



PUBLIC HEALTH

PREVENT. PROMOTE. PROTECT.

PPE REQUEST FORMS

This packet is for providers to request Personal Protective Equipment (PPE) supplies through Lane County Public Health. Please see the Oregon Health Authority guidance on p.2-3.

Fill out these forms:

- p.4 Resource Request Form (ICS 213RR)
- p.5 PPE Assessment Checklist
- p.6 PPE Optimization Strategies
- p.7 PPE Supply Request Form

To help us respond more quickly, please be sure to:

- Indicate any pending orders - which vendor(s), what quantities – on p.4 box 6 (Resource Request Form)
- Indicate your weekly PPE usage in the table on p.7 (PPE Supply Request Form)

Email completed forms to: logistics@lanecoph.org



March 9, 2020

Dear Healthcare Partners,

Oregon Health Authority (OHA) has updated guidance regarding personal protective equipment (PPE) use for the care of patients with suspect or known Coronavirus Disease (COVID-19). We have heard your feedback regarding the challenges of widespread use of airborne precautions for patients presenting with fever or respiratory illness. Currently, there is not worldwide scientific consensus regarding the use of airborne precautions for the routine care of patients with COVID-19 (See guidance from [WHO](#), [CDC](#), and [Public Health Agency of Canada](#)). For this reason, OHA has released new 'Provisional Clinical and Infection Control Guidance' that creates a minimum standard for PPE use when providing routine care for a patient with known or suspected COVID-19, which includes:

- Face mask (i.e., procedural/surgical mask)
- Eye protection (face shield or goggles)
- Gown
- Gloves

Aerosol-generating procedures (AGPs) warrant a higher level of protection and require standard, contact, and airborne precautions, including:

- N95 mask or higher respiratory protection (includes powered air purifying respirators [PAPRs])
- Eye protection (face shield or goggles)
- Gown
- Gloves

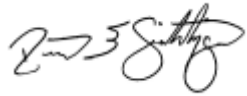
Nasopharyngeal and oropharyngeal specimen collection is not currently included in the list of AGPs.

OHA recognizes the important role clinicians play in identifying patient care scenarios that may warrant airborne precautions beyond those listed in our guidance and support the use of clinical judgement for PPE decisions.

Though we continue to work closely with our federal colleagues, this update reflects a departure from current CDC guidance, which-to date-recommends uniform use of airborne precautions for COVID-19. OHA is committed to the safety of our healthcare workers. We will continue to monitor the evidence coming in from around the world to provide up-to-date guidance to protect our healthcare workforce and ensure we are preserving the healthcare resources needed to keep providers and patients safe.

Thank you for your continued partnership.

Sincerely,

A handwritten signature in black ink, appearing to read "E. Sidelinger". The signature is fluid and cursive, with the first name "E." and the last name "Sidelinger" clearly distinguishable.

Dean E. Sidelinger, MD, MEd
Health Officer and State Epidemiologist
Oregon Health Authority

Resource Request Form (ICS 213RR)

EOC - Lane County, Oregon

RR#: _____

Instructions: Print clearly and complete all sections; complete separate form for each type of resource requested and each ship to site.

Preferred Submission to EOC:

(1) Email: logistics@lanecoph.org **(2) FAX:** NA **(3) CALL:** 541-682-3922 **(4) Radio Call Sign#:** N/A

1	Request Kind: <input type="checkbox"/> Equipment <input type="checkbox"/> Personnel <input type="checkbox"/> Other: <input type="checkbox"/> Supplies - Fuel <input type="checkbox"/> Supplies – Food/Water <input type="checkbox"/> Supplies – Medical <input type="checkbox"/> Supplies – Non-Medical	Priority: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low Date Needed: _____ Time Needed: _____ How Long is Equipment/Personnel Resource Needed? (give #of days or end date) -
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2	Requesting Agency Name: _____	Agency Identifier: N/A	Date/Time: _____	Requestors Internal Order #: N/A			
	Authorized by: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; border-right: 1px solid black;">Name: _____</td> <td style="width: 35%; border-right: 1px solid black;">Position Title: _____</td> <td>Signature: _____</td> </tr> </table>				Name: _____	Position Title: _____	Signature: _____
Name: _____	Position Title: _____	Signature: _____					

3	Contact for this Request	Name: _____	Email: _____
	Phone: _____	Alt. Phone: _____	Fax: _____

4	Resources Requested Description: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">QTY: _____</td> <td>Size: _____</td> </tr> <tr> <td colspan="2">NIMS Typing: _____</td> </tr> <tr> <td colspan="2">Equipment Operator Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table> Special Requirements/Destructor Info: _____	QTY: _____	Size: _____	NIMS Typing: _____		Equipment Operator Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Summary of Task to be Completed: Order Attachments: Specific order info, map for delivery, etc. #1 – _____ #2 – _____ #3 – _____ #4 – _____
QTY: _____	Size: _____							
NIMS Typing: _____								
Equipment Operator Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No								

5	Delivery Location: (Address and landmark references) _____ _____ _____	Onsite Contact Name/Title: _____ Onsite Contact Phone: _____ After-Hours Phone: _____ Other: _____
	Delivery Directions or Special Area Entry Requirements: _____ _____ _____	

6	Mutual Aid/Vendor Resources	Have You Requested Assistance From All Mutual Aid Partners? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	List Vendors/Mutual Aid/Other Sources Already Contacted: _____ _____ _____	

EOC Logistics Coordination Section

7	NOTES: <input type="checkbox"/> Request Filled Locally	Received Date/Time: _____	Received Via: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Radio
		Assigned LOGS Staff: _____	
		Request Final Status: <input type="checkbox"/> Completed <input type="checkbox"/> Cancelled <input type="checkbox"/> Resources Unavailable <input type="checkbox"/> Other	
		Originating Agency Notification: (Date/Time) _____	
		Notification Made To: (Name/Title) _____	

PPE Assessment Checklist

Are you a healthcare facility or provide direct patient care?

- Yes Name of facility: _____
Facility Type: _____
- No: note, this form is intended to support PPE supply requests for healthcare settings and care providers
- No: LPHA personnel completing for healthcare facility. (Provide Name of Facility and Type above.)
Name: _____ LPHA: _____ Phone/Email: _____

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 select what PPE is needed for: (select all that apply)

- Fit testing
- Training
- Clinical care
- Other: _____

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

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 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):

Name	Title/Role	Phone/Email	Signature	Date

PPE SUPPLY REQUEST FORM

<u>Item Requested</u>	<u>Current Inventory</u>	<u>Weekly Usage</u>	<u>Quantity Requested</u>
N95			
Procedure/Surgical Masks			
Face Shields			
Goggles			
Nitrile Glove Small			
Nitrile Glove Medium			
Nitrile Glove Large			
Nitrile Glove X-Large			
Vinyl Glove Small			
Vinyl Glove Medium			
Vinyl Glove Large			
Vinyl Glove X Large			
Tyvek Suit Medium			
Tyvek Suit Large			
Tyvek Suit X-Large			
Bouffant, Hair Cover			
Booties			
Isolation Gown			
Surgery Gown S/M			
Surgery Gown Medium			
Surgery Gown Large			
Surgery Gown X-Large			
Surgery Gown XX-Large			
Scrub Pants - Large (Fabric)			
Scrub Tops - Large (Fabric)			
Hand Sanitizer 8 oz Pump			
Hand Sanitizer 1 Gallon Refill			
OTHER ITEMS			

Agency _____ Date _____