

Continuous Use of Eye Protection (COVID-19)

Frequently Asked Questions

Dec. 2, 2020

Reminder:

AHS requires all healthcare workers providing direct patient care in both AHS and community settings to wear a surgical/procedure 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 (a minimum of two metres or six feet) from patients and co-workers. Additional guidance about this approach is available on <http://www.ahs.ca/covidPPE>.

Agreement with Unions on Personal Protective Equipment during COVID-19

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.

Under the joint agreement, it was agreed that a point of care risk assessment (PCRA) must be conducted for every patient interaction to ensure frontline health care workers have the specific PPE they need. The agreement provides clarity on the approach in Alberta and reinforces Infection Prevention and Control and PPE protocols.

Looking for more information on PPE and IPC Guidelines during COVID-19?

Please visit www.ahs.ca/covidPPE to access all PPE and IPC guidelines. Questions? Email ppe@ahs.ca.

Issued by the AHS Emergency Coordination Centre (ECC).

- The numbers listed identify new questions or questions that have been updated to provide additional clarity:
- 1. What is the latest change to the AHS PPE Guidelines?**

The AHS PPE Guidance will now include continuous use of eye protection for all healthcare workers involved in patient care, which includes all patient interactions that occurs within two metres (2 m). This includes both hands-on patient care, as well as indirect patient care such as meal delivery and housekeeping.
 - 2. Why is this change being made?**

Over the last nine months, we have had the opportunity to learn from our experiences, as well as that of others, about the risks of acquiring COVID-19 in the workplace. As such, in conjunction with new Guidance and new recommendations from the [Public Health Agency of Canada](https://www.canada.ca/en/public-health/services/publications/ccac/cacpr/article.aspx), AHS is updating our recommended PPE Guidance to continuous use of eye protection to ensure our staff and physicians are protected from the risk of spread.
 - 3. Do I have to change my eye protection after seeing a patient on contact and droplet precautions? Do I need to keep them on until the entire patient interaction is complete?**

Eye protection should now be used continuously with masking. It is not required to be changed between interactions with different patients or during the course of an interaction with a single patient unless facial protection is contaminated, wet or soiled.

Eye protection is to be changed or disinfected every time a mask is changed.

4. Can I bring my own prescription protective eyewear?

Individuals may be permitted to bring their own prescription protective eyewear, provided it meets specifications outlined in the [bringing your own PPE to work](#) document.

5. What about cleaning my own prescription protective eyewear?

Cleaning instructions for your own prescription protective eyewear is outlined in the [bringing your own PPE to work](#) document.

6. Who does this change to PPE Guidance affect?

Eye protection should now be worn continuously for all healthcare workers involved in patient care, which includes **ALL** patient interactions that occurs within two metres. This includes both hands-on care, as well as indirect care such as those involved with meal delivery or housekeeping.

This update to PPE Guidance applies to all areas where patient care is provided, province-wide and supplements our current PPE recommendations.

7. Where do I obtain appropriate eye protection?

Eye protection will continue to be readily available to all frontline staff throughout the province and includes disposable face shields, mask/face shield combinations, or reusable goggles, safety glasses (personal prescription or facility supplied) or reusable face shields.

8. When is it required to change or clean eye protection?

Eye protection is to be changed or disinfected every time a mask is changed and when contaminated, soiled or wet. Follow [IPC COVID-19 PPE Recommendation for the Preservation and Reuse of Eye Protection](#) for steps on disinfection of reusable eye protection. Always change mask and eye protection as a unit of facial protection.

9. What about in break rooms, outside units or in administrative spaces? Can my eye protection be removed?

Eye protection may be removed when leaving units (unless accompanying patients) and in non-clinical spaces such as breakrooms, cafeterias and office or administrative spaces. Masks are to be worn continuously except for eating and drinking in spaces two metres apart from patients, coworkers or visitors.

10. Are visitors also required to wear eye protection?

No. Visitors are not required to wear eye protection when interacting with loved ones in hospital. These guidelines are in place to help ensure that staff and physicians with multiple patient interactions are protected. As the use of a mask and eye protection, together with diligent hand hygiene, are most critical for preventing respiratory infections, adding protective eyewear also means that WHS will no longer exclude workers not wearing gloves or a gown at the time of exposure.

This is about keeping staff safe and ensuring they wear appropriate PPE for every patient interaction to limit worker exclusion.

11. What are the changes to Workers Health and Safety (WHS) Exposure Criteria?

To ensure alignment with this enhanced PPE Guidance, and with eight months of experience, the WHS approach to worker exposure assessment is being updated.

Contact and Droplet Precautions (gloves, gown, mask and eye protection) are appropriate PPE for providing care to those with COVID-19, suspect COVID-19 or Influenza-Like Illness (ILI). As use of a mask and eye protection, together with diligent hand hygiene, are most critical for preventing respiratory infections, WHS will

no longer exclude workers who wore a mask and eye protection, but were not wearing gloves or a gown, at the time of their patient interaction.

12. Why is this change to WHS Exposure Criteria being made?

These changes are being made to ensure AHS continues to follow best practices, while protecting our staff and physicians and limiting the need for workplace exclusions. Please visit ahs.ca/covidppe, for full information.

13. Doesn't wearing less PPE while treating patients with COVID-19 or an ILI put me at risk?

AHS is not recommending any reduction of PPE. The use of a mask and eye protection, together with diligent hand hygiene, are most critical for preventing respiratory infections, WHS will no longer exclude workers who were not wearing gloves or a gown at the time of interaction with a patient. Gloves and gown are to be worn when indicated either by a point-of-care risk assessment or additional precautions signs in patient care spaces.

Following the AHS PPE Guidance and [IPC novel coronavirus \(COVID-19\) Interim Recommendations Info Sheet](#), and following appropriate donning and doffing procedures at all times is the best way to ensure you are protected. Eye protection is to be changed or disinfected every time mask is changed.

14. Does this affect the use of fit-tested N95 respirators?

There is no change to the use of fit-tested N95 respirators. A fit-tested N95 respirator should always replace a surgical/procedure mask for anyone in the room when an Aerosol Generating Medical Procedure (AGMP) is performed for patients with COVID-19, suspect COVID-19, ILI or any new or changing respiratory illness or diarrhea. In settings where an AGMP is performed on a patient with no respiratory symptoms who is then found subsequently to have COVID-19, use of a mask and eye protection at the time of the AGMP will now be considered sufficient protection.