

# FNIHB – ON COVID-19 PPE Request Form

## UPDATED AS OF APRIL 30<sup>Th</sup> 2020

\*For use when supplier or Provincial Stockpile is unable to fill PPE orders

Please refer to companion document FNIHB – ON COVID-19 PPE Request Process

Community Name:		
Community Contact #1 (name, phone number, email)		
Community Contact #2 (name, phone number, email)		
Delivery Address (must be a physical address, not a PO Box):		
On-reserve population:		
Is the community transferred?	YES NO	
Please specify what health services in the community are participating in this PPE request.	<input type="checkbox"/> Health services that offer COVID-19 testing and/or management of severe COVID-19 cases <input type="checkbox"/> Temporary isolation facility <input type="checkbox"/> Residential care facility <input type="checkbox"/> Other essential health services <input type="checkbox"/> Ground medical transport <input type="checkbox"/> First responders	
Are there confirmed COVID-19 cases in this community?	YES NO	
Does your facility offer COVID-19 testing in the community?	YES NO	Specify site of testing: <input type="checkbox"/> Health facility <input type="checkbox"/> In home <input type="checkbox"/> Drive through <input type="checkbox"/> Other (specify)
Does your facility manage severe COVID-19 cases in the community until they can be transferred (for example, nursing station)?	YES NO	
Is this PPE request for a temporary facility (ie. school, community centre, temporary structure) that has been mobilized to support COVID-19 isolation/ treatment capacity in the community?	YES NO	Purpose of facility: <input type="checkbox"/> Isolation of mild or suspect cases <input type="checkbox"/> Treatment of severe cases Capacity (# of beds): # of staff/ volunteers per day: Please provide any additional information you can in "Context" below
Does your facility offer residential health care in the community (LTC, group home, Elders home, etc)	YES NO	# of residents:



Does your facility offer essential health services <sup>1</sup> in the community (through NP/physician office, nursing station, home care, public health, etc)	YES NO	
Does your facility provide ground medical transport to patients in the community (for example, to be tested in a nearby community)	YES NO	
Is this PPE request for community based First Nations band police (not RCMP) or other first responders (ie. community paramedics, community fire fighters)?	YES NO	If yes, estimate # of first responders:
# of staff requiring N95s for aerosol generating medical procedures (or as per provincial recommendations for airborne precautions – QC) <u>who are fit tested</u> to the following N95 models:	1860 -	
	1860S	
	1870+ Aura	
<b>Item</b>	<b>Quantity Requested</b>	
Gowns – universal	# of gowns requested:	
Pairs of Gloves – Small	# of pairs of gloves requested:	
Pairs of Gloves – Medium	# of pairs of gloves requested:	
Pairs of Gloves – Large	# of pairs of gloves requested:	
Pairs of Gloves – X-Large	# of pairs of gloves requested:	
Face Shields	# of face shields requested:	
Procedure Masks	# of masks requested:	
N95 Respirator Model 1860	# of respirators requested:	
N95 Respirator Model 1860S	# of respirators requested:	
N95 Respirator Model 1870+ Aura	# of respirators requested:	
Alcohol Based Hand Rub	# of 236 ml bottles requested:	

**Submit to COVID-19 Response Team [sac.covid-19fnihbontario.isc@canada.ca](mailto:sac.covid-19fnihbontario.isc@canada.ca)  
or via fax 1-807-343-5348**

**Additional comments/ context:**

<sup>1</sup> Essential services are those that the interruption of which would immediately endanger the life, health or personal safety of the whole or part of the population. This may include but is not limited to emergency outpatient visits, safe injection sites, detox services, prenatal care, emergency dental services, pharmacy services, other as deemed necessary by the region.

