

GCMOC PPE Request

Overview

DSHS, upon receipt of the SNS, determined they would immediately allocate 25% of the total amount received for the state of Texas to each of the Lead RACs. STRAC is the lead RAC for GCRAC and received an allocation from the SNS for the healthcare entities in the TSA-P (Bexar County and 21 surrounding counties) and TSA-S (Victoria County and 5 surrounding counties). The allocation methodology DSHS used to determine the amount STRAC would receive was based on licensed hospital beds across both TSA-P and TSA-S and is not indicative of authorized recipients of the SNS supplies, just as a way to quickly distribute the first allotment of the SNS supplies out to the regions for quick support of any critical PPE shortages. SNS PPE availability is limited and allocation priorities will need to be defined to ensure healthcare entities with critical supply needs are addressed first.

PRIORITY OF DISTRIBUTION

(per DSHS guidance)

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 <u>Providers</u>• Protection of PH Laboratory Testing staff• Protection of EMS Providers• Protection of COVID-19 Field Testing• Staff (Epi-Investigators, healthcare workers)• Protection of Vulnerable Populations	<ul style="list-style-type: none">• Protection of Healthcare <u>Support</u>• <u>Staff and Facilities</u>• Protection of Public Health Staff <i>(not listed in Priority 1)</i>• Protection of COVID-19 Field Testing Staff (General Testing, Elective Testing)	<ul style="list-style-type: none">• Protection of Critical Infrastructure• Protection of First Responders (Other than EMS)

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

Entity Name:

Authorized Pick Up Person

(Must match name on Driver's License)

DSHS License #:

Name:

Requestor Name:

Title:

Requestor Title:

Phone #:

Requestor Phone #:

Email:

Requestor Email:

Attach above Points of Contact to ICS Form 213

ASSUMPTIONS

- Requests for supplies from the Emergency PPE Cache should come after attempts for commercial procurement have been exhausted (please 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 24-hours prior to exhausting on-hand assets.
- Amount requested may not be the amount received.

PPE Resource Request Criteria

Are you within three (3) days of being out of requested PPE? ☐ Yes ☐ No

Have all means of commercial procurement been exhausted prior to this request? ☐ Yes ☐ No

(Supporting documentation required: emails from suppliers, invoices, etc.)

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

Determine your Burn Rate by using the below calculation formula:

#ofAuthorizedPersonnel X Burn Rate Per Day X 1 Day= (Burn Rate)

Asset Burn Rates

Face Shields Burn Rate:

Gloves Burn Rate:

Small:

Medium:

Large:

Gowns (Surgical, Sterile) Burn Rate:

Large:

X-Large:

XX-Large:

Impermeable Coverall (without integrated hood) Burn Rate:

Medium:

X-Large:

XXX-Large:

Large:

XX-Large:

N95 Mask Burn Rate:

Mask, N95 Particulate Respirator/Surgical, Med/Lg, NIOSH & FDA certified (3M 1860)

Mask, N95 Particulate Respirator/Surgical, Med/Lg, NIOSH certified (3M 8000)

Mask, N95 Particulate Respirator/Surgical, Med/Lg, NIOSH certified (3M 8210)

Currently do not have the following:

Mask, N95 Particulate Respirator/Surgical, Med/Lg, NIOSH & FDA certified, fluid resistant (Gerson 1730)

Mask, N95 Particulate Respirator/Surgical, Reg, duck bill NIOSH & FDA certified fluid resist shield (Kimberly Clark 46767)

Mask, N95 Particulate Respirator/Surgical, Small, duck bill NIOSH & FDA certified fluid resist shield (Kimberly Clark 46867)

Please use the above Burn Rates to fill out the attached ICS 213.

Include the following documents with your resource request: GCMOC PPE Request (pg. 2 & 3 of this document), ICS 213, and supporting documents (emails from suppliers, order forms, etc...).

Email to gcmoc213@strac.org

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

Signature and Date

Print Name and Title (Senior Executive Equivalent)

GCMOC Staff Received by: Initial & Date

Scheduled Pick-Up Date & Time:

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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