Ontario Health

Ethics Table Policy Brief #2
Version date/time: 03-25-2020, 3:30 PM

For circulation beyond Bioethics Table?
Yes ☒ No ☐

Topic

Priority Setting of Personal Protective Equipment – Provincial/Regional Distribution

Policy Problem:

Ontario faces critical shortages of personal protective equipment (PPE). Procurement efforts are underway provincially to augment supply of PPE. Health service organizations are implementing measures to ensure evidence-based use of PPE based on CMOH directives and guidance. Given critical shortages, priorities must be set for how PPE supply should be distributed to sustain critical health system functions.

Policy Question(s):

What priorities should be set for the allocation and re-allocation of PPE supply regionally or provincially?

a. Which health system functions should receive priority when allocating/re-allocating PPE?
b. Which health institutions, if any, should receive priority when allocating/re-allocating PPE?

Relevant Ethical Principles:

Ethical principle	*Brief interpretation in the context of the policy question*
Preserve critical health system functions	Where shortages of critical health care resources like PPE threaten the ability of a health system to successfully and safely function, an ethical imperative exists to ensure that those scarce resources are deployed most effectively to sustain the health system's most critical functions. Critical health system functions are those that would be expected to result in immediate and significant morbidity and mortality if they were to cease functioning safely and effectively.

Minimize risk of harm to health workers and patients/clients/residents	PPE is intended to protect health care workers and other health institution staff from risk of harm due to infection, and in doing so, protect others, notably patients, from subsequent transmission of infectious diseases. Given supply shortages of PPE, the allocation of PPE should strive to maximize its intended benefits, i.e., prevention of infection and the spread of disease, and therefore minimize harm, particularly among those most at risk from infection and severe illness due to infection. In particular, a reciprocal obligation exists to minimize harm among those put at risk of exposure to infection (of COVID-19 or otherwise) during their participation in critical health system functions.
Ensure a proportional response based on best available evidence	Proportionality helps to ensure the least harm to patients arising from PPE allocations and related restrictions on health services. Prioritization decisions should be proportionate to the real or anticipated limitations in PPE supply.
Ensure health institutions are treated equitably	PPE should be allocated in a manner that best ensures similar cases are treated equally, where irrelevant characteristics such as geographic location do not serve as the basis for allocation decisions, that allocation considers the interests and needs of the most disadvantaged, and that decisions about allocation are made through fair processes.
Foster trust	Foster and maintain public, patient, and health care worker confidence in PPE distribution system by communicating in a clear, transparent, and timely fashion, including rationale about what criteria are informing PPE allocation decisions and staff assignment decisions expectations around accepting or refusing work assignments.

Each of the above principles ought to be upheld wherever possible, but can come into conflict with one another. The process by which the above principles are balanced should adhere to principles of procedural fairness, including transparency and consistency.

Ethics Table Policy Brief #2
Version date/time: 03-25-2020, 3:30 PM

For circulation beyond Bioethics Table?
Yes ☒ No ☐

General Guidance:

1. Procurement, preservation, and conservation activities should continue. PPE supply chain mechanisms, including re-allocation among health institutions, should be coordinated. PPE supplies should be surveyed and reviewed at frequent intervals at all levels.
2. Priority should be given to health institutions that provide **critical health system functions** and in relation to **urgency of need** of PPE. Where health system functions are less critical, or where critical health system functions have fewer needs for PPE, they should receive lesser priority for scarce resources. This may mean that less critical functions cease to function during a period of resource scarcity.
3. Priority should be given to critical health system functions that carry the **highest risk of harm of infection and transmission of infectious diseases**, particularly where transmission might otherwise occur among those most vulnerable to infection and severe illness due to infection. Risk of harm should be evaluated and categorized based upon the **best available evidence** as well as the availability of alternative infection prevention and control measures (e.g., the provision of virtual care, PPE alternatives, etc.). Non-essential and elective services should be ceased, or reduced to minimal levels for allowable exceptions, as per CMOH directives, to allow PPE to be allocated to critical health system functions.
4. Priorities should be implemented **equitably within and across regions** to ensure similarly situation patients/clients/residents and health workers are not disproportionately advantaged or disadvantaged. Allocation of PPE should become more restrictive based on this priority as supply becomes less abundant, and should be less restrictive based on priorities above as supply becomes more abundant.
5. Solidarity should be promoted by re-allocating PPE within regions to sustain critical health system functions.