December 22, 2021

Joint Statement: COVID-19 and Personal Protective Equipment

Protecting the mental and physical health and safety of health care workers is an imperative for employers and unions. During the current COVID-19 pandemic, it is critical that the appropriate steps are taken to protect the health and safety of all health care workers in Alberta and prevent exposure to and transmission of COVID-19. In addition to having employees vaccinated, ensuring that appropriate personal protective equipment (PPE) is used by all Alberta Health Services and Covenant Health staff and physicians, while also preserving supplies of specialized equipment for when they are required to safely provide care, is critical.

This Joint Statement issued by Alberta Health Services (AHS), Alberta Union of Provincial Employees (AUPE), Covenant Health (CH), Health Sciences Association of Alberta (HSAA), and United Nurses of Alberta (UNA) applies to the parties of this agreement and is intended to provide clarity on the approach in Alberta.

This Joint Statement has been updated to reflect the evolving evidence on COVID-19 transmission and to simplify PPE guidance for health care workers in Alberta. It incorporates and balances a number of perspectives including the precautionary principle and evolving guidance from the Public Health Agency of Canada (PHAC) and the World Health Organization (WHO) in their positions on the use of PPE.

The parties acknowledge that data and evidence continue to accumulate as the COVID-19 pandemic unfolds, and jointly commit to reviewing and updating this position statement as necessary to reflect any relevant changes in this data. This update is intended to provide interim early guidance as the Omicron variant of COVID-19 begins to circulate in Canada and may need further revision as more is learned.

The parties agree to the following PPE standards for front-line health care workers across the care continuum in Alberta:

1. **Access** - All clinical and non-clinical health care workers who enter the room/space or are within two metres of patients suspected, presumed or confirmed to have COVID-19 shall have access to appropriate PPE. This will include access to surgical/procedure masks, fit-tested NIOSH-approved N95 respirators or approved equivalent, gloves, face shields with side protection (or goggles), and impermeable or, at least, fluid resistant gowns. Additional information on current PPE requirements, such as continuous masking and eyeprotection, can be found at: [https://www.albertahealthservices.ca/topics/Page17048.aspx](https://www.albertahealthservices.ca/topics/Page17048.aspx).

The employers commit to provide all health care workers with information on safe utilization of all PPE and employees shall be appropriately trained to safely don and doff all of these supplies.

Requests for utilization of an N95 respirator by any health care worker shall not be denied and access to a N95 respirator or approved equivalent shall be provided as soon as possible upon request. If immediate access to a health care worker's choice of PPE is not possible for some reason, the parties agree to discuss how to expedite access. Discussions related to timely access must occur within a just culture, i.e., where all parties feel respected, safe, encouraged, and enabled to have these discussions and make these critical decisions around PPE use.
2. **Point of Care Risk Assessment (PCRA)** – For clinical health care workers, a PCRA must be performed before every patient interaction. The PCRA should include considerations of the intended task, patient factors, and the nature of the environment, including:

- whether the patient is suspected, presumed or confirmed to have COVID-19,
- the frequency and probability of routine or emergent aerosol generating medical procedure (AGMP) being required,
- the distance to the patient,
- duration of exposure,
- the estimated infectiousness based on days of infection of the patient (more infectious early in the disease),
- is there a large group in close proximity (e.g. rounds or students)?
- the number and density of COVID-19 patients in an area or unit,
- the surrounding environment (e.g. small enclosed space or poorly ventilated area),
- is the patient coughing: and
- any other relevant factors in a particular situation.

If a health care worker determines that specific PPE is required, they shall have access to the appropriate PPE based on their PCRA, which could include fit-tested N95 respirators or approved equivalent protection.

For non-clinical health care workers who are required to enter the room/space or be within two metres of a patient, access to the PPE will be based on their assessment of all known and foreseeable risks and hazards.

3. **Minimum PPE Requirements:**

The following PPE requirements apply:

(a) All clinical and non-clinical health care workers who enter the room/space or are within two meters of a patient with suspected, presumed, or confirmed COVID-19 will wear a fit-tested N95 respirator, or approved equivalent protection, gown, gloves, and eye protection.

(b) In settings where frequent or unexpected exposure to AGMPs is anticipated (e.g. critical care units, emergency departments), or there is a high density of COVID-19 patients (e.g. COVID-19 unit), or there is evidence of unexplained transmission (e.g. COVID-19 outbreak), all clinical and non-clinical health care workers will wear an N95 respirator.

(c) There may be situations in (a) and (b) above, where a health care 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.

(d) **AGMPs** - Fit-tested and seal-checked N95 respirators or approved equivalent protection must be used by all health care workers in the room where AGMPs are being performed, or when frequent or unexpected exposure to AGMPs is anticipated, or with any intubated patients suspected or confirmed to have a viral respiratory infection.
A full list of AGMPs is provided in the AHS AGMP Guidance Tool (See https://www.albertahealthservices.ca/topics/Page17091.aspx)

(e) EMS personnel are required to wear N95 respirators in all ground and air ambulances.

(f) For all other areas of health care delivery, there may be situations where a health care worker, based on their PCRA, including their assessment of all known and foreseeable risks and hazards, may choose to wear an N95 respirator.

4. PPE Supply - The employers and unions that prepared this communication will assess the available supply of PPE on an ongoing basis. The employers commit to continue to explore all available avenues to obtain and maintain a sufficient supply.

In the event that the supply of PPE reaches a point where current supplies are anticipated to last for only 30 days (i.e., a shortage), or where utilization rates indicate that a shortage will occur, the employers will be responsible for developing contingency plans in consultation with the unions and applicable Joint Worksite Health and Safety Committees to ensure the safety of health care workers.

In addition to the PPE requirements and expectations outlined above, the Parties commit to supporting a collaborative and holistic approach to worker safety, and as such, it is essential that all health care workers:

- utilize appropriate PPE and other precautions when in break rooms and when off of the unit or working in community settings,
- pay meticulous attention to fitness to work protocols,
- follow precise execution of PPE donning and doffing protocols,
- ensure that they are fit-tested for an N95 respirator and understand how to wear them effectively,
- consistently apply hand hygiene practices, and
- maintain required physical distancing whenever possible, including with colleagues when not providing direct patient care.

For more information on Infection Prevention and Control and PPE protocols, visit ahs.ca/covid.