

# Continuing Care – Personal Protective Equipment (PPE)

## Frequently Asked Questions

June 15, 2020

The information captured in this document reflects questions raised at the Continuing Care Personal Protective Equipment Town Hall, held on April 14<sup>th</sup>.

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](http://www.alberta.ca/covid19).

- [Available Supply and Ordering of PPE](#)
- [Infection Prevention Control](#)
- [Home Care](#)
  
- The numbers listed below identify new questions to provide additional clarity: 1, 3, 10, 11

### Available Supply and Ordering of PPE

#### 1. **UPDATED** As the province returns to normal operations, how will the re-launch impact PPE supply and distribution for contracted care providers?

PPE supply and distribution remains a priority for the provincial government as it strives to protect the health and wellbeing of vulnerable Albertans.

PPE supply, including the delivery of masks every two weeks, will continue to be distributed as usual 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, group homes, and shelter operators.

For these groups listed above, requests for additional PPE including N95 respirators for use by staff performing an [AGMP](#) must be submitted to [CPSMOperations.EOC@ahs.ca](mailto:CPSMOperations.EOC@ahs.ca). AHS reserves the right to limit quantities shipped. Additional information and rationale may be requested to ensure appropriate use of PPE and safeguard supplies.

#### 2. **Do I need to provide PPE for essential health care providers coming into my site?**

AHS case managers, home care contracted providers and essential health care providers (i.e. EMS) coming into a site should have their own supply of PPE. All individuals coming onto the site must be provided all necessary PPE to safely complete their task.

For more information, refer to [Personal Protective Equipment \(PPE\)](#).

#### 3. **UPDATED** For the providers identified in question one, what PPE products are they able to request?

The PPE products that can be requested by the groups identified in question one include:

- gloves (non-sterile small, medium, and large)
- surgical/procedure masks
- isolation gowns
- face shields

N95 respirators can be provided where staff are performing an [aerosol-generating medical procedures \(AGMP\)](#). Refer to the appropriate AGMP procedure to determine if a N95 respirator is required.

**4. Will I receive email confirmation that my order has been received and will be delivered?**  
 CPSM will send a confirmation email to AHS, AHS-affiliate and contracted operators to confirm receipt of the PPE request. Once the order has been entered for processing, sites will receive a follow-up email with a tracking number.

**5. How far in advance should continuing care sites order PPE?**  
 AHS will process requests on a weekly schedule by zone; see chart below for more information.  
 Other notes:

- Ordering and shipping schedule is subject to change at any time based on system limitations and availability.
- All shipments will be by courier. Delivery of product will be dependent on the location of the requestor. No pick-ups are allowed.
- Emergency orders will be accommodated on a case by case basis.

Zone:	North/South	Central	Calgary	Edmonton
<b>Deadline to submit order:</b>	Sunday	Monday	Tuesday	Wednesday
<b>Day supplies ship:</b>	Tuesday	Wednesday	Thursday	Friday

**6. Why are continuing care sites asked to provide explanations for PPE requests?**  
 Global PPE supply issues require Alberta to have a coordinated effort when allocating PPE supplies. The information provided will help AHS confirm if the appropriate type and quantity of PPE are being requested for the outbreak or situation the facility is managing. But more importantly such information is valuable for AHS to plan and forecast potential increases in PPE utilization.

**7. I received my order but it does not have everything I requested. Who should I follow-up with?**  
 Quantity and type of PPE equipment requested will be reviewed and allocated based on availability of supplies, daily average staff counts, and outbreak status. AHS reserves the right to limit quantities shipped. Additional information and rationale may be requested to ensure appropriate use of PPE and safeguard supplies.

If you have any questions, please contact [CPSMOperations.EOC@ahs.ca](mailto:CPSMOperations.EOC@ahs.ca)

**8. 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, contact [CPSMOperations.EOC@ahs.ca](mailto:CPSMOperations.EOC@ahs.ca).

**9. 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](mailto: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 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.

**10. UPDATED How will the re-launch impact PPE supply and distribution for non-contracted providers?**

On July 1, non-contracted providers (i.e. private lodges, private retirement communities, private assisted/supportive living, group homes, senior's apartments and private home care) will be required to order PPE supplies from their own suppliers. 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](#)

**11. UPDATED I'm a non-contracted provider. How can I access PPE until I receive the supplies ordered from my supplier?**

Providers (i.e. private lodges, private retirement communities, private assisted/supportive living, group homes, senior's apartments and private home care) who have ordered PPE from their supplier but have yet to receive the products can continue to access PPE through the government until June 30. However, these requests for PPE will be invoiced back to the provider at a fair market price.

