Thank you for the question.

I think the term to focus on for this question is “aerosols” meaning fine droplets. AHS has maintained throughout the pandemic that transmission can occur via direct contact and fomites as well as droplets and aerosols . This is why the list of Aerosol Generating Medical Procedures was created. This identifies specific procedures that create aerosols that increase the risk of transmission via inhalation and comes with the direction for N95 mask use. Remember that airborne particles are those that remains suspended in air until removed from the space via exhaust – open windows/doors, or in healthcare settings, the HVAC system. Aerosols are fine droplets that can remain suspended in air for seconds before settling on a surface. Think about misting your plants and how the fine spray of droplets is seen over the plant before settling on the leaves/petals. N95 masks are recommended in situations where the healthcare provider will be within 2m of a patient undergoing AGMP.

Engineering controls in healthcare settings are set to provide adequate air exchange to optimize clearing air while preventing drafts that could carry these fine droplets outside the “spit zone”.

That being said, most examination/interview rooms in a health care setting do not provide adequate space for a care provider to maintain a >2m spatial separation from their patient. Anyone who is presenting with symptoms, confirmed disease in the past 10 days or has risk factors that would require quarantine should be treated with Droplet/Contact PPE – including gown, eye protection, mask and gloves. The mask can be either an N95 or a medical mask, based on the risk assessment. When the risk assessment identifies a possible or confirmed AGMP, the mask must be an N95. If you as a healthcare provider believe that any patient could provide a risk of exposure to an AGMP, then you can choose to use an N95 for every patient encounter. If your encounter is with a patient who cannot wear a mask or needs to be examined in a manner where the mask must be removed and you feel the risk is greater, then don an N95. This is your choice, based upon your risk assessment.

As for whether you believe that AHS needs to “catch up” with the research, we have an abundance of clinical evidence/objective experiences over the past year in addition to the scientific evidence that we have been basing our recommendations on. I would suggest that questions/concerns regarding the evidence be brought to the Scientific Advisory Group for review and a response.

I hope this answers the question adequately.

Kim

Kim Houde, RN, CIC
Senior Clinical Practice Coordinator
Infection Prevention and Control
Calgary Zone

403 519-7977 (cell)
403 956-2896