



Interim Prioritization Guidelines for Allocation of Personal Protective Equipment Washington State April 29, 2020

Purpose: This document is intended to guide state and local emergency management agencies (EMAs) on how to prioritize the fulfillment of personal protective equipment (PPE) requests to meet the needs of the response to COVID-19. 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.

Factors considered in deciding prioritization tiers for PPE distribution:

- Degree of contact between staff and patients; ability to implement engineering controls and social distancing
- Likelihood that patients are infected with COVID-19
- Risk of spread to other vulnerable people in the setting
- Likelihood of needing to perform aerosol generating procedures (highest priority for N95s)
- PPE needs for non-COVID patients

TIER #1—distribute N95 respirators and surgical masks

- Hospitals, including psychiatric hospitals, with **confirmed/suspected COVID-19 case(s)**
- EMS Services licensed or recognized in Washington – encountering and transporting **confirmed/suspected COVID-19 case(s)**
- Long term care facilities/home health/home care/hospice/hospice care centers
 - N95 masks for those with **confirmed/suspected COVID-19 case(s)**
 - Surgical masks for facilities or providers with no known COVID-19 case(s)
- Alternate care facilities with **confirmed/suspected COVID-19 case(s)**
- All hospitals for emergent surgeries, TB patients, etc.
- All public health agencies for outbreak investigations

Note: Facilities in this tier with confirmed cases, no PPE and those practicing extreme strategies will be prioritized.

TIER #2 (some degree of social distancing can be applied or risk of COVID infection lower)—do not distribute N95 respirators except to medical examiners doing autopsies

- Congregate settings with confirmed/suspected COVID patients (e.g., isolation facilities, homeless shelter, behavioral health residential facilities, etc.)
- Outpatient clinics, including COVID-19 test sites and jail health—These sites should use self-collection of specimens to minimize PPE needs.
- Designated crisis responders
- Dental workers
- Medical examiners, coroners
- Law enforcement agencies not licensed or recognized as EMS services

TIER #3—do not distribute N95 respirators

- Congregate settings without known COVID patients (e.g., homeless shelter, behavioral health residential facilities, etc.)
- Home hospice / home health / home care without known COVID patients
- Opioid treatment programs
- Funeral homes

- Childcare centers
- Quarantine facilities

TIER #4—do not distribute N95 respirators

- Families of patients with confirmed COVID-19 who are at home

Note: These tiers may not capture all facilities or individuals that request PPE. Emergency management agencies need to use their best judgement around how to prioritize other facilities and individuals not listed above.

Allocation strategies:

- EMAs will attempt to maintain at least a 7-day supply in all tier 1 facilities (as resources allow).
- EMAs will aim for short, rapid deployment of supplies.

Criteria for participation in state PPE distribution program

- Facility needs to adhere to the DOH infection control recommendations.
- Facility needs to adhere to the [DOH PPE Conservation Strategies](#).
- To assist the state with prioritizing orders, all PPE requests submitted through emergency management need to include data on the current number of confirmed and suspect COVID cases in the facility or average number of encounters/transport per day, whether or not an outbreak is occurring in the facility, and the current number of days’ supply for each item requested.
- In addition, hospitals need to regularly submit data to their healthcare coalition on the number of current confirmed and suspected COVID cases in their facility and the current number of days’ supply of PPE at their facility.
- The state will use the following burn rates and number of suspected/confirmed patients to estimate the appropriateness of PPE orders from hospitals.

	ICU Patient in AIIR	Patient in Med/Surg AIIR for aerosol generating procedure	Hospitalized Patient in Med/Surg Room	Patients seen in ED AIIR for aerosol generating procedure
# gowns/patient/day	8	6	6	12
# N-95/patient/day	5	4	NA	0.7
# facemasks/patient/day	NA	NA	18	NA

Note: This document was initially developed with input from the Disaster Clinical Advisory Committee, the Disaster Medical Advisory Committee, and several infectious disease experts in the state.

*Long term care facilities include nursing facilities, assisted living facilities, adult family homes, and supported living providers.



Robert Ezelle
 Director
 Emergency Management Division
 Washington Military Department
 Office: (253) 512-7003
 Mobile: (253) 324-8020
robert.ezelle@mil.wa.gov



Nathan Weed
 Unified Commander
 WA COVID-19 Response
 Washington State Department of Health
 Mobile: (360) 480-0308
AreaCommand@doh.wa.gov



Dana Phelps
 Unified Commander
 WA COVID-19 Response
 Washington State Department of Social and Health Services
 Mobile: (360) 742-7318
seoc82@mil.wa.gov