Personal Protective Equipment (PPE)

Frequently Asked Questions

Feb 12, 2021

Agreement with Unions on Personal Protective Equipment during COVID-19

On March 26, 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) reached a joint agreement on the safe and effective use of personal protection equipment (PPE) in our collective response to the COVID-19 pandemic.

Under the joint agreement, it was agreed that a point of care risk assessment (PCRA) must be conducted for every patient interaction to ensure frontline health care workers have the specific PPE they need. The agreement provides clarity on the approach in Alberta and reinforces Infection Prevention and Control and PPE protocols.

Questions? Email ppe@ahs.ca.

Issued by the AHS Emergency Coordination Centre (ECC).

- The numbers listed identify new questions or questions that have been updated to provide additional clarity: 40, 41, 46, and 54.

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 as well as eye protection (e.g. goggles, face shield, or procedure mask with built-in eye shield), at all times when engaged in patient interactions that occur within two metres (2 m). This includes both hands-on patient care, as well as indirect patient care such as meal delivery and housekeeping.

   All healthcare workers who cannot maintain adequate physical distancing (a minimum of two metres or six feet) from patients and co-workers are required to wear a surgical/procedure mask continuously.

   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".)

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 patients history are unavailable or are unreliable, staff are advised to use Contact and Droplet precautions including a procedure mask, gown, gloves and eye protection (e.g. goggles, face shield, or procedure mask with built-in eye shield). Note: personal eye glasses are not sufficient eye protection.

    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. **What type of precautions should I use when treating a patient with suspected or confirmed COVID-19?**
Staff and physicians are advised to use Contact and Droplet precautions in addition to routine practices when caring for a patient with suspected or confirmed COVID-19, including a procedure mask, gown, gloves and eye protection (e.g. goggles, face shield, or procedure mask with built-in eye shield). Note: personal eye glasses are not sufficient eye protection.

    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 contact and droplet precautions and the proper procedures for donning and doffing. These guidelines are in alignment with both the Public Health Agency of Canada and the World Health Organization, and with other provinces and territories in Canada.

6. **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 as well as eye protection when treating any patient regardless of their COVID-19 status. 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 contact and droplet precautions, place the patient in a separate room as soon as possible 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 droplet and contact 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.

7. **When should I use a procedure mask vs. a fit-tested N95 respirator when treating a patient with suspected or confirmed COVID-19? Should I use an N95 respirator when treating a patient with suspected or confirmed COVID-19?**
   When treating any patient with suspected or confirmed COVID-19, our healthcare workers are required to wear a surgical/procedure mask continuously as well as eye protection **unless** they are performing certain procedures that are considered aerosol-generating medical procedures (AGMP) 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 COVID-19, suspected 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.

Some areas of acute care in some Zones are recycling N95s. See ahs.ca/covidppe for more information on that initiative, and to learn if it applies to your area.

8. **Do I need to wear an N95 respirator when completing manual chest compressions on a patient with suspected 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 not required to initiate hands-only chest compressions on patients with suspected or confirmed COVID-19.

   Healthcare workers completing manual chest compressions are directed to continue to wear recommended PPE in alignment with our continuous masking directive, the point of care risk assessment, with the addition of Contact and Droplet precautions for patients with known or possible COVID-19.

   Healthcare workers responding to a cardio-respiratory arrest for a patient with suspected 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 compressions, until you are relieved by individuals who are wearing PPE including fit-tested N95 respirators.
   - Only these relief 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 or confirmed COVID-19.

9. **Why is an N95 respirator not required for Nasopharyngeal Swab?**
According to the Public Health Agency of Canada guideline, a Nasopharyngeal Swab does not generate aerosols that can lead to transmission. As the swabs do not generate aerosol, Contact and Droplet precautions are appropriate. This position has been adopted by all health jurisdictions in Canada and a recent decision by Alberta Labour and Occupational Health and Safety supported the AHS stance that an NP swab is not an AGMP (March 29).

10. **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 also wear this mask when

caring for patients on contact and droplet precautions as well as wearing a gown, gloves and eye protection. Review the PPE checklist for contact and droplet precautions and the proper procedures for donning and doffing.

There are also non-medical (cloth masks), which can be worn by in administrative areas with no direct patient contact or patient items.

