

## DHSS COVID-19 Personal Protective Equipment Resource Request Approval Decision Process

### Overview

Hospitals and other frontline healthcare service providers may request supplies of personal protective equipment (PPE) through their healthcare coalitions (HCCs) to the DHSS Office of Emergency Coordination (OEC) according to the *Personal Protective Equipment Resource Request Process* developed in response to COVID-19 (see attachment).

DHSS will collate and review requests as they are received and prioritize and process the requests according to the decision guide presented in this document. Approved requests may be fulfilled with existing resources controlled by the State of Missouri or from the federal Strategic National Stockpile (SNS). DHSS will coordinate ordering and distribution with the Missouri State Emergency Management Agency (SEMA).

If resource requests will be fulfilled from the federal SNS, there may be additional information and justification requested as the SNS federal ordering process is currently evolving due to the COVID-19 resource request process.

It is not a requirement that a requesting healthcare facility or organization be an active member of their respective healthcare coalition in order to request or receive resources. However, regardless of active membership or participation in the healthcare coalition, the healthcare coalition will be asked to provide verification that no other resources are available within the healthcare coalition to fulfil the request, and the facility must work with the HCC Coordinator to process the request.

Healthcare systems may submit a collective request and ask that shipment occur to a centralized site; however, every request and justification must be tied to a specific facility with an identified address. Any resource request received which does not have the facility name, address, and point of contact information, will be returned for that detail to be provided. This may result in delays in processing the request or requests. If the hospital or healthcare system is submitting a collated request, there should be one completed request form for each requesting facility with facility name, address and point of contact information. At submission, the hospital or healthcare system should designate the centralized address for shipment delivery in the transmission e-mail or FAX, if that is the desire.

Similarly, combined regional resource requests must be tied to specific facilities or healthcare organizations with a resource request form completed for each one including the facility name, address, point of contact, and justification specific to the respective facility. Any resource request received which does not have the facility name, address, and point of contact information, will be returned for that detail to be provided. This may result in delays in processing the request or requests. Distribution of resources will **not** be sent to a centralized regional distribution site for further distribution, resources will be sent to individual requesting facilities.

## Decision Guidance

While each request will be evaluated on its own merits, there may be a need to prioritize multiple requests that, in total, include more resources than are available. In addition, DHSS may need to reduce each request in order to accommodate as many requestors as possible. The following guidance will be used to make those determinations. As well, DHSS may implement additional criteria as the need becomes evident.

- Priority will be given to frontline facilities or services that will be triaging, transporting, or treating COVID-19 patients and which provide essential or emergency health care services to the community or which serve populations highly vulnerable to COVID-19.

The following is a list of potential requesting facilities or services in the order of resource allocation prioritization:

- 1) Hospitals
  - 2) Emergency Medical Services (EMS)
  - 3) Long-term care facilities
  - 4) Outpatient clinics including:
    - Federally qualified health centers
    - Urgent care centers
    - Clinics operated by local public health
    - Rural health clinics
  - 5) Behavioral health inpatient treatment facilities
  - 6) Outpatient care providers including:
    - Dialysis centers
    - Physician's offices
    - Home health
  - 7) Other healthcare providers not otherwise delineated
- The DHSS review team may activate the OEC Medical Incident Coordination Team (M-ICT). The M-ICT is a flexible team comprised of DHSS incident command staff as well as representatives from HCCs. This group can provide up-to-date situational information and analysis to assist with decision making.
  - Additional prioritization factors to consider:
    - Number of PUIs or confirmed COVID-19 patients the requestor is monitoring or treating. A greater number of either represents a greater need.
    - Acuity of patients. Higher acuity patients will require higher level and more frequent PPE changes.
    - Does the facility have appropriate isolation rooms with negative pressure air flow? Some patients may need to be transported to other facilities that have better accommodations.

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- Is the requestor a facility or provider expanding to an alternate site requiring its own supplies? Expanded space or new sites may require additional staff and more resources.
- Is the requestor also caring for individuals diagnosed with influenza or other infectious disease that would cause additional PPE usage?
- Does the requestor serve a population which is highly vulnerable to COVID-19?

### Requestor Requirements

Following is a list of key elements each requestor should have in place and steps that should have been taken prior to making a PPE resource request. These elements will be verified by HCC Coordinators prior to receipt by DHSS. The requestor must attest to them by signing off the **Resource Request Ordering Form**. The completed form must be attached to all requests. Please see the **Personal Protective Equipment Resource Request Process** document for additional details.

- Each requestor must work with their HCC to process the resource request. HCC Coordinators will make an initial evaluation and query their members to determine if the request can be filled within their HCC.
- Each requestor must have an Emergency Operations Plan (EOP) that includes infectious disease response procedures and management strategies for managing scarce resources.
- Each requestor should have a Respiratory Protection Plan that details how PPE should be worn and in what circumstances, including procedures for just-in-time fit testing.
- Each requestor must be willing to accept brands and models of respirators or other PPE that they don't normally use.
- Each requestor has exhausted its normal and alternate supply chain sources and has less than 14 days of its normal stored supplies remaining. Emergency resources requested through this process are not intended to be stockpiled for use in future incidents.
- Each requestor must indicate the number of days/weeks/months this particular requested PPE will support. Documentation of the 'burn' rate or consumption rate of the PPE being requested during the COVID-19 response and prior to January 1, 2020 would be useful to support the request.
- Each requestor must have implemented PPE optimization and conservation strategies to ensure supplies are being used efficiently and only when needed.