

Immediate actions and updates: Interim Guidance on the use of N95/P2 particulate respirators by general practice or urgent medical health care providers (i.e. general practitioners, nurse practitioners, nurses or midwives)

### Why the need for the change in PPE requirements?

The risk of transmission of SARS-CoV-2 to a healthcare provider is dependent upon the prevalence of the virus within the population, the transmissibility of the virus and the nature of the interaction between healthcare provider and patient. It is also necessary to ensure that a healthcare provider, who may have contact with many vulnerable individuals is not a source of infection.

Mitigation of these risks will always be multifactorial, with no single measure adequate to provide effective mitigation in any given situation. In addition, as both the virus and our knowledge regarding transmission continue to evolve, recommendations regarding mitigation of the risk of transmission may also change.

Significant changes to the risk of transmission are as follows:

- The identification of a variety of new SARS-CoV-2 variants, including B.1.1.7 (also known as the UK variant) with increased transmissibility.
- The identification of cases of airborne transmission within managed isolation.
- The recognition of poor ventilation as a risk factor for infection.
- The implementation of the use of N95/P2 masks within managed isolation for MIQF workers when interacting with confirmed (or probable) cases of COVID-19.
- Recent identification of transmission of SARS-CoV-2 within the community resulting in a change in Alert Level.

The two major factors requiring enhanced protection include:

- The a-priori risk of being in contact with an infected individual.
- The inability to maintain physical distancing in an adequately ventilated environment.

There should be harmonisation between the use of PPE in managed isolation and in general practice. Since March 2020 there have been 111,928 people through managed isolation with 644 positive cases, which is less than a 1% positive rate. The majority of cases identified in the community have presented at a community COVID-19 assessment unit after the development of symptoms, or as a close contact of a case. The a-priori risk of infection for any individual seen in a general practice or emergency care setting is difficult to quantify.

### When would these changes come into effect?

The change in PPE to wearing N95/P2 particulate respirators is with immediate effect for general practices and urgent medical care facilities in regions of community transmission or operating in Alert Level 3 or 4. The Ministry of Health will ensure that there are adequate supplies of P2/N95s for this purpose aligned with the [Principles of Supply](#).

### Who

General Practice and Urgent Medical Care staff interacting with a patient in a closed confined space such as an examination or procedure room where:

- a) there is widespread community transmission

- b) an Alert Level change to 3 or 4
- c) a patient meets the HIS criteria.

**When/situation:** Refer to table below for the updated guidance on use of particulate respirators in settings a to c above.

Use of N95/P2 particulate respirator by General Practice staff		
Activity (What)	Setting (Where)	Type of PPE (What)
General practice health care providers working in regions where there is known community transmission or when there is a region in Alert Level 3 or 4	Within a general practice, urgent medical care facility or, at a patient's home when having close interactions with a patient.	Adhere to Contact and Airborne precautions. PPE includes; N95/P2 particulate respirator, eye protection, gloves long sleeve fluid resistant gown.
Undertaking Covid-19 naso/oropharyngeal swabs where there is known community transmission within the region, the patient is a close or casual contact of an active COVID-19 positive case, or when there is a region in Alert Level 3 or 4.	Within a general practice, urgent medical care facility or, at a patient's home when having close interactions with the patient.	Adhere to Contact and Airborne precautions. PPE includes; N95/P2 particulate respirator, eye protection, gloves, long sleeve fluid resistant gown.

**Note:** It is anticipated that patients will be advised to wear a face covering or mask and practise hand hygiene prior to arriving at a general practice or urgent medical care facility.

#### Do I need to be fit tested for a respirator?

Yes. Any person utilising a N95/P2 particulate respirator should have undergone the requisite fit testing and be trained in fit checking at the cost of the general practice or urgent medical care facility. To access N95/P2 respirators from the Ministry of Health central supply, health workers will need to be fit tested to the available supply. Independent fit testers are available and can be located via <https://nzohs.org.nz/commit2fit/>

Fit checking must be undertaken each time you don a N95/P2 particulate respirator.

