

# GET US PPE SHORTAGE INDEX

**SEPTEMBER 2020** 

All information in this index is derived from Get Us PPE's database of Personal Protective Equipment (PPE) requests unless otherwise stated.

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# **Get Us PPE Shortage Index**

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#### **ABOUT GET US PPE**

Get Us PPE is a grassroots non-profit organization founded by emergency physicians early in the COVID-19 pandemic. Driven by volunteers, our mission is to equitably provide donated PPE to people and organizations with greatest need. We have amassed the largest non-governmental database of PPE shortages in the United States. The Get Us PPE Shortage Index is a monthly collection of proprietary summary metrics derived from this database.

#### **SEPTEMBER KEY DATA TAKEAWAYS**

- The United States is still facing serious PPE shortages, with new requests last month from nearly every state.
- Schools across the country do not have sufficient PPE to keep students and staff safe.
- While large hospital systems continue to benefit from a recovering PPE supply chain, smaller, non-hospital facilities are still facing acute PPE shortages. 90% of our September requests came from facilities such as nursing homes, homeless shelters, physician's offices, health clinics, and other frontline non-hospital facilities.
- 80% of facilities reported having no supply left of one or more types of PPE, up from 77% in August



### **GET US PPE SHORTAGE INDEX**

September 2020 By The Numbers



# **DEMAND**

Our country is still experiencing a critical PPE shortage.

16,654

Total Requests for PPE Since Late March

21+ million

PPE Units Requested To Fill One Week's Worth of Need

## **DONATIONS**

Americans recognize this problem and are helping us solve it.

**43,108**Individual Financial Donations





# **DISTRIBUTIONS**

Get Us PPE is the nation's largest nonprofit getting PPE to those in need.

2,750,000+

PPE Units Delivered to Frontline Facilities and Healthcare Workers, Free of Charge



### **TOP 3 MOST REQUESTED ITEMS NATIONALLY, SEPTEMBER**



FILTERING FACEPIECE RESPIRATORS
(N95 & Equivalent)



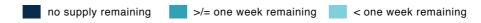
**DISINFECTING WIPES** 

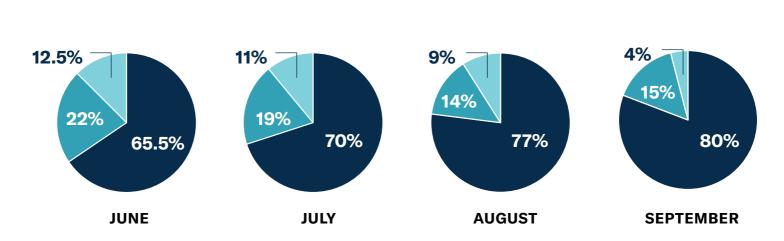


SURGICAL/PROCEDURE MASKS

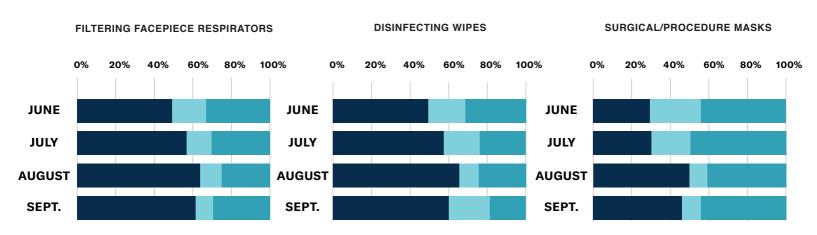
#### **PPE SUPPLY REMAINING**

Of one or more types of PPE as reported by facilities nationwide





#### **SUPPLY REMAINING BY PPE TYPE**





# 16,654 TOTAL PPE REQUESTS as of September 30, 2020

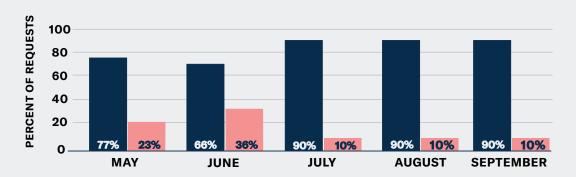
This map displays the total number of PPE requests per state since March 2020. Get Us PPE has received requests for PPE from all 50 states and some US territories.



## **% REQUESTS FROM HOSPITALS VS NON-HOSPITALS**



<sup>\*</sup>Such facilities include homeless shelters, dental clinics, nursing homes, social services, and more. Some facilities fall into more than one category, and are therefore counted once in each category.





# SPOTLIGHT: THE PPE CRISIS IN SCHOOLS

September 2020

This data is drawn from responses to an ongoing Get Us PPE survey about PPE needs in schools that was distributed to school nurses, teachers, and administrators. The 132 survey responses received thus far represent a sample of schools facing PPE shortages nationwide.

Preliminary results are concerning. Current PPE sources and funds are temporary. Schools have high PPE burn rates. Due to high demand for PPE across the country, supplies in schools are dangerously low, and many types of PPE are needed.



