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### Record of Amendments

<table>
<thead>
<tr>
<th>Amendment Number</th>
<th>Effective Date</th>
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<th>Amended by (Name and Organization)</th>
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Context

Situation
On March 11, 2020, the World Health Organization (WHO) declared the novel coronavirus (COVID-19) outbreak a global pandemic. The Government of Alberta (GoA) declared a State of Public Health Emergency that same day. In response to the widespread and cascading impacts of the disease, the GoA and its partners initiated early and aggressive measures to slow the spread of COVID-19 and minimize the risk to the health and safety of Albertans.

Impacts of COVID-19 on Personal Protective Equipment
The dramatic and quick onset of COVID-19 on the global community has quickly depleted global inventories of Personal Protective Equipment (PPE) (see Appendix A for PPE Definition), hygiene, and sanitation supplies. In addition to increased demand, global supply chains of PPE have been affected, resulting in slower access to replacement inventories. Until production adjusts to the demand spike and supply chain capacity returns, ensuring adequate supply during this time of increased demand will require continued diligence. In addition, unrelated to the PPE need associated with COVID-19 itself, services across the province that rely on PPE for normal operation are facing similar supply challenges and require assistance obtaining appropriate PPE.

Currently, Alberta has adequate stocks of PPE thanks to pre-pandemic planning and ongoing efforts to secure supplies that continue to arrive. However, the COVID-19 Pandemic is an unprecedented event with an unknown duration and we cannot take our PPE supplies for granted.

During this time, it is vital that a careful distribution protocol is followed to support those at the highest risk of exposure to COVID-19.

Early Action on PPE
In anticipation of these potential shortages, the GoA and Alberta Health Services (AHS) began the following measures:

- Aggressively procuring new stocks and working with industry to incent new suppliers.
- Postponing or reducing low priority, elective medical procedures or services requiring PPE.
- Conserving existing supplies by implementing guidelines and proper use education.
- Coordinating health and non-health sectors PPE supply chain management.
• Providing education on physical distancing, adapting regular operations to reduce demand, introducing administrative and engineered controls (e.g. barriers) as steps to reduce demand of PPE help limit the spread of the disease.

Included in these measures was the decision to source and distribute PPE and specific types of sanitation and hygiene products (see Appendix B for Sanitation and Hygiene Products Definition) to non-health care sector and essential services workers to help mitigate critical supply shortages on a humanitarian relief basis.
Overview of the Guidelines

Coordination and Integration
To support a coordinated and integrated approach, the province has developed the Integrated Guidelines for the Distribution of Personal Protective Equipment, Sanitation and Hygiene Products during COVID-19 (Guidelines). The Guidelines are intended to describe and outline the integrated distribution of provincially sourced PPE, including specified sanitation and hygiene products in response to the COVID-19 pandemic.

Authority for the Guidelines
Pursuant to s. 52(1)(e) of the Public Health Act (P-37 RSA 2000), the Minister of Health has approved these Guidelines to provide for the distribution of essential health and medical supplies and provide, maintain and co-ordinate the delivery of health services.

Best Evidence
The Guidelines are based on the best evidence available at the time of its writing.

Definitions
For the Guidelines’ purposes, Personal Protective Equipment (PPE) is defined in Appendix A, and sanitation and hygiene products are defined in Appendix B.

Application
The Guidelines apply to requests for PPE and specified sanitation and hygiene products sent to AHS, the Provincial Emergency Social Services Operations Centre (PESS) and the Provincial Operations Center (POC) from specific client groups as outlined in Appendix C.

Augment, Not Replace
The products acquired and distributed under the Guidelines are meant to augment, not replace, normal acquisition channels; the GoA recognizes that many normal supply chains are currently not operating as usual, necessitating augmentation.

