Personal Protective Equipment (PPE)
Frequently Asked Questions

1. I'm a healthcare worker - where can I find the PPE guidelines?
AHS has developed a single, dedicated page for all information on Personal Protective Equipment (PPE) and related Infection, Prevention & Control (IPC) guidelines. Please visit www.ahs.ca/covidPPE to access all PPE and IPC guidelines.

2. What precautions should I take when treating patients in general?
Effective immediately, AHS is advising all healthcare workers providing direct patient care in both AHS and community settings to wear a surgical/procedural mask continuously, at all times and in all areas of the workplace if they are involved in direct patient contact or cannot maintain adequate physical distancing from patients and co-workers. Additional guidance about this approach is available on http://www.ahs.ca/covidPPE.

As well as wearing a surgical/procedural mask continuously, staff should continue to use Routine Practices for all patients at all times, which includes a point of care risk assessment. When assessing patients who present with an influenza-like illness (ILI), the ILI algorithm should be followed. (Note: COVID-19 may resemble other respiratory tract infections, grouped together as “ILI”.)

3. What type of precautions should I use when treating a patient with suspected or confirmed COVID-19?
Staff and physicians are advised to use Contact and Droplet precautions in addition to routine practices when caring for a patient with suspected or confirmed COVID-19, including a procedure mask, gown, gloves and eye protection (e.g. goggles, face shield, or procedure mask with built-in eye shield). Note: personal eye glasses are not sufficient eye protection.

It is critical that staff refer to and comply with the AHS Infection Prevention and Control (IPC) standards when treating patients. These standards outline the circumstances and situations where personal protective equipment is required and appropriate to respond to COVID-19.

Review the PPE checklist for contact and droplet precautions and the proper procedures for donning and doffing. These guidelines are in alignment with both the Public Health Agency of Canada and the World Health Organization, and with other provinces and territories in Canada.

4. What initial steps should I take with a patient that may have COVID-19?
Note: all healthcare workers are advised to wear a surgical/procedural mask continuously when treating any patient regardless of their COVID-19 status. Additional guidance about this continuous masking approach is available on www.ahs.ca/covidppe.

- If your patient meets the higher risk screening criteria for COVID-19, have the patient wear a procedure mask immediately.
- Initiate contact and droplet precautions, place the patient in a separate room as soon as possible then proceed with your clinical assessment.
- Zone Medical Officer of Health (MOH) approval is not required for specimen collection.
- Testing on asymptomatic patients is not required.

ahs.ca/covidppe
• A nasopharyngeal swab, collected under droplet and contact precautions, transported in viral transport medium, should be submitted.
  o COVID-19 specimens no longer need to be shipped according to Transportation of Dangerous Goods (TDG) Category B requirements. For additional concerns, contact the ProvLab Virologist on-call (VOC):
    ▪ Edmonton (780-407-8921)
    ▪ Calgary (403-333-4942)
  o More information can be found here.
• Use the COVID-19 requisition available within your site’s clinical information system if available.
  o COVID-19 test requests can also be made by submitting respiratory specimens with the Serology and Molecular Testing Requisition and writing “COVID-19” in the bottom box (Specify Other Serology and Molecular Tests).
• If your patient requires admission to hospital, or if you would like the Zone MOH to assist with the risk assessment, call the Zone MOH.
• All patients who are symptomatic but are not hospitalized should be advised to self-isolate. They should not visit any other healthcare facilities, including outpatient imaging or labs, unless they are being admitted to hospital. Self-isolation information can be found here.

5. When should I use a procedure mask vs. a fit-tested N95 respirator when treating a patient with suspected or confirmed COVID-19? Should I use an N95 respirator when treating a patient with suspected or confirmed COVID-19?

When treating any patient including those with suspected or confirmed COVID-19, our healthcare workers are reminded to wear a surgical/procedural mask continuously unless they are performing certain procedures that are considered aerosol-generating medical procedures (AGMP). A fit-tested and seal-checked N95 respirator should be worn when performing AGMP, in addition to gloves, gown, and eye protection.

You can learn more about when N95 respirators should be used in this guidance document for personal protective equipment (PPE). You can also learn more about continuous masking guidelines at www.ahs.ca/covidppe.

6. Why is an N95 respirator not required for Nasopharyngeal Swab?

According to the Public Health Agency of Canada guideline, a Nasopharyngeal Swab does not generate aerosols that can lead to transmission. As the swabs do not generate aerosol, Contact and Droplet precautions are appropriate. This position has been adopted by all health jurisdictions in Canada and a recent decision by Alberta Labour and Occupational Health and Safety supported the AHS stance that an NP swab is not an AGMP (March 29).

7. I haven’t been fit tested for an N95 respirator in more than two years. What should I do?

Please note, during the week of April 6 -10, Alberta Occupational Health and Safety extended the expiry period of existing fit tests on the current respirator model to December 31, 2020. This applies to workers who have completed fit testing in the past two years, for which the fit test certificate expires on or after April 1, 2020. Those workers fit tested to a current respirator model (16,000 healthcare workers) will not need to renew fit testing until December 31, 2020.

Workplace Health and Safety (WHS) continues to add more WHS Advisors and trained designated testers and have increased our supply of fit test kits to support the heightened demand due to this pandemic. AHS will be prioritizing testing for staff and physicians who will be providing AGMP for suspected or confirmed COVID-19 patients. Contact WHS for details about appointments.

8. I understand we will be given a different style of N95 respirator in the coming weeks. How can I get fit tested to ensure I can safely use it?

Workplace Health and Safety (WHS) is developing a fit test strategy and implementation plan to support the arrival of new models of N95 respirators. As the respirators are a different style than previously used,
they will need to be fit tested to our workers. As part of the plan, once the shipments arrive, WHS will begin fit testing of the new respirator models for healthcare workers in critical areas.

9. Is use of the plastic shrouds recommended /supported for intubation and extubation? If so, should they be used for all intubations / extubations on symptomatic / asymptomatic patients? What are the supply implications if they start being widely used?
While this approach may seem a simple way to reduce exposure to respiratory droplets, this strategy is not in practice in Alberta and in initial simulation exercises was not found to be useful.

10. Should face shields be reused? What about full face shield with the foam across the top?
Manufacturer recommendations should always be confirmed. Most of the face shields in use are single use and disposable. If they can be cleaned and disinfected for reuse, the manufacturer will provide instructions for how to do this. In COVID-19 or ILI Units, face shields and masks may be worn for assessment of multiple patients as long as they are not grossly contaminated. (Further guidance for COVID-19 or ILI units will be forthcoming.)

11. If a face shield is reusable, what is the cleaning process?
Manufacturers of reusable medical instruments and devices must provide instructions for cleaning and disinfection as part of the licensing process in Canada. Please refer to the manufacturer’s instructions.

12. Should I just be using PPE continuously?
Effective immediately, the AHS PPE Taskforce is advising all healthcare workers to wear a surgical/procedural mask continuously, at all times and in all areas of the workplace if they:

- provide direct patient care
- work in patient care areas in both AHS and community settings
- cannot maintain adequate physical distancing from patients or co-workers; or
- if entry into patient care areas is required

Our recommended PPE approach reflects the emerging evidence of COVID-19 transmission, and related risks to patients and healthcare providers. This recommendation is based on emerging evidence that asymptomatic, pre-symptomatic or minimally symptomatic individuals can transmit COVID-19.

We are making this change to protect patients from inadvertent exposure from a healthcare worker who could be without symptoms, but is still infectious. This will also minimize risk of an asymptomatic or pre-symptomatic healthcare worker exposing other healthcare workers, to COVID-19 illness. Additional guidance about this approach is available on www.ahs.ca/covidppe.

