

# PPE and Swab Kit Request Guide

## *A Guide for Organizations Requesting PPE and/or Swab Kits via the Online Intake Form*

### Background

On Thursday, September 10, 2020, Ontario Health will be launching a new online Personal Protective Equipment (PPE)/Swab Kit Intake Form that enables eligible organizations to request PPE and/or Swab Kits via the same form. This streamlines processes associated with requesting, triaging, warehousing and distributing PPE and Swab Kits across the province, providing one stop for these critical COVID-19 support items. Note, this Guide is only applicable for the Central, East, North and Toronto Regions accessing the Online Intake Form. It does not apply to the West Region, as there is a different intake process. For the West Region Online Intake Form, please [click here](#).

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## Access the Online Intake Form

**Step 1:** Using Internet Explorer 11 or Google Chrome, **navigate to the new [Online Intake Form](https://ehealthontario.on.ca/en/for-healthcare-professionals/ppe-intake?a=ppe-intake)** (or copy paste the following into your URL: <https://ehealthontario.on.ca/en/for-healthcare-professionals/ppe-intake?a=ppe-intake>).

**Step 2:** Depending on your Region, access the Online Intake Form by clicking the 'Make a Request' button in the appropriate box.

### Digital Health Services

Our suite of digital health services supports the delivery of modern, integrated, patient-centred care. Available to both individual clinicians and health care organizations, these robust, highly scalable services meet stringent privacy and security standards and enable the secure exchange of patient information across the province.

#### Coronavirus (COVID-19)

Critical Personal Protective Equipment (PPE)  
and/or Swab Kit Requests

Central, East,  
North and  
Toronto Regions  
/ LHINs only

➔

Make a Request

#### Coronavirus (COVID-19)

Critical Personal Protective Equipment (PPE)  
and/or Swab Kit Requests  
with WEST LHIN(s)

Make a Request

➔

West Region /  
LHINs only

**Note** that this Guide is only applicable to the Online Intake Form outlined in blue for Central, East, North and Toronto Regions / LHINs.

## Steps to Complete Your Online Request for PPE and/or Swab Kits

The following guide provides steps for how to complete each section of the Online Intake Form when requesting PPE and/or Swab Kits, as well as important notes to help you move through the form more efficiently and ensure you are providing the right information – this will help expedite the validation process.

### Critical Personal Protective Equipment (PPE) and Swab Kit: Intake Form

Please note priority response is in effect, we thank you for your patience.

1

1  
CONSENT

2

2  
GENERAL

3

3  
CONTACT DETAILS

4

4  
INTAKE

5

5  
CONFIRM

Questions regarding the PPE and Swab Kit Intake Process should be directed to your Regional Supply Chain Team. For technical form issues, please contact [servicedesk@ehealthontario.on.ca](mailto: servicedesk@ehealthontario.on.ca)

## Section 1: Consent



**Step 1: Provide consent** to Canada’s Anti-Spam Legislation by clicking the “I consent” box then continue to the next page.

### Your consent is required to comply with Canada’s Anti-Spam Legislation (CASL)

Ontario Health (Digital Services) requires your consent to send this information to you by email in order to comply with Canada’s Anti-Spam Legislation. By completing the form below, you are providing consent to Ontario Health (Digital Services) to contact you via email or phone in order to send you information about the Critical Personal Protective Equipment (PPE) and Swab Kit Intake Form.

For more information concerning CASL visit the [Government of Canada’s website](#)

Please click “I Consent” button below to proceed with the form.

I Consent 

When completing the request, please avoid any personal health information such as health card numbers and any personally identifiable information that are not required in the form.

 Back

Continue

## Section 2: General



**Step 2:** Select your **Organization Type** from the drop-down list. If your organization type is not listed, please select the 'Other' category. *Important:* This step helps to determine your organization's eligibility for PPE and/or Swab Kits.

Organization Type \*

Choose... ▼

**Step 3:** As applicable to your organization, **choose which category of item(s) you are requesting** using this form. You may use the Online Intake Form to request PPE, PPE and Swab Kits, or Swab Kits only. Selecting the PPE and/or Swab Kits boxes will reveal information to review before continuing.

What will you be requesting today?

Personal Protective Equipment

Swab Kits

**Step 4:** Review the **process steps** and information that is revealed after selecting the PPE and/or Swab Kits box(es) in step 3. **Select the attestation box(es)** for each item to confirm that you have reviewed the content and agree with the respected statement, then select continue.

PPE Attestation:

  By selecting this box, your organization confirms it still has a supply shortage of under 7 days of stock despite following Steps 1-3 and requires PPE from the pandemic stockpile to continue providing services.

Swab Kit Attestation:

  By selecting this box, your organization confirms that it has read the above statements and would like to continue with this Swab Kit Intake Form to submit your request to your Regional Lead.

## Section 3: Contact Details



The Contact Details page contains three (3) different sections: Organization Details, Requestor Details and Shipping Details.

**Step 5: Fill out all 3 sections, please ensure all information is complete and accurate.** **Note:** Listed below are a few important considerations to remember when filling out each section on the Contact Details page. The bullets below represent areas where users have encountered the most difficulty.