Standards and Guidelines
In all decisions and actions, the province’s focus should be on preserving or approximating the existing standards of care and best practices to the extent possible within available PPE supplies and in accordance with PPE Guidelines for non-health sector services found in Appendix D.
Humanitarian Relief Basis
While the GoA is making best efforts to fulfill appropriate requests in a timely and complete manner, the volume of requests, the availability of on-hand supplies and the urgency of need dictates that it may not be able to immediately fill all requests or the amount and types of materials requested. It also may not be possible for the GoA in all cases to test and certify products within the context of the supply, demand and urgent need. Products are provided on a humanitarian relief basis, meaning the GoA does not guarantee or warranty the quality, quantity and efficacy of products it supplies as part of the response to the pandemic under these Guidelines. Recipients of materials must be made aware of the risk and voluntarily assume that risk in its use.

Ethical Guidelines
GoA policy decisions related to PPE are guided by the principles stated in Alberta’s Ethical Framework for Responding to Pandemic Influenza dated January 2016.

Communications
Initial GoA key messages for public facing communications are in Attachment E.

Reassessment
These Guidelines will be reviewed and adapted as information becomes available regarding the nature and transmission of COVID-19. The relative supply and demand of PPE and sanitation and hygiene products will reflect the current direction for proper use.

Common Operating Framework
Detailed operational processes and procedures that provide the GoA and AHS with a common operating framework to assess, approve, and distribute PPE and hygiene and sanitation products are driven by the Integrated Guidelines and principles herein.

Surveillance
A continual assessment of the supply chain and demand for PPE is occurring. Monitoring is occurring across supply and demand at international, national, provincial, and regional levels. This ongoing assessment is based on current inventory levels, current burn rates, and projected burn rates based on Alberta’s surveillance model for probable and elevated epidemiological scenarios.
Overall Approach

Escalating and Complementary Approach
The province is taking many escalating and complementary approaches to mitigating the impact of COVID-19 throughout Alberta.

These efforts focus on:

- Mitigation - using hazard controls to reduce demand for supplies.
- Postponing or reducing non-necessary, elective medical procedures or services that may require PPE to reduce demand for supplies.
- Conservation strategies to reduce demand for supplies such as clear guidelines on recommended application and use of PPE as well as potential safe re-use of some PPE.
- The aggressive procurement of new stock including voluntary programs such as GOA’s *Alberta Bits and Pieces Program*, and by working with industry to incent retooling of existing manufacturing to the production of PPE.

These efforts work in conjunction with physical distancing and other measures implemented to slow the spread of COVID-19.

Hazard Controls

*Hierarchy of Controls*

The Hierarchy of Controls is a key component of ‘Prevention through Design’, the concept of applying methods to minimize occupational hazards, including exposure to COVID-19, early in the design process. This approach emphasizes reducing hazards at the top of the hierarchy of controls as the most effective manner to lower risk.
To protect workers and help conserve PPE, the GoA and AHS shall encourage all employers and employees across Alberta to focus on the application of the hierarchy of hazard controls as below:

The Hierarchy as it relates to COVID-19

As stated in the World Health Organization's Rational Use of Personal Protective Equipment for Coronavirus Disease 2019 (COVID-19): Interim Guidance, dated February 27, 2020, PPE is one effective measure within a suite of tools that comprises administrative, environmental and engineering controls. Examples of these measures provided by WHO are:

- **Administrative controls** include ensuring the availability of resources for infection prevention and control measures, such as:
  - Appropriate infrastructure.
  - The development of clear infection prevention and control policies.
  - Facilitated access to laboratory testing.
  - Appropriate triage and placement of patients.
  - Adequate staff-to-client ratios and training of staff.

- **Environmental and engineering controls** aim at reducing the spread of pathogens and reducing the contamination of surfaces and inanimate objects, such as:
  - Providing adequate space to allow social distancing measures to be maintained between patients and between clients and workers.
  - Ensuring the availability of well-ventilated isolation rooms for those with suspected or confirmed COVID-19 disease.
**Hazard Controls and PPE**

It is intended that the disciplined use of hazard controls (administrative, environmental and engineering), can help:

- Minimize the need for PPE.
- Protect workers and individuals from exposure to the COVID-19 virus.
- Limit the over-use and potential inappropriate use of PPE.

