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) including a COVID-19 symptom and risk factor assessment to determine PPE requirements.

2. Continuous masking: May use fit-tested N95 respirator or seal-checked KN95 mask or well-fitting procedure/surgical mask. All three options are considered safe practice for continuous masking.
   - 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 procedure/surgical mask instead of a N95 respirator.
   - 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)
   - **Fit testing:** Community clinics may hire a private occupational health contractor to perform fit testing for N95 respirators.
   - If fit testing is NOT current, then don a seal-checked KN95 mask: [https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-seal-checks-disposable-kn95-respirators-8-5x11.pdf](https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-seal-checks-disposable-kn95-respirators-8-5x11.pdf). 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.
   - Use a well-fitting procedure/surgical mask if fit-tested N95 respirator or seal-checked KN95 mask not available.
   - **Do not double mask** (in any combination of mask and respirator) as there is an increased risk of self-contamination.

3. Use continuous eye protection regardless of HCW/staff vaccination status.

4. HCWs/staff working behind transparent barriers must follow continuous masking and continuous eye protection.

5. **Perform hand hygiene** frequently. Do not wear gloves continuously.
   - Gloves do not replace the need for hand hygiene.
   - Gloves cannot be cleaned and become contaminated very quickly.
   - Gloves should be used when handling disinfectants or before contact with body fluids.

6. Follow order for **donning (putting on)** and **doffing (taking off)** PPE. Ensure hand hygiene is done between each step of doffing.

7. These are interim recommendations and may change with emerging scientific data and evolving epidemiology.

8. For further COVID-19 guidance, refer to:
   - CPSA COVID-19 Guidance for Community Medical Clinics
   - COVID-19 Guidance for Community Providers
### IPC PPE Table for Community Providers/Clinics (non-virtual appointments) during COVID-19

<table>
<thead>
<tr>
<th>HCW/Staff Type Examples</th>
<th>Tasks</th>
<th>Direct Patient Contact?</th>
<th>Within 2 metres of patient or contaminated space?</th>
<th>PPE Required</th>
<th>When to Change</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>Continuous masking (preferably procedure/surgical mask, not cloth/fabric mask) and clean hands upon entry to clinic.</td>
<td></td>
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<tr>
<td>HCW/staff working 2 metres away from patients and other HCWs</td>
<td>HCWs working in patient care areas or in shared office spaces are to follow continuous masking and continuous eye protection. Additional PPE not required. Perform hand hygiene frequently.</td>
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</table>

**Patient COVID-19 symptoms & risk factors unknown (not yet screened)**

- Medical/clinical staff
- Office staff

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</table>
| • Screening questions  
• Assessment questions/data entry  
• Directing patients to sanitize hands/mask  
• Assisting patients/families and staff | Yes or No | Yes Continuous Masking  
Continuous Eye Protection  
See Personal Protective Equipment – Frequently Asked Questions (PPE FAQ) | • N95 respirator or KN95 mask or well-fitting procedure/surgical mask  
• Eye protection | • Change N95 respirator or KN95 mask or well-fitting procedure/surgical mask and eye protection as a unit if:  
  o one or both is wet/soiled  
  o contaminated (e.g., AGMP exposure, coughed or sneezed on)  
  o before breaks or leaving clinic  
• Reusable eye protection must be cleaned and disinfected. Single-use eye protection must be discarded | • Perform hand hygiene frequently.  
• Do not double mask in any combination of mask and respirator as this increases the risk of self-contamination.  
• Gloves not recommended |
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<td>Medical/clinical staff</td>
<td>Direct patient care</td>
<td>Yes</td>
<td>Continuous Masking Continuous Eye Protection</td>
<td>N95 respirator or KN95 mask or well-fitting procedure/surgical mask:</td>
<td></td>
<td>• Perform hand hygiene frequently.</td>
</tr>
<tr>
<td>Office staff</td>
<td>Contact with patient environment</td>
<td>(indirect and direct)</td>
<td>See Personal Protective Equipment – Frequently Asked Questions (PPE FAQ)</td>
<td>o All three options are considered safe practice.</td>
<td></td>
<td>• Do not double mask in any combination of mask and respirator as this increases the risk of self-contamination.</td>
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<tr>
<td>Cleaning/Janitorial staff</td>
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<td></td>
<td></td>
<td>o 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 medical mask instead of an N95 respirator or KN95 mask.</td>
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<td>• Reusable eye protection must be cleaned and disinfected. Single-use eye protection must be discarded.</td>
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<td>• Gown and gloves (if used) to be doffed after each patient encounter.</td>
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</table>
## IPC PPE Table for Community Providers/Clinics (non-virtual appointments) during COVID-19

### HCW/Staff Type Examples
- Medical/clinical staff
- Office staff
- Cleaning/Janitorial staff

### Tasks
- Direct patient care
- Contact with patient environment

### Direct Patient Contact?
- Yes (indirect and direct)

### Within 2 metres of Patient or Contaminated Space?
- Yes

### PPE Required
- Continuous Masking
- Continuous Eye Protection

### When to Change
- Change ALL PPE after each patient encounter.
- Reusable eye protection must be cleaned and disinfected. Single-use eye protection must be discarded.

### Notes
- Perform hand hygiene frequently.
- Do not double mask in any combination of mask and respirator as this increases the risk of self-contamination.

### Pink Stream Patient
[i.e., on **Modified Respiratory Precautions** because symptom or risk factor present, confirmed COVID-19, or unable to assess (e.g., altered cognition)]

- **Medical/clinical staff**
- **Office staff**
- **Cleaning/Janitorial staff**

- **Direct patient care**
- **Contact with patient environment**

- **Yes**
  - Continuous Masking
  - Continuous Eye Protection

- **Yes**
  - See Personal Protective Equipment – Frequently Asked Questions (PPE FAQ)

- **N95 respirator or KN95 mask**
- **Well-fitting procedure/surgical mask:**
  - **Must use N95 respirator or KN95 mask if AGMP in progress or anticipated**
  - **There may be situations where a healthcare worker, based upon their PCRA or their assessment of all known and foreseeable risks and hazards, may choose to wear a medical mask instead of an N95 respirator or KN95 mask.**

- **Eye protection**
- **Gown**
- **Gloves**

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