
Regional Health Authorities, Service Delivery Organizations and Service Providers in the Community

*NOTE: This is a working document and will evolve as planning work continues. The latest updates will appear in blue*

BACKGROUND

Ensuring the health and safety of front-line health care workers and those engaged in other higher risk occupational settings and/or tasks, has been, and remains, a fundamental priority in Manitoba’s provincially-coordinated response to COVID-19.

Across the province, our ability to sustain vital health care services (both COVID-related and non-COVID-related) is dependent on the availability of staff and physicians for the duration of the pandemic. It is therefore imperative that we take all appropriate and available steps to protect our health care workforce from workplace exposure to, and transmission of, COVID-19.

Manitoba’s response to COVID-19 has included measured, sequential and escalating steps to protect the health and safety of health care workers. Active screening of patients, residents and clients for symptoms and potential exposure history, staff screening before each shift, visitor guidelines that restrict visitors during times of moderate and severe COVID-19 activity, education and ongoing reminders of the importance of physical distancing and strict hand hygiene, enhanced cleaning and disinfecting protocols, and efforts to rapidly identify, isolate and contain outbreaks in long term care and acute settings have been implemented across the province.

Every day, in all health care settings and situations, health care workers rely upon basic infection prevention and control measures to prevent the spread of infection. These Routine Practices – including point of care risk assessment (PCRA), hand hygiene, cleaning and disinfecting of equipment and the environment, among others – are expected all times and in every health care setting.

PPE creates a physical barrier between individuals to minimize exposure and prevent transmission of viruses spread by direct and prolonged contact with large respiratory droplets. Medical and non-medical PPE have varied levels of application and appropriateness, with medical PPE prioritized for those health care workers and workers engaged in other higher risk occupational settings/tasks.

The application of Personal Protective Equipment (PPE) is only one element of Routine Practices, and must be used in conjunction with other routine practices (hand hygiene, physical distancing, staying home when ill) to protect the health care worker. PPE is a supplement to these Routine Practices and should not be relied upon as a stand-alone prevention measure in our response to COVID-19.
This guidance framework includes safe deviations from usual Infection Prevention and Control (IP&C) Routine Practices and Additional Precautions, which are necessary in light of the unprecedented demands of a sustained COVID-19 response.

Health care workers are reminded that every patient interaction must begin with a Point of Care Risk Assessment (PCRA) which will direct appropriate measures to protect both health care workers and patients. The PPE required depends on two key factors: the “zone” (Green, Orange or Red) and the care setting.

By completing a PCRA, using routine practices, including meticulous hand hygiene, and following specific guidance related to physical distancing and appropriate use of PPE, health care workers can be confident in their ongoing health and safety throughout the COVID-19 pandemic.

**Adherence to public health guidelines (e.g. staying home when sick, limiting close contacts, and practicing physical distancing) and strict hand hygiene remain our best defense against the spread of this virus.**

**MANITOBA’S SUPPLY MANAGEMENT AND STEWARDSHIP PLANNING AND GUIDANCE FRAMEWORK (THE FRAMEWORK)**

The purpose of Manitoba’s Supply Management and Stewardship Planning and Guidance Framework (the Framework) is to guide health care workers in determining the type of PPE required for those working in health care and other critical services during the COVID-19 pandemic when worldwide supply of PPE can be expected to remain volatile and when demand may, at times, threaten to overwhelm supply.

This Framework is specific to PPE in the context of a COVID-19 pandemic and applies to all individuals in Manitoba in all health care and other critical service settings. PPE requirements are presented as a supplement to compliance with good infection prevention and control practices, including meticulous hand hygiene, physical and social distancing, and staying home when sick.

This is a decision-making tool to guide the allocation and use of PPE to enable sufficient PPE supply levels during and in anticipation of prolonged procurement and distribution disruption. At all times, the priority is to protect health care workers. Their ability to provide continued care throughout the pandemic is of fundamental importance.

**PPE SUPPLY REALITIES**

Worldwide supply, production and distribution processes, including timelines, were significantly disrupted over the early months of the global pandemic, resulting in the need for Manitoba’s health system to significantly expand its PPE procurement efforts. At the same time, provincial procurement efforts focused on securing medical supplies through federal-provincial channels, and through local manufacturers able to retool their operations to produce much-need supplies.
Manitoba’s supply stockpile was significantly impacted by these pressures throughout the first wave of pandemic response, requiring a coordinated effort by Infection Prevention and Control, Occupational and Environmental Health and Safety, and Public Health to identify needed supplies for priority services. At the same time, service delivery organizations analyzed patient, client and resident need, and postponed non-urgent surgeries, procedures and diagnostic services or moved appointments to virtual platforms wherever possible in order to preserve vital PPE supplies.

As Manitoba’s COVID-19 case counts dropped throughout the summer months and worldwide supply chains stabilized, clinical activity slowly resumed. Wave Two of the pandemic (fall 2020) has impacted Manitoba much more severely than Wave One, with high case counts, widespread community transmission and escalating demands on hospital capacity, critical care resources and long term care facilities.

With worldwide supply for most items of PPE stabilizing and Manitoba’s stockpile replenished (with the exception of continued supply volatility with respect to N95 respirators), the province’s supply of critical PPE has stabilized, however focus remains on conserving, preserving, managing, monitoring, and utilizing PPE supplies appropriately to ensure their ongoing availability in the even supply volumes destabilize once again.

At all times, the protection of Manitoba’s vital health care workforce remains the priority.

Manitoba activated the Supply Management and Stewardship Framework in Spring 2020. It remains necessary and prudent to maintain appropriate contingency plans for periods when PPE supply may be limited in one or more areas.

