



The Personal Protective Equipment (PPE) Bulletin has been created to provide ongoing direction to healthcare providers regarding the recommended guidelines, processes and provincial supply of PPE. If you have any questions about PPE, please call the OHS Hotline at 1-833-233-4403 or email OHS_Healthcareworkers_COVID19@saskhealthauthority.ca

Universal Masking Strategy

Effective October 19, 2020 a universal masking strategy was implemented requiring the healthcare workforce (HCW) including staff, physicians, learners, contractors, contracted individuals, volunteers, patient family advisors (PFAs) and Knowledge Keepers, to wear a mask on entry to and inside any SHA building and/or facility, including the following scenarios:

- Entering and exiting a building, unit or office space
- Passing through or remaining in all public/common areas, such as elevators, hallways, lobbies, cafeterias/food court areas, gift shops or other areas where patients, families, visitors or the public may be present
- Travelling to and from washroom facilities
- In areas (e.g. breakrooms, conference/meeting rooms, SHA provided shuttles) or departments where two metres of physical distancing between healthcare workers cannot be consistently and reliably maintained or where physical barriers are not in place between workstations

To support this strategy, Principles and Guidelines, a Huddle Talk and Talking Points/FAQs have been developed and are located [here](#) (Section 2). In the coming weeks, revisions to existing PPE bulletins and rapid updates will be made to align with these changes.

Does the SHA have a universal eye protection strategy in place?

Universal eye protection (i.e. the wearing of a face shield or goggles at all times) is not currently recommended by the SHA. The SHA PPE Expert Committee reviewed available literature, HCW exposures and PPE burn rate data and determined that using the current screening processes, in addition to a Point of Care Risk Assessment (PCRA) is adequate to guide the selection and use of eye protection. An emphasis on screening and PCRA for every patient interaction will ensure the continued safety of our patients and staff, as well as conserve PPE. See below for other FAQs regarding eye protection.

1. What is a Point of Care Risk Assessment?

Point of Care Risk Assessment (PCRA) is not a new concept, but one that is already performed regularly by healthcare workers (HCWs) many times a day for their safety and the safety of patients and others in the healthcare environment. It is a systematic process of reviewing work activities, evaluating the possible hazards/risks and implementing suitable control measures to eliminate, reduce or minimize possible hazards/risks. A PCRA is part of a Routine Practice (RP) that is used with all patients at all times to reduce the risk of transmission of microorganisms to





and from the patient. Refer to Point of Care Risk Assessment [guidelines](#) and [algorithm](#) for more information on what a PCRA is and how to apply it.

2. When should I wear a face shield or fully sealed goggles (indirectly or non-vented)?

Face shields or goggles should be worn when providing direct or indirect care for patients that have any type of “droplet” precautions (i.e. Droplet, Droplet/Contact, Droplet/Contact Plus) or where the PCRA would indicate the need to don eye protection to prevent exposure from respiratory secretions (i.e. Patient coughing).

3. When can I wear safety glasses or a mask/visor combo?

Safety glasses or a mask/visor combo may be worn as part of routine precautions when there is a potential for risk of splashes or sprays.

4. Can I reuse my face shield?

Face shields may be reused for the duration of your shift. They should be discarded at the end of your shift or as required (i.e. when the visor becomes cloudy or the headband no longer functions). Refer to this [PPE Rapid Update](#) for more information.

5. I have been told to wear eye protection at all times to prevent COVID-19 transmission to and from co-workers, is this correct?

No. Currently, the SHA does not recommend universal eye protection. Eye protection is only required as indicated by a point of PCRA or when a patient is on any type of droplet precautions.

6. Will the current stock of face shields remain stable, if we implement a universal eye protection policy?”

The current supply is stable, but it is vital that HCWs use the existing eye protection supply appropriately. This will ensure long term supply chain sustainability.

7. I want to wear a face shield or goggles when caring for a patient who has screened negative for COVID-19 to prevent having to self-isolate for 14 days if they later test positive. Is this advisable?

No. Currently, the SHA does not recommend universal eye protection. Eye protection is only required as indicated by a PCRA or when a patient is on any type of droplet precautions. Refer to the [HCW Exposure Risk Matrix Assessment](#) for more information.