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

11. **What it the difference between a mask and an N95 respirator?**
A *mask* is a loose fitting barrier that is equipped with or without plastic shields. 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. This type of mask does not have filtering properties, nor does it 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 contact 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.

12. **I haven't been fit tested for an N95 respirator in more than two years. What should I do?**
Please note, during the week of April 6 -10, Alberta Occupational Health and Safety extended the expiry period of existing fit tests on the current respirator model to December 31, 2020. This applies to workers who have completed fit testing in the past two years, for which the fit test certificate expires on or after April 1, 2020. Those workers fit tested to a current respirator model (16,000 healthcare workers) will not need to renew fit testing until December 31, 2020.

Workplace Health and Safety (WHS) continues to prioritize fit-testing across all clinical areas to ensure required staff are fit-tested for alternate models of N95 respirators. You will be notified by Workplace Health and Safety when it is time to schedule fit-testing in your area. Please make this a priority in your schedule.

To learn more about when to use N95 respirators in your frontline work, visit www.ahs.ca/covidppe. You can also learn more about the Respiratory Protection program here.
Questions? Contact WHS.

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 FIT testing for you or your staff.

13. **I understand we will be given a different style of N95 respirator in the coming weeks. How can I get fit tested to ensure I can safely use it?**
Workplace Health and Safety (WHS) is developing a fit test strategy and implementation plan to support the arrival of new models of N95 respirators. These respirators are a different model/style than the 1870+ model the majority of AHS workers are used to wearing.

Workplace Health and Safety (WHS) is kicking off a COVID-19-specific fit testing initiative, to ensure that all healthcare providers are properly fit in the new products and feel confident in using them. Please note that though we are expecting the new models of respirators to arrive soon, we will complete a quality and acceptability review before rolling out the targeted fit-testing initiative. If you have any questions regarding this initiative, please contact WHS.

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 FIT testing for you or your staff.

14. **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.

15. **I hear a ministerial order has expanded the list of approved respiratory protective equipment standards. What does this mean for AHS/me?**
The Ministerial Order applies to all employers and workers who are provincially regulated, including healthcare workers. Alberta, along with other provinces are adopting these equivalent respiratory protective equipment standards to further support the health, safety and protection of our workforce.

    Expanding the list of approved respiratory protective equipment standards will ensure more equipment is available to workers when they need it.

    Employers such as AHS are still able to set more specific requirements to meet their employees' needs. This does not impact the high standards already in place at AHS. Additional questions can be directed to the Ministry of Labour.

    AHS is satisfied that this expanded list of respiratory protective equipment is as safe as the N95 and KN95 mask and will protect frontline workers. The respirators listed adhere to standards equivalent to the US standards adopted in Canada (NIOSH).

    At this time, the new equipment added to the list has not been ordered nor is currently in use. Depending on the duration of the pandemic and international supplies, we may source products and models from other manufacturers with equivalent international standards. Currently, AHS has been successful in procuring all NIOSH certified respirators.

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. (Further guidance for COVID-19 or ILI units will be forthcoming.)

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 as well as eye protection (e.g. goggles, face shield, or procedure mask with built-in eye shield), at all times when engaged in patient interactions

that occur within two metres (2 m). This includes both hands-on patient care, as well as indirect patient care such as meal delivery and housekeeping.

All healthcare workers who cannot maintain adequate physical distancing (a minimum of two metres or six feet) from patients or co-workers are required to wear a surgical/procedure mask continuously.

- Workers in administrative areas with no direct patient contact or with patient items can choose to wear their own non-medical (e.g. cloth) mask.

This continuous masking approach reflects the emerging evidence of COVID-19 transmission, and related risks to patients and healthcare providers. This recommendation is based on emerging evidence that asymptomatic, pre-symptomatic or minimally symptomatic individuals can transmit COVID-19.

This is in place to protect patients from inadvertent exposure from a healthcare worker who could be without symptoms but is still infectious. This will also minimize risk of an asymptomatic or pre-symptomatic healthcare worker exposing other healthcare workers, to COVID-19 illness. Additional guidance about this approach is available on 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 as well as eye protection. 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-clinical and administrative sites.

