



Personal Protective Equipment Resource (PPE) Request

DEPARTMENT OF STATE HEALTH SERVICES GUIDELINES FOR STRATEGIC NATIONAL STOCKPILE (SNS) DISTRIBUTION:

Every request by an entity to receive SNS PPE supplies will be evaluated using the following guidelines established by DSHS:

- The need for SNS PPE is due to a public health / health security crisis that calls for extraordinary measures.
- The requested SNS PPE prevents healthcare/public health system failure, loss of life or health threat to community and no alternatives exist.
- The request for SNS supplies flows directly from an identifiable community need to ensure public health, public safety, health security or continuity of critical health care operations.

PRIORITY OF DISTRIBUTION

Level 1	Level 2	Level 3
<ul style="list-style-type: none"> • Hospitals or providers in contact with or treating confirmed COVID patients with potential for high loss of life. • Health care facilities, including long-term care with an emerging or active outbreak. 	<ul style="list-style-type: none"> • Facilities and EMS personnel that may encounter a suspected case and interface with a vulnerable population. 	<ul style="list-style-type: none"> • Health care facilities, providers and first responders that have general patient encounters and needs.

If PPE is being requested for another entity by an Emergency Operations Center or an Emergency Manager, what entity will be the recipient?

Receiving Agency information:

Entity Name: _____ Entity DSHS License #: _____

Entity Address (Street, City, County):

_____ County _____

Requestor Name: _____ Requestor Title: _____

Requestor Phone #: _____ Requestor Email: _____

Authorized Pick Up Person:

Name: _____

Phone #: _____

PPE Resource Request Criteria

Determine your Burn Rate by using the below calculation formula:

Number of personnel in contact with or treating a suspected or confirmed COVID-19 patients _____
x PPE units used per person per day _____ x 7 Days = _____ (Requested Total)

Is your facility/organization within 7 days of running out of PPE? _____ Yes _____ No

Additional Information Needed by Provider Type:

Hospital or Long Term Care:

-How many confirmed COVID-19 patients/staff are currently in your facility? _____

-How many suspected COVID-19 patients/staff are currently in your facility (not counting patients who have been confirmed)? _____

EMS/First Responder:

-How many patient contacts do you have per day (average of the previous 7 days)? _____

Other Healthcare Provider:

-How many patient encounters/contacts do you have per day (average of the previous 7 days)?

Assets requested:

1. Face Shield, Full Foam Top ELST **(Use individual amounts, not boxes or cases)**

_____ ea.

2. Exam Gloves (non-sterile, powder free)

(Use box amounts, (100 gloves per box for S, M, L) (90 per box for XL)

_____ Small _____ Medium _____ Large _____ Xlarge

3. First responder nitrile gloves, FD, PD, SO, (non-sterile, powder free, general purpose, one size fits all)

(Use bag amounts, 100 gloves per bag)

_____ Bag

4. Non-medical gloves, (non-sterile, powder free, nitrile or vinyl) Intended for ancillary services.

(Use box amounts, 100 gloves per box)

_____ Box, Large

_____ Box, XLarge

5. Gown (Surgical, Sterile) **(Use individual amounts, not boxes or cases)**

_____ Large _____ X-Large _____ XX-Large

6. Coveralls; Tyvek or equivalent. **Please do not order these in lieu of gowns, limited quantities.**

_____ Medium _____ Large _____ X-Large _____ XX-Large _____ XXX-Large

7. N95/KN95 Mask **(Use individual amounts, not boxes or cases)**

_____ Regular

_____ Small

8. Mask, Standard Procedure, one size fits all. **(Use individual amounts, not boxes or cases)**

_____ ea.

9. Shoe covers (booties) **(Use bag amounts, 50 pair per bag)**

_____ Bags

10. Hand sanitizer, various sizes, limited quantities. **(Use individual amounts, not boxes or cases)**

_____ ea.

11. Goggles, limited quantities. **(Use individual amounts, not boxes or cases)**

_____ ea.

12. Disinfectant, with dry paper wipes. Limited quantities. **(Gallon size)**

_____ ea.

PROVIDER RESPONSIBILITIES BEFORE SUBMITTING A STAR FOR PPE:

- Demonstrated implementation of conservation strategies.
- Demonstrated life extension strategies for PPE.
- Deferment of non-medically necessary procedures.
- Exhaustion of options procuring supplies through vendors.
- Exhaustion of community assistance options, including coordination with local partners and facilities for reallocations within regions.
- Provision of PPE Daily Burn Rate.

I attest that my facility has met the Provider Responsibilities before Submitting a STAR for PPE and the information herein is true, correct and complete.

Type Name & Title (Senior Executive Equivalent)

Date