Best practice recommendations

- Refer to the latest PPE guidance documents on the COVID-19 resource aggregator for complete details on required PPE.

- This information sheet provides options/adaptations for healthcare providers in acute care, ambulatory care and community settings 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 when 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 staff issues with continuous masking or patient* masking, except as needed to accommodate adaptations.

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 procedure mask to help address communication challenges. Refer to Table 1 for details about the product.

  1.1.1. If the patient has COVID-19 symptoms or other risk factors, maintain continuous masking and eye protection and do not consider adaptations for communication purposes.

  1.1.2. A transparent face shield without a procedure mask may be considered when the patient*:
    - does not have symptoms or risk factors of COVID-19, or on modified respiratory, droplet or contact and droplet precautions; and
    - requires adaptations for communication purposes.

  1.1.3. If possible, have the patient wear a mask or face shield.

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

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

1.3. Procedure masks that allow visualization of the mouth, lips and teeth and meet ASTM standards will be available by March 17, 2021 through Contracting, Procurement and Supply Management (CPSM). These masks:
  - May be worn in place of a procedure mask to address patient communication challenges.
  - Supply/volume available is not sufficient to support general usage for continuous masking requirements provincially.
  - Costs more than a regular procedure mask.
  - Can be ordered from CPSM through local warehouse.
## Table 1: Description of transparent face shields and masks

<table>
<thead>
<tr>
<th>Product</th>
<th>Sample image</th>
<th>Description</th>
</tr>
</thead>
</table>
| Standard face shield                         | ![Standard face shield image] | • 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 |
| Contoured face shield                        | ![Contoured face shield image] | • 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 |
| Mask Procedure with Window ASTM Level 1 MFTW-15-M1 | ![Mask Procedure with Window image] | • Available from inventory  
• ASTM Level 1 rated for fluid but passes filtration rates of level 2/3  
• Trialed by speech language and audiology departments at one sites with positive results  
• For ordering, contact your local site services staff. Ordering numbers will vary by zone/area  
• Cost 26.25 for a box of 15 masks – $1.75 per mask |
| Safe’N’Clear – The communicator™             | ![Safe’N’Clear – The communicator™ image] | • Item is now available for sale to Canada  
• Samples being sent for review, item is more expensive than Medsup option being carried in inventory  
• Not currently available to order in AHS |

For more information contact  
ipcsurstdadmin@ahs.ca  
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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>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact name</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contact number</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Department functional center</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Full mailing address</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item(s) Requested</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Item Number and Description</strong></td>
<td><strong>Quantity Requested</strong></td>
<td><strong>Sample</strong></td>
</tr>
<tr>
<td>Oracle # 366139 shield face full foam bettershield (Full contoured face shield)</td>
<td>____ box of 10</td>
<td><img src="image.png" alt="Contoured Face Shield Image" /></td>
</tr>
<tr>
<td>Cost: $32.00/box</td>
<td></td>
<td></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. Continuous masking and eye protection directives still apply.

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 efficacy of intervention or significantly impairs the interaction.

5.1. **Can staff wear a face shield without a procedure 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 procedure 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-19 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 procedure 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 procedure 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-19 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 procedure mask and be within 2 meters of a patient who is masked and who is on modified respiratory or droplet precautions?**

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

References


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