 **Marion County Health and Human Services**

**PPE Request Process**

**There is a limited amount of PPE available and inventory changes frequently.**

**PPE will primarily be allocated for use in healthcare settings, including inpatient and outpatient, emergency responders, and long-term care and residential care facilities such as group homes that are serving COVID-19 positive individuals and vulnerable populations.**

**MCHHS, with guidance from the Oregon Health Authority, uses an allocation matrix to determine priority need for PPE and distributes accordingly PPE allocations are based on COVID-19 response need, PPE supply availability, burn rates, geographical data, and PPE optimization strategies.**

* Since there is a limited supply of PPE available for distribution, requests may not be fulfilled.
* Please see CDC optimization strategies if internal, external, and mutual aid resources are reaching critical levels. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
* Healthcare Facilities, in collaboration with Public Health Officials, may consider extended use of N95 respirators for repeated close contact of encounters with cohorted patients.
* PPE Requests must include:

□ Completed PPE Assessment Checklist

□ PPE Optimization Strategies Form

□ PPE Order Form

□ Supplemental Information Form, which includes the PPE burn rate chart.

**PLEASE NOTE: Burn rates are needed in order for a request to be considered.**

□ Name of Primary Contact, Address, Email and Phone

Return forms or send questions to: [Health\_PPE\_Requests@co.marion.or.us](file://cen-winfs1/group/hometeam/PH%20Clinic/COVID-19/External%20Supplies%20and%20PPE/Health_PPE_Requests@co.marion.or.us)

Rev. 6/20

**PPE Assessment Checklist**

**Facility Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a healthcare facility or provide direct patient care?**

□ Yes: Facility Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No: Facility Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Patients or Clients served by Facility\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Staff at Facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the status of personal protective equipment (PPE) in your facility or healthcare setting?** (select one most pertinent statement)

□ Insufficient PPE to conduct immediate clinical operations

□ No immediate issue, concern for future shortages

□ Depleting PPE supply with no PPE order fulfillment

□ Depleting PPE supply with insufficient PPE order fulfillment

**Which type of PPE is in short supply?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe what PPE is needed for:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your facility or setting attempted to order supply from other vendors?**

□ Yes, Which vendors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No, did not attempt

□ No, we have contract limitations that prevent using other vendors

**Have you attempted to get PPE supply from healthcare partners using mutual aid agreements or memoranda of understanding?**

□ Yes, which one(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No, we did not attempt

□ Not applicable, we do not have mutual aid agreements or MOUs in place

Date form filled out\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Toolkit subject to revision at any time due to change in resources (supply, use and demand), clinical considerations and nature of response.

 **PPE Optimization Strategies**

**What PPE Optimization Strategies have been implemented to preserve PPE supply at facility?** (check all that apply)

□ Employ practices and policies that reduce exposures and PPE demand, including limiting patient presentation to facility for non- urgent or elective visits and limiting healthcare provider contacts with ill patients

□ Train HCP on indications for use of N95 respirators and other types of PPE to

ensure appropriate use

□ Designate particular staff that will provide patient care requiring PPE

□ Use N95 respirators beyond the manufacturer-designated shelf life for training

and fit testing

□ Extend the use of N95 respirators by wearing the same N95 for repeated close contact encounters with several different patients, without removing the respirator (i.e., [recommended guidance on](https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html) implementation of extended use)

□ Identify other available PPE options that confer equivalent protection (e.g.

powered-air purifying respirators)

**Requestor and other facility representatives that reviewed this request and PPE Optimization Strategies (facility supply chain and infection precautions should be represented when applicable):**

**Primary:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title/Role\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title/Role\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPPLEMENTAL INFORMATION FORM**

**NAME OF FACILITY:**       **Date of Request:**

**FACILITY ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BEST CONTACT PHONE AND EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please fill out the following questions to help us understand your PPE need, manage allocated stock and expedite your request:**

1. Does your entity currently have or interact with confirmed COVID-19 cases?

No  Yes

If, yes, please describe:

Number of patients or encounters: \_\_\_\_\_

Isolation measures practiced:

1. For Long Term Care (LTC) Facilities: How many people does your facility house and number of staff?

1. For non-LTC facilities: What emergency live saving functions does your facility provide?

1. What COVID-19 prevention measures or activities is your facility engaged in?

1. Complete this burn rate chart for the items you are requesting. This information is needed in order for your request to be considered. If you are unsure of burn rate, please give your best estimate.

Report inventory by individual unit of item. For example, Gloves=100, not 1 box or 50 pair.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PPE BURN RATES** | | | | |
| **PPE Type** | **Total on Hand** | **Used in 24hrs** | **Used in 48hrs** | **Used in 72hrs** |
| **N95 respirators** |  |  |  |  |
| **Surgical masks** |  |  |  |  |
| **Face shields** |  |  |  |  |
| **Surgical gowns** |  |  |  |  |
| **Coveralls** |  |  |  |  |
| **Gloves** |  |  |  |  |

1. What vulnerable population(s) does your entity work with (>60 yo, immune compromised, 2+ comorbidities, etc)?

Thank you.

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**PPE REQUEST FORM**

**Supplies are limited quantities and may not be available at the time of request.**

Request by **individual unit** of item. For example, if requesting 50 pair gloves, put quantity as 100.

**Do not list number of boxes or cases**.

|  |  |  |
| --- | --- | --- |
| **ITEM** | **QUANTITY REQUESTED** | **NOTES** |
| **N95 MASK Universal Size** |  |  |
|  |  |  |
| **PROCEDURAL MASKS (may be expired)** |  |  |
|  |  |  |
| **GLOVES, latex free (may be expired)** |  |  |
| S |  |  |
| L |  |  |
| XL |  |  |
|  |  |  |
| **GLOVES**, **LATEX**  **Specify in NOTES that your facility can use Latex gloves.**  **They can only be given to facilities that can guarantee no potential risk or harm in using Latex gloves that could be the result from a Latex allergy.** |  |  |
| **Latex** gloves Small |  |  |
| **Latex** gloves Medium |  |  |
|  |  |  |
| **GOWNS**  **May be expired.** |  |  |
| Universal Size |  |  |
|  |  |  |
| **FACE SHIELDS** |  |  |
| **SAFETY GOGGLES** |  |  |
|  |  |  |
| **COVERALLS M** |  |  |
|  |  |  |
| **HAND SANITIZER in ounces** |  |  |
|  |  |  |
|  |  |  |