COVID-19 Personal Protective Equipment

Supply Management and Stewardship Planning and Guidance Framework

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

BACKGROUND

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

Across the province, our ability to sustain vital health care services for people is dependent on the continued availability of staff and physicians. It is imperative that we take appropriate and available steps to protect our health care workforce from 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 and clients for symptoms and risk factors, visitor restrictions, limited access via entrance restrictions, an emphasis on the importance of physical distancing and continued strict hand hygiene, enhanced cleaning protocols in acute and long term care facilities, the implementation of staff screening before each shift and the introduction of a single site staffing model at personal care homes (PCHs), have been implemented at health care facilities across the province over the last several months.

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 from patient to patient, from patient to staff, from staff to patient, and from staff to staff. These Routine Practices – including point of care risk assessment, hand hygiene, cleaning and disinfecting of equipment and the environment, among others – are expected in the care of all patients at all times and in every health care setting.

This guidance framework is a deviation from usual Infection Prevention and Control (IP&C) Routine Practices and Additional Precautions. The application of Personal Protective Equipment (PPE) is only one element of Routine Practices, and must be used in conjunction with other routine practices to protect the health care worker, such as: strict adherence to the four moments of hand hygiene; physical distancing; respiratory hygiene; and staying home if you are ill. PPE is a supplement to these measures and should not be relied upon as a stand-alone prevention measure in our response to COVID-19.

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

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.

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.

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, have been significantly disrupted over the course of the global pandemic, resulting in the need for Manitoba's health system to significantly expand its PPE procurement efforts. Simultaneously, provincial procurement efforts have been underway to secure needed medical supplies through federal-provincial channels, via a concerted effort to secure local retooling and manufacturing capacity and by repeated public calls for donation of supplies.

Like other jurisdictions, Manitoba's supply stockpile has been significantly impacted by these pressures, 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-essential surgeries, procedures and diagnostic services during significant COVID-19 activity. Virtual care was adopted wherever possible and remains in place even as clinical activity has slowly resumed during low COVID-19 activity.

We are continuing to work deliberately to conserve, preserve, extend, manage, monitor and utilize PPE supplies appropriately to ensure their ongoing availability. As supply volumes can be expected to remain volatile throughout the COVID-19 pandemic, it is necessary and prudent to develop contingency plans for periods when PPE supply may be limited in one or more areas.

In preparation for a prolonged period of supply volume volatility, Manitoba activated the Supply Management and Stewardship Framework. This 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

PPE supplies should be conserved. 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 and cannot exceed what has been directed for use.

The practice of removal, storage, extended wearing and reuse of face masks in green zones is a deviation from usual IP&C Routine Practices. Guidance for this practice during the COVID-19 pandemic has been developed and approved by Infection Prevention and Control,

Occupational and Environmental Safety and Health and Clinical Leadership and is available here https://sharedhealthmb.ca/files/extended-use-of-face-masks.pdf.

With proper hand hygiene and adherence to the protocols established for extended use of masks and eye protection and limited reuse of procedure masks in **Green Zones**, this practice is safe and will ensure all health care workers continue to have access to the protective equipment they need. As supply levels stabilize and stockpiles of PPE are established, recommendations related to extended use or reuse of PPE may be altered.

While the conservation of medical PPE for health care workers who are involved in higher risk tasks and services is a provincial priority, it is recognized that front-line workers working for service providers in the community also require medical PPE in certain settings and situations detailed below. The safety of staff remains our top priority. Appropriate use and conservation of PPE across the province is vital to ensuring a sustained supply of PPE for front-line workers in areas of greatest risk of exposure to COVID-19.

Where clinically appropriate, the provision of care through virtual means is encouraged.

The application of these principles shall be consistent across the province and we are 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.

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.

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.

Manitoba's PPE supply stockpile has improved steadily in most categories over the past several weeks through a combination of appropriate use, conservation and procurement. While the direction in the original framework was appropriate and has proven effective in protecting staff and conserving supply of PPE, as access and availability of PPE improves, modification is possible. Our current outlook for the future looks relatively positive provided orders continue to arrive on time and are in acceptable condition for health care use. It is important to recognize this situation will continue to evolve.

Appropriate and safe conservation measures implemented since the beginning of Manitoba's COVID-19 response have been effective in both providing health care workers with the protection they require while also preserving adequate supplies of vital PPE during worldwide shortages and supply chain disruptions.

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 health care unions, several measures to enhance access to PPE will be implemented and monitored. Assessment of the impact of these measures on Manitoba's PPE supply and stockpile will be a priority.

