



County of Santa Cruz

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVE., SANTA CRUZ, CA 95061
TELEPHONE: (831) 454-4000 FAX: (831) 454-4770 TDD: Call 711

Public Health Division

Personal Protective Equipment (PPE) Request Application (to accompany Resource Request Form)

Please read prior to filling out form:

- Resource need is immediate and significant or is anticipated to be so.
- Supply of the requested resource has been exhausted, or exhaustion is imminent.
- Resource is not available from the internal corporate supply chain, other commercial vendors, or through existing agreements.

The State may require documentation of these requirements before processing your request.

Facility Name: _____ Director/Contact: _____

Facility Address: _____ Phone: _____

Healthcare Facility: _____ Yes _____ No

If **Yes** select all that apply:

- Inpatient (Hospitals) Urgent Care (FQHC, urgent dental) Congregate Medical (SNF's, Jail Clinics, Isolation Shelter Staff) EMS/Fire (AMR, EMSIA, CCA) Primary Care Clinics (stand-alone medical offices)
- Decedent Care (Funeral homes, Coroner)

If **Yes**, Licensed number of beds: _____ Current census: _____

Average Number of Unduplicated Staff Working Per Day (#/24 hours) requiring PPE: _____

Estimated Unduplicated Staff Per Day Requiring PPE for the next 14 days: _____

| Personal Protective Equipment (PPE) | Daily (24 hour) Utilization | Number of days stock currently on hand | Total PPE Quantity Requested (14 days maximum) |
|--|-----------------------------|--|--|
| N95 masks (number each) | | | |
| Procedure/surgical masks (number each) | | | |
| Face shields (number each) | | | |
| Gowns (number each) | | | |
| Gloves (number each) | | | |
| UCSC Test Requisition (each) | | | |

* Inpatient facilities please use the CDC's [Burn Rate Calculator](#)



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Vendor information – List the vendors and the PPE that you are awaiting orders from:

| Name of Vendor | Items Requested | Expected Shipment Date | Receipt or Tracking Number |
|----------------|-----------------|------------------------|----------------------------|
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The CDC recommends that all U.S. healthcare facilities should begin using PPE contingency strategies now.

| Check box if applicable: | CDC PPE Contingency Strategies: |
|--------------------------|---|
| | Removed face masks from areas where the public can access them, storing them in areas that are monitored, etc. |
| | Reserving PPE for Health Care Providers (HCP) and replaced PPE normally used for patient source control with other barrier precautions such as tissues. |
| | Allowing HCP to extend use of respirators, facemasks, and eye protection, beyond a single patient contact due to scarcity. |
| | Maximizing engineering controls such as barriers and altering work practices to minimize patient contacts |
| | Reserving respirators for aerosol-generating procedures for care with disease risks such as tuberculosis, measles, and varicella |
| | Reserving respirators for care provided with prolonged face-to-face or close contact with a potentially infectious patient |
| | Cancelling non-urgent and elective procedures/appointments which consume scarce PPE |
| | Using face masks beyond the manufacturer-designed shelf life during patient care |
| | Reducing the number of staff interacting with persons with influenza-like illness |
| | Other measures (please describe): |

The above is true and correct and your organization is taking steps to optimize the extended availability of PPE.

Name: _____ Organization: _____

Job Title: _____

Signature: _____ Date: _____

PHDOC02 — Resource Request for Supplies & Equipment (if you need personnel, use form PHDOC03 instead)

County of Santa Cruz



| | | |
|--|--|--------------------------|
| TR#/RR# (to be assigned by the original requesting entity): | Mark the box at the right if this request has already been e-mailed and this is a duplicate request being faxed. | <input type="checkbox"/> |
|--|--|--------------------------|

| | | |
|--------------------------------|-------|-------|
| Incident Name: COVID-19 | Date: | Time: |
|--------------------------------|-------|-------|

| | |
|----------------|-------------------------------------|
| Facility Name: | Requestor Name & Position/Function: |
|----------------|-------------------------------------|

| | | | |
|---------|---------|------------------|------|
| E-mail: | Phone#: | Alternate Phone: | Fax: |
|---------|---------|------------------|------|

Mission: What are you trying to accomplish with these items?

4. ORDER — Equipment and Supply Request Details

| 4. ORDER — Equipment and Supply Request Details | | | | | Logistics Section: Fulfillment | | |
|---|-----------------------|---|---|---------------------------|---|---------------|-----------|
| | | | | | NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State). | | |
| Line item | Priority ¹ | Detailed Specific Item Description: Vital characteristics, brand, specs, diagrams, and other info. (Rx: Drug Name, Dosage Form, UNIT OF USE PACKAGE or Volume, conc., etc.) (Equipment/Supplies: type, name, capabilities, output, capacity) | Total Requested (Each) * Refer to Page 1 of PPE Request Application, Total PPE Requested field | Expected Duration of Use: | Quantity | | |
| | | | | | Authorized Amount | Filled Amount | Pallet ID |
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|--|--|-------------|-----------|-------------|
| Point of Contact to deliver line item # to (Name, Position, Location, Telephone #, Email, Radio, etc.) | Receiving Name and Signature DO NOT SIGN HERE UNTIL EQUIPMENT/SUPPLIES ARE PICKED UP FROM THE DISTRIBUTION CENTER | | | |
| | <table style="width:100%"> <tr> <td style="width:33%">Print Name</td> <td style="width:33%">Signature</td> <td style="width:33%">Pickup Date</td> </tr> </table> | Print Name | Signature | Pickup Date |
| Print Name | Signature | Pickup Date | | |

¹ PRIORITY: (E)mergent <12 hour, (U)rgent >12 hour, or (S)ustainment

Instructions: During a DOC activation, e-mail resource requests to hsadocrequests@santacruzcounty.us
 During DOC activation, if you would like to contact someone by phone, dial (831) 454-4444.
 This form is electronically available at <http://www.santacruzhealth.org/coronavirus> (Provider Guidance Section)