



# Toolkit for Assessing and Requesting Personal Protective Equipment (PPE) Shortages

Toolkit 03/05/2020

**This tool is intended to support, not supplant, existing regional and county-level protocols for supply management.**

# Introduction to Toolkit

**Purpose:** The following information is to provide a guided step-by-step process in assessing facilities' need for Personal Protective Equipment. Requesting process through OpsCenter is included in this document along with Oregon Health Authority Allocation Decision Matrix for transparent allocation and distribution of scarce resources.

**Intended Audiences:** Local Public Health Authorities, Health Care Coalitions, Healthcare facilities including hospitals and healthcare facilities, skilled nursing facilities and homes, assisted living facilities and adult foster homes, physicians' offices, Tribal medical clinics, urgent care centers, home health care, outpatient clinics, and correctional facility medical clinics.

## Contents:

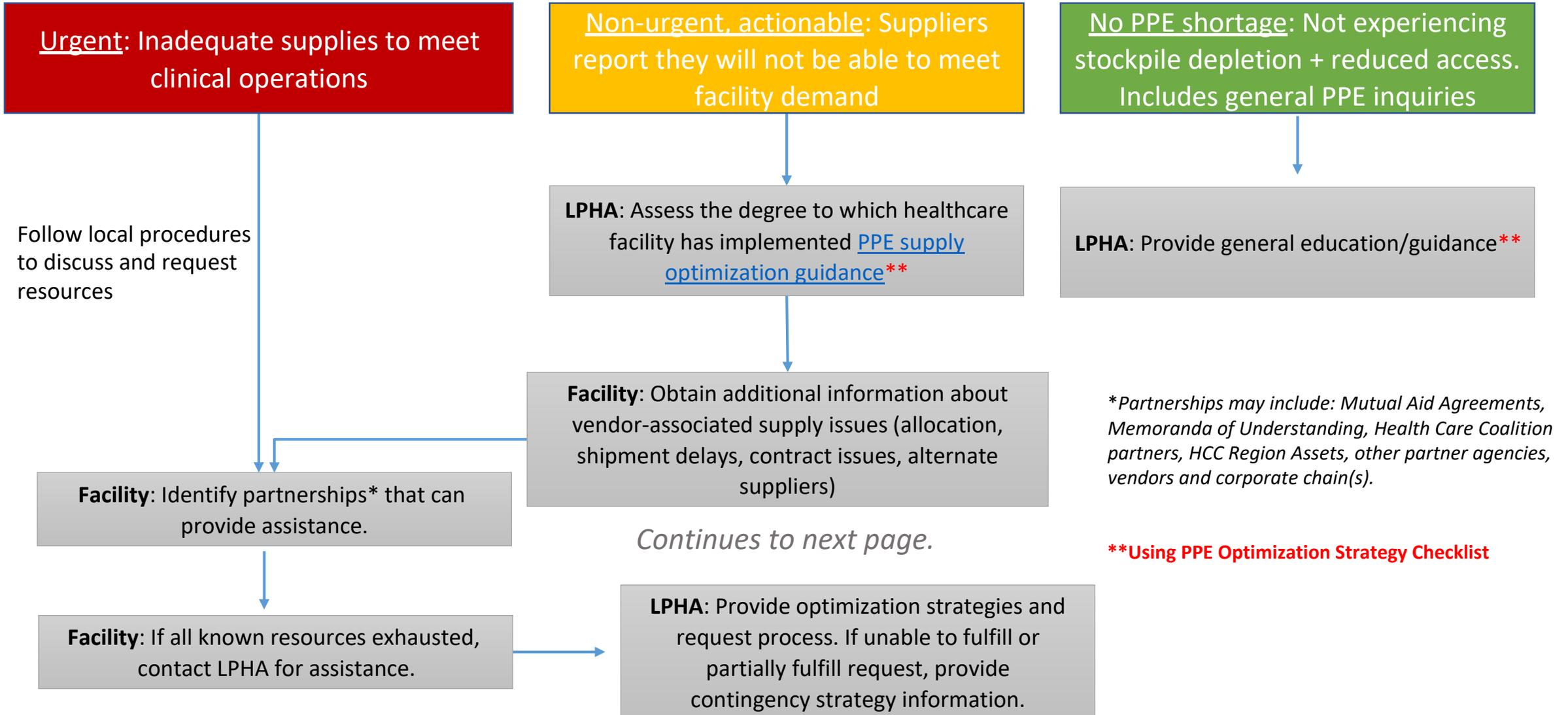
- Assessing Personal Protective Equipment (PPE) Supply Issues Algorithm
- Assessing PPE Supply Issues Non-Urgent Actionable Algorithm
- PPE Information
- PPE Optimization Strategy Assessment Checklists (the two pages must be completed when requesting resources)
- Oregon Health Authority Allocation Decision Matrix
- OpsCenter Instructions
- Oregon Stockpile Inventory List

**Promising Practices:** Healthcare Facilities and LPHAs are highly encouraged to identify when supplies reach 20% and start the assessment process and requesting process from partners, vendors, and OpsCenter.