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

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 suspected or known to have COVID-19, face shield/goggles, mask, 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 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 Contact and Droplet Precautions (i.e. suspected 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/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 Contact and Droplet Precautions (i.e. suspected 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 (of two metres) from patients and co-workers.

26. **Should staff with certain conditions avoid providing care to a patient with a suspected/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/confirmed case of COVID-19 be restricted from providing care to other patients?**
Cohorting of COVID-19 probable and confirmed 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 sites will 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 suspect and 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, 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) reached a joint agreement on the safe and effective use of personal protection equipment (PPE) in our collective response to the COVID-19 pandemic.

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 doesn't AHS follow the CDC (Atlanta) Personal Protective Equipment (PPE) guidelines?

AHS follows the national guideline developed by the Public Health Agency of Canada (PHAC) and the provincial guideline developed by Alberta Health. PHAC consults with provincial and territorial public health authorities to develop national evidence-informed guidelines to guide the Canadian response to the global COVID-19 outbreak. These guidelines developed within the Canadian context help ensure consistency in messaging and actions to be taken to protect the public and health care providers across Canadian jurisdictions. AHS guidelines regarding PPE use for suspected or known COVID-19 patients are consistent with the World Health Organization's interim guidance.

31. 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.

32. What should I do if I'm a community physician and don't have contact and droplet precaution 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.

33. 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.

34. 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 non-clinical site
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. For more information about PPE guidelines, refer to the latest version of the COVID-19 Relaunch Playbook.

35. 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.

36. 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.

37. 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.

38. 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.

39. 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

40. UPDATED What is the latest change to the AHS PPE Guidelines?
The AHS PPE Guidance includes continuous use of eye protection (e.g. safety glasses, reusable goggles, face shield, or procedure mask with built-in eye shield) for all healthcare workers working in patient care areas, which includes ALL patient AND coworker interactions that occurs within two metres (2 m).

41. UPDATED What about in break rooms, outside units or in administrative spaces? Can my eye protection be removed?
Eye protection may be removed when in nonclinical spaces such as breakrooms, cafeterias and office or administrative spaces. Masks are to be worn continuously except for eating and drinking in spaces two metres apart from patients, coworkers or visitors.

42. Why is this change being made?
Over the last nine months, we have had the opportunity to learn from our experiences, as well as that of others, about the risks of acquiring COVID-19 in the workplace. As such, in conjunction with new Guidance and new recommendations from the Public Health Agency of Canada, AHS is updating our recommended PPE Guidance to continuous use of eye protection to ensure our staff and physicians are protected from the risk of spread.

43. Do I have to change my eye protection after seeing a patient on contact and droplet precautions? Do I need to keep them on until the entire patient interaction is complete?
Eye protection is now required to be used continuously with masking. All PPE must be changed after interactions with patients on additional precautions such as contact and droplet.

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. UPDATED 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. UPDATED 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. UPDATED Who does this change to PPE guidance affect?
Eye protection is now required to be worn continuously for all healthcare workers working in patient care areas, which includes ALL patient AND coworker interactions that occurs within two metres. This update to PPE Guidance applies to all areas where patient care is provided, province-wide and supplements our current PPE recommendations

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. These guidelines are in place to help ensure that staff and physicians with multiple patient interactions are protected. The use of a mask and eye protection, together with diligent hand hygiene, are most critical for preventing respiratory infections, adding protective eyewear also means that WHS will no longer exclude workers not wearing gloves or a gown at the time of exposure.

This is about keeping staff safe and ensuring they wear appropriate PPE for every patient interaction to limit worker exclusion.

50. UPDATED What are the changes to Workers Health and Safety (WHS) Exposure Criteria?
To ensure alignment with this enhanced PPE Guidance, and with eight months of experience, the WHS approach to worker exposure assessment is being updated.

Contact and Droplet Precautions (gloves, gown, mask and eye protection) are appropriate PPE for providing care to those with COVID-19, suspect COVID-19 or Influenza-Like Illness (ILI). The use of a mask and eye protection, together with diligent hand hygiene, are most critical for preventing respiratory infections. On a case-by-case basis, WHS will typically not exclude workers who wore a mask and eye protection, but were not wearing gloves or a gown, at the time of their patient interaction.