These measures include:

- Recognition of the importance of a point of care risk assessment in the determination of the appropriate PPE according to patient risk, setting and planned or potential intervention(s).
    - The PCRA is to be done prior to interaction with each patient and should include consideration of the probability of aerosol-generating medical procedures; 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.
- Upon completion of a PCRA, where a health care worker providing direct patient care to an **Orange** or **Red** Zone patient requests an N95 respirator or equivalent, it shall be provided.
    - The request(s) must take into account the need to preserve and conserve the supply of N95s necessary to provide care throughout the pandemic.
    - Health care workers will be provided with information and training related to the safe and appropriate utilization of PPE.
- An increase in the allocation of procedure masks to be worn (on an extended wear basis) during each shift, while ensuring adequate ongoing supply of procedure masks for all settings.
    - In **Green Zones**, extended use and reuse of masks will continue according to the guidance https://sharedhealthmb.ca/files/extended-use-of-face-masks.pdf.
    - Health care workers who require a mask will receive three procedure masks per twelve hour shift or two procedure masks per eight hour shift.
    - As has been the case throughout the COVID-19 response, staff will continue to have access to replacement masks should theirs becomes wet, damaged or soiled.
    - Staff may be required during the audit process to explain the factors contributing to the need for the N95 in situations where a PCRA resulted in a request for an N95 where an AGMP was not an activity required in the care of the patient or where not indicated by additional precautions.

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.

PRINCIPLES

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. 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:

   - 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.
   - 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.
   - 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**

   Worldwide demand and disruptions in the production, distribution and supply of personal protective equipment have resulted in increased incidence of theft and hoarding of vital medical PPE. 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.

   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 recommended for most interactions with individuals confirmed or potentially infected with COVID-19. At times, a higher level of PPE, including N95 respirators may be required.

   Within the context of the global PPE shortage, such requests for additional equipment, including use of N95s, must take into account the need to preserve and conserve the supply of PPE necessary to safety provide care throughout the entire health system for

the duration of the COVID-19 pandemic. In **Orange** and **Red Zones**, requests for access to N95 respirators must follow a point of care risk assessment. Such requests shall not be unreasonably denied by the Employer. Use of all PPE will be audited. Each service delivery organization will be responsible for the development and implementation of protocols to ensure reasonable access to additional or higher level of PPE upon request. Educational materials as well as audit and monitoring protocols will be developed provincially to ensure consistency of application and analysis.

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.

   The Public Health Agency of Canada (PHAC) has advised Canadians to "wear a face mask to help cut down the spread of the novel coronavirus when you are in situations where you can't always maintain proper physical distance from others" (https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html).

   Many health care interactions are public interactions. 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 around you, even if you do not have any symptoms. Refer to Shared Health's position on the use of cloth masks, available at https://sharedhealthmb.ca/files/covid-19-use-of-cloth-face-masks.pdf.

   Patients, clients (including others living in a home), and residents should be encouraged to wear their own non-medical face mask during health care interactions (e.g. when visiting a primary care office, during an in home visit or in hospital), AND when traveling (e.g. on public transit, hand-transit or by taxi), AND when attending regular appointments (e.g. dialysis).

   Similarly, use of non-medical gloves, gowns and/or coveralls (also made of cloth, e.g. cotton) can reduce the risk of respiratory droplets coming into contact with others or landing on surfaces.

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.

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.

PPE supply will continue to be allocated in the coming weeks. 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).

Personal Protective Equipment	Duration of Use	Specific Instructions
Procedure Mask	Two masks per 8 hour shift; Three masks per 12 hour shift. Change if damp, soiled or damaged.	Extended use for repeated interactions with multiple patients. Reuse following coffee break unless caring for patient requiring additional precautions for respiratory viruses. Change following meal break.
Eye Protection • Acute Care and Sub-Acute Settings • Long Term Care Settings	One set per shift.	Eye protection to be used throughout the shift with appropriate cleaning and disinfecting protocols. Wherever possible, retain face shields, lenses and/or frames and disinfect eye protection at end of shift.
Eye Protection • In Home Care/ Services • Mobile Crisis Unit	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.	Eye protection to be used throughout the shift with appropriate cleaning and disinfecting protocols. Wherever possible, retain face shields, lenses and/or frames and disinfect eye protection at end of shift.
Eye Protection • Other Settings	Eye protection may not be required.	Refer to PPE Provincial Requirements
Gowns	According to Routine Practices and Additional Precautions	e.g. MRSA, scabies, blood and body fluids contact or excessive soiling

Gloves	Use according to Routine Practices and Additional Precautions	Gloves are NOT required for every patient interaction, however meticulous attention to hand hygiene is required
N95	Use of N95s in Green Zones required only for non-COVID-19 conditions (e.g. TB)	Extended use for repeated interactions with multiple patients (excluding post intubation)

NOTE: A "Zone" may be patient-specific or unit-specific.

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 required only for non-COVID-19 conditions (e.g. TB).

Specific Instructions – Green Zone patients, residents or clients

- Strict hand hygiene is required before and after contact with patient or patient environment.
- Extended use and reuse 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. .
    - Prior to coffee break(s) store mask according to https://sharedhealthmb.ca/files/extended-use-of-face-masks.pdf. Reapply and reuse mask following coffee break.
    - Prior to meal break discard mask. Apply new mask following meal break.
    - Do not re-use after breaks if caring for patient requiring additional precautions for respiratory viruses
- Eye protection
    - In acute care and long term care settings, one set of eye protection (e.g., eye goggles, face shields, or safety glasses which all provide equivalent 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 (e.g., eye goggles, face shields or safety glasses) 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, eye protection may not be required. 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 and the result is pending OR a person who, based on clinical symptoms or exposure history, needs to be tested for COVID-19.