# Assessing PPE Supply Issues

LPHA decides level of supplies, urgent, non-urgent and actionable or no PPE shortage.

Healthcare Facilities and Local Public Health Authorities will collaborate to assess supply issues using the following algorithms.



# Assessing PPE Supply Issues

Non-urgent, actionable PPE supply issue identified: Stockpile depletion with reduced access to new supply. No immediate threat to provision of patient care.

**LPHA**: Has facility implemented PPE supply optimization strategies?

**Yes, but insufficient to meet the need**

**No**

**LPHA**: What vendor-related issues is the facility experiencing?  
-backorders  
-scarce resource allocations  
-shipment delays no eta for resolution

**LPHA and Facility**: Proceed with assessment. Resource requests may be impacted by a failure to implement optimization strategies.

Does the facility have the ability to obtain supply from other vendors?  
(**LPHA** discusses contract considerations)

**Yes**

**No**

**Facility**: Obtain resources\* & continue to monitor PPE supply levels

**Facility**: Does the facility have partnerships that can provide assistance?

**Yes**

**No**

**Facility**: Obtain resources\* & continue to monitor PPE supply levels

**Facility** contacts **LPHA** for assistance with resource request

**Facility** provides optimization strategies to **LPHA**.  
**LPHA** discuss expectations about request process

***\*Note: Employees must be trained and fit-tested for the N95 respirator being used for patient care.***

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

# PPE Information

- ❑ Due to the nature of the response, there is a limited supply of PPE available for distribution. Requests may not be fulfilled.
- ❑ Please see CDC optimization strategies [here](#) if internal, external, and mutual aid resources are reaching critical levels.
- ❑ Healthcare Facilities, in collaboration with Public Health Officials, may consider extended use of N95 respirators for repeated close contact of encounters with cohorted patients.
- ❑ Before ordering PPE in OpsCenter, all options must be considered, fully explored and documented. Please connect with partners within Health Care Coalitions, healthcare systems, vendors and corporate chains to ensure resources are exhausted. Have necessary discussions between LPHAs and Healthcare Facilities to ensure all resource possibilities are depleted before submitting PPE orders.
- ❑ When submitting PPE orders into OpsCenter, please include:
  - ❑ Completed PPE Assessment Checklist and PPE Optimization Strategies Form
  - ❑ Submit with documents with resource request
- ❑ Healthcare Facilities and LPHAs are highly encouraged to identify when PPE inventory reaches 20% and start the assessment and requesting process from partners, vendors, and corporate chains and through OpsCenter.
- ❑ LPHA must make the determination: **Has the facility implemented all applicable PPE optimization strategies?**

# 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

# 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

# Oregon Health Authority Allocation Decision Matrix

March 2, 2020

Oregon Health Authority (OHA) will use this Matrix to create a fair and transparent distribution decision process. The following will be used for the OHA COVID-19 Incident Management Team (IMT) to make decisions on when and how to distribute its stockpile of medical PPE, specifically N95 masks.

## Concept

Before any resource request goes through this matrix it must first clear the PPE Shortage Guidance. The decision process uses four separate charts to allocation priority distribution. The first chart '**Focused Request for Healthcare Facilities**' ensures it is a focused request for healthcare facilities. The second chart '**Reason for the Resource Request**' looks at the reason for the resource request. Certain reasons behind the resource request will allocate a different level of priority. The third chart '**Additional Modifier for Allocating Priority Requests**' will look if the request affects any disproportionately affected populations, as defined in the chart '**Oregon COVID-19 Medical Countermeasures Disproportionately Affected Persons Definitions**'. The third chart will act as an additional modifier to allocating priority to requests. In the fourth chart '**Supply Level Priority Fill Chart**', depending on the current level of supply the state has, a certain level of priority requests will be fulfilled. Any requests not at that level will be put on hold until either additional supply is acquired, or the request moves up in priority.

