



## Personal Protective Equipment Resource (PPE) Request – Effective 5/20/2020

Personal Protective Equipment (PPE) from the State-sourced cache is available to organizations and agencies involved in the COVID-19 response in [Trauma Service Area E](#) based on critical need. Please read the following and fill in all requested information if use of this form is deemed appropriate.

### Essential Information

- Organizations experiencing a critical shortage of PPE necessary for COVID-19 response may request supplies from the State-sourced PPE cache.
- The State-sourced PPE cache is not intended to replace commercial vendor PPE sources.
- PPE will not be distributed on a first-come-first-serve basis, but will be based on critical need.
- Availability of State-sourced PPE supplies will determine what requests may or may not be filled at any given time.

### Requesting PPE from the State-sourced cache

To request Personal Protective Equipment (PPE) from the State-sourced cache, follow the steps below.

- If you are a **Hospital, Other Healthcare Provider, or Agency/Organization** that experiences COVID-19 positive encounters or supports vulnerable populations, you may submit your request through the NCTTRAC web link: <https://ncttrac.org/covid-19-ppe-request-form/>
  - If you are unable to access the above link, fill out this form and submit it to your city or county’s Office of Emergency Management who will submit it to the State of Texas Assistance Request (STAR) system.
- If you are a **Private Practice Physicians Office**, rather than use this form, submit your request through the Texas Medical Association’s COVID-19 Help page at the following link: <https://www.texmed.org/> (TMA membership not required, but login registration is). For questions, contact the TMA Knowledge Center via email at [knowledge@texmed.org](mailto:knowledge@texmed.org) or call (800) 880-7955.

The second page of this document illustrates PPE supply items that NCTTRAC is generally providing from the State-sourced cache. If desired items are not identified on Page 2, a separate request will need to be submitted through your city or county’s Office of Emergency Management who will submit it to the State of Texas Assistance Request (STAR) system. We will contact your organization if we are able to fill/partial fill your request to arrange pick up of supplies. Requestor may resubmit after 72-96 hours if PPE quantity or item is unable to be obtained via their normal procurement methods or sooner if an emergency.

Entity Name: \_\_\_\_\_ Entity HHSC/DSHS License #: \_\_\_\_\_

|              |                                      |                   |                         |                            |
|--------------|--------------------------------------|-------------------|-------------------------|----------------------------|
| Entity Type: | Assisted Living Facility             | Behavioral Health | Clinic/Physician Office | DADS/State Facility (SSLC) |
|              | Dialysis                             | EMS/EMT/Medic     | Freestanding ER         | Home Health                |
|              | Hospice                              | Hospital          | Nursing Home            | Public Health              |
|              | Medical Examiner/Morgue/Funeral Home | Other _____       |                         |                            |

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: \_\_\_\_\_

**Distribution Considerations**

- 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
- Facilities and EMS personnel that may encounter a suspected case and interface with a vulnerable population.
- Health care facilities, providers and first responders that have general patient encounters and needs.

**PPE Resource Request Criteria**

**Determine your Burn Rate after implementing PPE conservation strategies by using the below calculation formula:**

# of Staff in Patient Contact \_\_\_\_\_ x PPE Ensembles Used Per Person Per Day \_\_\_\_\_ = Total \_\_\_\_\_

**Facilities with Inpatients/Residents:** Do you currently have COVID-19 positive patients/encounters?      Yes      No

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

| Item                       | One Size Only | Small | Medium | Large | XL | XXL | XXXL | # of Days Supply Available |
|----------------------------|---------------|-------|--------|-------|----|-----|------|----------------------------|
| Booties*                   |               |       |        |       |    |     |      |                            |
| Coveralls                  |               |       |        |       |    |     |      |                            |
| Disinfecting Wipes*        |               |       |        |       |    |     |      |                            |
| Dry Wipes*                 |               |       |        |       |    |     |      |                            |
| Face Shields               |               |       |        |       |    |     |      |                            |
| Gloves (Medical)           |               |       |        |       |    |     |      |                            |
| Gloves (Non-Medical)       |               |       |        |       |    |     |      |                            |
| Gowns (Medical)            |               |       |        |       |    |     |      |                            |
| Gowns (Isolation)          |               |       |        |       |    |     |      |                            |
| Hair Coverings*            |               |       |        |       |    |     |      |                            |
| Hand Sanitizer*            |               |       |        |       |    |     |      |                            |
| Masks (KN95)               |               |       |        |       |    |     |      |                            |
| Masks (N95)                |               |       |        |       |    |     |      |                            |
| Masks (Surgical/Procedure) |               |       |        |       |    |     |      |                            |
| Safety Glasses*            |               |       |        |       |    |     |      |                            |
| Safety Goggles*            |               |       |        |       |    |     |      |                            |

*\*Items with asterisks are ancillary to the normal PPE shipments. These items are infrequently available.*

**PROVIDER RESPONSIBILITIES BEFORE SUBMITTING A STAR FOR PPE**

(Check all that apply)

- Demonstrated implementation of conservation/life extension strategies as identified by the CDC
- Exhausted all means of commercial procurement prior to submitting this request
- Exhausted community assistance options, including coordination with local partners and facilities for reallocation within regions
- Provided PPE Daily Burn Rate

By signing below, I attest, to the best of my knowledge, that my agency/facility has met the Provider Responsibilities above before submitting for PPE from the State-sourced cache and that the information herein is true, correct and complete.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title (Senior Executive Equivalent)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Include this document with your STAR request. Any requirement to use an ICS 213RR will be a local Emergency Management decision.*