Exposure history includes: **close contact in the last 14 days with a known COVID-19 positive patient OR laboratory exposure to the virus in the last 14 days OR travel outside of Manitoba in the last 14 days (excluding travel to Western Canada, the Territories or Ontario west of Terrace Bay).**

Patients who have had Asymptomatic COVID-19 Surveillance tests submitted to the provincial Public health laboratory are **not** considered COVID-19 suspects.

Personal Protective Equipment	**Duration of Use**	**Specific Instructions**
Procedure Mask	Change only if damp, soiled or damaged and/or at breaks	Extended use without removal for repeated interactions with multiple patients; discard and replace following breaks
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, without removal for repeated interactions Wherever possible, retain face shields, lenses and/or frames and disinfect eye protection at end of shift.
Gowns	Change between patient encounters	
Gloves	Use according to Routine Practices and Additional Precautions	e.g. MRSA, scabies, blood and body fluids contact or excessive soiling
N95	AGMPs *With COVID-19 Suspect patients, if point of care risk assessment indicates use of N95, extend use of same N95 respirator, for repeated	Extended use of N95s for repeated encounters with multiple patients is allowed (except following intubation)

	interactions with multiple patients. ***Change respirator*** if it becomes wet, damaged, soiled and/or at breaks.	
Half-Mask Respirator	Replace if soiled, damaged or user can no longer breathe easily	Used as alternative to N95s; if used in sterile field environment, requires procedure mask to be worn over half mask respirator

NOTE: A "Zone" may be patient-specific or unit-specific.

Specific Instructions – Orange Zone patients, residents or clients

- Extended use of the same mask and eye protection for repeated interactions.
  - Change only if damp, soiled or damaged
  - Discard mask and replace following breaks

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

  - Eye protection (e.g. eye goggles, face shields, safety glasses) to be used throughout the shift with appropriate cleaning and disinfecting protocols. Wherever possible, retain face shields, lenses and frames and disinfect eye protection at the end of the shift. If not possible or lenses are scratched or damaged, discard.

- 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.
- N95 Respirators are only required for use during Aerosol-Generating Medical Procedures (AGMPs) OR based on point of care risk assessment. If N95 use is indicated, extend use of same N95 respirator for repeated interactions with multiple patients. Change N95 if post intubation or it is damp, soiled, damaged and at breaks.

- 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).

Personal Protective Equipment	Duration of Use	Specific Instructions
Private room for COVID-19 Positives, may cohort multiple COVID-19 Positives	Private room preferred but not required	Where multiple COVID-19 Positives, cohort on same ward/unit where possible. Do not cohort if Additional Precautions are required (unless the same organism)
Procedure Mask	Change only if damp, soiled or damaged and/or at breaks	Extended use without removal for repeated interactions with multiple patients; discard and replace following breaks
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
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*	Per Routine Practices and Additional Precautions *See specific instructions for COVID-19 Unit	*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.
N95	AGMPs *With COVID-19 Positive patients, if point of care risk assessment indicates use of N95 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 of N95s for repeated encounters is allowed (except following intubation)
Half-Mask Respirator	Replace if soiled, damaged or user can no longer breathe easily	Used as alternative to N95s; if used in sterile field environment, 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

- Unless an exception is noted, any and all activity involving direct patient/resident/client care requires use of procedure mask, eye protection, gloves and gown.
- N95 Respirators are only required for use during Aerosol-Generating Medical Procedures (AGMPs) OR based on point of care risk assessment. If N95 use is

indicated, extend use of same N95 respirator for repeated interactions with multiple patients. Change N95 if post intubation or it is damp, soiled, damaged and at breaks.

- 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.
    - Eye protection (e.g. eye goggles, face shields, or safety glasses) to be used throughout the shift with appropriate cleaning and disinfecting protocols. Wherever possible, retain face shields, lenses and frames and disinfect eye protection at the end of the shift. If not possible or lenses are scratched or damaged, discard.
    - **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.

Sector	Setting	Priority Level
Health	Hospital	One A
Health	Emergency Response Services	One A
Families	Child Protection	One B
Families	Community Living Disability Protection	One B
Health	Long Term Care Facilities	One B
Health	All Facilities - Staff & Visitor Screening	One C
Health	COVID-19 Testing & Assessment Sites	One C
Health	In Home Care for COVID-19 Positive or Suspect	One C
Health	Shelter in Place Care / Alternate Isolation Accommodation	One C

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.

Sector	Setting	Priority Level
Health & Families	Shelters	Two
Health	In Home Care for COVID-19 Non-Suspect	Two
Health & Families	Supportive Housing	Two
Health & Families	Group Home Settings	Two
Health	Public Health (STBBI & High Risk Follow-up)	Two
Health	Primary Care Settings	Two
Justice	Winnipeg Remand	Two
Justice	Primary Care Clinics in Correctional Facilities	Two
Families	Child Care Settings	Two
Health	Specialty Clinics	Two