# School nurses are frontline workers

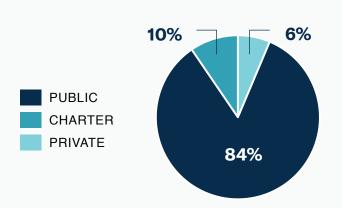
and we are no further in obtaining PPE than traditional frontline workers were back in March. I feel very stuck, unprotected, and uncared for as a person and as a healthcare professional.

PPE is disposable, our lives are not!



—Certified School Nurse, PA

#### SCHOOL TYPES REPRESENTED

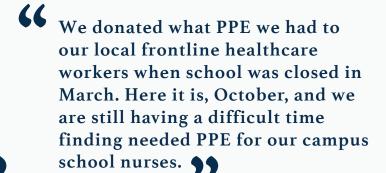


We have run out of resources and need immediate access to appropriate PPE. The fact that the majority of our network schools are on the South and West Sides of Chicago, which have been hit hardest by the pandemic, heightens this need.

> —Andrew Broy, Leader of the IL Charter School Network

The public health and infection control expertise that school nurses bring to the table is essential in developing effective return to school plans. Their ability to access the PPE needed to implement these plans is essential.

—Laurie Combe, President of the National Association of School Nurses

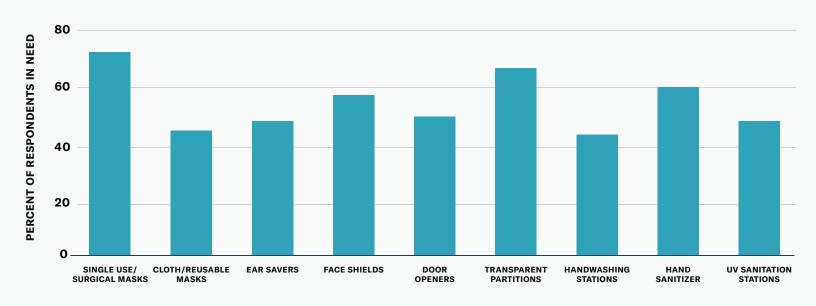


— Katrina Weber, Lead Nurse, TX

School Nurses are the hidden healthcare system. We have received some PPE but not nearly enough. We need supplies like the hospitals and other healthcare settings.

—Lisa Morrison, Lead Nurse, GA

#### **TYPES OF PPE NEEDED IN SCHOOLS**



#### **ABOUT THE DATA**

Get Us PPE is comprised almost entirely of dedicated volunteers, and though we maintain equity as a central value, our perspectives are still limited. Here, we explain our methods for data collection, the limitations of the data, and the individuals involved at each step.

This data is derived from PPE requests entered into the request form on our website. We accept requests from a range of frontline organizations, including healthcare facilities and organizations, natural disaster relief groups, homeless shelters, social services organizations, and many more. On our request form, we capture information on the location, size, and scale of each requesting facility and the type of care provided there. This helps us deliver the most appropriate PPE for each facility and to prioritize the most underserved, in-need communities, while taking into account logistical factors for PPE deliveries. Finally, we collect information on need—types of PPE needed, amount needed per week, how the requester/institution is currently using PPE (normally? rationing?), and how long until PPE runs out.

We maintain a large store of need and supply-related data. This data is provided by individuals and institutions across the United States in critical need of PPE. In order to ensure we have the most up-to-date information, we clean the data by removing duplicate requests and ensuring requesting facilities are only counted once.

Sometimes, individuals filling out our request form make mistakes while entering their needs and information. They may not have exact figures, or may not know answers to specific questions on the form. Our Data Verification team works to verify requesting facilities and to ensure the information they're entering is accurate.

Get Us PPE was founded quickly and scrappily. We assumed we would not be needed long—two weeks at most—before another group would solve the PPE crisis. Yet we are still seeing PPE shortages across the country. Our original scope and mandate didn't demand sophisticated technological architecture, but we have since adjusted. We became the architects of our own technology solutions in order to meet the immense and continued need nation-wide. Over time, we have improved our request form and systems to ensure we are capturing all the information required to make the most equitable distribution choices possible. As a result, many data fields are absent from earlier requests. We are now working to fill those blanks wherever possible by retroactively providing more information about institutions requesting and their needs, allowing for improved visualization and analysis both now and in the future.

One of the largest factors driving the data we chose to compile and visualize in this index is the qualitative data obtained through numerous outreach projects to facilities nationwide. Hundreds of Get Us PPE volunteers called or emailed facilities, especially those in under-served communities and recorded their comments, many of which provide anecdotal evidence for types of shortages that may remain hidden in large datasets. The data in this document, pulled from our database, tells many of these stories quantitatively. As this crisis evolves, we will continue to employ this mixed-methods approach in order to tell the story of the PPE shortages frontline workers are experiencing on the ground every day.

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