

FAQs on 2019 Novel Coronavirus

FAQs on access to PPE for all settings

1. What is the Ministry of Health doing to ensure providers have the personal protective equipment (PPE) they need to deal with increased demand from the 2019 novel coronavirus?

- The ministry wants to ensure providers have PPE supplies at the right time and in the right place, based on evidence, to deal with increased demand.
- The ministry is working with health sector partners to understand PPE inventories across the health system and has begun to collect information from public health units, hospitals, emergency services, long-term care, home and community care and interprofessional primary care teams as a start.
- We are also working with manufacturers and supply chain organizations to understand their approach and available inventories and are in touch almost daily.
- Our goal is to make appropriate use of existing supplies to maintain the valuable use of them when it is most necessary.

2. How can we flag concerns related to PPE for the ministry?

- Please get in touch with any questions, feedback or concerns about PPE at EOClogistics.moh@ontario.ca.
- We are hearing from you through our email address about concerns about PPE supply, and we're following these up to identify critical issues.
- Given the large volumes of emails we are receiving, the ministry is prioritizing organizations that are experiencing shortages that they anticipate will impact their ability to deliver patient care within the next five to ten days.

3. As a clinician or health service provider, what should change in the way I provide care – both to protect frontline staff and patients?

- We have shared guidance documents that outline evidence-based recommended PPE approaches.
- For acute care treatment, emergency health services, and when doing testing for patients who are identified as suspected cases of novel coronavirus, the ministry recommends the use of N95 respirators.
- The use of these respirators should be driven by the risk to occupational health and safety posed by the assessment and treatment of the patient in question.
- We are also recommending that wherever possible, patients be screened for their risk of infection remotely, at a distance (i.e., 2 metres away), or by phone and then referred to local public health if they require testing.
- We encourage organizations to put in place policies and procedures to ensure that existing supplies are secured and that their use is prioritized to those involved in direct patient care for probable or confirmed cases.

4. What is the Ministry of Health doing to understand the PPE supply across the health system?

- The ministry is working with health sector partners to understand PPE inventories across the health system.
- We are also working with manufacturers and supply chain organizations to understand their approach and available inventories and are in touch almost daily.
- We are receiving information through the EOClogistics.moh@ontario.ca email address regarding your concerns about PPE and are following up to make sure critical shortages are addressed.

5. Some of our PPE orders are back logged – how is the Ministry of Health dealing with this issue?

- Manufacturers are reviewing PPE orders on a case-by-case basis and are not filling orders automatically.
- That means that as health care organizations are putting in new, rush orders that are larger than you usually submit, you are being told that those orders are not being processed.
- We have been reassured that organizations will continue to get supplies in line with your usual usage patterns.
- We are also assured that manufacturers are prioritizing PPE orders where we have active cases or where there is critically short supply.
- Please make sure you are in touch through the EOClogistics.moh@ontario.ca email address if you have concerns about a shortage of PPE.

6. Are we confident in the supply of PPE in Ontario?

- In engaging with our supply chain partners, we are confident that we have sufficient inventory across the province to respond to the situation on the ground today.
- We will work together to ensure that those who need these supplies have them when they need them.
- The ministry is continuing to work to secure additional supplies of PPE above and beyond existing inventories across the system.

7. Is this in line with what other countries are doing to prepare?

- Yes - we know from manufacturers that globally, the supply of PPE is being closely monitored, and is being directed to the areas of highest need.

8. What is clinically based stewardship for PPE?

- This Ministry of Health is encouraging PPE stewardship in the same way we practice antibiotic stewardship.
- Through this approach, we aim to make appropriate use of supplies to maintain the valuable use of them when it is most necessary.
- Some simple ways that your organization could practice PPE stewardship include thinking through how you can better implement the hierarchy of controls when managing the risk posed by COVID-19, such as applying engineering and

administrative controls. You may also want to develop more robust protocols to secure your PPE inventory in order to discourage theft, inappropriate usage and other loss.

- The ministry is working with partners to develop additional key messages around PPE stewardship that we are hoping to share with the health system. Stay tuned for more details on how we plan to roll out these messages.

9. My organization has fallen behind in our stockpiling efforts. What should we do now?

- Over the years, many health organizations have developed stockpiles of PPE as part of influenza pandemic preparedness as well as their readiness for Ebola virus disease.
- For many organizations, the PPE in their stockpiles has expired.
- The World Health Organization has called on countries with low transmission of the 2019 novel coronavirus not to stockpile PPE right now in order to reserve it for those countries that really need it.
- Manufacturers have indicated that PPE such as N95 respirators are on global allocation. This means that health care settings will not be able to bulk order products in order to develop a stockpile of PPE at this time.
- If you are concerned that your organization does not have a stockpile of PPE, you may want to focus on assessing the current risk to your organization, determining the types of PPE you need (for both regular patient care and for scenarios that may involve managing patients with 2019 novel coronavirus), and working through your regular processes to get PPE.

