS or contracted facilities who have questions regarding the PPE ordering process should contact their local CPSM Site Services Supervisor.

32. What facemasks should EMS staff use?

Often the pre-hospital care paramedic has no way of knowing what pathogen is the causative agent and must make a quick reactive decision to determine what PPE is required during a time-sensitive emergency event in a confined space. By using the N-95 respirator, paramedics will have the proper protection in an enclosed environment that is unpredictable in nature.

33. Where can I access PPE if I work in an AHS facility?

PPE supplies for each unit are in a designated location. According to our agreement with all Unions, all health care workers who are within two metres of suspected, presumed or confirmed COVID19 patients shall have access to appropriate PPE. This includes access to; surgical/procedure masks, fit tested NIOSH-approved N95 respirators or approved equivalent, gloves, face shields with side protection (or goggles), impermeable or, at least, fluid resistant gowns.
If you are unsure of the location, and require these for patient care purposes, please speak to your manager.

If you are an AHS staff member or leader - PPE requests should be directed to your local CPSM Site Services Supervisor. Leaders with questions regarding supply ordering processes or physicians working in AHS or contracted facilities, should submit them via email to AHS Contracting, Procurement & Supply Management (CPSM) at CPSMOperations.EOC@albertahealthservices.ca.

If you are a AHS staff member or leader working at a site that does not provide patient care - Sites and facilities that do not provide direct patient and client care can now order Personal Protective Equipment (PPE), as needed, through a new form. The COVID-19 PPE Inventory Requisition is available on insite.ahs.ca/orderppe, along with tips and guidelines to help sites determine their PPE requirements.

Administrative sites should only order supplies as necessary and in situations where there is a strong business case for returning to the workplace.

34. Why can't I take PPE home?

AHS has sufficient PPE supplies to support the current and anticipated future care needs during the COVID-19 pandemic; however, these supplies must remain in care facilities to ensure that they can be used by our care providers, when needed, in delivering care. PPE in our facilities is not for personal use.

35. Can I bring my own PPE to work?

To ensure you are protected, use the PPE provided by AHS. For more information on bringing your own PPE to work, click here.

36. I see my colleagues misusing PPE – what should I do?

Safety is everyone's responsibility, and speaking up about safety is the hallmark of a strong safety culture. Depending on the type of misuse, a gentle reminder, a coaching moment or the involvement of a supervisor may be the best course of action.

37. I see my colleagues taking home PPE for their own personal use – what should I do?

Theft and hoarding is based on fear that our supplies will be insufficient to last through the pandemic, or that PPE is needed in everyday situations at home. These scenarios are not based on evidence, and will contribute to a real risk of shortage if we do not utilize our supplies appropriately. Speak to your manager if you observe that supplies are going missing or you are aware that they are not being used properly for patient care.

38. Do AHS facemasks have graphene in them?

AHS procedure masks do not contain graphene. All PPE products brought into use by AHS CPSM are subject to rigorous quality control checks. Our PPE products meet or exceed current safety standards.

An alert was issued by Health Canada advising Canadians not to use face masks that contain graphene because there is a potential that they could inhale graphene particles, which may pose health risks. We have

received several questions about this, via the ppe@ahs.ca intake.

39. In what circumstances would a health care work select an exam glove with a 12 inch glove length instead of a 9 inch glove length?

In most cases an exam gloves with a 9inch cuff length should be sufficient for the worker to be able to pull the cuff over the gown. However in some cases, workers with long arms, these gloves may not be long enough and may leave exposed skin between the glove and the gown. These workers should be selecting a glove with a 12 inch cuff length.

Should a breach occur where the skin has been exposed, workers can clean that areas with soap and water or hand sanitizer.

Contracted vendors of 12" nitrile exam gloves currently have AHS on allocation and are unable to increase the volume of gloves for additional patient care areas. Areas that require and already used 12" gloves, i.e. MDRD, will continue to be supported but new requests may not be. CPSM will continue to work to procure more 12" nitrile gloves as able.

40. Should hair be covered?

No, this is not recommended at this time in our COVID-19 PPE guidelines. Hair and shoe coverings are not required PPE. If hair coverings are worn for personal reasons; launder as per the Healthcare Attire Information Sheet.

Continuous Use of Eye Protection

41. What is the latest change to the AHS PPE Guidelines?

The AHS PPE Guidance has update guidelines on eye protection. The guidelines outline that eye protection must be maintained in AHS settings where frequent or unanticipated exposures to COVID-19 may occur or in settings that are initial points of contacts for patients and/or the public.

These areas include (but may not be limited to): screening areas, EMS, ED and Urgent Care to Assessment Centres, COVID Units and Outbreak Units. Eye protection must continue to be utilized as part of Modified Respiratory Precautions or Contact and Droplet Precautions, or as directed by a Point of Care (or All Hazards) Risk Assessment.
Eye protection may be eliminated in other areas and situations, while continuous masking remains a requirement.