The **Supply Management and Stewardship Framework** involves the following:

- Communication of appropriate use of PPE
- Centralized control of PPE supply
- Conservation of PPE
- Allocation of PPE to areas of highest risk and workers providing the most critical services
- Continuous monitoring and auditing of supply and usage

Ongoing dialogue with Manitoba’s Health Care Unions has emphasized our shared commitment to the safety of health care workers, patients and our community. It has also resulted in a shared understanding of the vital need to conserve PPE supplies during the COVID-19 pandemic and a commitment to working together to ensure all health care workers are engaged in the active conservation of Manitoba’s PPE supply.

As the province’s supply stockpile improves in most categories through a combination of appropriate use, conservation and procurement, these guidelines will continue to evolve. It must be recognized that the original framework has proven effective in both protecting staff and conserving supply of PPE and
remains appropriate in light of known science. As access and availability of PPE improves, and particularly during times of severe COVID-19 activity and widespread community transmission, modification out of an abundance of caution is possible.

We are committed to the engagement of staff, unions and professional associations in the evolution of planning Manitoba’s response to COVID-19. This will include continued dialogue and transparency related to the stewardship of PPE, including supply, distribution and utilization.

**PPE supplies should be conserved and only those who need PPE should use it.** The appropriate use of PPE is a requirement. Utilization must comply with the Provincial PPE Requirements document available at [https://sharedhealthmb.ca/files/covid-19-provincial-ppe-requirements.pdf](https://sharedhealthmb.ca/files/covid-19-provincial-ppe-requirements.pdf).

**PRINCIPLES**

The application of these principles shall be consistent across the province. Manitoba remains committed to aligning supply distribution with the regional prioritization of services. Manitoba’s regional health authorities, service delivery organizations and service providers in the community are committed to working together to ensure provincial consistency in the adoption and implementation of these guidelines.

Contingency plans are to be guided by the following principles:

1. **Continue critical services, using appropriate PPE and alternate means where possible.**

   Critical services must be continued. If services can be offered virtually, they should be. PPE supplies shall be allocated in alignment with a prioritization of critical services. Prioritization will be applied consistently for settings and tasks across the province where direct contact with higher risk patients, clients and/or residents is required.

   In most settings and situations, Routine Practices, including meticulous hand hygiene and droplet/contact precautions, provide appropriate protection against COVID-19 and other respiratory viruses.

2. **When PPE conservation is a priority, consider the possibility of deferring or postponing services where negative outcomes can be avoided.**

   If services can be postponed, deferred or offered virtually without significant negative impact to the health status of the patient, they should be. It is recognized that these service reductions may be implemented either during times of PPE supply challenges OR during periods of extreme COVID-19 activity when staffing resources must be reassigned or redeployed.

   In either instance, patients and clients should continue to be monitored for any change in health status. For clients with back-up family supports, efforts should be made to contact family members to see whether they may be able to support their family member in the interim.
While we must prioritize critical in home care services, as well as services for those without alternate supports, continued regular check-ins with family members who are augmenting or temporarily providing in home care for their loved ones should occur to ensure caregivers are not becoming overwhelmed.

In an effort to conserve PPE and also to limit the travel of staff and patients between sites, we are asking that all non-essential patient transfers for consult or follow-up be put on hold until further notice. We ask all providers to perform these consults virtually, where possible.

All non-essential staff education and training activities requiring use of PPE should cease and the number of staff allowed in a room for procedures should be limited to those required for care. Essential staff education and training activities will be determined by the education and/or clinical leader and performed in real time as much as possible to ensure the application of PPE is used to support patient care.

3. Conserve PPE supply for higher-risk settings and services.

Wherever possible, meticulous hand hygiene should be performed rather than use of gloves in alignment with Routine Practices:

   a. Meticulous hand hygiene is appropriate in non COVID-19 positive/suspect patients, clients and residents where the activity is unlikely to result in hand soiling or contamination with blood and/or bodily fluids. Meticulous hand hygiene should be performed between each task and before and after any contact with the patient, client or resident environment.

   b. Staff delivering supplies, food, equipment, pharmaceuticals, and similar items to areas that are not COVID-19 positive/suspect units/areas and where COVID-19 positive patients/clients/residents are not present should perform meticulous hand hygiene and follow the advice above.

   c. Safe, extended use of PPE where appropriate, as identified in the Provincial Personal Protective Equipment Requirements document will help ensure critical services are supported during this COVID-19 period when PPE supply will be limited.

4. Monitor, Audit and Enforce Appropriateness and Utilization

The Point of Care Risk Assessment (PCRA) is a fundamental component of each patient interaction and is the appropriate means for health care workers to determine the PPE required for the type of patient interaction, planned or potential intervention and risk level. Droplet and contact precautions and extended use of a procedure mask are required for most interactions with individuals confirmed or potentially infected with COVID-19.

Within the context of high community transmission of COVID-19, ongoing discussions with Manitoba’s health care unions have identified settings and situations where employers are required to provide an N95 respirator to health care workers.
These include:

- Health care workers involved in patient/resident/client care of Red Zone (COVID-19 positive) and Orange Zone (COVID-19 suspect) individuals;
- Health care workers involved in labour and delivery, with the exception of those staff caring for patients who have received a negative COVID-19 test on the day of labour/delivery or the day prior;
- Health care workers performing nasopharyngeal swabs at COVID-19 testing locations;
- Emergency Department and urgent care centres, with the exception of staff working in designated low acuity areas where Green zone patients are directed following screening at triage;
- Direct care of undifferentiated patients/residents/clients; and
- Performance of nasopharyngeal swabs at COVID-19 testing locations.

A point of care risk assessment (PCRA) for COVID-19 is **not required** in the above situations in order for health care workers to be provided a N95.

**Note:** In the above settings/situations, physicians and staff may, based on independently exercised professional judgment, choose to wear a procedure mask rather than an N95 respirator as long as an aerosol-generating medical procedure (AGMP) is not being performed. Those that exercise their professional judgment to wear a procedure mask instead must first complete a PCRA to determine there is no risk/low risk of an AGMP. The PCRA should include consideration of the patient’s volume of respiratory secretions as well as their ability to control secretions; the environment in which care is being provided; and the patient’s ability to comply with Infection Prevention and Control practices.

For any non-AGMP situation, staff wearing a procedure mask will not be considered exposed and will not be considered in breach of PPE requirements.

In situations not outlined above, e.g. non-AGMP, direct care of Green Zone patients/residents/clients, a PCRA continues to be necessary in advance of an N95 respirator being requested.

Mechanisms to monitor and audit appropriateness and utilization have been implemented within every service delivery organization and enforced at every site. This must include ongoing education of physicians and staff to ensure appropriate use of PPE. The appropriate use of PPE is a requirement. Utilization must comply with the Provincial PPE Requirements document and cannot exceed what has been directed for use.

5. **Conserve medical PPE supply for health care workers and critical service providers.**

Medical PPE should be reserved for the use of health care workers and critical service providers. Health care workers providing the most critical services and who are at greatest risk of exposure to COVID-19 should be given the highest prioritization.
Where possible, the reuse, sterilization and/or reprocessing of PPE should be pursued.

While non-medical masks made of cloth (e.g. cotton) are not a substitute for physical distancing and hand hygiene, they are a viable additional measure that can protect others.

Patients, clients (including others living in a home), and residents who are able to tolerate wearing a masks should be required to wear one during health care interactions. Where appropriate or in settings where use of medical face masks are recommended/required, a medical face mask should be provided to a patient, resident or client.

6. **Preserve a central reserve of medical PPE to ensure ongoing availability for critical services.**

A central provincial supply of PPE shall be maintained at all times to ensure the continuation of critical services during unanticipated or unavoidable periods of supply, production or distribution interruption or delay, or a sudden increase in demand for critical services.

Service levels will be continuously evaluated and service reductions implemented as necessary – and where safe to do so – in order to ensure the ongoing availability of centrally stockpiled supplies required by critical service areas. The amount of provincial supply set aside for contingency will need to be adjusted as circumstances change.

7. **Priority will continue to be placed on obtaining PPE supply.**

Continuous assessment of procurement and retooling opportunities will occur. When PPE supply becomes available, PPE will be distributed to workers across the province consistently according to the prioritization levels and the supply available.

**UPDATED GUIDANCE – DECEMBER 2020**

Conserving individual pieces of PPE is one component of our larger strategy of ensuring ongoing staff and patient safety throughout the pandemic. While supply levels have improved, worldwide supply and distribution can be expected to remain volatile and efforts to retain the supplies we will need to provide care on an ongoing basis will continue.

Based on ongoing dialogue with Manitoba’s health care unions, several measures to enhance allowance of PPE are being implemented.

Employers remain responsible for educating health care workers on the need to preserve and conserve the supply of PPE necessary to provide care throughout the pandemic as well as information and training related to the safe and appropriate utilization of PPE.

Similarly, the service delivery organizations are responsible for supporting accelerated provincial fit-testing for N95 respirators which is currently underway.

Assessment of the impact of these enhanced allowances on Manitoba’s PPE supply and stockpile will
Updated Guidance for access and use of an N95 respirator includes the following:

- **Aerosol-Generating Medical Procedures (AGMPs)** – Health care workers present during the performance of an AGMP are required to wear an N95 respirator or equivalent. This requirement applies to all AGMPs, across Red, Orange and Green Zones (both <14 day LOS and >14 days LOS) and across all sectors (Acute, Long Term Care, and Community). The only exception is when the “Same Day/Next Day” AGMP Rule is applied. Refer to: https://sharedhealthmb.ca/files/covid-19-agmps-and-negative-test.pdf.

- **Orange Zone / Red Zone** - Employers/operators/SDOs are required to provide an N95 respirator to health care workers involved in patient/resident/client care of Red Zone (COVID-19 positive) and Orange Zone (COVID-19 suspect) individuals;

- **Labour & Delivery** - Employers/operators/SDOs are required to provide an N95 respirator to health care workers involved in labour and delivery, with the exception of those staff caring for patients who have received a negative COVID-19 test on the day of labour/delivery or the day prior.

- **COVID-19 Testing Locations / Nasopharyngeal Swab** - Employers/operators/SDOs are required to provide an N95 respirator to health care workers performing nasopharyngeal swabs at COVID-19 testing locations;

- **Emergency Departments / Urgent Care Centres** - Employers/operators/SDOs are required to provide an N95 respirator to health care workers providing care in Emergency Departments and urgent care centres, with the exception of staff working in designated low acuity areas where Green Zone patients have already been screened at triage;

- **Undifferentiated patients/residents/clients (e.g. unable to provide history, unreliable history, unconscious, etc.)** - Employers/operators/SDOs are required to provide an N95 respirator to health care workers involved in direct care of undifferentiated patients/residents/clients;

- **Home Care and Public Health** - Employers/operators/SDOs are required to provide two (2) N95 respirators per shift for health care workers to keep with them during a shift. The use of an N95 respirator shall be documented in the home care record, client intake form or distribution log or record.

**NOTE:** In non-AGMP interactions, the health care worker may, based on independently exercised professional judgement, choose to wear a procedure mask rather than an N95 respirator. The health care worker must first complete a PCRA. The PCRA should include consideration of the patient’s volume of respiratory secretions as well as their ability to control secretions; the environment in which care is being provided; and the patient’s ability to comply with Infection Prevention and Control practices.

In non-AGMP situations, staff wearing a procedure mask and eye protection will not be considered exposed and will not be considered in breach of PPE requirements.

Updated Guidance for eye protection includes the following:

- **Eye Protection** - For direct patient/resident/client care, use of a full face shield is recommended, as this option provides coverage of the whole face and protection of extended-
wear procedure mask or respirator from contamination.

Alternate approved eye wear (e.g. goggles) remains acceptable and offers appropriate protection from exposure.

