Novel Coronavirus (COVID-19) Pandemic
Emergency Medical Supplies Request Process

# 09/29/2020

# Overview

During the COVID-19 pandemic, personal protective equipment (PPE) continues to be in very high demand due to global supply shortages. The Baltimore City Health Department (BCHD) has been receiving PPE from the Maryland Department of Health (MDH). BCHD is distributing these supplies to Baltimore City healthcare facilities based on need, following allocation guidance provided by MDH. We are striving to distribute these items in a manner that is as efficient and equitable as possible.

# Request Process

Baltimore City healthcare partners should first attempt to meet their needs through the normal supply chain and back-up vendors. If your facility’s stock is critically low, follow the steps below to submit a request for emergency medical supplies:

1.  Complete the MDH Emergency Medical Materials Request Form (attached). Please answer each question **fully**, so that BCHD staff can best determine how to serve your needs.

2.  Send the request form to MedResourceRequest@baltimorecity.gov.

3.  BCHD staff will contact you directly to discuss the specifics of your request. Please allow up to 48 hours for review and processing.

4. Please specify, in exact units, the quantity of the item you need as box and case sizes are not universal.

5. If after review BCHD staff determine that they are able to assist your facility, BCHD will attempt to fill your requested need, if that item is on-hand. In the interim, your facility should continue to utilize your existing supply chain to secure supplies.

6.  If BCHD is able to fulfill your request, you will be contacted and asked to designate a facility representative with whom we can coordinate pick-up of the supplies. Your facility representative will be required to show a facility ID badge and a photo ID, and must sign a chain-of-custody form to receive the supplies. The quantities and types of supplies you receive may not match your requested items and amounts.

7. If BCHD is unable to fulfill your request, it will retain your request, work to identify additional supply, and contact you if we have adequate quantities of PPE and supplies on hand to fulfill it. In the meantime, we will coordinate with our counterparts at the state level to ensure we are utilizing every mechanism at our disposal to assist you in this time of crisis.

Type or legibly print (in black or blue ink) all known information that is asked for on this form. Ensure that the sections of the form that apply to you are filled out in their entirety. A separate form must be filled out for each delivery address.

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| **To Be Completed by the Requesting Facility** |
| **1.** | **Date:** |  | **2.** | **Time:** |  |
| **3.** | **Requesting Facility Name:** |  |
| **4.** | **Delivery Address:** |  | **County:**  |
| **5.** | **Facility POC Name:** |  |
| **6.**  | **Facility POC Phone Number:** |  |
| **7.**  | **Facility POC Email Address:** |  |
| **8.** | **Items requested:** | *Provide a general description of items and quantities requested* ***(e.g. N95s, face shields, surgical masks, gowns)****.* |
| **9.** | **Current Supply** | *Provide a count of current supply of current PPE items on hand and how long the expected supply will last at current burn rate.*  |
| **10.**  | **Current measures in place to conserve Health Resources:** | *Provide a description of current PPE conservation policies in place according to* [*CDC guidance*](https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html)*.*  |
| **11.** | **current patients** | *Provide a description of the number of patients in your facility and the type of care they are receiving* |
| **12.** | **Specific Delivery Instructions / Directions Upon Arrival:** |
| **13.** | **Requestor Information:** *Requestor Name:**Phone Number:* *Email Address:*  |
| **14.** | **Requestor Authorization:** *I hereby certify that the above named facility is taking all necessary and appropriate measures to conserve PPE in both current supply and requested allocation according to CDC guidance.* *I hereby certify that the facility will not charge for PPE or other supplies received from the State of Maryland or Local Health Department (either directly or through a third-party payer, such as insurance).* *I hereby certify that the facility has exhausted all other means of obtaining PPE, to include the commercial supply chain and federal resources (e.g. direct CARES Act funding.)* *I understand that the facility may not receive the total amount of supplies requested.* **Requestor Signature:**  |