



Guidelines for Prioritizing Allocation of Personal Protective Equipment (PPE)

Purpose:

The document is intended to guide the State on how to prioritize the fulfillment of resource requests for PPE statewide to meet the needs of the COVID-19 response. PPE is a scarce resource and difficult to procure across the state, nationally, and internationally. The prioritization document does not guarantee fulfillment of every order that meets the priority criteria, nor does it ensure fulfillment of complete orders. Orders may be partially filled due to limited stock. The DSHS Commissioner can modify these criteria based on emerging response needs.

Guiding Principles:

- Life-saving/Life-sustaining
- Protection of the Health Care Delivery System
- Protection of Populations Highly Vulnerable to COVID-19 related Mortality

Provider Responsibilities Before Submitting a STAR for PPE:

- Demonstrated implementation of conservation strategies
- Demonstrated life extension strategies for PPE
- Deferment of non-medically necessary procedures
- Exhaustion of options procuring supplies through vendors
- Exhaustion of community assistance options, including coordination with local partners and facilities for reallocation within regions
- Provision of PPE Daily Burn Rate

Priority for PPE Distribution:

Level 1

- Hospitals or health care professionals in contact with or treating confirmed COVID patients with potential for high loss of life.
 - *Not primary care*
 - *Needed to protect most critical capacity in hospitals*
 - *Losing hospital capacity will lead to increased deaths.*
- Health care facilities, including long-term care with an emerging or active outbreak (one or more cases)
 - *Transmission within vulnerable/elderly population*
 - *High potential for multiple deaths*



Level 2

- Facilities and EMS personnel that may encounter a suspected case and interface with a vulnerable population.
 - Health care – hospitals
 - EMS – based on triage – needed for respiratory issues
 - Hospital staff for in-house testing – hospital emergency departments
 - Long-term care facilities with history of COVID
 - Isolated patient step-down locations

Level 3

- Health care facilities, providers, and first responders that have general patient encounters and needs.
- Other health care settings not caring for inpatient COVID patients with general need
- Other health care professionals conducting collecting specimens
- Other first responders

Considerations:

- Situation – such as imminent shutdown
- Number of hospitalized confirmed cases
- Population served in facility
- Epidemiological information for the geographic area
- Differentiation of prioritization for N95 masks—Recommend the locations that perform aerosol generating procedures have highest priority

Recommended Language to Include in the STAR Request:

[Insert Healthcare facility name] requests 1 week of PPE to address [insert # of healthcare workers] with direct patient care of suspected or positive COVID-19. [Provide brief synopsis highlighting number of critical care patients or volume of EMS calls].

PPE requested:

N-95 masks – *[insert units]*

Surgical Masks - *[insert units]*

Face Shield - *[insert units]*

Gloves (S, M, L) - *[insert units]*

Gowns (L, XL, XXL) - *[insert units]*

Coveralls (M, L, XL, 2XL, 3XL) - *[insert units]*

This will ensure *[insert healthcare facility name]* is able to maintain operations and ensure healthcare system capacity is not impacted by lack of PPE.