Continuing Care – Personal Protective Equipment (PPE)
Frequently Asked Questions

The information captured in this document reflects current Personal Protective Equipment (PPE) information for Continuing Care.

Every effort will be made to maintain the accuracy of this document, however you can find the most current information related to COVID-19 at www.alberta.ca/covid19

PPE in Continuing Care Facilities

1. UPDATED - What guidelines should staff in continuing care facilities follow?

AHS, along with other health care organizations in Canada follows the recommendations of the World Health Organization (WHO) and Public Health Agency of Canada (PHAC).

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

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 resident care
- work in resident care areas in both AHS and community settings
- cannot maintain adequate physical distancing from residents or co-workers (a minimum of two metres or six feet); or
- if entry into resident care areas is required

Note: Eye protection may be worn, in addition to continuous masking, for all staff providing direct care or who are within two (2) metres of residents.

Where there is a confirmed COVID-19 outbreak, 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:

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

During a COVID-19 variant of concern (VOC) outbreak, staff are required to continuously wear surgical/procedure mask and eye protection at all times (except when eating/drinking) and in all areas of the workplace/building, including resident rooms, in accordance with CMOH Order 03 2021.

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.

Additional guidance about this approach is available on www.ahs.ca/covidppe.
Continuing care staff and physicians should use Contact and Droplet precautions including a procedure mask, gown, eye protection and gloves when treating a resident with suspected or confirmed COVID-19, unless they are performing aerosol generating medical procedures (AGMPs) or when working with intubated residents 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.

Note: Staff will have access to a fit-tested and seal-checked N95 or equivalent respirator if required based upon their own point of care risk assessment (PCRA), even in non-AGMP situations. For non-clinical staff who are required to be within two metres of a resident and who do not conduct a PCRA, access to the PPE will be based on their assessment of all known and foreseeable risks and hazards. In order to ensure all health care staff have access to appropriate PPE, Alberta Health Services staff attending to congregate settings should ensure to bring an adequate supply of PPE including fit-tested N95 respirators. Fit-testing for N95 respirator size is individual. Wearing a size that you have not been fit-tested for does not provide adequate protection.

2. 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 residents, 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 the evolving COVID-19 situation.

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 resident care or working in resident care areas. As well, in sites where there is a confirmed outbreak, continuous use of eye protection is recommended for all staff providing direct resident care or working in resident care areas and for all designated essential visitors. These directions ensure we are protecting residents 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

3. UPDATED - Are staff required to work at a single site in continuing care?

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 to enhance safety measures and support continuity of staffing. For more information, please see the Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders.

4. NEW - Where can I find more information about the requirements for congregate settings when responding to an outbreak of a variant of concern?

On February 24/2021, Alberta’s Chief Medical Officer of Health put in place an order on COVID-19 Variants of Concern (VOC) Outbreak Protocol. This order includes protocols for congregate sites on how to respond to VOC outbreaks.

Available Supply and Ordering of PPE

5. If I have limited supplies of PPE at my site, can I request an urgent delivery?

Emergency orders will be accommodated on a case by case basis. AHS, AHS-affiliate and contracted operators should contact CPSMOperations.EOC@ahs.ca.

ahs.ca/covidppe
6. If an outbreak is declared and staff are required to use full PPE for all resident care transactions, will my site receive more PPE supply to accommodate these enhanced safety measures?

In the event of an outbreak, AHS, AHS-affiliate and contracted operators can request additional required PPE through CPSMOperations.EOC@ahs.ca.

Emergency orders will be accommodated on a case by case basis. Only order the quantity and type of PPE that your site currently requires.

AHS has a coordinated response line for Congregate Living Setting Operators (1-844-343-0971) that offers immediate infection prevention measures for sites that do not already have a confirmed outbreak and:
- Have a resident or staff with influenza-like or COVID-19 symptoms; or,
- Need assistance or guidance managing symptomatic residents or staff.

When a site phones the coordinated response line, they can request an emergency supply of PPE for 24-48 hours until they are able to order more.

7. How do I order more PPE for my continuing care facility?

PPE supply, including the delivery of masks, will continue to be distributed 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 resident 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.

For those groups not listed above, 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

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

NOTE: 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.

Infection Prevention and Control

8. What is the definition of ‘Resident Care Area’?

Resident care area can be defined at a local or site level by a designated leader and relates to all areas of the healthcare setting where direct resident care is delivered and where diagnostic or treatment procedures are performed.
9. **UPDATED** - I have an asymptomatic resident that has been given a homemade cloth face mask. Can I allow this resident to wear the mask?

Residents are still able to wear a non-medical (cloth) mask as long as they are following the public health guidance for mask requirements. Since the effectiveness of cloth masks would vary based on the nature of the fabric and mask fit, it is important to inform the individual of proper donning and doffing techniques, when to change and wash it and risks, such as contamination, from touching the mask. We do know that the effectiveness is likely to be less than the procedure mask available for use in AHS sites.

For more information, see the Guidelines for Continuous Mask and Eye Protection Use in Home Care and Congregate Living Settings.

10. **UPDATED** - How do we prevent contact dermatitis due to PPE usage?

All procedure masks are latex free and hypo-allergenic. Staff are encouraged to use Infection Prevention and Control approved soaps or lotions as over the counter products can exacerbate the irritation. For more information, see the Guidance to Help Make Continuous Masking Work for You.

11. **UPDATED** - Should staff providing care to a resident with a suspected/confirmed case of COVID-19 be restricted from providing care to other residents?

Staff moving between units in one facility should be minimized as much as possible to reduce the risk of cross contamination between units/resident care areas and limit potential spread. Review the Congregate Living Settings Recommendations for Staff Cohorting during COVID-19 for more information.

12. **UPDATED** - A resident has returned from the hospital and is self-isolating for 14 days. When providing care, do I have to wear full PPE in accordance with contact and droplet precautions?

If a resident decides to quarantine themselves but is not required to isolate/quarantine based on their risk of unknown exposure then contact and droplet precautions are not required. Follow the recommendations in Table 6 (management of COVID-19 test results) in CMOH Order 32-2020.