- *Organization Detail Section:*

- **Validate your organization's Ontario Health Region / LHIN**, using the 'Find Your LHIN' tool here: <http://www.lhins.on.ca/>. Select your Region / LHIN from the drop-down. **Note:** It is critical that the correct Region / LHIN is selected so that your request can be triaged to the appropriate Regional team – this will also help expedite the validation process.
- **Type to search** for your Organization, Clinic or Provider Name in the text field (see screenshot below). The list will auto-update as you type. If your organization does not appear when typing, delete the text to reveal a second text box where you can manually enter your Organization, Clinic or Provider Name:

Organization, Clinic or Provider Name \* (If your organization, clinic or provider name does not appear, please delete the text to reveal another text box where you can manually enter your organization, clinic or provider name.)

Start typing your organization/clinic name or your name to search...

Enter organization/clinic/provider name here if not found in the list: \*

Enter organization/clinic/provider name if not found in the list above

- *Requestor Details Section:*

- Ensure to provide the **correct email address** as this will be used to notify you of the status of your request. The regional team will also use this email address to contact you if they have any questions regarding your request.

- *Shipping Details Section:*

- Please take efforts to **include weekend and after-hours delivery information**, as this facilitates timely requests.
- Ensure to include any special instructions for the delivery to prevent failed deliveries. You may also want to indicate your regular business hours as they may be impacted by COVID-19.

## Section 4: Intake



The Intake page is where you will be able to request PPE items and/or Swab Kits that you require, as well as provide more context regarding your request.

**Step 6:** Begin by **adding PPE item(s) and/or Swab Kits to your request**. Multiple Item requests can be included in one Intake Form. **Note:** Only items which your organization is eligible for and chose to request in [Step 3](#) will be visible in the Item Type drop-down menu.

- **Fill in all the information for each Item Type and click**

**Add**. Depending on the item selected in the 'Item Type' drop-down, a series of tailored questions will appear to gather more details about your request.

- **Note:** it is important to click the 'Add' button after you have entered all information when ordering an individual PPE item or Swab Kit, or else the item will not be added to your request. You can check if all items were added by reviewing the 'Confirm' page.

Item Type and quantity of individual units requested:

Item Type	Description	Quantity (Eaches)	Timeline Required	
Surgical/Procedure Mask	Adult Level 2	100	7 Days	X
Gloves	Nitrile Medium	250	3 Days	X
Swab Kits	n/a	1500	2 Days	X

Item Type:  Description: n/a Quantity (Amount in Eaches):  Timeline Required: (Please note, only items with less than 7 days on hand can be submitted through this intake process.)

(As the quantity provided in a box/case may vary by supplier, please provide your total request in Eaches)

Inventory on Hand Quantity Amount in Eaches:  How fast are you moving through your supplies? Average consumption per day in Eaches:

This value is used to better understand your ongoing provider needs. If you have not used this item before or do not know the consumption rate, please indicate how much of this item you expect to use each day or provide your best estimate for this request.

Cancel **Add**

- **SWAB KIT ONLY REQUESTS:** After selecting 'Add', continue to Confirm page and skip to [Step 9](#).

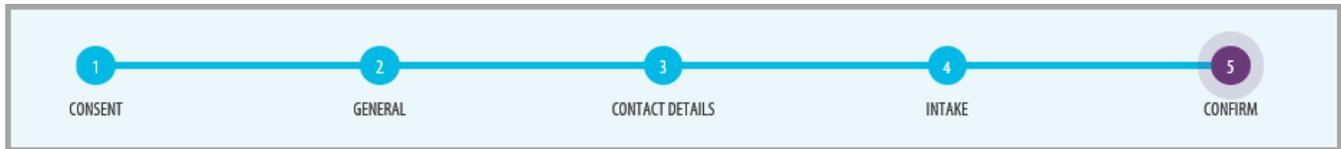
### Step 7: FOR PPE ITEMS ONLY:

- A series of questions will be asked in the section below the 'Item Type and quantity of individual units requested' section to gather more information about your PPE order and current situation. **Please answer all questions then continue to Confirm page.**

### Step 8: FOR THOSE REQUESTING PPE THROUGH THE TRANSITIONAL SUPPORT PROGRAM ONLY:

- For the "Please Include any additional comments" question, you must provide the following information in the comments field:
  - Total number of patient-facing clinical staff and learners in the practice/organization
  - Total number of non-clinical staff in the practice/organization
  - Total number of Clients/Patients the practice/organization services

## Section 5: Confirm



**Step 9:** Review your request and ensure that all items were successfully added and that the description, quantity and timelines required entries are correct.

**Step 10:** Select the **Complete Request** button and wait for the page to provide a confirmation.

- The **regional team will receive your request and review for next steps**. If a follow-up is required, a regional team member will reach out using the provided contact details.

### Confirm Your Order

Please ensure all items requested are listed below. If any item is missing, please click Back to add missing items.

Item Type and quantity of individual units requested:

Item Type	Description	Quantity (Eaches)	Timeline Required
Surgical/Procedure Mask	Adult Level 2	100	7 Days
Gloves	Nitrile Medium	250	3 Days
Swab Kits	n/a	1500	2 Days

[← Back](#) [Complete Request](#) 

**Step 11:** Shortly after your request is submitted, an automated email will be sent to the email provided on the Contact Details page in the Requestor Details section ([Step 5](#)). **Please review and save this email (do not delete)** as it contains a summary of your request and ticket incident numbers for each item requested. **Note:** *Additional communication and updates will be received via an automatic email ticket notification, each time a request is created and resolved. Please check your junk mail in case these emails have been directed there.*

**Step 12: FOR PPE ITEMS ONLY:**

- Review the waiver submission process outlined in the automated email. **Review, fill out, and sign the waiver provided and reply to the email with the waiver attached.**