As well as wearing a mask continuously, staff are reminded to continue using the following practices for every patient, every time:
1. Every patient interaction begins with a Point of Care Risk Assessment (PCRA). In turn, this directs appropriate measures to protect both healthcare workers and patients.
2. Having patients with respiratory symptoms wear a procedure mask is a source control strategy with strong evidence of reduction in viral shedding. This should be standard in the ED setting and considered in other settings.
3. Contact and Droplet Precautions in addition to Routine Practices should be used for:
   a. All patients with Respiratory Symptoms or Influenza-Like Illness
   b. Individuals where language barriers, altered mental status, severe illness or cognitive factors impact accuracy of PCRA
   c. Individuals who have been directed to self-isolate (eg. travellers and contacts of probable or confirmed cases of COVID-19)
4. Use of a fit-tested N95 Respirator replaces a surgical/procedure mask for Aerosol-Generating Medical Procedures (AGMPs)
We continue to remind all healthcare workers that appropriate and judicious use of all PPE, including surgical/procedure masks is critical to help conserve supplies and ensure availability through this COVID-19 pandemic. We also remind staff not to bring your own PPE to work. For more on that topic, click here. For more information and guidance on continuous use of other PPE, please click here.

13. Should providers who cannot observe physical distancing best practice of two metres while performing their duties wear PPE regardless of the patient’s symptoms?
All healthcare workers who are unable to maintain adequate physical distancing measures from patients and co-workers are advised to wear a surgical/procedural facemask. Additional guidance about this approach is available on www.ahs.ca/covidppe.

Staff should continue to complete a point of care risk assessment to determine if further PPE is required for every patient.

14. NEW I provide direct patient care. What should I do if I am having mask fit issues?
If you are providing direct patient care and are experiencing mask fit issues, we would suggest that you add a face shield to offer extra protection. For patients suspected or known to have COVID-19, face shield/goggles, mask, gown and gloves should always be used.

15. Do those working in patient care areas but not in direct contact with patients (e.g. EVS), need to change their mask when they leave the room?
No, you do not need to change when you leave the room if you’ve maintained physical distance and have not provided direct contact with patient.

The surgical/procedure mask should be immediately changed and safely disposed of whenever it is soiled or wet, whenever the healthcare worker feels it may have become contaminated and after care for any patient on Contact and Droplet Precautions (i.e. suspected or confirmed influenza-like illness or COVID-19).

Also keep in mind that when taking a break, or eating a meal, the wearer should dispose of the mask and perform hand hygiene. Physical distancing must be maintained and a new mask should be applied before returning to work.

16. Is there a maximum time a procedure mask should be worn before it is changed to ensure it remains effective?
The surgical/procedure mask should be immediately changed and safely disposed of whenever it is soiled or wet, whenever the healthcare worker feels it may have become contaminated and after care for any patient on Contact and Droplet Precautions (i.e. suspected or confirmed influenza-like illness or COVID-19).

17. 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. For more information on bringing my own PPE to work, click here.

18. Do I have a choice when I use and what I use? What is mandatory?
Protection of our staff, physicians, patients and volunteers from exposure to COVID-19 at work is the number one priority of AHS. AHS has sufficient supply of all recommended Personal Protective Equipment (PPE), but we need to work together to ensure that the right PPE is being used, according to guidelines, to ensure availability of PPE throughout this pandemic.

As a reminder, all healthcare workers are advised to wear a surgical/procedural mask continuously, at all times and in all areas of the workplace if they:
- provide direct patient care
- work in patient care areas in both AHS and community settings
- cannot maintain adequate physical distancing from patients or co-workers; or
- if entry into patient care areas is required

Staff should continue to complete a Point of Care Risk Assessment (PCRA) for every single patient interaction. On the basis of this PCRA, we support the decisions of our frontline staff and physicians to choose PPE appropriate to the risk and planned healthcare interventions.

Droplet and Contact precautions are recommended for most interactions with individuals who are suspected or confirmed with COVID-19, except when completing aerosol-generating medical procedures.

19. Should staff with certain conditions avoid providing care to a patient with a suspected/confirmed case of COVID-19?
AHS is committed to keeping our people healthy and safe. During this time, healthcare workers who have underlying medical conditions and potential risk factors for severe COVID-19 disease, or are pregnant, may be concerned about their personal risk. To protect the health and safety of those healthcare workers with respect to COVID-19, AHS has released the following position statements for general guidance:
- Healthcare Workers with Underlying Medical Conditions and Potential Risk Factors for Severe COVID-19 Disease
- Pregnant Healthcare Workers and COVID-19

If you have any questions, please speak with your supervisor or medical staff leader.

20. Should staff providing care to a patient with a suspected/confirmed case of COVID-19 be restricted from providing care to other patients?
Cohorting of COVID-19 probable and confirmed patients in acute care will be required to ensure patient and staff safety. All AHS acute care and community sites are developing plans for patient cohorting, in consultation with Infection Prevention and Control (IPC). This may mean that some sites will have designated COVID-19 units, floors, or rooms.

Cohorting patients will provide the best protection for our patients and staff, and will help preserve personal protective equipment. All decisions to cohort patients will be done in consultation with Infection Prevention and Control, based on best evidence.

21. How is cohorting being determined by site?
Based on site-specific capacity, facility design, and patient population, each site is developing its own cohorting plan, using the following guiding principles and considerations:
- The decision to cohort must be made in consultation with IPC.
- A staged approach to cohorting is based on minimizing risk to the most patients while adhering to IPC principles and practices.
- Strict adherence to IPC point-of-care risk assessment, hand hygiene, appropriate use of personal protective equipment (PPE), donning and doffing by healthcare providers, adequate spatial separation and appropriate cleaning and disinfection is required.
- When cohorting patients, consideration should also be given to:
  - underlying patient conditions (e.g., immune-compromised);
  - vaccination status, especially for influenza with respect to co-infection;
  - Co-infection with other diseases (e.g., influenza).

Each zone shall develop decision trees/algorithms based on local infrastructure:
- Decisions regarding the cohorting of suspect and confirmed patients versus COVID-19 only patients on a dedicated unit.

AHS is not considering dedicated COVID-19 hospitals due to the downstream impact to specialty care services and geographic considerations, including transport concerns, needing confirmed test results of
individuals as COVID-19 positive versus having influenza-like-illness, and needing to maximize bed capacity across all sites.

22. Does my union support the PPE guidelines in place in Alberta?
Yes. On March 26, Alberta Health Services (AHS), the Alberta Union of Provincial Employees (AUPE), Covenant Health (CH), the Health Sciences Association of Alberta (HSAA), and United Nurses of Alberta (UNA) reached a joint agreement on the safe and effective use of personal protection equipment (PPE) in our collective response to the COVID-19 pandemic.

Employers and unions share the common goal of protecting the health and safety of health care workers. It is critical to ensure that appropriate PPE is used by all staff and physicians, while also preserving supplies of specialized equipment for when they are required to safely provide care.

It has been agreed by all Unions that a point of care risk assessment must be conducted for every patient interaction to ensure front-line health care workers have the specific PPE they need.

23. Why doesn't AHS follow the CDC (Atlanta) Personal Protective Equipment (PPE) guidelines?
AHS follows the national guideline developed by the Public Health Agency of Canada (PHAC) and the provincial guideline developed by Alberta Health. PHAC consults with provincial and territorial public health authorities to develop national evidence-informed guidelines to guide the Canadian response to the global COVID-19 outbreak. These guidelines developed within the Canadian context help ensure consistency in messaging and actions to be taken to protect the public and health care providers across Canadian jurisdictions. AHS guidelines regarding PPE use for suspected or known COVID-19 patients are consistent with the World Health Organization's interim guidance.

24. Why were Public Health Nurses who provide routine immunizations for infants, children and adults across multiple Community Health Centres advised against the routine use of PPE?
Effective immediately, all healthcare workers are advised to wear a surgical/procedural mask continuously, at all times and in all areas of the workplace if they:
- provide direct patient care
- work in patient care areas in both AHS and community settings
- cannot maintain adequate physical distancing from patients; or
- if entry into patient care areas is required

Additional guidance about this approach is available on www.ahs.ca/covidppe.

It is recommended that all providers continue to complete a point of care risk assessment, and use PPE guided by that risk assessment.

25. What if I am in a community-based clinic and don't have contact and droplet precaution supplies?
If you are a community physician and you are unable to safely assess the patient or take an NP swab for any reason, advise clinically stable patients to immediately self-isolate at home, use the online assessment tool and call Health Link at 811 for next steps including to confirm their possible exposure, a referral for testing, and next steps. They should, when possible, avoid taking public methods of transportation home, including buses, taxis, or ride sharing. Self-isolation information can be found here. If your patient is unwell enough to require hospital admission, call the Zone MOH.