51. Why is this change to WHS Exposure Criteria being made?
These changes are being made to ensure AHS continues to follow best practices, while protecting our staff and physicians and limiting the need for workplace exclusions. Please visit ahs.ca/covidppe, for full information.

52. Doesn't wearing less PPE while treating patients with COVID-19 or an ILI put me at risk?
AHS is not recommending any reduction of PPE. The use of a mask and eye protection, together with diligent hand hygiene, are most critical for preventing respiratory infections, WHS will no longer exclude workers who were not wearing gloves or a gown at the time of interaction with a patient. Gloves and gown are to be worn when indicated either by a point-of-care risk assessment or additional precautions signs in patient care spaces.

Following the AHS PPE Guidance and IPC novel coronavirus (COVID-19) Interim Recommendations Info Sheet, and following appropriate donning and doffing procedures at all times is the best way to ensure you are protected. Eye protection is to be changed or disinfected every time mask is changed.

53. Does this affect the use of fit-tested N95 respirators?
There is no change to the use of fit-tested N95 respirators. A fit-tested N95 respirator should always replace a surgical/procedure mask for anyone in the room when an Aerosol Generating Medical Procedure (AGMP) is performed for patients with COVID-19, suspect COVID-19, ILI or any new or changing respiratory illness or diarrhea. In settings where an AGMP is performed on a patient with no respiratory symptoms who is then found subsequently to have COVID-19, use of a mask and eye protection at the time of the AGMP will now be considered sufficient protection.

54. 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 clinical 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.

55. NEW 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

56. I've heard concerns about the level of supplies. Do we have enough?

We take procurement and supply extremely seriously. A healthcare system needs two things for it to operate – staff, and the required equipment and supplies. We are in a good position, because we plan for these sorts of events.

AHS has successfully secured significant amounts of personal protective equipment (PPE) through contracts with global distributors. The additional orders will help ensure frontline healthcare providers have access to the appropriate PPE to respond to the anticipated surge in patients with COVID-19. The PPE includes face shields, procedure masks, surgical gowns, and three shipments of N95 respirators. The three separate N95 shipments will add 25 million N95 respirators to Alberta's stockpile.

These shipments were secured outside of AHS' usual procurement channels, and are another example of AHS' commitment to the safety of our frontline providers, and the Albertans for whom they provide care.

Required PPE will be provided to AHS frontline healthcare workers, as well as external partners such as government ministries, contracted providers and independent physician offices. More information about the Government of Alberta's decision to distribute PPE is available here.

Also, effective April 14, AHS will also begin collecting used N05 model 1870+ respirators from AHS Intensive Care Units in the Calgary and Edmonton Zones, for decontamination, a process of sterilization, and storing. AHS is proactively collecting this supply of used 1870+ models, in the unlikely event that demand exceeds our supply of single-use N95 respirators, in the months ahead. See ahs.ca/covidppe for more information on that initiative, and to learn if it applies to your area.

Appropriate and considered used of our PPE supply continues to be the single most important element to conserving our PPE supply in Alberta. We ask that you continue to use PPE according to guidelines.

57. 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.

58. 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.

59. 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.

See I've heard concerns about the level of supplies. Do we have enough? for more information.

60. 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.

61. I know someone who wants to donate PPE/I want to donate PPE to my AHS facility:

We are extremely grateful that many individuals and companies are interested in donating PPE to AHS. While we are not actively asking for donations of PPEs, due to the large volume of offers we are receiving unsolicited, we have created a single point of contact at ahscovidoffer@ahs.ca.

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.

62. What guidelines should staff in continuing care facilities follow?

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 or co-workers (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.

Where there is a confirmed outbreak (defined as at least two confirmed COVID-19 cases), continuous use of eye protection is recommended for all staff providing direct resident care or working in resident care areas. Consult with the Medical Officer of Health or designate, or infection prevention and control (IPC) for facility specific advice:

A. if you have suspect or confirmed COVID-19 clients in your facility and there is evidence of transmission despite IPC measures already in place;
B. if you have specific questions about continuous eye protection in relation to outbreak measures already in place;
C. if you want to confirm the recommended approach for use of continuous eye protection in your setting.

Note: Keep in mind, every scenario is unique and guidance cannot be provided for every possible scenario. Refer to the Guidelines for Continuous Masking in Home Care and Congregate Living Settings for more information.

