PPE Optimization Strategies

(check	all that apply)
	Employ practices and policies that reduce exposures and PPE demand, including limiting patient presentation to facility for non-
	urgent or elective visits and limiting healthcare provider contacts with ill patients
	Train HCP on indications for use of N95 respirators and other types of PPE to ensure appropriate use
	Designate particular staff that will provide patient care requiring PPE
	Use N95 respirators beyond the manufacturer-designated shelf life for training and fit testing
	Extend the use of N95 respirators by wearing the same N95 for repeated close contact encounters with several different patients,
	without removing the respirator (i.e., recommended guidance on implementation of extended use)
	Identify other available PPE options that confer equivalent protection (e.g. powered-air purifying respirators)

What PPE Optimization Strategies have been implemented to preserve PPE supply at facility?

Requestor and other facility representatives that reviewed this request and PPE Optimization Strategies (facility supply chain and infection precautions should be represented when applicable):

Name	Phone/Email	Signature	Date

Stockpile Ordering Form

ITEM	Mfg/Model	Quantity Requested (each)
N95 Masks (universal size)	Gerson/1730	
N95 Masks (universal size)	North Safety Products	
Face Shield	Medline/full length	
Splash Shield	Medline/Splash shield	
Gowns (w/ thumb loop elastic wrist, Impervious, Latex Free) (Large ONLY)	Precept Medical Products, Inc/Latex Free	
ITEM .		Quantity Requested (each)
EXPIRED Procedural Masks (Yellow)		
EXPIRED Gloves		
TNT Blue, Disposable Nitrile Glove, thin, p		
Medium		
Large		
X Large	·	
N-Dex, Nitrile Medical Examination Glove		
Medium ·		
Nonsterile, latex free exam gloves		
Small		
Medium		•
Large		
Tru Advantage, Nitrile Glove, latex free, posterile	owder free examination gloves, non-	
Small		
Medium		
EVRIBED Course		
EXPIRED Gowns Small		
Large		
X Large		
XX Large		
<u> </u>		
EXPIRED N95 (3000 series)		
Large		

PPE Assessment Checklist

Are you a healthcare facility or provide direct patient care? □ Yes Name of facility: Facility Type: □ No: note, this form is intended to support PPE supply requests for healthcare settings and care providers □ No: LPHA personnel completing for healthcare facility. (Provide Name of Facility and Type above.) Name:_____Phone/Email: _____ What is the status of personal protective equipment (PPE) in your facility or healthcare setting? (select one most pertinent statement) ☐ Insufficient PPE to conduct immediate clinical operations □ No immediate issue, concern for future shortages ☐ Depleting PPE supply with no PPE order fulfillment □ Depleting PPE supply with insufficient PPE orderfulfillment Which type of PPE is in short supply? Please select what PPE is needed for: (select all that apply) ☐ Fit testing ☐ Training ☐ Clinical care ☐ Other Has your facility or setting attempted to order supply from other vendors? Yes Which vendors: No, did not attempt No, we have contract limitations that prevent using other vendors Have you attempted to get PPE supply from healthcare partners using mutual aid agreements or memoranda of understanding? □ Yes, which one(s): □ No, we did not attempt □ Not applicable, we do not have mutual aid agreements or MOUs in place