



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 principles established by DSHS:

- The need for SNS PPE is due to a public health / health security crisis that calls for extraordinary measures
- The need 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

PRIORITY 1 Direct Impact on Healthcare	PRIORITY 2 Indirect Impact on Healthcare	PRIORITY 3 Impact on Critical Functions
<ul style="list-style-type: none"> • Protection of Healthcare Providers • Protection of PH Laboratory Testing staff • Protection of EMS Providers • Protection of COVID Field Testing staff • (Epi investigation, healthcare setting) • Protection of Vulnerable Populations 	<ul style="list-style-type: none"> • Protection of Healthcare Support Staff • Protection of Healthcare Facilities • Protection of Public Health Staff • Protection of COVID Field Testing Staff (General Testing, Elective Testing) 	<ul style="list-style-type: none"> • Protection of Critical Infrastructure • Protection of First Responders (Other than EMS)

Use the above priority table to determine the priority request type: Priority 1 Priority 2 Priority 3

ASSUMPTIONS

- Requests for supplies from the Emergency PPE Cache should come after attempts for commercial procurement have been exhausted (include supporting documentation with request).
- Requests are not guaranteed to be filled in order of receipt or otherwise.
- Rural and non-affiliated EMS and healthcare facilities may have a disproportionate support structure in place versus urban and system affiliated healthcare facilities.
- Allotment of supplies from the Emergency PPE Cache is intended to support an entity for up to 72 hours prior to exhausting like on hand assets.
- Amount requested may not be the amount received.

Entity Name: _____ Entity DSHS License #: _____

Requestor Name: _____ Requestor Title: _____

Requestor Phone #: _____ Requestor Email: _____

Authorized Pick Up Person (Must match name on Driver's License)

Name: _____ Title: _____

Phone #: _____ Email: _____

PPE Resource Request Criteria

Yes No Are you within five (5) days of being out of requested PPE?

Yes No Have all means of commercial procurement been exhausted prior to this request?
(Supporting Documentation Required)

Yes No Are you following conventional/contingency/crisis conservation plan as set by the CDC?

Determine your Burn Rate by using the below calculation formula:

of Authorized Personnel _____ x Burn Rate Per Day _____ x 3 Days = _____ (Requested Total)

Assets requested (Enter requested amount to all that apply):

_____ Face Shield, Full Foam Top ELST

_____ Gloves (non-sterile, powder free)

_____ Small

_____ Medium

_____ Large

_____ Latex

_____ Latex

_____ Latex

_____ Nitrile

_____ Non-Latex

_____ Non-Latex

_____ Nitrile

_____ Nitrile

_____ Gown (Surgical, Sterile)

_____ Large

_____ X-Large

_____ XX-Large

_____ Impermeable coverall without integrated hood

_____ Medium

_____ Large

_____ X-Large

_____ XX-Large

_____ XXX-Large

_____ Mask, N95 Particulate Respirator/Surgical

_____ Medium/Large

_____ NIOSH & FDA certified (3M 1860)

_____ NIOSH & FDA certified, fluid resistant (Gerson 1730)

_____ NIOSH certified (3M 8000)

_____ NIOSH certified (3M 8210)

_____ Duck bill NIOSH & FDA certified fluid shield (Kimberly Clark 46767)

_____ Regular

_____ Duck bill NIOSH & FDA certified fluid shield (Kimberly Clark 46767)

_____ Small

_____ Duck bill NIOSH & FDA certified fluid shield (Kimberly Clark 46767)

_____ Mask, Standard Procedure, Yellow, Pleat style w/Ear Loops - one size fits all,

I acknowledge that, to the best of my ability the information herein is true, correct and complete.

Print Name

Title (Senior Executive Equivalent)

Signature

Date

Include the following documents with your request: BorderRAC PPE Request, ICS 213rr, any supporting documents

BorderRAC Staff Received by: _____ BorderRAC Staff Reviewed by: _____
Initial/Date Initial/Date

Scheduled Pick Up Date: _____ Time: _____