

# 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 Measures (PPM) Request Application (to accompany Resource Request Form)

Facility/Agency Name: \_\_\_\_\_

Facility/Agency Address: \_\_\_\_\_

Requestor/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Congregate/Residential Facility (including Shelters, ISO/Quarantine): \_\_\_\_\_ Yes \_\_\_\_\_ No

Current census: \_\_\_\_\_

Average Number of Unduplicated Staff/Volunteers Working Per Day (#/24 hours) requiring PPM: \_\_\_\_\_

Average Number of Unduplicated Residents Per Day (#/24 hours) requiring PPM: \_\_\_\_\_

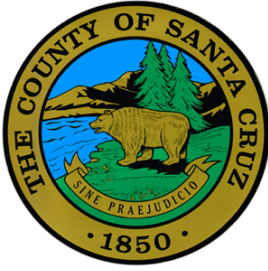
Estimated Unduplicated Staff/Volunteers Per Day Requiring PPM for the next 14 days: \_\_\_\_\_

Setting	Examples	KN95 Masks	Protectiv e face covering	Gloves situation al
Law/Corrections	Patrols, Parks, Correction's	•	•	•
Non-Medical Providers	Behavioral Health, SUD, IHSS, etc.		•	•
Non-Medical Residential	Isolation & Quarantine	•		•
Other public settings	DSWs, community volunteers Cannabis, retail, inspectors,		•	•
Non-Medical Providers	Behavioral Health, SUD, Social Workers, Client Contact lobby Staff etc.		•	•
Non-Medical Residential	Board and Care, Assisted Living, Shelters (DSW's), Project Room- Key,		•	•



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The chart above should be referenced to complete the Personal Protective Measures (PPM) Request Application, which must be submitted with the Resource Request [Form \(link here\)](#).

These functions involve non-medical encounters with vulnerable clients. Masking/face coverings for non-medical workers are principally to protect their clients from them but can offer some protection for the worker.

- This could be best accomplished with a facial covering
- KN95s or N95s (there is little distinction between these according to CDC) would not be necessary in this setting
  - the 95s were intended for health care providers that have close contact with potentially infected patients or who may be performing aerosol generating procedures that require this high-level protection
  - They are uncomfortable to wear for long periods of time

HSA PH DOC is available to offer consultation and technical assistance from our Communicable Disease Unit on any PPM guidance or training for general staff and DSWs working in non-medical settings, this provides access to a subject matter expert during development and implementation.

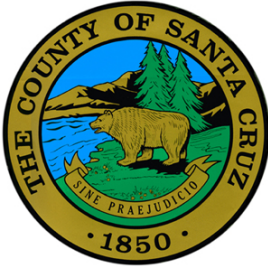
In order to ensure that identified PPM is extended and preserved for when it is most needed to protect non-medical workers, disaster service workers and volunteers and residents in non-medical facilities, all requests for PPM must reflect that requestors have read and adopted sound strategies for conserving scarce PPM.

Due to the needs of PPM, the periodic nature PPM donations and shipments to counties, and the need to make PPM available for as many non-medical workers, disaster service workers and volunteers and residents in non-medical facilities, requests should be limited to the estimated need for a two week period of time. Facilities and/or departments should place orders for PPM when they are close to having a week's supply remaining. The EOC Logistics Section will fill



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orders fully until requests outnumber available supplies. **Departments will centralize requests through a single point of contact.**

Additional Resources:

- CDC [Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response](#)
- CDC [Recommendation Regarding the Use of Cloth Face Coverings, Especially in Areas of Significant Community-Based Transmission](#)

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

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Date: \_\_\_\_\_



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Web EOC Tracking #	GL Code	GL Object	JL Key <small>(if applicable)</small>	JL Object <small>(if applicable)</small>	Program/PRJ/UCD:

Department/Agency:	Person to Contact for Delivery/Info:	Deliver to address:

Authorized Signature:	Phone Number:	Date:

Quantity Requested	Qty Issued	Catalog Number	Item Description	Unit Price	Extension

Issued By:	Received By:	Date:	Total:

Additional Information: