

### BACKGROUND

1. Personal protective equipment (PPE) shortages are posing a tremendous challenge to healthcare systems nationwide because of the COVID-19 pandemic.
2. The Indiana State Department of Health (ISDH) has a process in place to provide PPE supplies to its 93 local health departments (LHDs) with which to fulfill submitted PPE requests from long-term care facilities (LTCFs) located in their jurisdictions. ISDH recognizes that LHDs may not have supply to meet local requests.
3. ISDH, LHDs, healthcare coalitions, and other local and state partners must work together to develop strategies that identify and extend PPE supplies so that recommended PPE will be available when needed most.

### REQUEST PROCESS

- LTCFs should first contact their LHD to obtain needed PPE (masks, gloves, gowns, eye protection)
- If the LHD does not have supplies to meet the request, or the LHD is unreachable, LTCFs should complete an ICS 213 RR form (sample below) following the guidance outlined and email to [isdhdepl logistics@isdh.in.gov](mailto:isdhdepl logistics@isdh.in.gov).
- **Submitted requests should be filled out based on a facility's need for a 72-hour supply. ISDH can only fill a request once a facility's current stock reaches 72 hours or fewer.**

Fill out the following boxes with the required information:

- **Box 1:** COVID-19
- **Box 2:** Date of Request
- **Box 3:** Leave blank
- **Box 4:**
  - Quantity, kind, type of PPE
  - Detailed Item: specific description of item, including company names, if applicable, sizes. **Please note that each size should be a different line item.**
  - Requested Arrival Date and Time for supply request. **Please note that a requested date/time is not a guarantee.** Leave estimated and cost columns blank.
- **Box 5:** Physical address location for delivery and a contact number for the location. Must include a contact name and contact number.
- **Box 6:** Leave blank
- **Box 7:** Requester's name and contact number
- **Box 8:** Leave blank. All COVID-19 requests are considered priority at this time.
- **Box 13:** Leave blank
- Email completed form to [isdhdepl logistics@isdh.in.gov](mailto:isdhdepl logistics@isdh.in.gov)
- The ISDH Operations Center will process and review requests against current available supply and in coordination with LHDs.

### RECOMMENDED CONTINGENCY AND CRISIS STRATEGIES TO OPTIMIZE PPE

Facilities can consider implementing the following strategies to optimize PPE supplies:

- Use expired supplies beyond the manufacturer-designated shelf life



### Facemasks and N95 respirators

- Extended use of facemasks for which the same healthcare professional (HCP) wears the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.
  - The facemask should be removed and discarded if soiled, damaged, or hard to breathe through. If the HCP touches or adjusts the facemask they must immediately perform hand hygiene
- Extended use of N95 respirators for which the same HCP wears the same N95 respirator for repeated close contact encounters with several different patients, without removing the respirator between patient encounters
  - The HCP wears one respirator each day and stores it in a breathable paper bag at the end of each shift
  - Implement crisis standards of care decontamination recommendations

### Gowns

- Extended use of isolation gowns such that the same gown is worn by the same healthcare professional (HCP) when interacting with more than one patient known to be infected with the same infectious disease when these patients are housed in the same location
- Utilize reusable (i.e. washable) gowns that can be safely laundered
- Consider the use of coveralls
- Prioritize gowns for care activities when splashes and sprays are anticipated

## ADDITIONAL INFORMATION

Additional information and resources for COVID-19 are available at the links below.

- CDC COVID-19 webpage: <http://www.cdc.gov/coronavirus>
- ISDH COVID-19 webpage: <https://coronavirus.in.gov>



Sample ICS 213 RR:

## 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:                |      |
| 16. Order placed by (check box): <input type="checkbox"/> SPUL <input type="checkbox"/> PROC |  |      |              |  |                             |                               |      |
| Finance  | 17. Reply/Comments from Finance:   |      |              |  |                             |                               |      |
|  | 18. Finance Section Signature:   |      |              |  |                             | 19. Date/Time:                |      |
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