

Prioritization Protocol: Personal Protective Equipment (PPE) Requests for Providers of Direct Patient Care

UPDATED 9/16/2020

Current statewide and warehouse capacity status: Contingency (**yellow**)

Background:

- This protocol outlines the process for allocation of PPE for providers of direct patient care from state-managed PPE caches. It does not address, nor negate the need for, PPE needs in other workforce sectors or community settings.
- Personal Protective Equipment (PPE) for the purposes of this protocol **consists of:**
 - Face or Surgical Masks
 - N95 Respirators
 - Isolation/Disposable Gowns
 - Gloves (counted per glove, not by pairs)
 - Face Shields
- Definition of Direct Patient Care
 - Hands on, face-to-face contact with patients for the purpose of diagnosis, treatment and monitoring (source: Centers for Disease Control and Prevention (CDC)).
- The following are not considered PPE and **are not covered** by this process:
 - Homemade masks or cloth masks
 - Hand Sanitizer

Intended Outcome:

- Health care providers have the personal protective equipment (PPE) and other equipment they need, when and where they need it, so they can safely deliver necessary and effective direct patient care.

Rationale:

- Health care providers providing direct patient care have the highest exposure risk for COVID-19 disease due to the frequency, intensity and duration of their exposure to the SARS-CoV-2 virus. Additionally, frontline health care worker infections from COVID-19 impact the capability of the health care system to continue providing effective patient care due to severe workforce shortages.

Sources of PPE Covered by this Protocol:

- PPE received from the United States federal government, including the Strategic National Stockpile (SNS).
- PPE purchased by Minnesota government for health care provider response to COVID-19.
- PEE donated to Minnesota government for health care provider response to COVID-19.
- The following are not considered PPE and **are not covered** by this process:
 - Homemade masks
 - Hand Sanitizer
 - Sanitary/Antibacterial Wipes

Assumptions:

- The PPE requester has exhausted all means of obtaining PPE, such as regular facility ordering and procurement processes, regional health care coalitions, or local emergency management.
- PPE allocation strategies are based on and adjusted according to available inventory, projected needs, and resupply capabilities.
- Crisis status for a single PPE component may be in place even though the overall PPE status is Contingency.
- This document does not imply PPE is not needed outside of direct patient care settings, but rather describes the process for PPE allocation for direct patient care settings.

PPE Capacity Definitions:

- **Crisis capacity:** Health care facilities are not able to obtain all necessary PPE due to national shortages across the PPE supply chain spectrum. State PPE assets (Strategic National Stockpile or other) are only sufficient to meet Priority 1 needs.
 - Applicable facilities/agencies:
 - Hospitals
 - Long Term Care: Skilled Nursing Facilities with COVID-19 cases
 - EMS: Ambulance Services
 - Other facilities identified by the Commissioner of Health or designee for outbreak control
- **Contingency capacity:** Health care facilities are not able to obtain all necessary PPE due to national shortages across the PPE supply chain spectrum. State PPE assets are sufficient only to meet Priority 1 and Priority 2 needs.
 - Applicable facilities/agencies (**Bold indicates facility type added for Contingency**):
 - Hospitals
 - EMS: Ambulance Services
 - Long Term Care: Skilled Nursing Facilities with COVID-19 cases
 - Home Health Agencies caring for COVID-19 cases
 - Other facilities identified by the Commissioner of Health or designee for outbreak control or based on inventory
 - **COVID-19 Testing Facilities**
 - **Long Term Care: Skilled Nursing Facilities (without known COVID-19 cases)**
 - **Primary Care Clinics**
 - **Urgent Care**

- **Long Term Care: Skilled Nursing Facilities**
- **Long Term Care: Assisted Living Facilities**
- **Congregate Living Settings performing direct patient care with known COVID-19 cases**
- **Conventional capacity:** Health care facilities are not able to obtain all necessary PPE due to national shortages across the PPE supply chain spectrum. State PPE assets are sufficient to meet Priority 1, Priority 2 and Priority 3 needs.
 - Applicable facilities/agencies: **(Bold indicates facility type added for Conventional):**
 - Hospitals
 - EMS: Ambulance Services
 - Long Term Care: Skilled Nursing Facilities with COVID-19 cases
 - Home Health Agencies caring for COVID-19 cases
 - Other facilities identified by the Commissioner of Health or designee for outbreak control or based on inventory
 - COVID-19 Testing Facilities
 - Long Term Care: Skilled Nursing Facilities (without known COVID-19 cases)
 - Primary Care Clinics
 - Urgent Care
 - Long Term Care: Skilled Nursing Facilities
 - Long Term Care: Assisted Living Facilities
 - **Long Term Care: Board and Care Facilities**
 - **Home Health Agencies without COVID-19 cases**
 - **EMS: First Responders**
 - **Other First Responders**
 - **Congregate Living Settings performing direct patient care**

Request Process:

Health Care – All Health Care Facilities except EMS:

- Requests will be completed using an online Redcap form and submitted to the Statewide Health Care Coordination Center (SHCC). The requester will be required to provide proof, via upload, that they have attempted to purchase PPE through more than one vendor, and the order was declined or backordered: <https://redcap.health.state.mn.us/redcap/surveys/?s=LXR9JMRYEJ>
 - The SHCC will review submitted requests for each PPE component category using the following criteria:
 - Urgent: No supplies left – **Red** (Crisis)
 - Priority 1: 0 – 3 days supply in current facility inventory – **Red** (Crisis)
 - Priority 2: 4 – 7 days supply in current facility inventory – **Yellow** (Contingency)
 - Priority 3: 8 days and more supply in current facility inventory – **Green** (Conventional)
 - The ability to fill Priority 1, 2 or 3 requests is dependent on the availability of resources in the State PPE cache. This document will be updated when the status of cache resources changes.
- **Current State:** The SHCC will fill requests meeting Priority 1 or Priority 2 criteria as long as the above Assumptions are met.

- On a case-by-case basis, the SHCC may forward requests to the applicable Regional Health Care Preparedness Coordinator (RHPC) of the applicable regional Health Care Coalition (HCC) for further information and validation.
- The SHCC will enter validated requests into WebEOC.
- The SHCC will enter the requests validated by the RHPC's into WebEOC.
- WebEOC requests will go directly to the SEOC Logistics function
- SEOC Logistics will arrange for transport PPE assets to the requesting facility
- If there are not enough resources to fill Priority 1 or Priority 2 requests, SHCC Logistics staff will notify the requesting facility that all or a portion of their PPE requests will not be filled.

Health Care – EMS:

- Requests will be completed using an online survey tool and submitted to the Emergency Medical Services Regulatory Board (EMSRB). The requester will be required to provide proof, via upload, that they have attempted to purchase PPE through more than one vendor, and the order was declined or backordered: [EMS PPE Survey Monkey Link](#)
- The EMSRB will review submitted requests for each PPE component category using the following criteria:
 - Urgent: No supplies left – **Red** (Crisis)
 - Priority 1: Service does not have adequate PPE to address 10% of historic daily call volumes – **Red** (Crisis)
 - Priority 2: Service does not have adequate PPE to address 20% of historic daily call volumes – **Yellow** (Contingency)
 - Priority 3: Service does not have adequate PPE to address 30% of historic daily call volumes – **Green** (Conventional)
- The ability to fill Priority 1, 2 or 3 requests is dependent on the availability of resources in the State PPE cache. This document will be updated when the status of cache resources changes.

▪ **Current State:** Requests meeting Priority 1 or Priority 2 criteria will be filled locally/regionally first, validated by the EMSRB and entered into WebEOC if the request cannot be filled

- The EMSRB will enter requests into WebEOC. WebEOC requests will go directly to SEOC Logistics
- SEOC Logistics will arrange for transport PPE assets to the requesting facility
- If there are not enough resources to fill Priority 1 or Priority 2 requests, the EMSRB representative will notify the requesting agency that all or a portion of their PPE requests will not be filled.

Health Care – Tribal Health Care, State Operated health Care Facilities, and Skilled Nursing Facilities/Assisted Living Facilities with COVID-19 Cases

- Requests will be completed using an online Redcap form and reviewed by the MDH DOC representative. The requester will be required to provide proof, via upload, that they have attempted to purchase PPE through more than one vendor, and the order was declined or backordered: <https://redcap.health.state.mn.us/redcap/surveys/?s=LXR9JMRYEJ>
- The MDH representative will review submitted requests for each PPE category using the following criteria:

- Urgent: No supplies left – **Red** (Crisis)
- Priority 1: 0 – 3 days supply in current facility inventory – **Red** (Crisis)
- Priority 2: 4 – 7 days supply in current facility inventory – **Yellow** (Contingency)
- Priority 3: 8 days and more supply in current facility inventory – **Green** (Conventional)
- The ability to fill Priority 1, 2 or 3 requests is dependent on the availability of resources in the State PPE cache. This document will be updated when the status of cache resources changes.

▪ **Current State:** The MDH DOC designated representative will validate requests meeting Priority 1 or Priority 2 criteria and will enter the request into WebEOC.

- The MDH DOC representative will enter requests into WebEOC.
- WebEOC requests will go directly to the SEOC Logistics function. SEOC Logistics will arrange for transport of PPE assets to the requesting facility
- If there are not enough resources to fill Priority 1 or Priority 2 requests, the MDH DOC designated representative will notify the requesting facility that all or a portion of their PPE requests will not be filled due to the unavailability of assets. Requesters will be informed of the need to resubmit their request when/if PPE assets become available.

Health Care – Testing Facilities:

- Requests will be completed using an online Redcap form and submitted to the Statewide Health Care Coordination Center (SHCC). The requester will be required to provide proof, via upload, that they have attempted to purchase PPE through more than one vendor, and the order was declined or backordered: <https://redcap.health.state.mn.us/redcap/surveys/?s=LXR9JMRYEJ>
- The SHCC will review submitted requests for each PPE component category using the following criteria:
 - Urgent: No supplies left – **Red** (Crisis)
 - Priority 1: 0 – 3 days supply in current facility inventory – **Red** (Crisis)
 - Priority 2: 4 – 7 days supply in current facility inventory – **Yellow** (Contingency)
 - Priority 3: 8 days and more supply in current facility inventory – **Green** (Conventional)
- The ability to fill Priority 1, 2 or 3 requests is dependent on the availability of resources in the State PPE cache. This document will be updated when the status of cache resources changes.

▪ **Current State:** The SHCC will fill requests meeting Priority 1 or Priority 2 criteria as long as the above Assumptions are met.

- On a case-by-case basis, the SHCC may forward requests to the applicable Regional Health Care Preparedness Coordinator (RHPC) of the applicable regional Health Care Coalition (HCC) for further information and validation.
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- WebEOC requests will go directly to the SEOC Logistics function
- SEOC Logistics will arrange for transport PPE assets to the requesting facility
- If there are not enough resources to fill Priority 1 or Priority 2 requests, SHCC Logistics staff will notify the requesting facility that all or a portion of their PPE requests will not be filled.