**Best practice recommendations**

- Alberta Health Services (AHS) policy requires continuous masking, i.e., healthcare providers wear a surgical/procedure mask continuously at all times and in all areas of their workplace. Continuous masking is especially important if healthcare providers are involved in direct patient contact or cannot maintain adequate social/physical distancing from patients* and co-workers.

- This information sheet provides options/adaptations for healthcare providers in acute care to support communication with patients* when continuous masking interferes with the efficacy of intervention or significantly impairs the interaction, for example:
  - significantly interferes with communication such as caring for patients* with communication or cognitive challenges where visualization of the healthcare provider’s mouth and face is essential to meet care needs.

- The information provided assumes that all other relevant recommendations are being followed, e.g., screening protocols, physical distancing, routine practices, e.g., point of care risk assessment (PCRA), hand hygiene, cleaning and disinfection, and any additional precautions.

- This information sheet does not cover continuous masking by staff or patient* masking.

1. Personal protective equipment adaptations

  1.1. A transparent face shield, which extends past the chin or a clear mask may be used in place of a surgical/procedure mask to help address communication challenges, e.g., staff within 2 metres of the patient* in place of continuous masking. Refer to Table 1 for details about the product.

  1.1.1 Face shields available through AHS are 19cm, or 7 ½ inches long and provide adequate protection for eyes, nose, mouth and face.

  - Wear a transparent face shield without a surgical/procedure mask when the patient* does not have symptoms of COVID-19. If possible, have the patient wear a mask or face shield.

  - Wear a surgical mask/procedure mask in addition to the shield if the patient* is on contact and droplet precautions or as indicated by the PCRA.

  - Instructions on how to safely reuse eye protection including face shields are available.

  - Masks that allow visualization of the mouth, lips and teeth may be acceptable; however, eye protection is still required when indicated by the PCRA, e.g., the patient* has symptoms of Influenza-like Illness (ILI) or is on contact droplet precautions. These masks are no longer available through Contracting, Procurement and Supply Management (CPSM).

  - Other products (Clear Mask™ or Safe’N’Clear – The communicator™) have been reviewed but are either unavailable for purchase in Canada or they have not been deemed suitable for all users or situations. Limitations may include poor facial fit necessitating adjustments as the face moves.

  - Investigated Safe’N’Clear – The communicator™; but it is not available for purchase in Canada.

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For more information contact
ipcsurvtdadmin@ahs.ca
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<table>
<thead>
<tr>
<th>Version</th>
<th>Date (YYYY-MM-DD)</th>
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<tr>
<td>Updated</td>
<td>2020-10-15</td>
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<td>Revised</td>
<td>2020-11-30</td>
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Table 1: Description of transparent face shields and masks

<table>
<thead>
<tr>
<th>Product</th>
<th>Sample image</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard face shield</td>
<td></td>
<td>Fully inventoried. All standard face shields supplied through CPSM inventory and to supply carts are a minimum 7 ½ inches, or 19cm, in length, and can be safely used. The brand of face shield may change based on available stock but all are approved for use. For ordering a standard face shield contact your local site services staff. Ordering numbers will vary by zone/area.</td>
</tr>
<tr>
<td>Contoured face shield</td>
<td></td>
<td>Limited supply. Flexible and moves with user, anti-fog, and contoured to face. Trialed by speech language pathology at one location with successful results. See next page for ordering information.</td>
</tr>
<tr>
<td>Clear Mask ™</td>
<td></td>
<td>Not recommended and no longer available through CPSM: Loose fitting, does not fit well on the nose, and can be quite mobile on the face during speech and other movements of the jaw.</td>
</tr>
</tbody>
</table>

2. Information for ordering contoured face shields from CPSM

2.1. AHS sites order the contoured face shield from CPSM

- This ordering information is for AHS sites only. Sites outside of AHS may order contoured face shields directly from the vendor.
- AHS sites, complete the table below.
- Send the request via email with the subject line “Contour Shield Orders” to: Kerry Coroy (kerry.coroy@albertahealthservices.ca).
Table 2: Contoured face shield ordering instructions

<table>
<thead>
<tr>
<th>Order Form</th>
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<tbody>
<tr>
<td>Contact name</td>
</tr>
<tr>
<td>Contact number</td>
</tr>
<tr>
<td>Department functional center</td>
</tr>
<tr>
<td>Full mailing address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item(s) Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item Number and Description</td>
</tr>
<tr>
<td>Oracle # 366139 shield face full foam bettershield (Full contoured face shield)</td>
</tr>
<tr>
<td>Cost: $32.00/box</td>
</tr>
</tbody>
</table>

3. Cleanable transparent physical barriers, e.g., Plexiglas

- Barriers have been used in settings where the type of care provision and/or the infrastructure of the areas support the construction of a cleanable barrier to be used between the care provider and patient* to reduce droplet exposure. This includes settings where patient care is not provided or where healthcare providers do not have direct patient contact. They may also be used in patient care environments when it is determined that the healthcare provider can deliver therapeutic intervention that meets the patient’s needs from behind a transparent physical barrier.

3.1. When using the transparent physical barrier consider the following:

- Consult with operational leadership before purchase and installation of barriers to align with AHS goals to minimize infrastructure changes.

- Choose a barrier with dimensions, e.g., width and length to provide a physical barrier between the tallest healthcare provider using the barrier and the patient*, i.e., provide a barrier that covers nose and mouth area of the healthcare provider.

- Portable barriers are less preferred; however, they may be used if they’ve already been purchased. Considerations include accessibility, frequency of use, dimensions as described above, cleanability, ease of handling and transport, weight and stability, and storage.
  - If there are safety concerns do not use the portable barrier.
  - Refer staff questions about the safety of using a portable barrier to WHS.
3.2. Clean the transparent barrier daily and when visibly soiled with AHS provided products intended for that purpose, e.g., ready-to-use disinfectant wipes.

4. Other communication supports

4.1. Suggestions to enhance communication may include use of pen and paper, pocket talkers, hearing loop systems, and other electronic communication supports such as apps that convert speech to text.
   - Handle communication supports with clean hands.
   - Clean communication supports such as communication books, hearing devices, iPads and electronic devices after use.

**Note:** The Canadian Hard of Hearing Association offers resources and supports and can be contacted by email at info@chha-ed.com or by phone at 780-428-6622.

5. Sample scenarios to demonstrate how to apply recommendations

**Note:** These scenarios only apply when healthcare providers require options/adaptations to support communication with patients when continuous masking interferes with the efficiency of intervention or significantly impairs the interaction.

5.1. Can staff wear a face shield without a surgical mask and be within 2 meters of a patient cared for using routine practices, whether or not the patient is wearing a mask?

**Answer:** Yes, staff may wear either a standard or contoured face shield without a surgical mask to support communication with a patient cared for using routine practices if:
   - Relevant recommendations are followed, i.e., screening protocols are in place and the patient is not COVID positive, have a test pending, or have risk factors.
   - Staff perform a point of care risk assessment (PCRA) before each patient contact/encounter and determine facial protection is not required and no risk of exposure to blood and body is identified.
   - If possible, have the patient wear a mask or face shield.

5.2. Can staff wear a face shield without a surgical mask and be within 2 meters of a patient on contact precautions, whether or not the patient is masked?

**Answer:** Yes, staff may wear either a standard or contoured face shield without a surgical mask to support communication with a patient on contact precautions if:
   - Relevant recommendations are followed, i.e., screening protocols are in place and the patient is not COVID positive, have a test pending, or risk factors for COVID-19.
   - Staff perform a point of care risk assessment (PCRA) before each patient contact/encounter and determine facial protection is not required and no risk of blood and body fluid exposure is identified.
   - If possible, have the patient wear a mask or face shield.

5.3. Can staff wear a face shield without a surgical mask and be within 2 meters of a patient who is masked and who is on droplet precautions?

**Answer:** No, staff require mask and eye protection, e.g., face shield, when caring for a patient on droplet or contact and droplet precautions.
Options and Adaptations to address Patient Communication Challenges | Page 5

References