26. What facemasks should EMS staff use?
Often the pre-hospital care paramedic has no way of knowing what pathogen is the causative agent and must make a quick reactive decision to determine what PPE is required during a time-sensitive emergency event in a confined space. By using the N-95 respirator, paramedics will have the proper protection in an enclosed environment that is unpredictable in nature.
27. Where can I access PPE if I work in an AHS facility?
PPE supplies for each unit are in a designated location. According to our agreement with all Unions, all
health care workers who are within two metres of suspected, presumed or confirmed COVID19 patients
shall have access to appropriate PPE. This includes access to; surgical/procedure masks, fit tested
NIOSH-approved N95 respirators or approved equivalent, gloves, face shields with side protection (or
goggles), impermeable or, at least, fluid resistant gowns.

If you are unsure of the location, and require these for patient care purposes, please speak to your
manager.

28. Why can’t I take PPE home?
AHS has sufficient PPE supplies to support the current and anticipated future care needs during the
COVID-19 pandemic; however, these supplies must remain in care facilities to ensure that they can be
used by our care providers, when needed, in delivering care.

PPE in our facilities is not for personal use.

29. Can I bring my own PPE to work?
We ask that you not introduce outside PPE to our supplies, as we cannot be sure of the quality of these
supplies. We are aware of scams that provide very poor quality PPE supplies. Further, much of the PPE
being sold for reuse (such as Respirators) is designed and intended for industrial use, not clinical use. As
these PPE were never intended for healthcare use, there are no instructions for cleaning or disinfecting
the devices, and no reliable way to do this. This may result in contaminated articles of PPE that are
reused and that act as a source of infection for the user, rather than protecting them.

Again, to ensure you are properly protected, please use the PPE supplied by AHS in AHS facilities.
Should you wish to purchase your own equipment and leave it at home for home use, while being
prepared for anything that may come our way, this is a personal choice that is yours to make. To ensure
you are properly protected, please ONLY use the PPE supplied by AHS in AHS facilities.

For more information on bringing your own PPE to work, click here.

30. I see my colleagues misusing PPE – what should I do?
Safety is everyone’s responsibility, and speaking up about safety is the hallmark of a strong safety
culture. Depending on the type of misuse, a gentle reminder, a coaching moment or the involvement of a
supervisor may be the best course of action.

31. I see my colleagues taking home PPE for their own personal use – what should I do?
Theft and hoarding is based on fear that our supplies will be insufficient to last through the pandemic, or
that PPE is needed in everyday situations at home. These scenarios are not based on evidence, and will
contribute to a real risk of shortage if we do not utilize our supplies appropriately. Speak to your manager
if you observe that supplies are going missing or you are aware that they are not being used properly for
patient care.

32. Should hair be covered?
No, this is not recommended at this time in our COVID-19 PPE guidelines. Hair and shoe coverings are
not required PPE. If hair coverings are worn for personal reasons; launder as per the Healthcare Attire
Information Sheet.
PPE Supply

33. I've heard concerns about the level of supplies. Do we have enough?
We take procurement and supply extremely seriously. A healthcare system needs two things for it to operate – staff, and the required equipment and supplies. We are in a good position, because we plan for these sorts of events.

AHS has successfully secured significant amounts of personal protective equipment (PPE) through contracts with global distributors. The additional orders will help ensure frontline healthcare providers have access to the appropriate PPE to respond to the anticipated surge in patients with COVID-19. The PPE includes face shields, procedure masks, surgical gowns, and three shipments of N95 respirators. The three separate N95 shipments will add 25 million N95 respirators to Alberta's stockpile. These shipments were secured outside of AHS’ usual procurement channels, and are another example of AHS’ commitment to the safety of our frontline providers, and the Albertans for whom they provide care. Required PPE will be provided to AHS frontline healthcare workers, as well as external partners such as government ministries, contracted providers and independent physician offices. More information about PPE distribution outside of AHS is available here.

Also, effective April 14, AHS will also begin collecting used N95 model 1870+ respirators from AHS Intensive Care Units in the Calgary and Edmonton Zones, for decontamination, a process of sterilization, and storing. AHS is proactively collecting this supply of used 1870+ models, in the unlikely event that demand exceeds our supply of single-use N95 respirators, in the months ahead.