42. Do I have to wear eye protection when seeing a patient on modified respiratory precautions? Do I need to keep them on until the entire patient interaction is complete?

Yes. Eye protection must be maintained in AHS settings where frequent or unanticipated exposures to COVID-19 may occur or in settings that are initial points of contacts for patients and/or the public.

These areas include (but may not be limited to): screening areas, EMS, ED and Urgent Care to Assessment Centres, COVID Units and Outbreak Units. Eye protection must continue to be utilized as part of Modified Respiratory Precautions or Contact and Droplet Precautions, or as directed by a Point of Care (or All Hazards) Risk Assessment.

Eye protection may be eliminated in other areas and situations, while continuous masking remains a requirement.

43. Do I have to change my eye protection after seeing a patient on modified respiratory precautions? Do I need to keep them on until the entire patient interaction is complete?

All PPE must be changed after interactions with patients on additional precautions such as Modified Respiratory Precautions. For routine patient interactions (i.e. a patient not on additional precautions), PPE is not required to be changed between interactions with different patients or during the course of an interaction with a single patient unless facial protection is contaminated, wet or soiled. Eye protection is to be changed or

disinfected every time a mask is changed.

44. Can I bring my own protective eyewear?
Face shields are preferred and can be ordered through your CPSM contact. If you prefer to use unsealed safety glasses, use those that are ANSI/CSA approved. Individuals may be permitted to bring their own prescription or non-prescription protective eyewear, provided it meets specifications outlined in the bringing your own PPE to work document. It is critical that the protective eyewear provides adequate coverage necessary to guard against secretions and other droplets entering the eyes.

45. What about cleaning my own protective eyewear?
Clean and disinfect personal protective eyewear/eye protection every time you change your mask. Refer to the Use and Reuse of Eye Protection during the COVID-19 Pandemic document for more details.

46. Who does this change to PPE guidance affect?
Eye protection is required to be worn continuously for all healthcare workers in AHS settings where frequent or unanticipated exposures to COVID-19 may occur or in settings that are initial points of contacts for patients and/or the public.

These areas include (but may not be limited to: screening areas, EMS, ED and Urgent Care to Assessment Centres, COVID Units and Outbreak Units. Eye protection must continue to be utilized as part of Modified Respiratory Precautions or Contact and Droplet Precautions, or as directed by a Point of Care (or All Hazards) Risk Assessment.

47. Where do I obtain appropriate eye protection?
Eye protection will continue to be readily available to all frontline staff throughout the province and includes disposable face shields, mask/face shield combinations, or reusable goggles, safety glasses (personal prescription or facility supplied) or reusable face shields.

48. When is it required to change or clean eye protection?
Eye protection is to be changed or disinfected every time a mask is changed and when contaminated, soiled or wet. Follow IPC COVID-19 PPE Recommendation for the Preservation and Reuse of Eye Protection for steps on disinfection of reusable eye protection. Always change mask and eye protection as a unit of facial protection.

49. Are visitors also required to wear eye protection?
No. Visitors are not required to wear eye protection when interacting with loved ones in hospital.

50. Can I use safety glasses under a face shield for added protection?
More PPE is not always better PPE, but if you deem by your Point of Care Risk Assessment (PCRA) that there is increased risk to exposure from splashes or sprays, you may decide to layer a face shield over protective eye wear. Please note that both pieces must be changed or cleaned after contact with a patient on additional precautions – this includes prescription safety glasses worn under a face shield.

PPE Supply

51. Does Contracting, Procurement and Supply Management (CPSM) follow standards to determine which medical masks to order?
AHS procures and provides masks that meet the requirements of ASTM (*American Society for Testing and*

*Materials, also known as **ASTM** International*) F2100-19 for medical face masks.

52. What are ASTM medical mask testing and rating levels?

Medical masks are tested and assigned a level based on their effectiveness for these requirements:

- Bacterial Filtration @ 3.0 micron = BFE
- Particulate Filtration @ 0.1 micron = PFE
- Delta P (Differential Pressure) mm H2O/cm2 = Breathability
- Fluid Resistance to Synthetic Blood mmHg = 80 = Fluid resistance

Example – Many masks have a BFE/PFE of >98% but only have a fluid rating of 80mmHg, so would be classed as a Level 1 ASTM. Masks must meet all requirements to fit into the next level.

53. Is the Level 3 mask medical mask better than a Level 1?

Facial (mask and eye) protection is PPE worn to protect your mouth, nose and eyes during activities likely to cause splashes or contact with droplets, and prevent exposure to blood or body fluids.

Level 3 medical masks are more fluid resistant and may have slightly higher filtration; however, any ASTM F2100-19 rated mask is acceptable for use with Modified Respiratory Precautions. A face shield worn over a medical mask further reduces the risk of exposure to splashes or sprays. Refer to Use and Reuse of Eye Protection during the COVID-19 Pandemic for more details about eye protection.

