

Ministry of Health

Addendum: Guidelines for Pandemic Stockpile Use

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This document is an addendum to: [COVID-19 Guidance: Personal Protective Equipment \(PPE\) for Health Care Workers and Health Care Entities](#).

Background

The Ministry of Health manages an emergency stockpile containing personal protective equipment (PPE) and critical supplies to support the health sector during emergencies. The guidance contained herein incorporates both COVID-19-specific as well as general information on how to access the pandemic stockpile, eligibility, product availability, and the Ethical Allocation Framework.

This addendum draws from the [Ontario Health Plan for an Influenza Pandemic \(OHPIP\)](#) to identify stockpiling guidelines and inventory management best practices. The OHPIP supports the provincial health system to prepare for and respond to an influenza pandemic by encouraging all health care entities to maintain a supply of PPE and medical supplies.

Stockpiling Guidelines for Health Care Entities

In identifying stockpiling guidelines and inventory management best practices, the [OHPIP](#) recommends that health care entities keep a **four-week stockpile** of PPE based on high transmissibility & low clinical severity scenarios. As a general guide, outpatient and home and community care settings should plan for volumes that are two times what they would normally use in four weeks of an influenza season, while inpatient settings should plan for volumes that are eight times as high.

Health care entities should have supplies of both N95 respirators and medical (surgical/procedure) masks for health care workers, so they are prepared to implement routine practices and additional precautions and any added pandemic measures. Health care entities should be sourcing PPE through their regular supply chain, and they remain responsible for sourcing and providing PPE to their health care workers. A list of health care entities to which this addendum applies can be found in Appendix A of [COVID-19 Guidance: Personal Protective Equipment \(PPE\) for Health Care Workers and Health Care Entities](#).

Inventory Management and Control Guidelines

Conservation and appropriate use of PPE is important. A range of conservation strategies and hazard controls (e.g., engineering controls, administrative controls) should be implemented, where possible. Organizational planning for inventory management should involve discussions with infection control leads, occupational health leads, and joint health and safety committees, where applicable. Prospective recipients of PPE from the province's pandemic supply for COVID-19 must ensure their practices are in line with the conservation and appropriate use guidelines contained within the [COVID-19 Guidance: Personal Protective Equipment \(PPE\) for Health Care Workers and Health Care Entities](#) document.

Additionally, the Ministry of Health recommends that all health care entities incorporate modern inventory management and control practices into their routine stockpiling operations. This includes:

- Monitoring and tracking inventory quantities;
- Monitoring and tracking expiration dates;
- Monitoring and tracking lot codes;
- Performing regular turn-over and replacement of aged inventory prior to expiration;
- Disposing of expired stock in an ethical and environmentally friendly way.

Accessing the Ministry of Health's Pandemic Stockpile

Health care entities experiencing supply shortages and who require support to continue providing services can access PPE from the Ministry of Health's stockpile on an emergency basis. PPE from the stockpile will be distributed for the COVID-19 response at no-cost at the point of access. Note that this is subject to change. Sites are recommended to continuously monitor their existing stock and plan ahead to limit the need for rush emergency requests.

The stockpile is positioned to support health care entities that have faced challenges sourcing PPE and it is not meant to replace existing relationships with reliable PPE suppliers. If an organization currently has a reliable source of PPE that is meeting supply needs, it should continue using that arrangement. Additionally, PPE sourced from the emergency stockpile is designed for health care worker use only. Sites should consider the applicability of certain PPE for various settings and/or groups when planning for their organization's stockpile. E.g. medical masks as source control for staff, patients, residents, visitors, etc.

The [Occupational Health and Safety Act](#) requires that employers, such as all health care entities, ensure PPE is appropriate for the settings in which it is used, and that staff are adequately trained and informed on best practices and risks in the work environment. It is important that health sector employers provide training in the use, care, and limitations of PPE. In addition, health sector employers should ensure easy access to PPE that is supplied in appropriate sizes and good working order.

For more information, please visit [Ontario Health Plan for an Influenza Pandemic | Chapter 5: Occupational Health & Safety and Infection Prevention & Control \(gov.on.ca\)](#)

Eligibility

The following sectors are eligible for access to the emergency stockpile:

- Primary Care Providers including Midwifery Practices
- Community-based Physician Specialists
- Dental Care Providers

- Indigenous Communities and Indigenous Providers
- Community Health Service Providers including but not limited to:
 - Consumption and Treatment Services
 - Hospice Care
 - Community Mental Health and Addictions Agencies, including residential programs
 - Community Support Service Agencies
 - Non-Municipal Seniors and supportive housing providers
 - Homes for Special Care
 - Independent Health Facilities
 - Respiratory Therapists
- Hospitals
- Long Term Care
- Retirement Homes
- Home Care Service Provider Organizations (SPO)
- Ambulance/EMS/First Responders
- Community Pharmacies

For eligibility inquiries, please contact SupplyChain.Inquiries@ontario.ca.

Product Availability

The following types of products are available in the pandemic stockpile:

- Medical Masks
- Gloves
- Gowns
- Hand Sanitizer (alcohol-based hand rub)
- Eye protection (face shields and goggles)
- Disinfectant Wipes or Disinfectant Liquid
- N95 Respirators

Eligibility for each supply is dependent on type of provider as well as the circumstances of each request.

How to Access Stock

PPE and medical supplies in the pandemic stockpile can be accessed through the [Critical Personal Protective Equipment \(PPE\): Intake Form](#). Each request submitted must have all required fields completed. Any forms that are incomplete will not be fulfilled and will delay shipments. Please note multiple types of PPE may be requested through one submission form.

Requests are monitored and orders are processed **Monday-Friday** during regular business hours. Sites are recommended to continuously monitor their stock and to ensure they have enough stock on site at the time of ordering to respond to an urgent need and to accommodate for a minimum 2-business day delivery turnaround time.

The Ethical Allocation Framework

The Ethical Allocation Framework identifies criteria to help determine priority for available PPE supply in the event of scarcity during a COVID-19 response. A key criterion is urgency of need, which is to be determined by the current supply of PPE in each institution or setting, the number of confirmed cases in the institution or setting, the institution or setting's consumption or "burn" rate of PPE, and projected need. The Framework also considers demographic profiles as they relate to the epidemiological pattern of disease. While the Framework was developed to be COVID-19 specific, it can be valuable for related pandemic pathogen cases (e.g., other respiratory pathogens) outside of COVID-19.

Ethical Allocation Framework Tiers

STAGE 1: Confirm Supply and Risk
The Control Table confirms joint understanding/assessment of system-level risk and available supply in stockpiles and within institutions.
STAGE 2: Allocation Tiers¹: Primary Allocation Principles²
Prioritization occurs by balancing Critical Societal Functions, Essential Work-Function , the Risk of Exposure, Vulnerability of a Population and Urgent Need³ .
Tier 1
<ul style="list-style-type: none"> • Hospitals, first with the highest number of COVID-19 hospitalizations and/or vented cases and least available supply • Long-term-care homes and retirement homes, first priority given to those homes in outbreak • Health-care services providing essential care to vulnerable patients or in settings where transmission is high risk (e.g. home and community care, hospice, health-care services for First Nations or Indigenous populations, primary care for the most vulnerable) • Congregate living settings in outbreak or at risk of outbreak (e.g. correctional facilities, shelters, group homes, community and supportive housing)

¹ These tiers are not static; if an outbreak occurs, prioritization shifts.

² These principles are to be followed for all allocation of PPE, but the processes for allocating PPE could vary across regions of the province.

³ Urgent Need is to be assessed as Low, Moderate or Highest. Factors to consider in making these assessments are: the current supply of PPE in each institution and region; the burn rate (the rate of consumption of PPE); the projected use (three or seven days); the confirmed Cases of COVID-19 in a region or institution; the number of patients on ventilators; whether there is an assessment centre in the region or attached to an institution; and the region's population.

<ul style="list-style-type: none"> • Ambulance, Emergency Medical Services, first responders asked to transport a confirmed case, then first responders otherwise • Vulnerable populations at greater risk of exposure, non-health settings with first suspected cases and higher risk of exposure • First Nations communities that have confirmed or presumptive cases or are remote/rural, and Indigenous organizations providing Tier 1 services 	
<p>Tier 2</p> <ul style="list-style-type: none"> • Pathology Services • Coroner Services • Food Processing Facilities • Live Animal Processing Facilities • Waste, Water and Waste Water Services • Essential Transportation Services • Mortuary Services • Pharmacy Services 	<p>Tier 3</p> <ul style="list-style-type: none"> • Public Transit • Inspections, Investigations and Enforcement • Probation and Parole Officers • Children's Aid Society (i.e. administrative services, not congregate living and/or care) • Court Services • Victim Services • Animal Welfare Services • Residential Facilities open due to presence of international students (e.g. universities, colleges) • Logistics and Distribution
<p>STAGE 3: Apply Secondary Allocation Principles</p>	
<p>Escalate to Stage 3 only if needed (i.e. in a situation of extreme scarcity).</p> <p>The Ministry Emergency Operations Centre will develop contingency plans for allocation in the event of extreme scarcity.</p>	

Contact

For general inquiries regarding the pandemic stockpile, please contact sco.supplies@ontario.ca.

For eligibility inquiries, please contact SupplyChain.Inquiries@ontario.ca.