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The Official Process for Frontline Healthcare Providers Within Jefferson County to Request PPE is as Follows:

1. Complete the attached Resource Request Form (213RR) with the type, and quantity of materials requested (listed below). Please ensure you list the agency/facility and a representative name in box #7, as well as provide a phone number and email contact in box #13, so that you can be reached after your request has been processed.

Available PPE items include:

- Tie-on surgical masks
- Face shields
- Surgical gowns (Large, XL, XXL)
- Yellow gowns universal
- Nitrile gloves (S, M, L)
- Latex gloves (S, M, L)
- N-95 masks

2. Complete the brief PPE Status Chart provided below:

Item	Tie-on surgical masks	Face shields	Surgical gowns (Large, XL, XXL)	Yellow gowns universal	Nitrile gloves (S,M,L)	Latex gloves (S,M,L)	N-95 masks
<i>Current Quantity On-Site Facility/Facilities</i>							
<i>1. How many days of overall PPE remaining, if maintaining current operational pace/output?</i>							
<i>2. Is your facility providing testing for COVID-19 at this time?</i>							
<i>3. Is your facility accepting patients with respiratory-related illness at this time?</i>							
<i>4. How many healthcare staff do you have who are providing treatment and testing related to either of the above?</i>							

3. Submit an email with this completed information **attached** to IMTLogistics@louisvilleky.gov. (Please note: given limited supply, requests may not be able to be filled in full; all requests submitted will be prioritized by the IMT Logistics Section based on modeling surrounding need and capability to respond.)

4. Once the order is approved for pickup, the Planning Section will notify the requesting agency by email with instructions and a map of the pickup location*. ***Only agencies with a copy of the approved email with them and on-file at the POD location will be loaded.** Any facility representative arriving without proper documentation will be sent through without being loaded.

RESOURCE REQUEST MESSAGE (ICS 213 RR)

1. Incident Name:		2. Date/Time		3. Resource Request Number:	
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.)		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		
10. Logistics Order Number:			9. Section Chief Approval:		
12. Name of Supplier/POC:			11. Supplier Phone/Fax/Email:		
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					
17. Reply/Comments from Finance:					
18. Finance Section Signature:					19. Date/Time: