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

# 4/1/2020

# 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 begun receiving very limited quantities of PPE from the Strategic National Stockpile (SNS) via 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)

2.  Send the request form to [MedResourceRequest@baltimorecity.gov](mailto: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. Note: we continue to request materials from the State, but quantities of supplies on hand are extremely limited.

4.  If BCHD is able to fulfill your request, you will be asked to designate a facility representative we can work with to coordinate pick-up of the supplies. Your delivery driver will be required to show a facility ID badge and a photo ID, and must sign a chain-of-custody form to receive the materials.

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:** |  | | | | |
| **6.** | **Items requested:** | *Provide a general description of items and quantities requested* ***(e.g. N95s, face shields, surgical masks, gowns)****.* | | | | |
| **7.** | **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.* | | | | |
| **8.** | **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)*.* | | | | |
| **9.** | **current patients** | *Provide a description of the number of patients in your facility and the type of care they are receiving* | | | | |
| **10.** | **Specific Delivery Instructions / Directions Upon Arrival:** | | | | | |
| **11.** | **Requestor Information:**  *Requestor Name:*  *Phone Number:*  *Email Address:* | | | | | |
| **12.** | **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 understand that the facility may not receive the total amount of supplies requested.*  **Requestor Signature:** | | | | | |