



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Guidelines for Allocation of Personal Protective Equipment (PPE)

April 3, 2020

Dear Partners:

As you know, the global shortage of personal protective equipment (PPE) has posed a tremendous challenge to the COVID-19 pandemic response here in North Carolina, across the country, and internationally. We continue to request supplies from the federal government and have engaged hundreds of public and private vendors and manufacturers as we search the globe to bring as many supplies as we can to North Carolina. We know that you have also worked tirelessly in your own communities to identify and purchase supplies and we are committed to partnering with you to track down all possible leads and look for innovative solutions to get more supplies into our state.

Since the launch of our COVID-19 response, requests to the State Emergency Response Team for PPE have far outpaced our ability to source and fulfill them given the lack of product availability. Therefore, until supply chains improve, we have developed a process for fulfillment of resource requests for PPE across the state. In developing this process our overarching goal is to **prevent transmission of COVID-19 to those at highest risk of severe clinical disease & assure personal protective equipment to workers delivering emergent life-saving services.**

While we continue to work to identify additional supplies, we are also working on conservation methods and strategies such as increasing the use of telehealth, decontaminating supplies for reuse, and extending use of PPE beyond its indicated shelf life in appropriate settings.

Ideally, we would be able to meet the requests of everyone on this list. Unfortunately, the lack of global supply for PPE makes that impossible and scarcity forces difficult decisions.

Please note that the list below was developed to extend inventory amounts up to 7 days based on current burn rates. This document does not guarantee fulfillment of every order that meets the criteria, nor does it ensure complete fulfillment of orders. Also, orders may be partially filled due to limited stock, until supply chains stabilize.

Group 1:

Acute Care:

- a. Hospitals with highest number of COVID-19 cases
- b. Hospitals with COVID-19 cases
- c. Hospitals with ICU/ECMO/Ventilator Capacity
- d. Emergency Departments (including free-standing)
- e. 911-Emergency Medical Services
- f. Emergency Medical Services (Providing Critical Care)

Long Term Care:

- a. Skilled Nursing Facilities with highest number of COVID-19 cases
- b. Skilled Nursing Facilities with COVID-19 cases
- c. Palliative & Hospice Providers caring for COVID-19 cases
- d. Home Health caring for COVID-19 cases
- e. ICFs (Intermediate Care Facilities) for Individuals with IDD with highest number of COVID-19 cases
- f. ICFs (Intermediate Care Facilities) for Individuals with IDD with COVID-19 cases
- g. Adult Care Homes with highest number of COVID-19 cases
- h. Adult Care Homes with confirmed COVID-19 cases
- i. Behavioral Health & Intellectual and Developmental Disabilities and Traumatic Brain Injury group homes with highest number of COVID-19 cases
- j. Behavioral Health, Intellectual and Developmental Disabilities, and Traumatic Brain Injury group homes with COVID-19 cases
- k. Adult Care Homes with other infectious disease outbreaks
- l. Skilled Nursing Facilities with other infectious disease outbreaks

Group 2:

Congregate Care Settings:

- a. Shelters, Correctional Facilities, Dormitories, Unlicensed Residential Treatment Facilities, etc. with COVID-19 cases
- b. Skilled Nursing Facilities (not covered under Group 1)
- c. ICFs (Intermediate Care Facilities) for Individuals with IDD (not covered under Group 1)
- d. Adult Care Homes (not covered under Group 1)
- e. Behavioral Health & Intellectual and Developmental Disabilities and Traumatic Brain Injury group homes (not covered under Group 1)

Healthcare/First Responder Agencies:

- a. Law Enforcement
- b. Fire Departments
- c. Palliative & Hospice Providers (not covered under Group 1)

- d. Home Health (not covered under Group 1)
- e. Public Health Departments
- f. Primary Care Providers
- g. Urgent Care Centers
- h. Dialysis Centers
- i. Non-Emergency EMS Transport Agencies (not covered under Group 1)
- j. All medical transportation agencies

Group 3:

Non-Healthcare Entities

- a. County Transport Services
- b. Regulatory agencies with legal requirements to engage in healthcare system
- c. Division of Social Services (to include APS/CPS)
- d. Shelters, Correctional Facilities, Dormitories, unlicensed residential treatment centers, etc. (not covered under Group 2)
- e. Hotels & Motels used for isolation and quarantine
- f. Other Governmental Entities with legal requirements to provide in home services
- g. All other requests

Other considerations: All requests for PPE will be verified and vetted to ensure assignment based on maintaining up to 7 days of inventory. Requests for greater than 7 days of inventory or requests without proper justification cannot be accommodated due to the high demand for these resources. PPE is provided based on this grouping schedule regardless of urban/rural/tribal, non-profit/for-profit agency. The North Carolina State Emergency Response Team Unified Command may modify these criteria based on emerging response needs.



Mandy K. Cohen, MD, MPH
Secretary
NC Department of Health & Human Services



Michael A. Sprayberry
Executive Director
NC Division of Emergency Management/
Office of Recovery and Resiliency