The overall aim is to support the rational, efficient and humane allocation and conservation of stocks during times of critical shortages.
Common Operating Framework

Overview
As of the date of the writing of these Guidelines, the provincial PPE distribution process is as follows:

Who May Make a Request?
Requests will be received from organizations listed in the client groupings provided in Appendix C. Request respective entry points are:

<table>
<thead>
<tr>
<th>Request Process</th>
<th>For AHS Client Groups</th>
<th>For PESS Client Groups</th>
<th>For POC Client Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td>Email CPSMOperations. EOC @ahs.ca.</td>
<td>Submit online at <a href="https://ppe.sp.alberta.ca/Lists/Requests/New.aspx?IsDlg=1">https://ppe.sp.alberta.ca/Lists/Requests/New.aspx?IsDlg=1</a>.</td>
<td>Email <a href="mailto:Goapoc.logistics@gov.ab.ca">Goapoc.logistics@gov.ab.ca</a>.</td>
</tr>
</tbody>
</table>
Assessment and Approvals
For all submissions, AHS, PESS and POC will assess their respective requests to ensure individual requests:

1. Have been submitted to the appropriate organization. If not, the initial receiving organization will forward that request to the appropriate organization.
2. Maintain the required and sufficient information as contained in their respective request forms.
3. Are for appropriate types of equipment. In making this determination, AHS will reference approved guidelines for medical-grade PPE, while PESS and POC will reference the Non-Health PPE Guidance as found at Appendix D and may consult with AHS ICP staff in making this assessment.
4. Are for an appropriate amount of equipment.

At any point during the assessment phase, AHS, PESS and POC may consult with Alberta Health Infection Prevention and Control staff as required with respect to appropriateness of PPE and on matters of appropriate PPE alternatives.

Request Estimates
Client groups will provide requests representing a two-week estimate of supply. AHS, PESS and POC will track requests to establish and monitor overall demand and inventory burn rates to allow for more accurate provincial-demand modelling.

Amount and Type of Stock Provided
AHS and POC will try to fill each request for their respective client groups considering on hand inventory and demand modelling. All organizations will monitor and report demand and inventory levels and may adjust what is provided in quantity in proportion to available stock or offer an appropriate substitution. Requests POC is unable to fulfill will be referred to AHS for assessment and potential fulfilment. Clear communication between distributing agencies and the requesting agency is a key aspect of managing effective distribution.

Fulfillment and Distribution
PESS will send its assessed request to POC for fulfillment. POC will consolidate its requests with those of PESS and send the consolidated request to the POC warehouse for fulfillment on a first in, first out basis. Exceptions can be made for urgent requests.
PESS will send assessed and validated requests to POC for fulfillment. POC will consolidate PESS’ requests with requests from GoA departments, agencies, boards and commissions. POC will look to fill those consolidated requests on a first in, first out basis, and exceptions can be made for urgent requests.

In the event the POC is unable to fulfill an otherwise appropriate request, POC, after consulting with PESS, may request further fulfillment from AHS’ stockpile. AHS will assess these requests and look to fulfill appropriate requests based on its own available stocks.

AHS will fulfill its assessed requests through its existing distribution suppliers, while PESS and POC will make every effort to fulfill approved requests from a common POC stockpile, and distribute its stock using its existing distribution channels.

Communications

Should a request not contain sufficiently detailed information, or the type or amount is considered inappropriate, the organization that received the request will endeavour to contact the requestor to clarify and notify the requestor of any potential shortfalls in types, amounts and the requestors’ acceptance of substitutions.

Situation Reporting

AHS, PESS and POC will provide regular updates on current supply and demand to its senior executives.

Every second day, an updated consolidated dashboard report specific to PPE and sanitation and hygiene stocks will be provided to the Deputy Minister of Executive Council.