The introduction of these measures is in no way intended to hamper the ability of the health system and health care workers to deliver care should supply levels once again be challenged. Supply levels and appropriateness of use will be monitored and discussed with health care unions. In the event of a risk of critical supply levels in one or more categories of PPE, allocation of PPE and criteria for use may be modified.

OPERATIONAL GUIDELINES

To assist in the prioritization of PPE distribution, the following guidelines have been developed by clinical and public health leadership, in consultation and with the support of Infection Prevention and Control, Occupational and Environmental Safety and Health and with the endorsement of Manitoba’s COVID-19 Incident Command.

In recognition of the continued observance of very low rates of transmission from patient/client/resident to provider, the effectiveness of staff and visitor screening, enhanced cleaning and disinfection protocols in acute and long term care facilities and the current state of low rates of community spread, these guidelines are intended to both ensure the health and safety of health care workers and reduce provider spread of COVID-19.

**Medical PPE will be prioritized for the workforce facing the greatest risk of COVID-19 transmission.**

Shared Health continues to work with supply chain partners and Manitoba’s provincial government to identify options to enhance our PPE supply and is working with health regions to identify service changes that may be implemented safely.

During periods of supply conservation, the sequence and volume of PPE distributed will reflect the priority guidelines established below.
Green Zones – Non-Suspect Patients, Residents or Clients

COVID-19 non-suspect patients, residents or clients are those who do not meet the exposure or symptomatic criteria for testing AND/OR those deemed “recovered” by Public Health (if not admitted) or by Infection Prevention and Control (if admitted).

<table>
<thead>
<tr>
<th>Personal Protective Equipment</th>
<th>Duration of Use</th>
<th>Specific Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure Mask</td>
<td>Change only if damp, soiled or damaged and/or at breaks</td>
<td>Extended use for repeated interactions with multiple patients. <strong>Discard and replace following breaks.</strong></td>
</tr>
<tr>
<td>N95 Respirator</td>
<td>Use of N95s in Green Zones required only for non-COVID-19 conditions (e.g. TB) and for AGMPs (unless a negative COVID-19 test result has been received - Same Day, Next Day AGMP Rule).</td>
<td>Extended use for repeated interactions with multiple patients (excluding post intubation)</td>
</tr>
<tr>
<td>Eye Protection</td>
<td>One set per shift.</td>
<td><strong>Eye protection to be used throughout the shift with appropriate cleaning and disinfecting protocols.</strong> <strong>For direct patient/resident/client care, use of a full face shield is recommended, as this option provides coverage of the whole face and protection of extended-wear procedure mask or respirator from contamination.</strong> <strong>Alternate approved eye wear (e.g. goggles) remains acceptable and</strong></td>
</tr>
<tr>
<td><strong>Eye Protection</strong></td>
<td><strong>One set extended use across multiple client visits and/or multiple shifts unless damaged or lenses scratched. Remove and clean/disinfect at breaks, while driving and at end of shift.</strong></td>
<td><strong>Eye protection to be used throughout the shift with appropriate cleaning and disinfecting protocols. For direct patient/resident/client care, use of a full face shield is recommended, as this option provides coverage of the whole face and protection of extended-wear procedure mask or respirator from contamination. Alternate approved eye wear (e.g. goggles) remains acceptable and offers appropriate protection from exposure. Wherever possible, retain lenses and/or frames and disinfect eye protection at end of shift.</strong></td>
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<tr>
<td><strong>Eye Protection</strong></td>
<td><strong>Eye protection may not be required.</strong></td>
<td><strong>Refer to PPE Provincial Requirements</strong></td>
</tr>
<tr>
<td><strong>Gowns</strong></td>
<td>According to Routine Practices and Additional Precautions e.g. MRSA, scabies, blood and body fluids contact or excessive soiling</td>
<td><strong>Gloves are NOT required for every patient interaction, however meticulous attention to hand hygiene is required</strong></td>
</tr>
<tr>
<td><strong>Gloves</strong></td>
<td>Use according to Routine Practices and Additional Precautions</td>
<td></td>
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</tbody>
</table>
NOTE: Staff entering “unknown” or unclear situations where the status/history of the patient is incomplete and/or there is a risk of exposure to blood and/or body fluids (e.g. Emergency Response Services 911 calls and/or Emergency Department) require masks, eye protection and gloves for every patient encounter.

NOTE: In the Green Zone, use of N95s is required only for non-COVID-19 conditions (e.g. TB) and for AGMPs (unless a negative COVID-19 test result has been received (Same Day, Next Day AGMP Rule). Refer to: https://sharedhealthmb.ca/files/covid-19-agmp-modification-dec-24.pdf and https://sharedhealthmb.ca/files/covid-19-agmps-and-negative-test.pdf.

Specific Instructions – Green Zone patients, residents or clients

- Strict hand hygiene is required before and after contact with patient or patient environment.

- For AGMPs, extended use of the same N95 respirator for repeated interactions with multiple patients, residents or clients. Change if damp, soiled or damaged, and/or at breaks and/or following intubation.
  - For non-AGMP care of Green Zone patients, residents or clients, a procedure mask should be worn. For non-AGMP, direct care of Green Zone patients, residents or clients, a PCRA continues to be required in advance of an N95 respirator being requested.
  - In community settings, use of an N95 respirator shall be documented in the home care record, client intake form or distribution log or record.

- Extended use of the same mask for repeated interactions with multiple patients for a maximum of one complete shift.
  - Two masks per 8 hour shift/three masks per 12 hour shift, changing the mask only if it is damp, soiled or damaged and/or at breaks.
  - Prior to break discard mask. Apply new mask following break.

- Eye protection
  - For direct patient/resident/client care, use of a full face shield is recommended, as this option provides coverage of the whole face and protection of extended-wear procedure mask or respirator from contamination.
    Alternate approved eye wear (e.g. goggles) remains acceptable and offers appropriate protection from exposure.
  - In acute care and long term care settings, one set of eye protection to be used throughout the shift with appropriate cleaning and disinfecting protocols. Wherever possible, retain and disinfect eye protection at end of shift.
  - In in home care settings/services and in mobile crisis response, one set of
eye protection to be used throughout the shift and/or over multiple shifts with appropriate cleaning and disinfecting protocols. Remove and clean/disinfect at breaks, before driving if impacting vision and at end of shift. Store in a way to prevent contamination (e.g., in a Ziplock bag).

- For other settings, refer to PPE Provincial Requirements.

- Gowns are to be used as per Routine Practices (e.g. MRSA, scabies, blood and body fluids contact or excessive soiling) and Additional Precautions.

- Gloves are not required for every patient interaction. Gloves are to be used as per Routine Practices (e.g. MRSA, scabies, blood or body fluid contact or excessive soiling) and Additional Precautions.

  - Where gloves are indicated, strict hand hygiene is required before and after donning and doffing gloves.
**Orange Zones – COVID-19 Suspect Patients, Residents or Clients**

A COVID-19 suspect is defined as a person who has been tested based on symptoms or contact/travel status and the result is pending OR a person who, based on clinical symptoms or exposure history, needs to be tested for COVID-19, regardless of vaccination status.

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<tbody>
<tr>
<td>Procedure Mask</td>
<td>Change only if damp, soiled or damaged and/or at breaks</td>
<td>Staff may choose to wear procedure masks for any/all non-AGMP care in the orange zone. Extended use without removal for repeated interactions with multiple patients; discard and replace following breaks</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>N95 Respirator</th>
<th>Required for AGMPs</th>
<th>Extended use of N95s for repeated encounters with multiple patients (except following intubation)</th>
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<tbody>
<tr>
<td></td>
<td>Employer is required to provide for: direct care of COVID-19 Suspect patient/resident/client; in EDs/UCs; in Labour/Delivery; for NP Swabbing at COVID-19 Testing Locations</td>
<td><strong>Change respirator</strong> if it becomes wet, damaged, soiled and/or at breaks and post-intubation.</td>
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<tr>
<td></td>
<td>For non-AGMP care, health care workers may, complete a PCRA prior to choosing to wear a procedure mask</td>
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</tr>
<tr>
<td>Eye Protection</td>
<td>One set per shift.</td>
<td>Extended use, without removal for repeated interactions</td>
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<td></td>
<td>Change only if soiled or damaged. Remove and clean/disinfect at breaks, while driving if impacting vision and at end of shift.</td>
<td>For direct patient/resident/client care, use of a full face shield is recommended, as this option provides coverage of the whole face and protection of extended-wear procedure mask or respirator from contamination.</td>
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<td></td>
<td>Alternate approved eye wear (e.g. goggles) remains acceptable and offers appropriate protection from exposure.</td>
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<td></td>
<td>Wherever possible, retain lenses and/or frames and disinfect eye protection at end of shift.</td>
</tr>
<tr>
<td>Gowns</td>
<td>Change between patient encounters</td>
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</tr>
<tr>
<td>Gloves</td>
<td>Use according to Routine Practices and Additional Precautions</td>
<td>e.g. MRSA, scabies, blood and body fluids contact or excessive soiling</td>
</tr>
<tr>
<td>Half-Mask Respirator</td>
<td>Replace if soiled, damaged or user can no longer breathe easily</td>
<td>Used as alternative to N95s; requires procedure mask to be worn over half mask respirator</td>
</tr>
</tbody>
</table>

**NOTE:** A “Zone” may be patient-specific or unit-specific. Specific
Instructions – Orange Zone patients, residents or clients

- For AGMPs, N95 respirators are required. Extend use of the same N95 respirator for repeated interactions with multiple patients, residents or clients. Change if damp, soiled or damaged, and/or at breaks and/or following intubation.

- For non-AGMP care of Orange Zone patients, residents or clients, as well as for health care workers providing care in Emergency Departments/Urgent Care Centres, Labour and Delivery, performing NP Swabs at COVID-19 testing sites and caring for undifferentiated patients/residents/clients, employers are required to provide an N95 respirator. In these non-AGMP situations, a procedure mask may be worn following the completion of a PCRA. For non-AGMP situations, health care workers who choose to wear a procedure mask and eye protection will not be considered exposed or in breach of PPE requirements.

- In community settings, use of an N95 respirator shall be documented in the home care record, client intake form or distribution log or record.

- Where a procedure mask is selected (non-AGMP situations), extend use of the same mask and eye protection for repeated interactions.
  - Change only if damp, soiled or damaged
  - Discard mask and replace following breaks and/or post intubation

- Extended use/reuse of eye protection for repeated interactions.

- In acute care and long term care settings, one set of eye protection to be used throughout the shift with appropriate cleaning and disinfecting protocols. For direct patient/resident/client care, use of a full face shield is recommended, as this option provides coverage of the whole face and protection of extended-wear procedure mask or respirator from contamination. Alternate approved eye wear (e.g. goggles) remains acceptable and offers appropriate protection from exposure.

- Wherever possible, retain and disinfect eye protection at end of shift.

- In in home care settings/services and in mobile crisis response, one set of eye protection to be used throughout the shift and/or over multiple shifts with appropriate cleaning and disinfecting protocols. Remove and clean/disinfect at breaks, before driving if impacting vision and at end of shift. Store in a way to prevent contamination (e.g., in a Ziplock bag).

- Gowns should be changed between patient encounters.

- Gloves must be applied and changed per Routine Practices and Additional Precautions (e.g. MRSA, scabies, blood or bodily fluid contact or excessive soiling).

- Meticulous hand hygiene is required before and after donning and/or doffing gloves or contact with patient or patient environment without gloves.