10. My organization has a stockpile of PPE that we developed in case there is a pandemic. When should we use it?

- If your organization has a stockpile of PPE that is not expired, you can consider using it whenever you start to experience supply chain shortages that impact your ability to deliver patient care.

FAQs for access to PPE for primary care settings

11. My primary care setting is unable to obtain the N95 respirators that our health care workers need to manage a patient that may have 2019-novel coronavirus. What should we do?

- The ministry's guidance for primary care settings includes recommendations on a range of infection prevention & control and occupational health & safety measures.
- The guidance includes recommended PPE controls for managing a patient with 2019 novel coronavirus. If a primary care setting does not have access to N95 respirators, the guidance includes a range of other control measures such as:
 - conducting active screening by phone whenever possible to identify symptomatic patients with travel/exposure history

- working with the local public health unit to refer patients that are identified as needing testing based on the screening process for assessment, testing and treatment in the most appropriate setting
- using droplet/ contact precautions and maintaining a 2 metre distance when managing patients that are identified in the active screening process
- for patients that are self-isolating (e.g., because they recently returned from Hubei province or are a close contact of a case), addressing their health needs remotely where possible

FAQs on access to PPE community-based settings

12. My community-based setting is having a hard time accessing the PPE that we require to deliver patient care. What should we do?

- The ministry is focused on supporting organizations that are experiencing shortages that will prevent them from delivering patient care, in addition to organizations that are managing patients with 2019 novel coronavirus.
- If your community-based setting is experiencing a shortage that you anticipate will impact your ability to deliver patient care within the next ten days, please let us know by emailing us at eoclogistics.moh@ontario.ca.
- We will follow-up by asking you for more information to help us assess the situation.

FAQs for community-based settings that are managing returning travelers that are self-isolating

13. Which returning travelers are being asked to self-isolate and what does this mean?

Asymptomatic individuals who have recently returned from Hubei province are encouraged to self-isolate and stay at home for 14 days from the date they left Hubei.

In addition to travelers who have been to Hubei province, some returning asymptomatic travelers from other locations (e.g., mainland China) may have had a significant exposure to the 2019 novel coronavirus in the past 14 days. When local public health units are aware of these individuals, they may ask them to self-isolate or curtail their usual activities for a period of time (i.e., 14 days since the significant exposure). Local public health units will make decisions about this group of people on a case-by-case basis taking into consideration the specific risk the returning traveller was exposed to on their trip.

The Ministry of Health has issued guidance to public health units to support the management of returning travelers, as well as an information sheet for returning travelers.

14. What should I do if my patient is asked to stay home or self-isolate?

If you have an appointment booked with a patient who is self-isolating, consider deferring this appointment until the 14-day period has passed if possible and medically appropriate. You may also consider ways to provide care remotely, including by phone and email or using other technologies.

15. What should I do if my patient is self-isolating and asymptomatic but needs urgent, in-person medical care?

Health care workers should take every opportunity to limit exposure of an asymptomatic patient who is self-isolating to other patients, staff and themselves. This includes:

- considering remote ways to deliver care
- reducing the amount of contact with others in the health care setting such as:
 - asking the patient to contact you when they are outside your facility to let you know they are coming in
 - booking the first or last appointment of the day
 - isolating the patient in a private room upon arrival and requesting that they wear a surgical/procedure mask

Returning travelers who are asymptomatic are not considered a person under investigation (PUI) and health care workers do not require airborne precautions. Health care workers providing care for asymptomatic returning travelers who are self-isolating should use routine practices and droplet/contact precautions (i.e., surgical/procedure mask, gown, eye protection, gloves).

The use of droplet/ contact precautions is a higher level of precaution than is normally recommended for asymptomatic patients. The ministry is recommending that health care workers apply droplet/ contact precautions based on the application of the precautionary principle to this novel virus for which little information about transmission is available.

If the individual requires a higher level of urgent non-2019 novel coronavirus related medical care than can be provided in a community-based setting, you can arrange for a transfer of the patient to a hospital and inform the paramedics and hospital that the patient is self-isolating.

16. What if my patient was an asymptomatic returning traveler who was self-isolating and is now presenting with symptoms related to 2019 novel coronavirus?

The patient would be considered a PUI and should be assessed and tested. Health care workers should follow the ministry's guidelines for PUIs, including the recommended infection prevention & control and occupational health & safety measures.