Detailed Process Instructions

Detailed process steps, breakdowns of client groupings and operational directions can be found in a complimentary guide.
## Appendix A – PPE Definition

For the purposes of these Guidelines, PPE is as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Definition and/or List of items:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N95 masks or respirators (reported as ‘N-95’)</strong></td>
<td>Certified masks and respirators meeting the N-95 standard including full equivalencies to N95 standard as defined by relevant legislation.</td>
</tr>
<tr>
<td></td>
<td>- N-95 masks are disposable (non-powered, no replaceable cartridge)</td>
</tr>
<tr>
<td></td>
<td>- N-95 respirators include powered and non-powered non-disposable cartridge-based designs</td>
</tr>
<tr>
<td><strong>Procedural masks or respirators (reported as ‘Masks’)</strong></td>
<td>Includes all medical-grade masks and respirators not meeting the N-95 standard.</td>
</tr>
<tr>
<td></td>
<td>Includes:</td>
</tr>
<tr>
<td></td>
<td>- Disposable surgical masks with or without face shields</td>
</tr>
<tr>
<td></td>
<td>- Disposable procedural masks with or without face shields</td>
</tr>
<tr>
<td></td>
<td>- Non-disposable powered/non-powered cartridge based respirators that do not meet N-95 standards</td>
</tr>
<tr>
<td><strong>Non-medical masks or respirators (not reported)</strong></td>
<td>Include all masks and respirators not suitable or certified for use as medical PPE.</td>
</tr>
<tr>
<td></td>
<td>Includes:</td>
</tr>
<tr>
<td></td>
<td>- Commercial grade dust masks or respirators not meeting standards for medical use</td>
</tr>
<tr>
<td></td>
<td>- Homemade masks</td>
</tr>
<tr>
<td><strong>Gloves</strong></td>
<td>Non-sterile gloves suitable for medical grade use</td>
</tr>
</tbody>
</table>

*This listing is as of April 8, 2020 and may be subject to revision.*
Appendix B – Sanitation and Hygiene Products
Definition

For the purposes of these Guidelines, sanitation and hygiene products are:

- Liquid hand sanitizer
- Liquid hand sanitizer dispenser units
- Disinfecting surface wipes

*This listing is as of April 8, 2020 and may be subject to revision.
Appendix C – Client Groups

Alberta Health Services’ Client Groups:

- AHS staff and physicians delivering services in AHS facilities, including those at Community Assessment Centres who collect samples from patients.
- DynaLife / Patient Services Centres.
- AHS-contracted Continuing Care and Supportive Living partners.
- AHS-contracted Emergency Medical Services (EMS)/STARS.
- AHS-contracted Home Care.
- Primary Care Networks (PCNs) and affiliated physician offices (PCN clinics and non-PCN family physician clinics).
- Community Pediatric Physician Offices.
- Community Obstetric and Gynecologist Physician Offices.
- Midwives.
- Compounding Pharmacies.
- Diagnostic Imaging Providers.
- Airports (for AHS Staff only in Edmonton/Calgary).
- Land Border Crossing (for AHS Staff Only).
- Shelters.
- Canadian Blood Services.
Appendix D – non-Health PPE Guidance

Provincial Emergency Social Services’ Client Group:

- Frontline delivery staff for contracted GoA agencies, contractors, businesses who provide support to Alberta’s vulnerable populations including, but not limited to, seniors, homeless, ability challenged, as well as private agencies, contractors and businesses not affiliated with the GoA.

- Non-AHS Allied Health (e.g., pharmacist, dentist, non-AHS seniors’ facilities, vulnerable population workers (homeless, childcare), community pharmacies).

- Public Security (e.g., police, peace officers, fire, Office of the Medical Examiner (OCME)).

- Public Utilities (i.e., water, wastewater, sanitation and electricity).

- Food security and supply chain management.

- All others.

Provincial Operations Centre’s Client Group:

- Government of Alberta departments, as well as its official agencies, boards and commissions.
Guidelines for PESS for distribution of PPE

Overview

This document has been developed to support PESS in the appropriate distribution and management of PPE requests. PPE in this context, includes gloves, surgical/procedure masks, eye protection and gowns, as well as respirator masks for specific procedures (e.g. N-95).

PPE is based on risk of exposure to a pathogen that considers both the risk associated with a specific task/activity and the source of infection (e.g. ill person). Over the last few months, knowledge about the spread and effects of COVID-19 has expanded. Person-to-person transmission is occurring in Canadian communities. COVID-19 is most commonly spread from an infected person through respiratory droplets generated through coughing or sneezing, close personal contact such as touching or shaking hands, or touching something with the virus on it and then touching the mouth, nose or eyes before hand washing.