- Consider implementation of alternative respirators in high use departments, (e.g., Emergency Response Services) with OESH and IP&C involvement. This includes adopting alternatives to N95s, including properly fit-tested half mask respirators (filters must be replaced if they become soiled, damaged or the provider can no longer breathe through them easily).
Red Zones – Confirmed COVID-19 Positive Patients, Residents or Clients

COVID-19 Positive patients, residents or clients are those who have been tested and have a positive test result AND who have not been deemed “recovered” by Public Health (if not admitted) or by Infection Prevention and Control (if admitted).

<table>
<thead>
<tr>
<th>Personal Protective Equipment</th>
<th>Duration of Use</th>
<th>Specific Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private room for COVID-19 Positives, may cohort multiple COVID-19 Positives</td>
<td>Private room preferred but not required</td>
<td>Where multiple COVID-19 Positives, cohort on same ward/unit where possible. Do not cohort if Additional Precautions are required (unless the same organism)</td>
</tr>
<tr>
<td>Procedure Mask</td>
<td>Change only if damp, soiled or damaged and/or at breaks</td>
<td>Following PCRA, staff may choose to wear procedure mask for any/all non-AGMP care in the Red Zone. Extended use without removal for repeated interactions with multiple patients; discard and replace following breaks and if damp, soiled or damaged.</td>
</tr>
<tr>
<td>N95 Respirator</td>
<td>Required for AGMPs</td>
<td>Extended use of N95s for repeated encounters is allowed (except following intubation)</td>
</tr>
</tbody>
</table>

- **Procedure Mask**
  - Change only if damp, soiled or damaged and/or at breaks.
  - Following PCRA, staff may choose to wear procedure mask for any/all non-AGMP care in the Red Zone.
  - Extended use without removal for repeated interactions with multiple patients; discard and replace following breaks and if damp, soiled or damaged.

- **N95 Respirator**
  - Required for AGMPs.
  - Employer is required to provide for: direct care of COVID-19 Suspect patient/resident/client; in EDs/UCs; in Labour/Delivery; for NP Swabbing at COVID-19 Testing Locations.
  - For non-AGMP care, health care workers may, complete a PCRA prior to choosing to wear a procedure mask.
<table>
<thead>
<tr>
<th>Equipment</th>
<th>Use and Care</th>
<th>Extended Use</th>
</tr>
</thead>
</table>
| N95 Respirators       | Extend use of same N95 respirator, for repeated interactions with multiple patients.  
Change respirator if it becomes wet, damaged, soiled and/or at breaks or following intubation. | Extended use for repeated interactions  
For direct patient/resident/client care, use of a full face shield is recommended, as this option provides coverage of the whole face and protection of extended-wear procedure mask or respirator from contamination.  
Alternate approved eye wear (e.g. goggles) remains acceptable and offers appropriate protection from exposure. |
| Eye Protection        | One set per shift  
Change only if soiled or damaged. Remove and clean/disinfect at breaks, while driving if impacting vision and at end of shift. |  
Extended use for repeated interactions  
For direct patient/resident/client care, use of a full face shield is recommended, as this option provides coverage of the whole face and protection of extended-wear procedure mask or respirator from contamination.  
Alternate approved eye wear (e.g. goggles) remains acceptable and offers appropriate protection from exposure. |
| Gowns                 | Extend use of gown between COVID-19 positive patients except in situations when gowns should be used as per routine practices (e.g. MRSA, Scabies, blood or body fluid contact or excessive soiling) AND in situations requiring additional precautions. | Remove gown before leaving COVID-19 red zone and after leaving any patient/room with additional precautions (e.g. MRSA). |
### Gloves*

<table>
<thead>
<tr>
<th>Per Routine Practices and Additional Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>See specific instructions for COVID-19 Unit</em></td>
</tr>
</tbody>
</table>

*In COVID-19 Unit (ICU or Designated Ward) gloves are to be worn in all areas (e.g. halls). Where there is no **direct patient contact**, use of gloves may be extended. Where there is **direct patient contact**, gloves must be changed when leaving the room and/or between patient encounters if patients are co-horted in the same room. If patient has a **secondary illness** requiring Routine Practices and Additional Precautions, gloves are to be used and changed as per the specific practice.

### Half-Mask Respirator

| Replace if soiled, damaged or user can no longer breathe easily |
| Used as alternative to N95s; requires procedure mask to be worn over half mask respirator |

**NOTE:** A “Zone” may be patient-specific or unit-specific.

**Specific Instructions – Red Zone patients, residents or clients**

- For AGMPs, N95 respirators are required. Extend use of the same N95 respirator for repeated interactions with multiple patients, residents or clients. Change if damp, soiled or damaged, and/or at breaks and/or following intubation.

- For non-AGMP care of Red Zone patients, residents or clients, as well as for health care workers providing care in Emergency Departments/Urgent Care Centres, Labour and Delivery, performing NP Swabs at COVID-19 testing sites and caring for undifferentiated patients/residents/clients, employers are required to provide an N95 respirator. In these non-AGMP situations, a procedure mask may be worn following the completion of a PCRA. For non-AGMP situations, health care workers who choose to wear a procedure mask and eye protection will not be considered exposed or in breach of PPE requirements.

- In community settings, use of an N95 respirator shall be documented in the home care record, client intake form or distribution log or record.

- Where a procedure mask is selected (non-AGMP situations), extended use of the same mask and eye protection is required for repeated interactions with multiple patients.
  - Changing the mask only if it is damp, soiled or damaged and/or at breaks.
  - For direct patient/resident/client care, use of a full face shield is
recommended, as this option provides coverage of the whole face and protection of extended-wear procedure mask or respirator from contamination. Alternate approved eye wear (e.g. goggles) remains acceptable and offers appropriate protection from exposure.

- Eye protection to be used throughout the shift with appropriate cleaning and disinfecting protocols. Wherever possible, retain and disinfect eye protection at end of shift. If not possible or lenses are scratched or damaged, discard.
- In in home care settings/services and in mobile crisis response, one set of eye protection to be used throughout the shift and/or over multiple shifts with appropriate cleaning and disinfecting protocols. Remove and clean/disinfect at breaks, before driving if impacting vision and at end of shift. Store in a way to prevent contamination (e.g., in a Ziplock bag).