Appropriate and considered used of our PPE supply continues to be the single most important element to conserving our PPE supply in Alberta. We ask that you continue to use PPE according to guidelines.

34. Who do I contact if I have questions about PPE requirements and supply ordering processes?
The Personal Protective Equipment (PPE) taskforce is now operational, and will provide a trusted source of information for use across the organization. AHS staff, physicians and partners are encouraged to email their questions on PPE to PPE@ahs.ca. Please note that while this email address doesn’t replace the guidelines and advice already available at ahs.ca/covid, it is another route for you to ask further questions.

Questions regarding supply ordering processes should be directed to your local CPSM Site Services Supervisor.

35. What is AHS doing to ensure secure supply?
To ensure that AHS’ inventory continues to have a sufficient supply of PPE, we must ensure that equipment is being used appropriately. Please continue with the responsible use of supplies such as N95 respirators and hand sanitizer, and ensure that all AHS PPE supplies remain in AHS facilities – these supplies should not be taken home for personal protection or use. We must ensure these supplies remain at AHS facilities and available for use in the healthcare system.

Please see I've heard concerns about the level of supplies. Do we have enough? for more information.

36. UPDATED I work in a Community clinic or in non-AHS facilities – how do we access/order PPE and other supplies for COVID-19?
A revised process is now in place for distribution of PPE to specialist physicians working in community (non-AHS) settings.
PPE distribution processes to the following groups has NOT changed and will continue as per usual:
- PCN primary care physicians
- Non-PCN primary care physicians
- Pediatricians
- Obstetricians and gynecologists

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37. I know someone who wants to donate PPE/I want to donate PPE to my AHS facility:
We are extremely grateful that many individuals and companies are interested in donating PPE to AHS. While we are not actively asking for donations of PPEs, due to the large volume of offers we are receiving unsolicited, we have created a single point of contact at ahsovidoffer@ahs.ca.

PPE in Continuing Care Facilities

38. What guidelines should staff in continuing care facilities follow?
Effective immediately, all healthcare workers are advised to wear a surgical/procedure mask continuously, at all times and in all areas of the workplace if they:
- provide direct patient care
- work in patient care areas in both AHS and community settings
- cannot maintain adequate physical distancing from patients or co-workers; or
- if entry into patient care areas is required

Additional guidance about this approach is available on www.ahs.ca/covidppe.

Continuing care staff and physicians are also always advised to use Contact and Droplet precautions, including a procedure mask, gown, eye protection and gloves, unless they are performing aerosol generating medical procedures (AGMPs), in which case a fit-tested N95 Respirator should replace the procedure mask. It is very unlikely that such procedures would be performed in a continuing care facility, aside from possibly cardiopulmonary resuscitation (CPR) or CPAP (note: CPAP for asymptomatic resident is not considered a AGMP).

WHO and PHAC do not recommend N95 respirators unless performing an AGMP. These requirements are being followed by all other provincial health systems and are recommended by the World Health Organization (WHO) and the 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.

39. My Continuing Care facility needs more PPE – how can I get help with that?
Refer to this question for more information; I work in a Community clinic or in non-AHS facilities – how do we access/order PPE and other supplies for COVID-19?

40. 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 clients, 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 this evolving situation with COVID-19.

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 patient care or working in patient care areas. We are making this change to protect patients 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

Furthermore, starting April 16, we are requiring all workers in a long-term care, designated supportive living or continuing care facilities to work at only one site. This requirement must be fully in place by April 23. This will help prevent the spread of illness between facilities. These requirements are currently in effect in outbreak locations for all long term care and supportive living sites across the province.
We understand that you may have concerns about COVID-19 and the impact it may have on your patients, friends, family members, and yourself. We are confident that the guidelines and equipment we have in place will protect our workers from exposure to COVID-19.

PPE Use as a Member of Public

41. Should I be wearing PPE when I am in public, non-healthcare settings?
PPE is recommended for healthcare settings.

Masks are intended to protect others from an individual with illness. Healthy Albertans are generally not advised to wear a medical mask as they don't provide full protection and can create a false sense of security. To find more information on what you need to do to protect yourself and others, visit ahs.ca/covid.

