

# 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

# 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		

**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:** eoc\_logistics@lanecounty-eoc.net **(2) FAX:** NA **(3) CALL:** 541-682-3922 **(4) Radio Call Sign#:** N/A

1	<b>Request Kind:</b> <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		<b>Priority:</b> <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low <b>Date Needed:</b> _____ <b>Time Needed:</b> _____ <b>How Long is Equipment/Personnel Resource Needed?</b> (give #of days or end date) -			
	<b>Requesting Agency Name:</b> _____		<b>Agency Identifier:</b> _____	<b>Date/Time:</b> _____	<b>Requestors Internal Order #:</b> _____	
2	<b>Authorized by:</b> <b>Name:</b> _____ <b>Position Title:</b> _____ <b>Signature:</b> _____					
	<b>Contact for this Request</b>	<b>Name:</b> _____		<b>Email:</b> _____		
3	<b>Phone:</b> _____	<b>Alt. Phone:</b> _____		<b>Fax:</b> _____		
	<b>Resources Requested</b>			<b>Summary of Task to be Completed:</b>		
4	<b>Description:</b>					
	<b>QTY:</b> _____	<b>Size:</b> _____				
	<b>NIMS Typing:</b>					
	<b>Equipment Operator Needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
	<b>Special Requirements/Destructor Info:</b>			<b>Order Attachments:</b> Specific order info, map for delivery, etc. #1 – #2 – #3 – #4 –		
5	<b>Delivery Location:</b> (Address and landmark references)			<b>Onsite Contact Name/Title:</b> <b>Onsite Contact Phone:</b> <b>After-Hours Phone:</b> <b>Other:</b>		
	<b>Delivery Directions or Special Area Entry Requirements:</b>					
6	<b>Mutual Aid/Vendor Resources</b>	Have You Requested Assistance From <u>All</u> Mutual Aid Partners? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
	<b>List Vendors/Mutual Aid/Other Sources Already Contacted:</b>					
<b>EOC Logistics Coordination Section</b>						
7	<b>NOTES:</b> <input type="checkbox"/> Request Filled Locally			<b>Received Date/Time:</b> _____	<b>Received Via:</b> <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Radio	
				<b>Assigned LOGS Staff:</b>		
				<b>Request Final Status:</b> <input type="checkbox"/> Completed <input type="checkbox"/> Cancelled <input type="checkbox"/> Resources Unavailable <input type="checkbox"/> Other		
				<b>Originating Agency Notification: (Date/Time)</b>		
				<b>Notification Made To: (Name/Title)</b>		