Coastal Bend Regional Advisory Council (CBRAC)
Trauma Service Area U (TSA-U)
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Personal Protective Equipment Resource (PPE) Request

DEPARTMENT OF STATE HEALTH SERVICES GUIDELINES FOR STRATEGIC NATIONAL STOCKPILE (SNS) ALLOCATION OF PERSONAL PROTECTIVE EQUIPMENT

Every request by an entity to receive SNS PPE supplies will be evaluated using the following guiding principles established by DSHS:

- Life-saving/Life-sustaining
- Protection of the Health Care Delivery System
- Protection of Populations Highly Vulnerable to COVID-19 related Mortality

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 reallocation within regions
- Provision of PPE Daily Burn Rate

PRIORITY OF DISTRIBUTION

**LEVEL 1**

- Hospitals or health care professionals in contact with or treating confirmed COVID patients with potential for high loss of life.
  - Not primary care
  - Needed to protect most critical capacity in hospitals
  - Losing hospital capacity will lead to increased deaths.

- Health care facilities, including long-term care with an emerging or active outbreak (one or more cases)
  - Transmission within vulnerable/elderly population
  - High potential for multiple deaths

**LEVEL 2**

- Facilities and EMS personnel that may encounter a suspected case and interface with a vulnerable population.
  - Health care – hospitals
  - EMS – based on triage – needed for respiratory issues
  - Hospital staff for in-house testing – hospital emergency departments
  - Long-term care facilities with history of COVID
  - Isolated patient step-down locations

**LEVEL 3**

- Health care facilities, providers, and first responders that have general patient encounters and needs.
  - Other health care settings no caring for inpatient COVID patients with general need
  - Other health care professionals conducting collecting specimens
  - Other first responders

CBRAC is a 501(c) (3) non-profit organization with an office located at 3725 WOW Road, Corpus Christi, TX, 78413
CONSIDERATIONS

• Situation – such as imminent shutdown
• Number of hospitalized confirmed cases
• Population served in facility
• Epidemiological information for the geographic area
• Differentiation of prioritization for N95 masks—Recommend the locations that perform aerosol generating procedures have highest priority

Use the above priority table to determine the priority request type: _____ Level 1 _____ Level 2 _____ Level 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?

Go to the CDC website to determine your Burn Rate: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html
Assets requested (Enter requested amount to all that apply): All items will be distributed as “Each”, except for Gloves which are distributed as box (100 gloves in box). Enter your requests as such.

- Face Shield
- Mask, N95 Particulate Respirator
- Gowns, non-medical, plastic/apron
- Coveralls
- Goggles

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: CBRAC PPE Request (Current Form), ICS 213rr, Supporting Documents.

CBRAC Staff Received by CBRAC Staff Reviewed by
Initial/Date Initial/Date

Scheduled Pick Up Date: Time: