General principles for screening patients, staff and visitors. **This applies to the first point of contact screener in an area.**

1. **This document provides current guidance and recommendations for PPE during COVID-19.** Each care space is different and recommendations may change as conditions change. Always perform a [Point-of-Care Risk-Assessment (PCRA)](#) to determine PPE requirements.

2. **ED/UCC pre-triage of patients:** Refer to [IPC PPE Table for Emergency Departments and Urgent Care Centres during COVID-19](#).

3. **Continuous masking:** At screening stations, use fit-tested N95 respirator or seal-checked KN95 mask or well-fitting procedure/surgical mask.
   - There may be situations where a healthcare worker, based upon their [Point-of-Care Risk Assessment (PCRA)](#) or their assessment of all known and foreseeable risks and hazards, may choose to wear a KN95 mask or medical mask instead of an N95 respirator. See [Joint Statement](#) for more information.
   - These options are all considered safe practice for continuous masking. **KN95 masks are not used at acute care sites.**
   - Use appropriate N95 respirator model/size if fit testing is current (i.e., within the last 2 years) and review the [AHS General Instructions for Putting On and Taking Off an N95 Respirator (Mask)](#).
   - Do not use an N95 respirator if fit testing is not current. A seal check alone is not adequate for an N95 respirator.
   - A KN95 mask is not a substitute for a fit-tested N95 respirator; however, for groups that have not been fit-tested, a KN95 mask is a safe and reasonable alternative.
     - **Note:** Provincial OHS legislation does not include non-fit tested respirators (e.g., KN95) in the legislative definition of a respirator. Therefore, in Alberta, KN95s are called masks rather than respirators.
   - If fit testing is NOT available or current then don a seal-checked KN95 mask or well-fitting procedure/surgical mask.
   - **Do not double mask** (in any combination of mask and respirator) as there is an increased risk of self-contamination.

4. Use continuous eye protection regardless of HCW vaccination status.

5. HCWs working behind transparent barriers must follow continuous masking and eye protection directives.

6. When taking a temperature during screening, gown and gloves are not necessary. Clean hands before and after contact.

7. **Perform hand hygiene** frequently rather than wearing gloves. Do not wear gloves continuously.
   - Gloves do not replace the need for hand hygiene.
   - Gloves cannot be cleaned and become contaminated very quickly. Gloves are single use.

8. These are interim recommendations and may change with emerging scientific data and evolving epidemiology.
### Personal Protective Equipment (PPE) for Facility Screening Tasks

<table>
<thead>
<tr>
<th>Location</th>
<th>Tasks</th>
<th>Direct contact with person (touching)</th>
<th>Within 2 metres of unmasked coughing person</th>
<th>PPE and Physical Distance Recommendations</th>
<th>When to Change</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility main entrances, including: • Acute Care • Continuing Care • Addictions and Mental Health • Rehab • Cancer Care • Staff entrances</td>
<td>• Wayfinding and greeters • Symptom screening of patients/staff/visitors (may include taking temperatures) • Directing individuals to clean hands and don mask</td>
<td>Yes or No</td>
<td>Yes or No</td>
<td>• Maintain 2 metres spacing with desk/signage/line on the floor or a physical barrier. <a href="https://www.ahs.ca/pep-faq">See Personal Protective Equipment – Frequently Asked Questions (PPE FAQ)</a> • Continuous Masking using fit-tested N95 or seal-checked KN95 mask or well-fitting procedure/surgical mask • Continuous eye protection • Additional PPE not recommended. Gown and glove use based on Point-of-Care Risk Assessment (PCRA).</td>
<td>Change N95 respirator or KN95 mask or procedure/surgical mask AND eye protection as a unit if: • one or both is wet/soiled; • contaminated (e.g., coughed or sneezed on); • before breaks and shift change. Reusable eye protection must be cleaned and disinfected. Single-use eye protection must be discarded. Gown and gloves (if used) to be doffed after each encounter.</td>
<td>• Perform hand hygiene frequently using ABHR. • Do not wear a procedure/surgical mask over an N95 respirator or KN95 mask.</td>
</tr>
<tr>
<td>Ambulatory clinics • Outpatient labs • Diagnostic Imaging Departments</td>
<td>• Asking screening questions • Checking in patients/residents/clients • Handling paperwork • Directing individuals to clean hands and don mask</td>
<td>Yes [Indirect]</td>
<td></td>
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</tbody>
</table>

Pre-screening may be done before appointments.