

Washington State Prioritization Guidelines for Allocation of PPE

April 3, 2020

Purpose: The process is intended to guide the state on how to prioritize the fulfillment of 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. The Secretary of Health, State Health Officer or Unified Command have the ability to modify this criteria based on emerging response needs.

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

1. Hospitals, including psychiatric hospitals, with **confirmed/suspected COVID-19 case(s)**
2. EMS transporting **confirmed/suspected COVID-19 case(s)**
3. Long term care facilities and hospice centers with **confirmed/suspected COVID-19 case(s)**
4. Alternate care facilities with **confirmed/suspected COVID-19 case(s)**
5. All hospitals for emergent surgeries, TB patients, etc.
6. 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

7. COVID-19 testing sites (e.g., drive thru test sites, COVID-specific respiratory clinics, jails) – all test sites are encouraged to use self-collection method to minimize PPE needs
8. Isolation facilities with confirmed/suspected COVID patients
9. Homeless shelter with confirmed/suspected COVID patients
10. Home hospice / home health for confirmed COVID patients
11. Medical examiners, coroners
12. Other first responders (e.g., law enforcement)

TIER #3—do not distribute N95 respirators

13. Long term care facilities without known cases
14. Home health without known cases
15. Homeless shelters without known cases
16. Outpatient facilities (encourage initial telemedicine visits that funnel into respiratory clinics)
17. Opioid treatment programs
18. Funeral homes

TIER #4—do not distribute N95 respirators

- 19. Families of confirmed cases who are at home
- 20. Quarantine facilities

Allocation strategies:

- The state will attempt to maintain at least 7 day supply in all tier 1 facilities (as resources allow).
- The state will aim for short, rapid deployment of supplies.
- The state will distribute PPE to the end user as much as possible to speed up the deliver process.

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 local emergency management need to include data on the current number of confirmed and suspect COVID cases in the facility or average number transported 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 hopsitals.

	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 developed with input from the Disaster Clinical Advisory Committee, the Disaster Medical Advisory Committee, and several infectious disease experts in the state.