Workers who are exposed to people who are ill with respiratory symptoms, such as coughing and sneezing, may use surgical/procedure masks and eye protection if the nature of their work warrants it. Gloves are only recommended when workers will be in direct contact with an ill person, or a contaminated object or environment or when using disinfectant wipes/solution to clean surface areas.

PPE must be used correctly to prevent contamination when putting on and taking off. Training on the use of PPE is important (https://www.albertahealthservices.ca/info/Page6422.aspx suggest this go out with every filled order). Hand washing remains critical even when using PPE.

The use of respirators (e.g. N-95 masks) are not required, except in certain settings when particular high risk procedures, like aerosol generating medical procedures\(^1\), are being performed. If there is a request for N-95 masks for medium/low risk groups, it may be necessary to contact Infection prevention and Control (IPC).

** Basic PPE/products, such as alcohol based hand sanitizer/wipes and disinfectant wipes/solution (to disinfect environmental surfaces) and gloves to use with disinfectant wipes/solution can be distributed for ALL requests provided the quantity is acceptable.

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\(^1\) Medical procedures that have the potential to create aerosols in addition to those that patients regularly form from breathing, coughing, sneezing, or talking are called AGMP (i.e. intubation, CPR, nebulizing treatment)
Recommended Personal Protection Equipment Distribution Matrix

Please note the following:

- The list of industry personnel is not all inclusive, but will provide a representative example for most sectors.
- Front-line denotes personnel who have direct physical contact (less than 2 meters) with suspect/confirmed COVID-19 patients and/or the contaminated environment of a suspect/confirmed COVID-19 patient.
- This matrix addresses PPE for suspect/confirmed COVID-19 and does not address PPE required for personnel for their day-to-day normal operations.
- PPE requirements for non-healthcare personnel are an assumption and may require a conversation with the requester to determine actual need.
- This is a baseline of expected need, but PPE recommendations should be based on activity and a detailed risk assessment. If a need is identified beyond this guideline, consultation with expert IPC at Alberta Health should be completed to assess the validity with the requester. Contact IPCSupport@gov.ab.ca for assistance.
- These requests are for organizations/services not affiliated with AHS or contracted AHS service providers.

Risk level definition and distribution recommendation

This framework provides general recommendations for the distribution of PPE use, based on the risk of exposure (e.g., type of activity) and the transmission dynamics. Risk groups are based on the general risk of exposure to COVID-19 in each setting based on the assumed activities. Activities may warrant higher levels of PPE protection. Based on the identified Risk Levels, requestors can be provided with PPE/Products as outlined in their respective category:

**High Risk**

Front line personnel are those who are providing direct care to those with suspected or confirmed COVID-19.

- **Recommendation**: Glove, gown, surgical/procedure masks and/or N-95 masks (respirators), eye protection.

  Note: Direct care means providing assistance to people who are sick, injured, mentally or physically disabled, or the elderly and fragile. The work helps their clients with daily activities, such as bathing and bathroom functions, feeding, grooming, or taking medication.
Medium Risk
Personnel whose duties require face-to-face interaction with clients who are suspected/confirmed COVID-19 and are unable to maintain a 2-meter distance.

- **Recommendation**: gloves, procedure masks, eye protection. If gowns or N-95 masks have been requested, further clarification with the requester will be required to determine actual need.

Med-low risk
Personnel who have multiple interactions with clients in vulnerable population environments and cannot maintain/sustain a two meter physical distance.

- **Recommendations**: Basic PPE plus procedure/surgical masks (intent is for personnel to wear the mask to protect vulnerable individuals they are serving/caring for from getting sick). If gowns, eye protection or N-95 masks have been requested, further clarification with the requester will be required to determine actual need.

Low Risk
Personnel who do not interact with suspect/confirmed COVID-19 patients and/or can maintain 2 metre separation (either through physical space distancing and/or physical barrier). People who do not engage with any clients or members or the public, or interact only with the general public.