As of July 1, providers who experience a lack of PPE due to a delay from their supplier or other emergency can submit a request for supply through the government. These requests will be assessed on a case-by-case basis by the provincial operations center, and providers will be invoiced for any PPE supplied.

Questions about PPE for non-contracted providers can be submitted to [PESSECC-LOGISTICS@gov.ab.ca](mailto:PESSECC-LOGISTICS@gov.ab.ca).

## Infection Prevention and Control

**12. 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.

**13. I do not provide direct resident care but may come into close contact with a resident or other staff members when completing my work. Should I wear a mask continuously?**

Yes. All individuals (including staff and visitors) are required to adhere to [continuous masking](#) when in resident care areas or when [physical distancing](#) is not able to be maintained between residents or staff. This includes dietary and environmental services staff as well as all other support staff.

As well, in sites where there is a confirmed outbreak of two or more cases of COVID-19, continuous use of eye protection is recommended for all staff providing direct resident care or working in resident care areas.

**14. Can home-made masks be worn instead of the AHS-issued procedure mask?**

No, only surgical/procedural masks can be worn to satisfy the AHS continuous masking use guidelines. Review the [Bringing My Own PPE to Work](#) guidance document for more information.

**15. I have an asymptomatic resident that has been given a homemade cloth face mask. Can I allow this resident to wear the mask?**

There is nothing that would prevent the resident from wearing a homemade mask. However, it is important to provide education to the individual that there are risks such as contamination from touching the mask, proper [donning](#) and [doffing](#) techniques, and when to change and wash it.

The effectiveness of cloth masks would vary based on the nature of the fabric used to create the mask. We do know that the effectiveness is likely to be less than the surgical/procedure mask available for use in AHS sites.

**16. How do we prevent contact dermatitis?**

All surgical/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.

**17. Do I need to put on a new mask as well as full PPE when I enter the room of a resident on contact and droplet precautions?**

No, you do not need to change your surgical/procedure mask as long as it's not soiled. You must also wear the required PPE including eye protection, gown and gloves when treating a resident on [contact and droplet precautions](#).

After providing care to the resident, use proper [doffing](#) technique to remove all PPE upon exiting, perform [hand hygiene](#) and [don](#) on a new surgical/procedure mask.

**18. I have not been trained on how to properly don or doff PPE equipment. How can I learn more about these techniques?**

Refer to these resources for proper [donning](#) and [doffing](#) techniques.

**19. What is the process for fit testing N95 respirators in continuing care?**

Any organization that offers safety training should be able to provide FIT testing for staff. For more information, refer to [Fit Testing Strategy for Preparation of novel coronavirus \(COVID-19\)](#).

**20. At my site, staff are shared between units during a single shift (i.e. a nurse who moves between four units at a site and visits multiple residents in each unit). What is best practice for use of PPE when transitioning between units?**

Designated leaders should be engaged to determine how the site is defining resident care areas and to ensure practice of continuous masking/eye protection between units promotes the health and wellness of both staff and residents.

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

Cohorting of staff should occur to ensure staff that are working with residents in areas that are in outbreak are not working in areas that are not in outbreak or are providing care to residents that are asymptomatic before providing care to residents under investigation or confirmed. Staff moving between units in one facility should be minimized as much as possible. Review the [Congregate Living Settings Recommendations for Staff Cohorting during COVID-19](#) for more information.

**22. 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?**

All new admission or transfers into continuing care facilities are to be placed on isolation with [contact and droplet precautions](#) for 14 days. Staff are required to wear [full PPE](#) in accordance with contact and droplet precautions.

**23. When wearing a mask continuously, should I change my mask after providing personal care services such as toilet assistance?**

Surgical/procedure masks need to be changed when contaminated, wet or visibly soiled. Health care workers should be aware that flushing of toilets that are not closed or covered results in spray (toilet plume) which can travel anywhere from two to six feet.

## Home Care

**24. What is the process for obtaining masks in Home Care?**

Each home care office has their own standard process for procurement of supplies. Home care providers should follow their standard process and bring their own appropriate PPE required. Self-managed care agreement holders can request PPE from their home care office.

**25. What is the deadline for home care providers to submit PPE orders? What is the time frame to receive orders?**

AHS will process requests on a weekly schedule by zones. Emergency orders will be accommodated on a case by case basis. Ordering and shipping schedule is subject to change at any time based on system limitations and availability.

Zone:	North/South	Central	Calgary	Edmonton
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**26. Are home care providers required to mask continuously?**

Home care providers are required to wear surgical/procedure masks continuously when they are providing direct client care or are in a client care area. For more information see [Guidelines for Continuous Masking in Home Care and Congregate Living Setting](#).