54. Are the Dasheng DTC3Z N95 respirators that AHS has in stock impacted by news that the NIOSH approval for this respirator has been revoked?

The Centres for Disease Control and Prevention (CDC) posted a notification that as of August 13, 2021, NIOSH revoked all approvals issued to **Shanghai Dasheng Health Products Manufacture Co., Ltd**. This company manufactures an N95 respirator model in use at AHS; the *DTC3Z*.

CPSM contacted Health Canada and confirmed that AHS' supply of the *Dasheng DTC3Z* N95 respirator is not impacted by this notice, the product was not recalled, and it can continue to be used.

If you want to learn more, see the notification from CDC: NIOSH Respiratory Protective Device Information, NIOSH CA 2021-1038, August 2021 (cdc.gov).

55. Who do I contact if I have questions about PPE requirements?

The Personal Protective Equipment (PPE) taskforce is now operational, and will provide a trusted source of information for use across the organization. AHS staff, physicians and partners are encouraged to email their questions on PPE to PPE@ahs.ca. Please note that while this email address doesn't replace the guidelines and advice already available at ahs.ca/covid, it is another route for you to ask further questions. You can also review www.ahs.ca/agmp for more guidance on what procedures constitute an AGMP.

56. Who do I contact to order PPE supply?

- If you are an *AHS staff member* – refer to this question for more information on where to access PPE in an AHS facility.
- If you are a *community physician*, refer to this question for more information on accessing and ordering PPE supplies.
- If you are a *continuing care facility or a non-contracted provider* such as a lodge, group home or senior's apartment, refer to this question for more information on ordering PPE supplies.
- If you're unsure which category you fall into and need more support, please email ppe@ahs.ca.

57. What is AHS doing to ensure secure supply?

To ensure that AHS' inventory continues to have a sufficient supply of PPE, we must ensure that equipment is being used appropriately. Please continue with the responsible use of supplies such as N95 respirators and hand sanitizer, and ensure that all AHS PPE supplies remain in AHS facilities –

these supplies should not be taken home for personal protection or use. We must ensure these supplies remain at AHS facilities and available for use in the healthcare system.

58. I'm a community physician - how do I access/order PPE and other supplies for COVID-19?
For physician and specialist offices, we are moving to a cost recovery model. AHS has an ability to source the required equipment and has supply chain mechanisms in place to maintain supply, and procure in bulk. Ordering and securing PPE through AHS will continue as it has to date during the pandemic response.

Community physicians have the option to procure Personal Protective Equipment (PPE) and some cleaning supplies from Alberta Health Services (AHS) during the COVID-19 pandemic. As we move into a different phase of the pandemic response, AHS has moved to a cost-recovery model for distribution of PPE to community physicians not located in AHS-operated spaces.

To obtain PPE, PCN members will order through their PCN. Community physicians who are not members of PCNs will order directly through AHS. More information here:

- Ordering process for PCNs and PCN member physicians
- Ordering process for other community physicians who are not members of PCNs (non-PCN primary care physicians and community specialists)
- Current AHS PPE price list

AHS is just one option for community physicians to order PPE. They can also order PPE through the Government of Alberta's Provincial Operations Centre until July 1, or they can source from any other supplier in the market.

Physicians working in AHS or contracted facilities who have questions regarding the PPE ordering process should contact their local CPSM Site Services Supervisor.

PPE in Continuing Care Facilities

Review the Continuing Care PPE FAQ for more information on supply and ordering of PPE, Infection Prevention and Control guidelines as well as use of PPE in a homecare setting.

Please visit www.ahs.ca/covidPPE to access all PPE and IPC guidelines. Questions? Email ppe@ahs.ca.

PPE Use as a Member of Public

59. Should I be wearing PPE when I am in public, non-healthcare settings?
Recent guidance from the Public Health Agency of Canada and Alberta's Chief Medical Officer of Health is supportive of masking in public settings. The AHS supply of surgical/procedure masks should not be worn in public. We need to reserve use of our supplies for healthcare settings.

To find more information on what you need to do to protect yourself and others, visit ahs.ca/covid.

60. What is the effectiveness of non-medical (cloth) masks?
The effectiveness of cloth masks would vary based on the nature of the fabric used to create the mask. When choosing a non-medical (cloth) mask, the best option is a triple layer mask, as described by the World Health Organization (WHO). Health Canada and the Centre for Disease Control (CDC) also have recommendations for cloth masks. Workers can purchase a triple layer cloth masks through the AHS online store.

61. Can I give patients permission to take PPE home from our hospitals or clinics?
Please help us protect you and your care teams: do not provide patients with PPE to take home. The masks and supplies in our facility are for our care providers and patients in our facilities only. Do not

take home or remove any supplies.

If a patient requires a mask or other supplies during his or her stay at any AHS facility, please ensure that a member of the care team provides this to the patient. Supplies should never be self-serve to patients.