Resource Request: Medical and Health   FIELD/HCF² to Op Area

RR MH (11AUG11)

R E Q U E S T O R   T O   C O M P L E T E

1. Incident Name:	**2a. DATE:** **2b. TIME:**
3. Requestor Name, Agency, Position, Phone / Email:	**2c. Requestor Tracking #:** (Assigned by Requesting Entity)

4a. Describe Mission/Tasks: **4b. Delivery/Reporting/Staging Information:**

5. ATTACH ADDITIONAL ORDER SHEETS, IF NEEDED ☐ **GENERAL: SUPPLY/EQUIPMENT** ☐ **PERSONNEL** ☐ **OTHER**

6. ORDER   *SUPPLY/EQUIPMENT/PERSONNEL REQUEST DETAILS*

ITEM #	Priority (See Below)³	DETAILED SPECIFIC ITEM DESCRIPTION: **Supplies/Equipment** (Rx: Drug Name, Dosage Form, UNIT OF USE PACK or Quantity, Prod Info Sheet, In-House PO, etc. Medical Supplies: Item name, Size, Brand, etc. General Supplies/Equipment: Food, Water, Generators) **Personnel** (Be specific: List Probable Duties, Required License, Specific Experience (ED/ICU/OR, Hospital/Clinical, etc.) **Other** (Mobile Field Hospital; Ambulance Strike Team; Alternate Care Supply Cache; Facility-Tent, Trailer, Size, etc.)	Quantity Requested	Expected Equipment/ Staff Duration of Use:

R E V I E W

7. Requesting entity must confirm that these 3 requirements have been met prior to submission of request

☐ **Is the resource(s) being requested nearly exhausted or exhausted?**

☐ **Entity is unable to obtain resources within a reasonable time frame (based upon priority level indicated) from vendors, contractors, MOU/MOA's, department, or corporate office providers?**

☐ **Entity is unable to obtain resource from other non-traditional sources?**

8. COMMAND/MANAGEMENT REVIEW AND VERIFICATION (SIGNATURE INDICATES VERIFICATION OF NEED AND REQUEST'S APPROVAL)

NAME:	POSITION:	SIGNATURE or equivalent

² **HCF = Health Care Facility**   ³ Priority: (E)mergent <12 hours, (U)rgent >12 hours or (S)ustainment

Resource Request Medical and Health (RRMH) Completion Instructions

Note: Within any large cell you can move to a new line within the cell by holding down the "Alt" Key and pressing the "Enter" Key once for each new line needed.	
1. Incident Name:	Name assigned by Incident Commander/ Juridictional Emergency Management: Be as general as possible, i.e.; March 2011 EQ or IED at Covention Center.
2 **a. Date:**	Use mm/dd/yyyy format
b. Time:	Military Time is preferred, i.e. 1900 = 7:00pm. If unable to use Military Time indicate am or pm.
c. Requestor Tracking Number:	This is a requestor generated number. Consider using a 3 letter entity identifier (fire department, etc.), county identifier (Cal EMA county code), or hospital code; a dash "-"; and, a 3 digit number (number of this request - in sequential order). Example CSM-001 is Cedars Sinai Medical Center and their first RRMH request.
3. Requestor Name:	To be completed by whomever is filling this form.
4 a. Describe Mission/Tasks:	Give a brief description of reason for request or duties to be performed.
b. Delivery/Reporting/Staging Info:	Provide Name, Title, Location, Telephone #, E-mail, Radio Call Sign/#, and Deployment information to who will be receiving the requested items and where they should be delivered or whom will receive the items or meet the personnel, where they should arrive or stage, and what they should bring or have available to them.
5. Order Sheets:	Check each box that applies to your order, if additional sheets are attached. If additional Line Item are needed, fill out the appropriate RRMH sheet for each type of request and attach to the cover sheet.
6. Order - Detailed Specific Item Description:	
Item #:	Each NEW line item is numbered.
Priority:	(E)mergent <12 hours, (U)rgent >12 hours or (S)ustainment. If completing form electronically there is a drop down menu.
Detailed Description:	Specifically describe the requested item by using brand, sizes, model #, dose, form (tabs vs caps vs suspension), strength, quantities,etc. Example: 3M N-95 Mask, Model #1234 size Medium or Penicillin 500mg tablets - 100 tablet/bottle, or Normal Saline1000ml IV fluid. RN w/ICU Experience, PharmD, MD w/OR Experience. Ambulance Strike Team (AST); Generator - Gas, 6000 KW; Drinking Water - 16oz bottles, etc.
Quantity Requested:	Quantity wanted based upon each, this is to simplify the ordering process. Example: Penicillin 500mg Tabs - 100 Tabs/bottle - Quantity Requested 50 = hospital will receive 5000 tablets; N-95 3M 1860 1 Case = 120/case; IV fluid 1 Case = 12 Bags; AST 1 = 5 Ambulances with 1 Strike Team Leader; Water 1 Case = 24 bottles.
Expected duration of use:	This only applies to equipment and personnel. Supplies will normally be considered expendable and will not be returned.
7. Confirm Requirements:	These questions must be considered and answered to show the requestor's efforts to fill the need from the closest available source at local or regularly used public agencies and/or private companies.
8. Command Review & Verification:	Authorized management staff review and approve. Printed name, position, and signature are required.
17. Order Sheet Fulfillment	To be completed by Logistics Section filling the request.