- **Extended use of gowns between COVID-19 positive patients except** in situations when gowns should be used as per routine practices (e.g. MRSA, Scabies, blood or body fluid contact or excessive soiling) AND in situations requiring additional precautions. Remove gown prior to leaving the COVID-19 positive unit.

- Use gloves according to Routine Practices and Additional Precautions in non-dedicated Covid-19 positive units
- In COVID-19 Unit (ICU or Designated Ward) gloves are to be worn in all areas (e.g. halls) in the unit.
  - Where there is **no direct patient contact**, use of gloves may be extended. Staff who are in/out of the patient room without physical contact would not be required to change gloves.
  - Where there is **direct patient contact**, gloves must be changed when leaving the room
  - If a COVID-19 positive patient has a secondary illness requiring Routine Practices and Additional Precautions, gloves are to be changed as per the specific practice.
  - Hand hygiene before/after donning/doffing gloves.

Consider implementation of alternative respirators in high use departments, (e.g., Emergency Response Services) with OESH and IP&C involvement. This includes adopting alternatives to N95s, including properly fit-tested half mask respirators (filters must be replaced if they become soiled, damaged or the provider can no longer breathe through them easily). Mechanisms to monitor and audit appropriateness and utilization, including ongoing education of physicians and staff, must be implemented to ensure appropriate use of PPE across all three zones.
PRIORITIZATION OF PPE SUPPLY

We will continue to support health regions and health care workers, as well as critical service providers (and their workers) from other sectors who provide services in the community, while recognizing that disruptions to our supply chain will require ongoing monitoring. Supply challenges are likely to extend throughout the COVID-19 pandemic and the allocation of PPE will be continuously informed by assessment of changing patient, resident and client need for in-person services, the rate of growth in community spread, changes to the risk for COVID-19 in certain settings, and by identified outbreaks.

Similarly, assessment and reassessment of postponed or delayed surgeries, procedures, diagnostic services and in home care will continue and will be provincially coordinated, with strategies in place to ramp up services for those patients and/or clients who may experience changes in their health status and require more immediate care.

This ongoing assessment of supply and demand, including close monitoring of potential outbreaks and the observed rate of growth in community spread will determine the timeline for implementation of universal PPE in specific settings and situations.

Our immediate focus will be on the implementation of PPE for Priority Level One settings as well as the creation of a central reserve supply to ensure ongoing and continuous resupply for these critical service areas.

The distribution of universal PPE for Priority Level Two settings will be coordinated and consistently applied across the province over the coming weeks as supply becomes available. Delivery will be coordinated on a “just in time” schedule, with reserve supplies maintained in a central location.

Regions and service delivery organizations must confirm details of service changes or postponement as well as services that move to virtual means of delivery. Regions and service delivery organizations must ensure all measures have been taken to secure PPE stock to avoid theft and implement rigorous auditing practices in clinical settings to ensure appropriate use and compliance with PPE requirements. Planning is underway, with supply requirements being validated.

Priority Level One refers to health care environments with the potential for the highest proportion of COVID-19 positive cases. Within priority level one, further risk assessment has been completed, considering the impact of a high volume of staff and patient movement through a facility, situations and settings where exposure history is more difficult to obtain, and/or populations unable to – or limited in their ability to – socially and physically distance.

Settings and situations deemed at higher risk with current information have been categorized higher within Priority Level One for the purposes of supply and contingency reserve.
This **does not** mean that supplies will not be shipped to other Priority Level One or Level Two settings. Rather, it means that PPE distribution will be coordinated and consistent across the province and across Priority Levels. Full orders of all items for all settings may not be available as supply chain volatility is expected to continue.

Across the province, supplies will be distributed according to the Priority Levels as orders are able to be filled and once the preceding priority level category has received a full supply of all items at all sites and the central reserve has stocked a reserve supply for that category.

For example, hospitals and emergency response services have been deemed the highest risk category for COVID-19 exposure and are included in Priority One A. Efforts are underway to ensure a supply is shipped to all facilities within Priority One A and that a central reserve supply is established for Priority One A. At the same time, Priority One B settings will be receiving shipments of supplies and a central reserve supply will be established for Priority One B. Order completion may vary, depending on supply availability.

**Category One A:**

**Hospitals and Emergency Response Services**

Manitoba’s hospitals, including nursing stations, have already taken steps to significantly reduce surgical volumes, outpatient activity and/or diagnostic services. The remaining volumes of care are largely critical or emergent in nature. These settings also currently have the highest proportion of COVID-19 positive cases and/or have a high volume of staff working in the facilities and/or are responding to the care needs of a population with higher incidence of chronic disease and/or are responding to an emergency situation in the community or at a facility where exposure history is unknown or difficult to obtain.

It is also recognized that postponement of certain types of non-urgent or less-urgent activity will require reassessment over time and there will be a need to ramp up certain types of activity in order to avoid negative patient outcomes associated with an extended delay.

**Category One B:**

**Department of Families – Child Protection and Community Living Disability Protection Workers**

Access to appropriate PPE is necessary for those staff that may be in a home for an extended period of time and unable to isolate from an ill family member/household member or in a setting where a risk assessment cannot be made in advance.
Long Term Care Facilities

Long term care facilities includes personal care homes, residential care facilities, and congregate settings, (e.g. Selkirk Mental Health Centre, Manitoba Adolescent Treatment Centre, Addictions Foundation of Manitoba, Manitoba Developmental Centre, and St. Amant) that have minimal ability to reduce activities or limit occupancy and are home to a population that is at increased risk should they contract COVID-19.

Category One C:

COVID-19 Staff and Visitor Screening, Testing and Assessment Sites

These are health care environments where a single provider – or limited number of providers - is interacting with a high volume of health care workers or symptomatic members of the public, and in the case of COVID-19 assessment sites, are providing care to known COVID-19 positive cases.

