



## Personal Protective Equipment Resource (PPE) Request

### DEPARTMENT OF STATE HEALTH SERVICES GUIDELINES FOR TEXAS DIVISION OF EMERGENCY MANAGEMENT (TDEM) PPE DISTRIBUTION:

Every request by an entity to receive TDEM PPE supplies will be evaluated using the following guidelines established by DSHS:

- The need for PPE is due to a public health / health security crisis that calls for extraordinary measures.
- The requested PPE prevents healthcare/public health system failure, loss of life or health threat to community and no alternatives exist.
- The request for PPE supplies flows directly from an identifiable community need to ensure public health, public safety, health security or continuity of critical health care operations.

If PPE is being requested for another entity by an Emergency Operations Center or an Emergency Manager, what entity will be the recipient?

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#### Receiving Agency information:

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

Entity Address (Street, City, County):

\_\_\_\_\_ County \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Requestor Title: \_\_\_\_\_

Requestor Phone #: \_\_\_\_\_ Requestor Email: \_\_\_\_\_

#### Authorized Pick Up Person:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

## PPE Resource Request Criteria

### Determine your Burn Rate by using the below calculation formula:

Number of personnel in contact with or treating a suspected or confirmed COVID-19 patients \_\_\_\_\_  
x PPE units used per person per day \_\_\_\_\_ x 7 Days = \_\_\_\_\_ (Requested Total)

Is your facility/organization within 7 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/staff are currently in your facility? \_\_\_\_\_

-How many suspected COVID-19 patients/staff 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:

**1. Face Shield, Full Foam Top ELST (Use individual amounts, not boxes or cases)**

\_\_\_\_\_ Ea.

**2. Exam Gloves (non-sterile, powder free) (Use individual amounts, not boxes or cases)**

\_\_\_\_\_ Ea. Small \_\_\_\_\_ Ea. Medium \_\_\_\_\_ Ea. Large \_\_\_\_\_ Xlarge

**3. Non-medical gloves, (non-sterile, powder free, nitrile or vinyl) Intended for Governmental and ancillary services. (Use individual amounts, not boxes or cases)**

\_\_\_\_\_ Ea. Small

\_\_\_\_\_ Ea. Medium

\_\_\_\_\_ Ea. Large

\_\_\_\_\_ Ea. Xlarge

**4. Gown (Isolation) (Use individual amounts, not boxes or cases)**

\_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ 2XL

**5. Coveralls; Tyvek or equivalent. Please do not order these in lieu of gowns.**

\_\_\_\_\_ Medium \_\_\_\_\_ large \_\_\_\_\_ Xlarge \_\_\_\_\_ 2XL

**6. N95/KN95 Mask (Use individual amounts, not boxes or cases)**

\_\_\_\_\_ Regular

\_\_\_\_\_ Small

**7. Mask, Standard Procedure, one size fits all. (Use individual amounts, not boxes or cases)**

\_\_\_\_\_ Ea.

**8. Shoe covers (booties) (Use individual amounts, not boxes or cases)**

\_\_\_\_\_ Ea.

**9. Hand sanitizer, various sizes, (Use individual amounts, not boxes or cases)**

\_\_\_\_\_ Ea.

**10. Goggles, (Use individual amounts, not boxes or cases)**

\_\_\_\_\_ Ea.

**11. Antibacterial hand soap, Gallon size.**

\_\_\_\_\_ Ea.

**12. Disinfectant, Gallon size.**

\_\_\_\_\_ Ea.

**13. Disinfectant Wipes.**

\_\_\_\_\_ Ea. (Packs of 50)

**14. Hair Nets.**

\_\_\_\_\_ Ea. (Pack of 100)

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

- Demonstrated implementation of conservation strategies.
- Demonstrated life extension strategies for PPE.
- 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.

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Type Name & Title (Senior Executive Equivalent)

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Date