Continuing care staff and physicians should use Contact and Droplet precautions including a procedure mask, gown, eye protection and gloves when treating a patient with suspected or confirmed COVID-19, **unless** they are performing aerosol generating medical procedures (AGMPs) or when working with intubated patients who are suspected or confirmed to have COVID-19, in which case a fit-tested N95 respirator should replace the procedure mask. For more guidance on AGMPs, visit www.ahs.ca/agmp.

AHS, along with other health organizations in Canada follow the recommendations by the World Health Organization and Public Health Agency of Canada.

It is critical that continuing care operators and their staff understand and are compliant with AHS Infection Prevention and Control (IPC) standards.

63. My Continuing Care facility needs more PPE – how can I get help with that?

If you are an *AHS-operated or contracted care providers*, please note that PPE supply, including the delivery of masks every two weeks, will continue to be distributed as usual for the following groups:

- Long term care facilities, designated supportive living facilities and home care services, which are operated or contracted by Alberta Health Services; and
- Publicly funded lodges, mental health housing, residential addiction treatment facilities, and shelter operators.

For these groups listed above, requests for additional PPE including N95 respirators for use by staff performing an AGMP or treating an intubated patient with suspected or confirmed COVID-19 must be submitted to CPSMOperations.EOC@ahs.ca.

To ensure appropriate use of PPE and safeguard supplies, AHS reserves the right to request additional information and rationale for the type and quantities of supplies requested. Refer to the Continuing Care PPE FAQ for more information.

If you are a *non-contracted provider*, please note that on July 1, non-contracted providers (i.e. private lodges, private retirement communities, private assisted/supportive living, group homes, senior's apartments and private home care) will be required to order PPE supplies from their own suppliers. There are two platforms that can help connect providers with suppliers; however AHS does not endorse any particular vendor nor is it responsible for the product or prices offered on either site. The platforms are:

- Rapid Response Platform Canada
- ATB Nexus

Refer to the Continuing Care PPE FAQ for more information.

If you're unsure which category you fall into and need more support, please email ppe@ahs.ca.

NOTE: As of July 1, 2020, businesses and non-Alberta Health Services (AHS) organizations will be required to access PPE directly through suppliers. Information on PPE suppliers is available on Alberta Biz Connect to help organizations and businesses source their own PPE supply. For more information, visit the Alberta Emergency Management Agency web page.

64. What is being done to protect some of the most vulnerable Albertans who live in continuing care facilities? Or the staff who support them?

The safety of continuing care clients, staff and physicians is of the utmost importance to us. AHS is working with operators to ensure they have adequate PPE supplies and staff and physicians are equipped with the proper supplies and equipment to address this evolving situation with COVID-19.

Additional steps are being taken to prevent the spread of illness in continuing care facilities. All workers in these sites will be required to wear masks at all times when providing direct patient care or working in patient care areas. As well, in sites where there is a confirmed outbreak of two or more cases of COVID-19, continuous use of eye protection is recommended for all staff providing direct resident care or working in resident care areas and designated essential visitors. We are making this change to protect patients from inadvertent exposure from a healthcare worker who could be without symptoms, but still be infectious. For more information see:

- Guidelines for Continuous Masking in Home Care and Congregate Living Settings

On April 10, Alberta's Chief Medical Officer of Health put in place an order on single site employment for Long-Term Care and Designated Supportive Living (LTC/DSL) sites. The necessary planning and determination of staff assignments with all LTC/DSL operators across the province is well underway.

Implementation is proceeding in a phased approach and we are now ready to implement the order with some local operators (including AHS sites) in North and Central Zones, and continue to work on planning with other operators and others zones.

As we continue to implement the order across all zones, it is very important that staff continue to remain in their existing roles with all of their employers, working at multiple sites as necessary, until they are officially notified by their manager or human resources teams. For more information, please see the Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders.

PPE Use as a Member of Public

65. 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.

66. What is the effectiveness of non-medical (cloth) masks that I'm seeing community groups sewing?
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.

67. 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.

Reprocessing of N95 Respirators

68. Why is AHS/Covenant Health re-using N95 respirators?
Starting April 14, AHS/Covenant Health began to collect used 3M 1870+ model N95 respirators for decontamination and storing. This is a contingency plan that will allow the preservation of respirators for potential reuse, if additional supply is required in the months ahead.

Initial implementation was focused upon the ICUs in Calgary and Edmonton, collecting the most widely used respirator model 1870+. As planned, to further prepare for an eventuality we hope never arrives, the preservation of 3M N95 respirators will expand to collect all compatible models of 3M respirators extending to clinical areas such as the Operating Room, Emergency Department and inpatient units within all AHS Zones.

Calgary and Edmonton Zone will expand their collection during the week of May 4. The remaining Zones will begin the collection and decontamination of 3M N95 respirators in the coming weeks.

N95 respirators are essential to protect healthcare workers who are exposed to COVID-19 positive patients undergoing aerosol-generating medical procedures (AGMP), such as intubation and

nebulization. Click here for more information on the need to isolate patients. For more guidance on AGMPs, visit www.ahs.ca/agmp. Watch www.ahs.ca/covidppe for more.

69. Why is AHS/Covenant Health only re-using 1870+ N95 respirators?
AHS/Covenant Health will decontaminate 1870+ N95 respirators at this time as they are the most commonly used N95 respirators. In the future, other models of N95s, could be decontaminated.

70. How do I know if I'm using an 1870+ N95 respirator?
Your fit testing card will has written the model of N95 that you have been fitted for. The type of N95 respirator is written on the text on the front of the respirator, or on the box it is stored in. Remember, check what type of N95 respirator you are using while it is still packaged to avoid contamination.

71. When will staff start using re-used 1870+ N95 respirators?
At this time, AHS/Covenant will only be decontaminating and storing 1870+ N95 respirators. If this contingency plan of re-using N95's is required, you will be informed by AHS/Covenant.

72. Are re-used 1870+ N95 respirators safe?

- Studies have shown that N95 respirators can be safely decontaminated after being exposed to COVID-19.
- The manufacturer 3M has approved Vaporized Hydrogen Peroxide (VHP) as one of the methods of decontamination, a form of sterilization, for compatible N95 Filtering Face piece Particulate Respirators.
- AHS has these sterilizer systems in the medical device reprocessing departments in acute care hospitals throughout Alberta and are utilizing them to support this conservation effort.
- AHS completed testing to ensure the virus is deactivated after decontamination and that the fit of decontaminated 1870+ N95 respirators is still effective in providing protection against airborne particles.
- AHS has completed fit-testing on 30 healthcare providers, using portacount process. Portacount are the industry standard for objectively evaluating the fit of a particular respirator to an individual, also called quantitative fit testing,
    - portacounts compare the concentration of particles in the surrounding air to the particles found within the area of the breathing zone of the respirator.
    - AHS traditionally uses the equally permissible qualitative fit testing, but that is a subjective approach to determining fit of the respirator. For this effort we wanted to be as precise as possible and have used portacounts instead.
- All other studies that have reviewed respirator fit after N95 decontamination also used portacounts to determine effectiveness of fit.

73. How many times will 1870+ N95 respirators be decontaminated for re-use?
Studies have shown that N95 respirators can be safely decontaminated up to 10 times. At this time, AHS/Covenant has not determined how many times 1870+ N95 respirators will be decontaminated for re-use.

74. How are 1870+ N95 respirators decontaminated?
The manufacturer 3M has approved Vaporized Hydrogen Peroxide (VHP) as one of the methods of decontamination, a form of sterilization, for compatible N95 Filtering Face piece Particulate Respirators. AHS has these sterilizer systems in the medical device reprocessing departments in acute care hospitals throughout Alberta and are utilizing them to support this conservation effort.

75. Will 1870+ N95 respirators be collected for re-use?

Starting April 14, AHS/Covenant Health ICUs in Calgary and Edmonton began to collect used 3M 1870+ model N95 respirators for decontamination and storing. The preservation of 3M N95 respirators will expand to collect all compatible models of 3M respirators extending to clinical areas such as the Operating Room, Emergency Department and inpatient units within all AHS Zones. Calgary and Edmonton Zone will expand their collection during the week of May 4. The remaining Zones will begin the collection and decontamination of 3M N95 respirators in the coming weeks. MDRD will be responsible for transporting used 1870+ N95 respirators from ICUs directly.