ORDER SHEET

6a. ORDER	17. Logistics Section: Fulfillment
GENERAL: SUPPLY/EQUIPMENT REQUEST DETAILS	NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).

Item #	Priority [3]	**Detailed Specific Item Description:** Vital characteristics, brand, specs, diagrams, and other info (Type of Equipment, name, capabilities, output, capacity, Type of Supplies, name, size, capacity, etc.)	**Product Class** (Ea, Box, Cs, Pack)	**Items per Product Class**	**Quantity [2] Requested**	**Expected Duration of Use:**	Quantity: Approved	Quantity: Filled	Quantity: Back-Ordered	**Tracking #**	**Estimated Time of Arrival** (Date & Time)	**COST**

Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):	Deliver to/Report to POC (Name/Title/Location/Tel#/Email/Radio#)

[2] QUANTITY: Number of individual pieces of equipment or boxes, cases, or packages of supplies needed .

[3] PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)

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ORDER SHEET

6b. ORDER ***PERSONNEL REQUEST DETAILS***					☐ PAID	☐ NON-PAID		**17.** **Logistics Section:Fulfillment**	

ITEM #	Priority [3]	**Personnel Type & Probable Duties** Indicate required license types (see list below) RN, MD, EMT-I, Pharmacist, LVN, EMT-P, NP, DVM, PA, RCP, MFT, DDS, LCSW, etc.	**Number Needed**	**Minimum Required Clinical Experience** (1=current hospital, 2=current clinical, 3=current license, 4=clinical education)	**Required Skills, Training, Certs** (e.g., PALS, Current ICU experience, Languages, ICS training, Addt'l Lic. i.e., PHN, etc.)	**Preferred Skills, Training, Certs**	**Date/Time Required** Indicate anticipated mobilization or duty date.	**Anticipated Length of Service** Indicate days or hours.	**Quantity** Approved	Filled	**Tracking # or DHV Mission Number**

Additional Instructions:

Deliver to/Report to POC (Name, Title, Location, Tele#, Email, Radio, etc.)

Staging & Deployment Details (Parking/staging location? Food/water provided? Housing Provided? Items personnel should bring? Etc.) Provide Additional on Separate Page, if needed.

[3] **PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)**

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ORDER SHEET

6C. ORDER **OTHER REQUEST DETAILS**							**17. Logistics Section: Fulfillment** NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).				
Item #	**Priority ³**	**Detailed Specific Description** (Facility: Type, Tent, Trailer Size etc.) (Mobile Resources: Alternate Care Supply Cache, Mobile Field Hospital, Ambulance Strike Team)	**Product** (Ea, Cache, Team)	**Quantity ² Requested**	**Expected Duration of Use:**		**Quantity**			**Tracking #**	**Estimated Time of Arrival** (Date & Time)	**COST**
						Approved	**Filled**	**Back-Ordered**			

Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):	Deliver to/Report to POC (Name, Title, Location, Tele#, Email, Radio, etc.)

² **QUANTITY: Number of individual items, caches, strike teams, or resources needed .**

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³ **PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)**