

N-95 Respirator Request Form

In order to efficiently distribute limited supplies the following information is needed. Please complete this form in its entirety and provide it to your local health jurisdiction. Due to limited supplies, please only request what your facility believes is necessary to meet your immediate need. There is no guarantee that the amounts provided through this process will match the amounts requested. **Fill out this form, print it, sign it, and it FAX it to your Local Health Jurisdiction.**

DATE:

Requesting Organization	Quantity Requested
	Small
Requester Name	Medium
	Large
Requester Phone Number	Current make & model used in your facility
Requester Email	Delivery Site Location (physical address)
Delivery Site Contact Name	Delivery Site Contact Phone Number

Number of patients admitted with suspected and diagnosed H1N1 since September 2009:

Mitigation/Planning Steps

The questions below refer to establishing infection control procedures described in the Centers for Disease Control and Prevention [Interim Guidance on Infection Control measures for 2009 H1N1 Influenza in Healthcare Setting, Including Protection of Healthcare Personnel](#)

Has your facility implemented procedures to reduce the numbers of workers who come in contact with patients who have influenza per CDC guidelines?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Access control, i.e. limiting visitors; restricting visitors to those over the age of 12; denying entry by visitors who are sick
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient placement such as cohorting those patients with suspected/diagnosed H1N1
<input type="checkbox"/> Yes <input type="checkbox"/> No	Postponing elective procedures/visits by patients with suspected/confirmed influenza
<input type="checkbox"/> Yes <input type="checkbox"/> No	Installing partitions in triage areas/public spaces
<input type="checkbox"/> Yes <input type="checkbox"/> No	Promoting and providing vaccinations for employees
<input type="checkbox"/> Yes <input type="checkbox"/> No	Enforcing exclusion of ill healthcare personnel from direct patient care
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assigning dedicated staff to minimize number of healthcare personnel being exposed to those with suspected/confirmed H1N1
<input type="checkbox"/> Yes <input type="checkbox"/> No	Screening all visitors/healthcare workers for signs/symptoms respiratory illness
<input type="checkbox"/> Yes <input type="checkbox"/> No	Implemented use of facemasks for patients with suspected/diagnosed H1N1 when outside patient room
<input type="checkbox"/> Yes <input type="checkbox"/> No	Limited patient transport/movement outside of patient room
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (please describe):

Has your facility invoked prioritized respirator use procedures per CDC guidelines?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Obtained and implemented use of PAPRs for aerosolized procedures, patients with TB
<input type="checkbox"/> Yes <input type="checkbox"/> No	Identified prioritized use for N-95 including differentiating healthcare workers who have/have not been vaccinated for H1N1
<input type="checkbox"/> Yes <input type="checkbox"/> No	Established differentiated criteria for use of surgical masks and use of N-95
<input type="checkbox"/> Yes <input type="checkbox"/> No	Requiring staff to re-use N95s and PAPRs
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (please describe):

Resource Request Steps

What is your current quantity of:

- N95 Respirators:
- PAPRs:
- Elastometric Respirators:
- Other Protective Respirators:

Has your facility reached a critical point where N95 respirator shortages will compromise staff or patient safety?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain:
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Have you attempted to order additional N95 respirators from your standard supply chain and other supply sources and received notification that no supplies are currently available or are on backorder?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:
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Have you made an effort to secure additional N95 respirators within your organizational structure (parent company, sister organizations, etc)?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:
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Have you sought additional N95 respirators via existing mutual aid agreements with neighboring facilities in your jurisdiction or within your Public Health Emergency Preparedness and Response region?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:
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Does your organization have, or have access to, a respirator program that meets the requirements of chapter 296-842 WAC (Washington Administrative Code)?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:
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Requester Signature

Printed Name

Date