**Chart 1: Focused Request for Healthcare Facilities**

Setting	
Healthcare*	yes
Non-Healthcare	denied

\* to include potential healthcare supporting settings

# Oregon Health Authority Allocation Decision Matrix

Chart 2: Reason for the Resource Request

Reason for request		
	Priority level	
Uses/Reasons for PPE	No Case	Case in County*
training aid	low	medium
fit testing	low	medium
need additional supply due to supply chain insecurity	low	medium
no Supply of N95 masks, within 48 hours	medium	medium
have no respiratory protection supply, within 48 hours	medium	high
will not be able to continue operating day to day operations	high, urgent	high, urgent
need supply to adequately respond to COVID positive case	high, urgent	high, urgent

\* Or in close geographic proximity.

# Oregon Health Authority Allocation Decision Matrix

## Chart 3: Additional Modifier for Allocating Priority Requests

Populations Served
Health care and emergency medical personnel
People at highrisk
65 years and older
Tribal Nations

Oregon COVID-19 Medical Countermeasures Disproportionately Affected Persons Definitions	
High risk	Risk factors for severe illness are not yet clear, although older patients and those with chronic medical conditions may be at higher risk for severe illness. Patients with underlying medical comorbidities, including diabetes, hypertension, and cardiovascular disease
Health Care Personnel & Emergency Medical Personnel	All paid and unpaid persons working in health care settings which have the potential for exposure to patients with the Corona Virus, infectious materials, including body substances, contaminated medical supplies and equipment, or contaminated environmental surfaces. Including caregivers in foster homes with medically fragile children and caregivers in residential treatment facilities such as adult foster homes, in home personal care providers and outpatient treatment facilities. Settings include acute-care hospitals, nursing homes, skilled nursing facilities, physician's offices, urgent care centers, home health care and outpatient clinics. Does not include Child Welfare residential facilities or foster homes for non-medically fragile children. Includes correctional facility medical clinics.
65 years and older	All
Tribal Nations	All

# Oregon Health Authority Allocation Decision Matrix

## Chart 4: Supply Level Priority Fill Chart

Current Supply	
Supply level	Priority filled*
No supply	none
Low	Urgent
Fixed stockpile	High
Surplus	Medium

\*Not to exceed population based % allocation per HPP Region of current stockpile level (3/3/2020) without additional consideration

\*Requests over 10,000 to be given additional consideration

# OpsCenter Ordering Process

- **First Step** - Complete the OpsCenter Request Resource Form and include:
  - Incident Number
  - Request Date
  - Request Time
  - Point of Contact (Requestor Name)
  - Jurisdiction
  - Contact Information
  - Request Priority
  - Requesting Organization (Facility Requesting PPE)
  - Reporting to Location (Shipping Address)
  - Report to Point of Contact (Name for Shipment to be sent to)
  - Type of Resource Request
  - Request Summary
  - Date Required at Site
  - Time Required at Site
  - Duration of Assignment (Will it be a Reoccurring Request)

- Include Other Mission Critical Information:
  - Reason for Request
  - Facility Making Request
  - Itemized list of any items that are not in the 'Stockpile Ordering Form
- **Second Step** – Save and Close the Request
- **Third Step** – Reopen the Request and Attach:
  - Completed Stockpile Ordering Form
  - Completed PPE Assessment Checklist and PPE Optimization Strategies

# Stockpile Ordering Form

ITEM	Mfg/Model	Quantity Requested (each)
N95 Masks (universal size)	Gerson/1730	
N95 Masks (universal size)	North Safety Products	
Face Shield	Medline/full length	
Splash Shield	Medline/Splash shield	
Gowns (w/ thumb loop elastic wrist, Impervious, Latex Free) (Large ONLY)	Precept Medical Products, Inc/Latex Free	
ITEM		Quantity Requested (each)
EXPIRED Procedural Masks (Yellow)		
EXPIRED Gloves		
TNT Blue, Disposable Nitrile Glove, thin, powder-free, latex free		
Medium		
Large		
X Large		
N-Dex, Nitrile Medical Examination Gloves, powder free		
Medium		
Nonsterile, latex free exam gloves		
Small		
Medium		
Large		
Tru Advantage, Nitrile Glove, latex free, powder free examination gloves, non-sterile		
Small		
Medium		
EXPIRED Gowns		
Small		
Large		
X Large		
XX Large		
EXPIRED N95 (3000 series)		
Large		