#### When will the next N95/P2 guidance for use by healthcare workers be published?

The next versions of the PPE Guidance and Risk Assessments for health care workers will be updated in the next 3 weeks. This is due in part to the evolving nature of requirements in response to the new variants of SARS CoV-2.

The following information will be updated to reflect the changes made through this interim guidance:

<https://www.health.govt.nz/system/files/documents/pages/hp7372-level-3-ppe-guidelines-for-unknown-covid-status-130820.pdf>

<https://www.health.govt.nz/system/files/documents/pages/ppe-guidelines-known-covid-status-22sept2020.pdf>

[https://www.health.govt.nz/system/files/documents/pages/guide to mask use in healthcare settings 22 sep2020 0.pdf](https://www.health.govt.nz/system/files/documents/pages/guide%20to%20mask%20use%20in%20healthcare%20settings%2022%20sep2020%200.pdf)

## What is the Ministry of Health's role in supplying PPE?

PPE for New Zealand's publicly funded health workers is ordered and distributed through a national approach managed by the Ministry of Health. This enables stocktaking and management of supplies at a national level, so PPE can be available where it is needed.

Under this system:

- district health boards (DHBs), managed isolation and quarantine facilities, general practices, pharmacies, and several organisations with wide national reach, receive stock directly from the central supply in line with the principles for supply
- district health boards order and distribute PPE on behalf of their health providers based on local requirements
- depending on the alert level and the organisation, PPE that is ordered through this national distribution model may be charged for
- private providers use their own networks to source and purchase PPE, unless identified by their DHB as requiring assistance for the provision of urgent health services within their region.

The current guidance for the supply of PPE is outlined in the table below. Note that there will be exceptions to the guidance, and the overarching principle is that PPE will be available to those who require it. Any situations where organisations are being supplied outside of the matrix will continue for the time being.

## What are the Principles of Supply?

- The central health supply enables PPE to be sourced to meet demand from essential publicly funded services that are in scope.
- PPE for non-publicly funded services should be sourced from commercial or retail suppliers. The Ministry may provide PPE if commercial or retail suppliers are unable to source it, and it does not jeopardise the central supply.
- The ability to pay is not a consideration in prioritising distribution from the central supply.
- PPE from the health supply must be used according to the relevant IPC guidance and processes published by the Ministry, and any orders from providers must be reasonable, evidence based and proportionate to demand.
- In times of increased demand, decision-making criteria are used to understand where PPE is to be distributed first, based on the following:
  - the type of service that requires the PPE (criticality of the service, eg hospitals, CBAC)
  - vulnerability of the community for whom the service is intended (high risk populations)
  - the level of inventory: stock on order, on hand and consumption rates (manage risk with early identification of supply shortage)
  - urgency of need across the country (balancing competing demand).

Category	Service	Criteria	Guidance	Assessment
A	Critical essential services – Tertiary & Secondary services	PPE is a legislative or mandatory requirement for BAU work	Includes DHB tertiary & secondary healthcare services, diagnostic services, select non-health services (Customs, managed isolation facilities and managed	Full supply of PPE at all Alert Levels at no charge.

Category	Service	Criteria	Guidance	Assessment
			isolation quarantine facilities).  Orders must be supported with appropriate usage and forecast information.	
<b>B</b>	Essential community health services that are publicly funded	Providing services into homes and unable to practise physical distancing  Recommended or required to wear masks at Alert Levels 2, 3, and 4 as per alert level risk assessment.	Includes aged residential care, disability care services, lead maternity carers and home and community support services. This includes Māori and Pacific health and disability providers.  Need to confirm the purpose for which they are ordering in line with IPC guidance, and that any orders are proportionate to demand. Steady state PPE quantities should be sourced from commercial or retail suppliers in Alert Level 1. Ministry is a supplier of last resort.	At Alert Levels 3 and 4 a full supply of PPE will be provided at no charge.  At Alert Level 2 PPE will be supplied at no charge, when supported by robust evidence of demand and forecasting information.  At Alert Level 1 there will be no PPE supply.  Full supply will be provided in the event of an outbreak in a facility.  All long-term residential facilities will be provided 1 week's stock to store as a contingency in case of an outbreak in that facility or for use in levels 3 or 4.  The Ministry will assess individual provider circumstances and may on a case by case basis supply PPE at cost at Alert Level 1 where there is demonstrated inability to secure PPE from regular commercial suppliers or demonstrated commercial supply constraints.
<b>C</b>	Core essential health services that are publicly funded	Providing a core medical service to the public, and unable to practise physical distancing  Recommended or required to wear	Includes general practice, urgent care, pharmacists and pharmacy technicians (not retail), etc. Need to confirm the purpose for which they are ordering in line with IPC guidance, and that any	At Alert Levels 3 and 4 a full supply of PPE will be provided at no charge.  At Alert Level 2 masks will be supplied at no charge, when supported by robust evidence

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		<p>masks at Alert Levels 2, 3, and 4 as per alert level risk assessment.</p>	<p>orders are proportionate to demand.</p>	<p>of demand and forecasting information.</p> <p>At Alert Level 1 there will be no PPE supply. PPE should be sourced from commercial or retail suppliers in Alert Level 1.</p> <p>PPE is not be provided from the central supply for the purposes of providing or selling to the public.</p> <p>At all Alert Levels, where a general practice or urgent care facility is carrying out swabbing for COVID-19 as part of the overall public health response in New Zealand, they will be supplied with the full PPE required. Note PPE will not be supplied for pre-departure testing for other jurisdictions which sit outside of New Zealand's public health response.</p> <p>The Ministry will assess individual provider circumstances and may on a case by case basis supply PPE at cost at Alert Levels 1 where there is demonstrated inability to secure PPE from regular commercial suppliers or demonstrated commercial supply constraints.</p>
D	Non-essential health services	<p>Unable to put in practical physical distancing measures or are working at the public interface.</p> <p>Recommended or required to wear masks at Alert Levels 2, 3, and 4 as per alert level risk assessment.</p>	<p>Includes non-essential allied health services, funeral directors, dentists, chiropractors etc.</p> <p>PPE should be sourced from commercial or retail suppliers. Ministry is a supplier of last resort.</p>	<p>Do not supply from the central supply unless designated as an essential service at Levels 3 and 4.</p> <p>The Ministry will assess individual provider circumstances and may on a case by case basis supply PPE at cost at Alert 2 where there is demonstrated inability to secure PPE from regular commercial suppliers or</p>

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				demonstrated commercial supply constraints.
<b>E</b>	Non-health essential services	<p>Inability to practise physical distancing. Either non-public facing but staff that can be directed, or workers who require PPE for BAU work.</p> <p>Recommended or required to wear masks at Alert Levels 2, 3, and 4 as per alert level risk assessment.</p>	<p>Includes plumbers, electricians etc who go into homes, waste management etc.</p> <p>PPE should be sourced from commercial or retail suppliers. Ministry is a supplier of last resort.</p>	<p>Do not supply from the central supply unless designated as an essential service at Levels 3 and 4.</p> <p>The Ministry will assess individual provider circumstances and may on a case by case basis supply PPE at cost at Alert 2 where there is demonstrated inability to secure PPE from regular commercial suppliers or demonstrated commercial supply constraints.</p>
<b>F</b>	Non-health essential services	<p>Ability to practise physical distancing. Recommended or required to wear masks at Alert Levels 2, 3, and 4 as per alert level risk assessment.</p>	<p>Mainly retail outlets, supermarkets, service stations, taxis (unless they have specified working with vulnerable people/suspected COVID-19 patients/patient transfer).</p>	<p>Do not supply from the central supply.</p>

\* Some organisations supplied directly from the central supply

Responsible use of PPE, coupled with a well-managed national distribution system, will ensure PPE is available where it is needed during the COVID-19 pandemic.