



NCTTRAC received a cache of Personal Protective Equipment (PPE) supplies from the Strategic National Stockpile (SNS). This cache is available to organizations and agencies involved in the COVID-19 response in [Trauma Service Area E](#) based on critical need.

Essential Information

- Organizations experiencing a critical shortage of PPE necessary for COVID-19 response can request supplies from the SNS PPE cache
- The SNS cache is not intended to provide a full or recurring PPE resupply. The SNS cache is intended to provide organizations who are within 72 hours of exhausting their PPE supply with up to 72 hours of PPE.
- The SNS cache will not be distributed on a first-come-first-serve basis; distribution will be based on critical need.
- Not all organizations that request PPE from the SNS cache will have their request filled, and some requests will be filled at a lower level than requested.

Resource requests will be prioritized according to the following principles established by the Department of State Health Services (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

Requesting PPE from the SNS Cache

To request PPE from the SNS cache, organizations should follow these steps:

1. Fill out the NCTTRAC Personal Protective Equipment (PPE) Resource Request Form and ICS-213RR (attached to this email).
2. Submit your completed NCTTRAC PPE Resource Request Form, ICS-213RR, and documentation of vendor exhaustion to your local Emergency Management Office.
3. Your local Emergency Management Office must submit a STAR in WebEOC **with the NCTTRAC PPE Resource Request Form, ICS 213-RR, and document of vendor exhaustion attached to the STAR request.** Please note that you can only attach one file to a STAR request, so organizations will need to create merge all attachments into a single pdf for the STAR attachment.
4. Upon receiving your STAR request, NCTTRAC staff will reach out to your organization's main point of contact to discuss to what degree your request can be filled from SNS and coordinate pickup.

Note: if your organization already submitted a STAR for PPE for COVID-19, NCTTRAC staff will reach out to you to validate your request and walk you through the next steps.

Any questions regarding the SNS PPE Resource Request process should be directed to NCTTRAC_EMCC@ncttrac.org or 817-607-7002.

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Personal Protective Equipment Resource (PPE) Request
(If submitting a STAR after 3/26/2020 please use this form)

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

LEVEL 1	LEVEL 2	LEVEL 3
<ul style="list-style-type: none"> • Hospitals or providers in contact with or treating confirmed COVID patients with potential for high loss of life. • Health care facilities, including long-term care with an emerging or active outbreak 	<ul style="list-style-type: none"> • Facilities and EMS personnel that may encounter a suspected case and interface with a vulnerable population. 	<ul style="list-style-type: none"> • Health care facilities, providers and first responders that have general patient encounters and needs.

Entity Name: _____ Entity DSHS License #: _____

Entity Address (Street, City, County): _____

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

Determine your Burn Rate by using the below calculation formula:

of personnel in contact with or treating a suspected or confirmed COVID-19 patient _____ x PPE Units Used Per Person Per Day _____ x 3 Days = _____ (Requested Total)

Is your facility/organization within 3 days of running out of PPE? _____ Yes _____ No

Additional Information Needed by Provider Type:

Hospital or Long Term Care:

-How many confirmed COVID-19 patients are currently in your facility? _____

-How many suspected COVID-19 patients are currently in your facility (not counting patients who have been confirmed)? _____

EMS/First Responder:

-How many patient contacts do you have per day (average of the previous 7 days)? _____

Other Healthcare Provider:

-How many patient encounters/contacts do you have per day (average of the previous 7 days)? _____

Assets requested (Enter requested individual unit amounts to all that apply, do not use boxes or cases):

_____ Face Shield, Full Foam Top ELST

_____ Gloves (non-sterile, powder free)

_____ Small

_____ Medium

_____ Large

_____ 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

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

PROVIDER RESPONSIBILITIES BEFORE SUBMITTING A STAR FOR PPE

- Demonstrated implementation of conservation strategies
- Demonstrated life extension strategies for PPE
- Deferment of non-medically necessary procedures
- Exhaustion of options procuring supplies through vendors.
- Exhaustion of community assistance options, including coordination with local partners and facilities for reallocations within regions.
- Provision of PPE Daily Burn Rate

I attest that my facility has met the Provider Responsibilities before Submitting a STAR for PPE and the information herein is true, correct and complete.

Print Name

Title (Senior Executive Equivalent)

Signature

Date

Include the following documents with your STAR request: NCTTRAC PPE Request (Current Form), ICS 231rr, Supporting Documents.

RESOURCE REQUEST MESSAGE (ICS 213 RR)

1. Incident Name:			2. Date/Time			3. Resource Request Number:		
Requestor	4. Order (Use additional forms when requesting different resource sources of supply.):							
	Qty.	Kind	Type	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Arrival Date and Time		Cost	
					Requested	Estimated		
5. Requested Delivery/Reporting Location:								
6. Suitable Substitutes and/or Suggested Sources:								
7. Requested by Name/Position:				8. Priority: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low		9. Section Chief Approval:		
Logistics	10. Logistics Order Number:					11. Supplier Phone/Fax/Email:		
	12. Name of Supplier/POC:							
	13. Notes:							
14. Approval Signature of Auth Logistics Rep:					15. Date/Time:			
Finance	16. Reply/Comments from Finance:							
	17. Finance Section Signature:					18. Date/Time:		
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