Recent guidance from the Public Health Agency of Canada and Alberta's Chief Medical Officer of Health is supportive of masking in public settings. The AHS supply of surgical/procedure masks should not be worn in public. We need to reserve use of our supplies for healthcare settings.

42. What is the effectiveness of cloth masks that I'm seeing community groups sewing?
The effectiveness of cloth masks would vary based on the nature of the fabric used to create the mask. However, we do know that the effectiveness is likely to be less than the surgical/procedure mask available for use in AHS sites.

43. Can I give patients permission to take PPE home from our hospitals or clinics?
Please help us protect you and your care teams: do not provide patients with PPE to take home. The masks and supplies in our facility are for our care providers and patients in our facilities only. Do not take home or remove any supplies.

If a patient requires a mask or other supplies during his or her stay at any AHS facility, please ensure that a member of the care team provides this to the patient. Supplies should never be self-serve to patients.

Reprocessing of N95 Respirators

44. Why is AHS/Covenant Health re-using N95 respirators?
AHS/Covenant Health is starting to collect and decontaminate 1870+ N95 respirators that have been used in ICUs in Calgary and Edmonton, to store as contingency inventory in the event a shortage of N95 respirators arises during the pandemic.

N95 respirators are essential to protect healthcare workers who are exposed to COVID-19 positive patients undergoing aerosol-generating medical procedures (AGMP), such as intubation and nebulization. Click here for more information on the need to isolate patients and AGMP procedures.

45. Why is AHS/Covenant Health only re-using 1870+ N95 respirators?
AHS/Covenant Health will decontaminate 1870+ N95 respirators at this time as they are the most commonly used N95 respirators. In the future, other models of N95s, could be decontaminated.

46. How do I know if I’m using an 1870+ N95 respirator?
Your fit testing card will have written the model of N95 that you have been fitted for. The type of N95 respirator is written on the text on the front of the respirator, or on the box it is stored in. Remember, check what type of N95 respirator you are using while it is still packaged to avoid contamination.

47. When will staff start using re-used 1870+ N95 respirators?
At this time, AHS/Covenant will only be decontaminating and storing 1870+ N95 respirators. If this contingency plan of re-using N95s is required, you will be informed by AHS/Covenant.
48. Are re-used 1870+ N95 respirators safe?
- Studies have shown that N95 respirators can be safely decontaminated after being exposed to COVID-19.
- AHS completed testing to ensure the virus is deactivated after decontamination and that the fit of decontaminated 1870+ N95 respirators is still effective in providing protection against airborne particles.
- It is accepted by the scientific community that the virus is deactivated upon 70 degrees Celsius. The process used by the Medical Device Reprocessing Departments will achieve 121 degrees Celsius. AHS has completed fit-testing on 30 healthcare providers, using portacount process. Portacount are the industry standard for objectively evaluating the fit of a particular respirator to an individual, also called quantitative fit testing.
  - portacounts compare the concentration of particles in the surrounding air to the particles found within the area of the breathing zone of the respirator.
  - AHS traditionally uses the equally permissible qualitative fit testing, but that is a subjective approach to determining fit of the respirator. For this effort we wanted to be as precise as possible and have used portacounts instead.
- All other studies that have reviewed respirator fit after N95 decontamination also used portacounts to determine effectiveness of fit.

49. How many times will 1870+ N95 respirators be decontaminated for re-use?
Studies have shown that N95 respirators can be safely decontaminated up to 10 times. At this time, AHS/Covenant has not determined how many times 1870+ N95 respirators will be decontaminated for re-use.

50. How are 1870+ N95 respirators decontaminated?
Respirators are decontaminated using steam sterilization. This method was deemed preferable as other decontamination methods like vaporious hydrogen peroxide can cause respirator discoloration, a strong odor, and skin irritation. Plus, other methods cannot provide a large volume of decontamination like steam sterilization can.

51. Where will 1870+ N95 respirators be collected for re-use?
At this time, AHS/Covenant Health is only collecting 1870+ N95 respirators for re-use from Intensive Care Units (ICUs) in Calgary and Edmonton. MDRD will be responsible for transporting used 1870+ N95 respirators from ICUs directly. Once the process has been confirmed, using the ICUs as a prototype, this contingency program will be further established in other ICUs in the province, and other units in which N95s are used.

52. How will 1870+ N95 respirators be collected from units for re-use?
Before donning PPE, healthcare providers are required to mark their 1870+ N95 respirator with a tally mark using a permanent black sharpie, by the right seam of the respirator. After providing patient care, healthcare providers are asked to doff PPE while keeping their 1870+ N95 respirator on. To avoid contamination, healthcare providers should use a mirror or a buddy to determine if the 1870+ N95 respirator is visibly soiled, ripped or torn, or if the elastics have been damaged. 1870+ N95 respirators that are damaged should be disposed of in the garbage; respirators that are not soiled, ripped/torn, and that have their elastics intact should be placed into a labelled, designated 1870+ N95 respirator collection bucket located outside of the patient room.

At unit designated times, or when the 1870+ N95 respirator collection buckets are full, healthcare workers (HCWs) will don contact and droplet PPE, and place lids on all the 1870+ N95 respirator collection buckets outside of COVID-19 patient rooms. HCWs will transport these closed buckets to the unit’s dirty utility room/designated room. Once in the dirty utility room/designated room, HCWs will wipe down the outside of the closed, collection buckets with a disinfectant wipe. HCWs will then doff PPE and place
clean 1870+ N95 respirator collection buckets from the unit’s clean utility room outside of COVID-19 rooms.

MDRD will work with units to determine designated drop-off/pick-up times where they will drop off clean 1870+ N95 respirator collection buckets in the unit’s clean utility room and pick-up full buckets of used 1870+ N95 respirators using a closed, concealed transport cart from the unit’s dirty utility room/designated room.

53. **How will staff know if an 1870+ N95 respirator has been re-used?**
Re-used 1870+ N95 respirators will have a black tally mark by the right seam of the respirator. It is essential that healthcare providers mark 1870+ N95 respirators with a tally mark near the right seam, using black permanent sharpie before donning the respirator.

54. **If a staff member has forgotten to place a tally mark on the respirator before providing patient care,** and the respirator is not visibly soiled, ripped or torn, and the elastics are intact, staff should still place the 1870+ N95 respirator in the labelled, designated collection bucket. Do **NOT** mark the respirator after it has been used for patient care.

55. **How can units managers help to facilitate the decontamination of used 1870+ N95 respirators?**
Unit managers should facilitate education of staff and physicians on the process to decontaminate used 1870+ N95 respirators. Managers should ensure health care providers are aware of their role in marking the respirators and placing them in the designated, labelled 1870+ N95 respirator collection buckets if they are re-usable (not visibly soiled, torn or ripped, and elastics are intact), and that healthcare workers are aware of their role in sealing and transporting 1870+ N95 respirator collection buckets to the dirty utility room/designated room in time for MDRD pick-up. Unit managers should work with their MDRD contacts to determine unit drop-off/pick-up times.

56. **How does MDRD transport used 1870+ N95 respirators from units to the sterilization area?**
MDRD staff will pick-up designated buckets of 1870+ N95 respirators from the unit’s dirty utility room/designated room using a closed, concealed transport cart. MDRD will take the closed, concealed transport cart to the MDRD staging area, where they will decant buckets and wipe down the interior and exterior of the transport cart.

MDRD will then take the buckets of used 1870+ N95 respirators to the designated MDRD clean/dirty area. There, two processors will don contact and droplet PPE.

1. Processor 1 will hold a self-seal pouch for processor 2, to prevent contamination of the pouch.
2. Processor 2 will open the buckets, inspect the used 1870+ N95 respirators to ensure they are not visibly soiled, ripped or torn, and the elastics are intact. Re-usable respirators will be placed into the self-seal pouch held by processor 1. Damaged respirators will be disposed of in the garbage.

The self-sealed pouch will be sealed and placed into a sterilizer container. The sterilizer container will be passed through to the sterilization area to be processed.

57. **Where will decontaminated 1870+ N95 respirators be stored?**
Decontaminated 1870+ N95 respirators will be stored in a designated location at each site. Decontaminated 1870+ N95 respirators will be stored in plastic containers to prevent damage.