Continuing Care – Personal Protective Equipment (PPE)

Frequently Asked Questions

July 29, 2021

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.

Refer to the current CMOH orders, the AHS Directive: Use of Masks During COVID-19 and the Guidelines for Continuous Mask and Eye Protection Use in Home Care and Congregate Living Settings for the current requirements in your care/work area.

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.

Additional guidance 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: As a result of the Feb. 25, 2021 updated joint agreement, all healthcare workers regardless of classification, across the care continuum and in all clinical settings, who are within two metres of patients suspected, presumed or confirmed to have COVID-19 shall have access to appropriate PPE. 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, access to 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 they bring an adequate supply of PPE including fit-tested N95 respirators. Fit-testing for N95 respirator size is individual. Wearing a size for which you have not been fit-tested may not provide adequate protection.
Refer to the Updated Agreement with Unions on Personal Protective Equipment during COVID-19 for more information.

2. **UPDATED** - What is being done to protect some of the most vulnerable Albertans who live in continuing care facilities? Or the staff who support them?

Vaccinations in licensed supportive living, long-term care and hospice settings have considerably reduced negative outcomes of COVID-19 for residents in these settings. Outbreaks are not happening as often and, when they do, are more contained and not as widespread. All continuing care residents desiring vaccination have received it, in addition to staff working at these sites. Ongoing safety measures such as health screening, enhanced cleaning, and physical distancing continue to be required.

Vaccination of every healthcare provider (and every Albertan) is strongly recommended and is the most effective means for preventing COVID-19 infection.

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 most recent CMOH Orders for continuing care and the Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders.

4. Our site obtains PPE through AHS. Do AHS face masks have graphene in them?

AHS procedure masks do not contain graphene.

All PPE products brought into use by AHS CPSM are subject to rigorous quality control checks. Our PPE products meet or exceed current safety standards.

An alert was issued by Health Canada advising Canadians not to use face masks that contain graphene because there is a potential that they could inhale graphene particles, which may pose health risks.

We encourage AHS staff and physicians to continue submitting their PPE questions or concerns, as well as situations they may be managing on the front line, to ppe@ahs.ca.

- See Personal Protective Equipment
- See Personal Protective Equipment FAQ

**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-affiliates and contracted operators should contact CPSMOperations.EOC@ahs.ca.

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

Residents may wear a non-medical (cloth) mask as long as they are following the public health guidance for mask requirements. The effectiveness of cloth masks 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 of cloth masks 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. 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. Should staff providing care to a resident with suspected/confirmed 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 – What quarantine requirements are in place for individuals returning from a hospital on outbreak or from an off-site outing?

Follow the recommendations on page 9 of CMOH Order 37-2021.