
Indian Health Service, Tribal and Urban (I/T/U) Guidance to Accessing Medical Supplies and Personal Protective Equipment (PPE) through the Strategic National Stockpile (SNS)

Addendum 1 – COVID-19 Ventilator Requests

Advisory

Coronavirus (COVID-19) Pandemic - Ventilator Request

Given the scarcity of the ventilators in the Strategic National Stockpile (SNS) and the current capacity of the private sector to meet the demand, the federal government has adopted the process below to manage federal ventilator resources to ensure the ventilators are shipped to the states in the amount needed to manage the immediate crisis. In the case of ventilators, immediate is defined as requirements necessary to sustain life within a 72-hour window.

To submit a request for ventilators:

- IHS facilities should request ventilators through their [Area EMPOC](#) as outlined in the Indian Health Service, Tribal and Urban (I/T/U) Guidance to Accessing Medical Supplies and Personal Protective Equipment (PPE) through the Strategic National Stockpile (SNS) guidance.
- Tribe and Urbans please see Congressional Advisory #15: Coronavirus(COVID-19) Pandemic – Ventilator Request for further Instructions:

Note: if a Tribe chooses this method IHS Headquarters (HQ) will not have visibility on this request. Please cc or send an email to IHS-SNS-Requests@ihs.gov to ensure that IHS Incident Command Structure (ICS) has the ability to track once it has reached the FEMA WebEOC. Additionally, cc or email fema-nrcc-tribal@fema.dhs.gov to ensure the FEMA National Response Coordination Center (NRCC) Tribal Liaison is informed of the request. IHS can assist Tribes as needed.

In order for a request to be processed, the I/T/U must provide detailed responses to the following five questions:

1. How many usable ventilators, ICU beds, and convertible ventilators are currently available within the state or tribe?
2. What is the current hospital bed and ICU bed occupancy rate in the state/tribe?

3. How many new ICU beds does the state/tribe estimate it can stand-up **and** the number of ventilators, or FDA-approved [ventilator alternatives](#), it can or is standing up?
4. What is the decompression ability of hospitals in the state/tribe (i.e.: are there currently field hospitals or alternate care facilities established)?
5. How many anesthesia machines are in the state/tribe **and** have they been converted?

Once the requesting I/T/U provides the FEMA/HHS Regional Liaison or Area EMPOC with the answers to these five questions, then the requirement is validated at the Regional level and forwarded to FEMA's National Response Coordination Center (NRCC) for processing.

In addition to submitting requests through this process, IHS, UIHP, tribal officials are encouraged to share the FDA's [Emergency Use Authorization \(EUA\) for Ventilators](#) issued on March 24. The EUA allows anesthesia gas machines and positive pressure breathing devices to be modified for use as ventilators. The EUA also provides guidance to assist health care personnel on use of other ventilators like CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators.

If you have any questions, please contact the Office of External Affairs, Congressional and Intergovernmental Affairs Division at (202) 646-4500 or at FEMA-Congressional-Affairs@fema.dhs.gov or submit questions to your Area EMPOC or send an email to IHS-SNS-Requests@ihs.gov.