



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](mailto:OHS_Healthcareworkers_COVID19@saskhealthauthority.ca).

### Variation and additional PPE:

Staff and physicians have been adding additional pieces of PPE to the recommended precautions, such as hair or shoe covers. However, based on best practice and clinical evidence, there is **no additional benefit** with respect to reducing disease transmission beyond standard infection control practices already in place. Adding additional pieces of PPE beyond those recommended may result in harm by increasing risk of self-contamination during the doffing process.

For suspect/confirmed COVID-19 patients, [Droplet/Contact PLUS precautions](#) should be used.

### Updates to the AGMP list:

As a part of our provincial process to make data informed recommendations on appropriate use and allocation of PPE, a committee of experts has been established to actively monitor, review and assesses relevant information and emerging evidence related to COVID-19. As the COVID-19 pandemic continues to evolve and the scientific evidence rapidly expands, this group works to ensure that information and standards continue to be adjusted and updated as new information emerges. As such, guidance is subject to change based on evidence and the progression of the pandemic.

As a part of this process, the [aerosol generating medical procedure list](#) is regularly assessed and evidence reviewed. This may lead to changes in the list that are communicated through the PPE Bulletin. One of the more recent changes to the list was **the removal of Oxygen delivered as more than 6L by nasal prongs, venturi masks, HiOx masks from the unclear AGMP column to a NON-AGMP**. This change aligned practices with other frontline groups such as STARS and allows for improved patient flow. The non-AGMP position was supported at the time by an updated evidence review of the topic and aligns with other jurisdictions.

### Protocol for Operative Management of adult surgical patients during pandemic:

The [Protocol for Operative Management of Surgical Patients During Covid-19](#) is available on the [saskatchewan.ca/covid19-providers](http://saskatchewan.ca/covid19-providers) web page. The algorithm should be followed for adult surgical patients.

Thank you to the representatives from various areas that worked through this approach, ensuring the safety of our staff, physicians and patients. The team followed the flow of the patient and collaborated to determine ways in which they could conserve PPE, ensuring it is being used by the right people at the right time.





### PPE Reprocessing Strategy:

The SHA has been collecting N95 respirators in specific facilities as part of our contingency plan to reprocess respirators to ensure that we continue to have a supply of essential PPE.

Reprocessed respirators will be inspected and tested for safety before being put into use. Provided the respirators are confirmed safe, they will be stockpiled and only used in a circumstance where new N95s or equivalent respirators are not available.

There may be some variation across the province as this process is put into place. Materials have been created to assist with setting up the collection of N95s in specific facilities and are available at [saskhealthauthority.ca/covid19-providers](https://saskhealthauthority.ca/covid19-providers).

Please ensure the respirators you are placing in the collection bins are not damaged. Please check the following:

- Elastics are still in good condition
- They do not have visible gross contaminants (including makeup)
- They have not been used in the preparation of cytotoxic drugs.

The bins will be collected on a regular basis for reprocessing. Your collective efforts to help ensure we are collecting as many respirators as possible is greatly appreciated.

### Questions and Answers:

**1. Are there extra precautions that staff who are pregnant should be taking?**

Pregnant individuals are not at increased risk of contracting COVID-19 if proper personal protective equipment (PPE) precautions are in place. Things to consider are proper use and fit of PPE, including donning and doffing procedures and adherence to the infection prevention and control (IPAC) recommendations for COVID-19. [Rapid Update on Pregnancy and COVID-19](#) can help to clarify measures that should be taken to ensure proper protection.

**2. Is coughing an AGMP?**

Coughing is not an AGMP. Procedures that may provoke cough or result in cough for airway clearance that is resultant from patient effort are not AGMPs. The [Rapid Update on coughing](#) can help to clarify which procedures may be considered an AGMP.

**3. What is the recommended “settle time” for AGMPs?**

The “settle time” is the amount of time needed to remove infectious airborne organisms from room air (e.g., TB, chicken pox) or infectious aerosols that may be created during an AGMP. This begins when the source of infectious aerosols ends. The [Rapid Update on AGMP settle time](#) provides detailed information on settle time and how it is determined.

**4. Why was a decision made to put Transesophageal Echocardiograms (TEE) in the Uncertain AGMP Potential category on the AGMP list?**





An evidence review found that all sources that support TEE as an AGMP provide opinion statements only without any scientific evidence to support the opinions expressed. Given its similarity to esophagogastroduodenoscopy (EGD) it should continue be treated in a similar manner.

All procedures being done should involve an individual risk assessment of COVID-19 status for the patient in question. If the risk is low or the patient is proven negative then usual non-COVID-19 PPE protocols should be followed for AGMP. If risk is high or the patient is proven positive then it is acceptable to escalate PPE to include an N95 mask. If risk cannot be assessed related to decreased level of consciousness/language barrier/etc. then it is justifiable to treat as COVID positive (i.e., N95 mask) until a negative test is obtained.