For known COVID-19 positive or suspect cases, In Home Care (including Mental Health Services), Shelter in Place care and Alternate Isolation Accommodations

These are environments in the community where known COVID-19 positive or suspect cases are completing their 14 day self-isolation period.

Shelters may be the location of isolation for COVID-19 patients or those with influenza-like-illnesses. Shelters may also be the location of isolation for contacts of COVID-19 positive cases.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Setting</th>
<th>Priority Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Hospital</td>
<td>One A</td>
</tr>
<tr>
<td>Health</td>
<td>Emergency Response Services</td>
<td>One A</td>
</tr>
<tr>
<td>Families</td>
<td>Child Protection</td>
<td>One B</td>
</tr>
<tr>
<td>Families</td>
<td>Community Living Disability Protection</td>
<td>One B</td>
</tr>
<tr>
<td>Health</td>
<td>Long Term Care Facilities</td>
<td>One B</td>
</tr>
<tr>
<td>Health</td>
<td>All Facilities - Staff &amp; Visitor Screening</td>
<td>One C</td>
</tr>
<tr>
<td>Health</td>
<td>COVID-19 Testing &amp; Assessment Sites</td>
<td>One C</td>
</tr>
<tr>
<td>Health</td>
<td>In Home Care for COVID-19 Positive or Suspect</td>
<td>One C</td>
</tr>
<tr>
<td>Health</td>
<td>Shelter in Place Care / Alternate Isolation Accommodation</td>
<td>One C</td>
</tr>
</tbody>
</table>
**Priority Level Two** – reflects the current state of limited community spread and acknowledges the marked reduction in the risk of spread with staff screening, restrictions in place to ensure staff stay home when sick, and prescreening activities in the event there is a need for in-home visits. Also includes environments where social and physical distancing measures can be implemented. This includes:

**Shelters**

As part of Manitoba’s provincial response to COVID-19, certain shelters have been identified as priority destinations for the decanting from hospital of non-COVID, low-risk patients who require accommodation support.

Environments providing care for high risk clients require appropriate PPE. These include Genesis House, Bell Hotel, River Point, and Main Street Project.

**In Home Care or Supportive Housing**

In Home Care Services (including respite for complex adults and children, e.g. autism) have been continuing uninterrupted to this point, offering their full scope of care, with screening and minimal transition to virtual care.

In Home Care Services should explore and identify opportunities on a case-by-case basis to provide care virtually where possible to delay, alter frequency or shorten duration of visits, explore opportunities for family or back-up support to augment services where safe to do so, to adhere to meticulous hand hygiene and to preserve PPE for vital and higher-risk interactions.

**Group Home Settings**

Group home settings (e.g. medically complex group homes, group homes for adults with disabilities, and environments with multiple staff providing 24/7 care where there exists limited ability to socially or physically distance or where clients are not able to follow social or physical distancing guidelines) are also prioritized. While congregate settings, these are generally smaller populations with low resident turnover.

**Public Health**

High risk visits, STBBI follow up and childhood immunizations must continue during the COVID-19 pandemic and cannot be conducted by virtual means.

**Primary Care Settings**

Virtual care (telephone or video) for patient care should be optimized. Primary care practices have been very successful in implementing virtual care. In some primary care practices, up to 90% of visits are being done virtually.
In recognition of the need to ensure continued availability, where required, for in-person primary care assessment (e.g. acute illness, injury, exacerbation of chronic disease) and for therapeutic reasons (e.g. administration of medication), primary care clinics and individual providers are encouraged to work together to establish protocols to balance the availability of clinically indicated in-person care while reducing the number of providers and the number of sites offering in-person care.

This may be accomplished by reducing the number of clinics providing in-person care (e.g. clinics in a community or a My Health Team may identify a single clinic where their collective patients may be seen).

**Winnipeg Remand Centre and Primary Care Clinics in Correctional Facilities**

Where contact with a symptomatic or self-isolating person who is incarcerated is required, appropriate PPE for the worker should be available. If a symptomatic person is required to be transported, appropriate PPE for their escort should be available.

**Child Care Settings**

As essential workers, child care workers are caring for children of other essential service workers, including health care workers. In instances where a child of an essential worker falls ill while at a child care facility, it could be a period of time before the parent is able to retrieve the child. It is also likely that the child care worker will not be able to isolate from the child (though every attempt to isolate from other children and workers should be made).

**Specialty Clinics**

Discussions regarding virtual care options are ongoing. Provincial Specialty Leads will engage in dialogue with community-based specialty clinics to prioritize services and to postpone or alter services where safe to do so.
<table>
<thead>
<tr>
<th>Sector</th>
<th>Setting</th>
<th>Priority Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Families</td>
<td>Shelters</td>
<td>Two</td>
</tr>
<tr>
<td>Health</td>
<td>In Home Care for COVID-19 Non-Suspect</td>
<td>Two</td>
</tr>
<tr>
<td>Health &amp; Families</td>
<td>Supportive Housing</td>
<td>Two</td>
</tr>
<tr>
<td>Health &amp; Families</td>
<td>Group Home Settings</td>
<td>Two</td>
</tr>
<tr>
<td>Health</td>
<td>Public Health (STBBI &amp; High Risk Follow-up)</td>
<td>Two</td>
</tr>
<tr>
<td>Health</td>
<td>Primary Care Settings</td>
<td>Two</td>
</tr>
<tr>
<td>Justice</td>
<td>Winnipeg Remand</td>
<td>Two</td>
</tr>
<tr>
<td>Justice</td>
<td>Primary Care Clinics in Correctional Facilities</td>
<td>Two</td>
</tr>
<tr>
<td>Families</td>
<td>Child Care Settings</td>
<td>Two</td>
</tr>
<tr>
<td>Health</td>
<td>Specialty Clinics</td>
<td>Two</td>
</tr>
</tbody>
</table>