Once the process has been confirmed, using the ICUs as a prototype, this contingency program will be further established in other ICUs in the province, and other units in which N95s are used. See ahs.ca/covidppe for more information on this initiative.

76. **How will 1870+ N95 respirators be collected from units for re-use?**
Before donning PPE, healthcare providers are required to mark their 1870+ N95 respirator with a tally mark using a permanent black sharpie, by the right seam of the respirator. After providing patient care, healthcare providers are asked to doff PPE while keeping their 1870+ N95 respirator on. To avoid contamination, healthcare providers should use a mirror or a buddy to determine if the 1870+ N95 respirator is visibly soiled, ripped or torn, or if the elastics have been damaged. 1870+ N95 respirators that are damaged should be disposed of in the garbage; respirators that are not soiled, ripped/torn, and that have their elastics intact should be placed into a labelled, designated 1870+ N95 respirator collection bucket located outside of the patient room.

At unit designated times, or when the 1870+ N95 respirator collection buckets are full, healthcare workers (HCWs) will don contact and droplet PPE, and place lids on all the 1870+ N95 respirator collection buckets outside of COVID-19 patient rooms. HCWs will transport these closed buckets to the unit's dirty utility room/designated room. Once in the dirty utility room/designated room, HCWs will wipe down the outside of the closed, collection buckets with a disinfectant wipe. HCWs will then doff PPE and place clean 1870+ N95 respirator collection buckets from the unit's clean utility room outside of COVID-19 rooms.
MDRD will work with units to determine designated drop-off/pick-up times where they will drop off clean 1870+ N95 respirator collection buckets in the unit's clean utility room and pick-up full buckets of used 1870+ N95 respirators using a closed, concealed transport cart from the unit's dirty utility room/designated room.

77. **How will staff know if an 1870+ N95 respirator has been re-used?**
Re-used 1870+ N95 respirators will have a black tally mark by the right seam of the respirator. It is essential that healthcare providers mark 1870+ N95 respirators with a tally mark near the right seam, using black permanent sharpie before donning the respirator.

78. **If a staff member has forgotten to place a tally mark on the respirator before providing patient care,** and the respirator is not visibly soiled, ripped or torn, and the elastics are intact, staff should still place the 1870+ N95 respirator in the labelled, designated collection bucket. Do **NOT** mark the respirator after it has been used for patient care.

79. **How can units managers help to facilitate the decontamination of used 1870+ N95 respirators?**
Unit managers should facilitate education of staff and physicians on the process to decontaminate used 1870+ N95 respirators. Managers should ensure health care providers are aware of their role in marking the respirators and placing them in the designated, labelled 1870+ N95 respirator collection buckets if they are re-usable (not visibly soiled, torn or ripped, and elastics are intact), and that healthcare workers are aware of their role in sealing and transporting 1870+ N95 respirator collection buckets to the dirty utility room/designated room in time for MDRD pick-up. Unit managers should work with their MDRD contacts to determine unit drop-off/pick-up times.

80. **How does MDRD transport used 1870+ N95 respirators from units to the sterilization area?**

MDRD staff will pick-up designated buckets of 1870+ N95 respirators from the unit's dirty utility room/designated room using a closed, concealed transport cart. MDRD will take the closed, concealed transport cart to the MDRD staging area, where they will decant buckets and wipe down the interior and exterior of the transport cart.

MDRD will then take the buckets of used 1870+ N95 respirators to the designated MDRD clean/dirty area. There, two processors will don contact and droplet PPE.

1. Processor 1 will hold a self-seal pouch for processor 2, to prevent contamination of the pouch.
2. Processor 2 will open the buckets, inspect the used 1870+ N95 respirators to ensure they are not visibly soiled, ripped or torn, and the elastics are intact. Re-usable respirators will be placed into the self-seal pouch held by processor 1. Damaged respirators will be disposed of in the garbage.

The self-sealed pouch will be sealed and placed into a sterilizer container. The sterilizer container will be passed through to the sterilization area to be processed.

81. Where will decontaminated 1870+ N95 respirators be stored?

Decontaminated 1870+ N95 respirators will be stored in a designated location at each site. Decontaminated 1870+ N95 respirators will be stored in plastic containers to prevent damage.