Guidance for prioritising personal protective equipment – 27 March 2020

This document provides guidance primarily for District Health Boards on how to prioritise, distribute and the use of personal protective equipment (PPE) to ensure that key workers who are at highest risk of being exposed to COVID-19 are protected. This document should be read in conjunction with the following documents… link to advice for DHBs, health professionals, primary care.

This guidance is a living document and will be reviewed and subject to change as the COVID-19 response changes. For all patient care, staff should follow standard precautions.

Criteria for prioritisation includes:

- Risk of being exposed to someone who has or potentially has COVID-19
- Length of exposure (more than 15 minutes at a distance less than 1 metre)
- Type of exposure – for example, delivering close care to a confirmed or suspected COVID-19 person

The table below outlines how PPE should be prioritised.

Role	Type of exposure	Risk mitigation
High priority		
Community-based assessment centre (CBAC) and primary care health care professionals (HCP) assessing and taking swabs from person with suspected COVID-19	Taking nasopharyngeal or throat swabs	Primary care recommended to refer to CBACs Contact and droplet precautions
HCP in hospital assessing and taking samples from a person with suspected COVID-19	Taking throat or nasopharyngeal swabs (primary care to refer those with severe pneumonia to hospital)	Contact and droplet precautions OR Contact and airborne precautions (if aerosol generating procedure performed)*
HCP (including midwives) providing clinical care of confirmed or suspected COVID-19 person/SARI/ BAU body fluid exposure	Delivery of close care to a confirmed or suspected COVID-19 person	Follow contact and airborne precautions if aerosol generating procedure* is being performed For critically ill patients where the HCP is required to remain in the patient room or bed space continuously (e.g. more than one hour), because

		of multiple procedures, a particulate respirator (N95 mask) should be worn.
Emergency triage staff	Assessment of unwell symptomatic patient	All those patients meeting the case definition criteria are managed with standard and appropriate transmission-based precautions – contact and droplet precautions
Community ambulatory – primary care, Accident and medical clinics, Emergency medical services, home care/ visiting services	Assessment and delivery of close care to suspected COVID-19 person	Contact and droplet precautions OR Contact and airborne precautions (if aerosol generating procedure performed)*
Cleaners	Potential risk of transmission if patient is in same room.	Contact and droplet precautions only if patient is in the room; otherwise standard operating procedure
Medium priority		
Immunocompromised people in hospitals	Risk of transmission from HCP to immunocompromised person (the risk of transmission from HCW should not be any higher than anyone else but the risk of poor outcome is much higher).	HCP to stay at home if unwell or limit contact with patients.
NICU and ICU staff	Risk of transmission from HCP to patient	HCP to stay at home if unwell or limit contact with patients.
HCP and carers providing direct care to immunocompromised people in the community (including those with open wound/skin condition)	Risk of transmission from HCP to immunocompromised person	HCP and carers to stay at home if unwell or limit contact with immunocompromised person.
HCP in aged care facilities	New resident from community	Standard precautions and daily assessment for symptoms.
Lower priority		
HCP (including midwives) caring for non-COVID-19 patients	Low risk of transmission	Standard precautions** are required based on risk of other transmissible infections
Phlebotomy staff	Low risk of transmission	Hand hygiene and gloves

Pharmacists - dispensing and some urgent consultations	Low risk of transmission	Physical distancing and other measures such as appointments, non-direct contact with public regarding prescription collection
Vaccinators	Low risk of transmission – people who have vaccines have to be well to receive the vaccine	Maintain good hand hygiene between each person they are vaccinating Ask person to turn their head away from the vaccinator when vaccine being given

For other workplaces not identified in this table, please follow advice outlined in: https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-health-advice-general-public/covid-19-novel-coronavirus-face-mask-and-hygiene-advice

* Contact and Droplet precautions PPE = long sleeve impervious gown, gloves, eye protection and surgical mask

Contact and Airborne precautions PPE = long sleeve impervious gown, gloves, eye protection and particulate respirator (N95 mask)

Aerosol-generating procedures include nebulized medication, endotracheal intubation, rapid sequencing intubation, bronchoscopy, tracheostomy, open suctioning of airway secretions, bilevel positive airway pressure (BiPAP) sputum induction and cardiopulmonary resuscitation.