- **Recommendation**: No PPE beyond the basic PPE/products (i.e. hand sanitizer/wipes and handwashing).
<table>
<thead>
<tr>
<th>Industry</th>
<th>Personnel</th>
<th>High Risk</th>
<th>Medium Risk</th>
<th>Med – Low Risk</th>
<th>Low Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Services and Allied Health</td>
<td>Community front line health care staff (Doctors, nurses, respiratory technologists, EMS, and firefighters)</td>
<td>x</td>
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<tr>
<td></td>
<td>Community health nurses (e.g. home care)</td>
<td>x</td>
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<tr>
<td></td>
<td>Front line environmental service workers (in a health care settings)</td>
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<tr>
<td></td>
<td>Community diagnostic imaging/other technologists (e.g. medical laboratories)</td>
<td>x</td>
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<tr>
<td></td>
<td>Community pharmacists</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Other community providers providing client care either in clinic, facility or home setting</td>
<td>x</td>
<td></td>
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<tr>
<td>Community Support</td>
<td>Police Officers</td>
<td>x</td>
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<tr>
<td></td>
<td>Peace Officers</td>
<td>x</td>
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<tr>
<td></td>
<td>Workers at isolation facilities</td>
<td>x</td>
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<tr>
<td></td>
<td>Funeral Service Facilities</td>
<td>x</td>
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<td></td>
<td>Shelter workers in regular facilities</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
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<tr>
<td></td>
<td>Child care providers (day cares)</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>Environmental service workers (non-health care setting and non-isolation)</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Security workers (public areas)</td>
<td>x</td>
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<td></td>
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<tr>
<td></td>
<td>Psychosocial support workers</td>
<td>x</td>
<td></td>
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<tr>
<td></td>
<td>Support/Admin staff (public areas)</td>
<td>x</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>Food Service Workers</td>
<td>x</td>
<td></td>
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<tr>
<td></td>
<td>Postal Workers</td>
<td>x</td>
<td></td>
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<tr>
<td></td>
<td>Grocery Store Workers</td>
<td>x</td>
<td></td>
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<tr>
<td></td>
<td>Waste Treatment Plant Workers</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Technical support services and repairs for critical infrastructure</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Transport operators (truck drivers)</td>
<td>x</td>
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</tr>
</tbody>
</table>

Note: Each organization’s space and workflow is different. Direct questions to Infection Prevention and Control at IPCSupport@gov.ab.ca.
Appendix E – Government of Alberta’s

Key Facts

Key Facts


- Distribution emphasis is being placed on the urgent needs of the following sectors:
  - The Health Sector
  - The non-AHS Allied Health Sector and Civil Society organizations supporting vulnerable populations (dentists, medical examiners, pharmacists, mortuary services, seniors assisted facilities, first responder organizations, NGO organizations, food banks, shelters, childcare, etc.)
  - Public Security Sector (peace officers, fire, corrections, courts, etc.)
  - Public Utilities Sector (water, wastewater, electrical, etc.)
  - Food Supply Sector (food security and preparation to ensure continuity of supply chain)

- Depending on supply levels, requestors may receive partial shipments of their request as supplies will be distributed as they arrive in the warehouse.

- Non-AHS requests will be triaged and assessed to determine actual need based on these guidelines.

- Local authorities, funeral homes, and civil organizations (groups helping individuals) should direct their requests for personal protective equipment and hand sanitizer to https://ppe.sp.alberta.ca/Lists/Requests/New.aspx?IsDlg=1.

- Departments should communicate their needs directly to the POC through its Logistics section.

Background

- What steps should Albertans take to help prevent the spread of COVID-19?
  - Practice physical distancing.
  - Wash hands often with soap and water for at least 20 seconds.
  - Cover coughs and sneezes with a tissue or your elbow.
- Avoid touching your face with unwashed hands.
- Avoid travel outside Canada.
- Watch for COVID-19 symptoms: cough, fever, shortness of breath, runny nose or sore throat.

* Albertans are encouraged to follow mandatory self-isolation requirements
  - 14 days if you recently returned from travel outside of Canada or are in close contact with someone who has tested positive for COVID-19, plus an additional 10 days from the onset of symptoms, should they occur, whichever is longer.
  - 10 days minimum if you develop any COVID-19 symptoms, or until the symptoms resolve, whichever is longer.