



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.

Joint Statement of Principles

On May 20, 2020, the Ministry of Health, the Saskatchewan Health Authority (SHA), SEIU-West, SGEU, HSAS, SUN and CUPE signed a [joint statement of principles](#) recognizing the principles for protecting the health and safety of healthcare workers, patients, clients and residents. The statement of principles outlines the rights of the healthcare worker to clinically assess risk prior to every patient contact and have access to the appropriate personal protective equipment (PPE). The statement also acknowledges the important principle of conservation and stewardship of PPE, the continued assessment of supply and the development of contingency plans in consultation with the union partners.

The agreement is a significant step forward and builds on weekly meetings started in early April where union partners, government and the SHA worked together to shape our shared principles, discuss current status of PPE, Supply Chain processes and keeping healthcare workers, patients, residents and clients safe. The weekly meetings provide an avenue for open communication that ensures members' rights are protected and concerns are heard.

Review of SHA Masking Recommendation and Guidance

On April 14, after careful consideration, evaluation of the research, and to align with other healthcare systems across the country, the SHA implemented a continuous mask use strategy in an effort to protect the health and safety of staff and physicians, as well as our patients, residents and clients. All staff and physicians who work in a clinical care area/facility where there will be direct or indirect contact with patients/residents/clients are required to wear a mask at all times. Additionally, it has been the practice to mask inpatients who have respiratory symptoms when out of their room or unable to maintain two meter physical distancing with others when in waiting rooms or common areas. Outpatients and visitors are also being provided with masks when they come into a SHA facility.

The resumption and expansion of SHA services over the past several weeks have resulted in an increased number of patients, clients and family caregivers/care partners entering our healthcare facilities. In a continued effort to keep everyone safe, the current continuous masking recommendations and guidelines are being reviewed to understand how and if it should be expanded to provide another layer of protection for our patients from the asymptomatic spread of COVID-19.

In addition to masking, staff, physicians, patients/residents/clients and visitors should continue to frequently wash their hands, maintain physical distancing of two meters when possible and consider the hierarchy of control when identifying and mitigating exposures to COVID-19.





Hierarchy of Control

To ensure the best protections against the spread of COVID-19, the NIOSH Hierarchy of Controls should be applied when addressing mitigation or elimination of hazards. The hierarchy starts with the controls perceived to be most effective moving down to those considered least effective as follows: elimination, substitution, engineering controls, administrative controls and PPE. Although effective, efforts should be made to find controls in the higher levels prior to going directly to using PPE. A [Rapid Update on the Hierarchy of Control](#) has been created to help walk your teams through this process.

Recommendations from the Expert Panel

A provincial process is in place, led by physicians and operational leaders together with support staff with expertise in Infectious Diseases, Infection Prevention and Control, Occupational Medicine and Respiratory Medicine, Supply Chain, and the Ministry of Health to make evidence and data informed recommendations on decisions for appropriate use and allocation of PPE. PPE recommendations and approved standards developed through this process are based on provincial/national standards, current research and best practice, ensuring we meet Occupational Health and Safety legislation.

This established process supports collaboration between MOH and SHA to ensure the allocation and evidence informed decisions are aligned across the health system both within and external to the SHA. As well, the members involved in the process provide guidance for clinical, ethical, and operational structures and principles that must be applied to effectively manage PPE in the context of a pandemic and anticipated supply shortages.

Additionally, a subgroup of experts actively monitors, reviews and assesses relevant information 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.

Frequently Asked Questions

1. Can EMS employees wear goggles instead of face shields?

Yes. Goggles (indirectly or non-vented), if available, are a suitable alternative to face shields in Droplet/Contact Plus precautions with suspected or confirmed COVID-19 patients/clients/residents. Please refer to the [Rapid Update on Eye Protection](#) for more information.

2. What are the steps a healthcare worker should take if they have had direct contact with a confirmed COVID-19 patient/client/resident without having donned proper PPE?

Occupational Health and Safety (OHS)/Employee Health (EH), and Infection Prevention and Control (IPAC) have developed a [Healthcare Worker Exposure Package](#) to provide a shared understanding of





what to do in the event of COVID-19 exposure. These consistent tools will reduce the variability in how incidents are managed to ensure a safe workplace and when implementing work restrictions.

Contact OHS_Healthcareworkers_COVID19@saskhealthauthority.ca to provide feedback, if you have questions, or if you or your teams would like further training or support with the tools.

3. Can I store my face shield between shifts and reuse again for more than one day?

Face shields can be cleaned and stored between uses, as is explained in the [Rapid Update on Face Shield Disinfection](#). However, face shields should be discarded at the end of your shift. If you are ever in doubt of how to clean a face shield, dispose of the face shield and use a new one.

4. Do screeners have to wear full Droplet/Contact PPE?

PPE requirements for screeners depends on the task and the setting. Recent changes have been made to these requirements, please review the [Continuous and Extended PPE Use Guidelines](#) for your area of care for more information.

