

Q1 Are you experiencing any difficulty in obtaining PPE? (Choose one)

YES/NO

Q2 If you are experiencing PPE supply disruptions, what supplies are you experiencing shortages in? (choose all that apply)

N-95

Respirators

Gowns

Gloves

Surgical Masks

Eye Protection

Other (please Specify)

Q3 Of the PPE shortages you are experiencing, how many days do you have available on hand (estimated)? (choose one)

0-7 days

8-14 days

15-21 days

21-30 days

Greater than 1 month

Q4 If you are experiencing a disruption, what are you being told by distributors/manufacturers? (Choose one)

Smaller allocation of normal order

Disaster order

No new shipments until a certain date...

No reason or I don't know

Substitutions offered instead

Other (please specify)

Q5 Please list all distributors/manufactures you are experiencing PPE supply disruptions with and their estimated time frame for delivery in the text box below.

(insert text box)

Q6 Does your agency have a PPE supply shortage plan?

Yes/No

Q7 If your agency has a PPE supply shortage plan, please describe in the text box below.

(insert text box)

Q8 If your agency does have a PPE supply shortage plan, have you activated it? If yes, describe your plan in a few sentences.

YES/NO

Insert text box

Q9 Are you reusing n95 masks? If yes, what guidance are you referencing for this protocol/procedure?

YES/NO

(insert text box)

Q10 Please let us know if there are any other issues being experienced with your healthcare supply chain in the text box below.

(insert text box)

Q11 Contact Information

Name of EMS Provider/ First Response Organization

Name of person completing survey

Contact telephone number

Regional Advisory Council

City/Town

State/Province

ZIP/Postal Code

Country

Email Address

Phone Number

Q12 Do you have any questions about the COVID 19 response as it relates to EMS?

(insert text box)