

# Resource Request: Medical and Health Op Area (MHOAC) to Region/State

RR MH (11AUG11)

<b>R E Q U E S T O R</b>	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:		
<b>T O C O M P L E T E</b>	5. ORDER SHEETS - USE ATTACHED	<input type="checkbox"/> 6a. SUPPLIES/EQUIPMENT	<input type="checkbox"/> 6b. PERSONNEL	<input type="checkbox"/> 6c. OTHER:	
	7a. OAMHOAC must confirm that the verification questions in the PH&M EOM have been reviewed and answered.		7b. MHOAC/OA EOC Contact Information: (Tele #, E-Mail, FAX, etc.)		
	<input type="checkbox"/> This request meets the submission criteria as stated in the PH&M EOM. <input type="checkbox"/> The creation of this request was in consultation with the RDMHC Program.				
<b>M H O A C</b>	8. MHOAC/OA EOC Review: (NAME, POSITION, AND SIGNATURE) [SIGNING INDICATES: 1) THE NEED HAS BEEN VERIFIED; 2) RESOURCES ARE NOT AVAILABLE AT THIS LEVEL; and, 3) THE REQUEST IS COMPLETE]		9. Describing the actions taken on this request so far.		
	NAME:	POSITION:	SIGNATURE:		
<b>L O G I S T I C S</b>	NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).		12. Resource Tracking:		
	10. Additional Order Fullfillment Information:	11. Likely Supplier Name/Phone/Email:	<input type="checkbox"/> Entered into Resource Tracking System/RIMS <input type="checkbox"/> Demob Expected: <input type="checkbox"/> Demob Completed (if known):		
	13. Notes:		14. ORDER FILLED AT (check box)		
		<input type="checkbox"/> Operational Area: <input type="checkbox"/> OA within Mutual Aid Region: <input type="checkbox"/> Outside of Region:			
<b>F I N A N C E</b>	15. Reply/Comments from Finance:		16. Finance Section Signature & Date/Time: (Name, Position & Verification)		

## Resource Request Medical and Health (RRMH) Completion Instructions

11AUG11

<b>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.</b>	
<b>1. Incident Name:</b>	Name assigned by Incident Commander: Be as general as possible, i.e.; March 2011 EQ or IED at the Convention Center.
<b>2 a. Date:</b>	Use mm/dd/yyyy format
<b>b. Time:</b>	Military Time is preferred, i.e. 1900 = 7:00pm. If unable to use Military Time indicate am or pm.
<b>c. Requestor Tracking Number:</b>	This is a requestor generated number. This could be the original requesting Field Entity/Health Care Facility's Tracking Number. Or, the Operational Area EOC/ MHOAC could include a OA Tracking Number in this box for a reference number for their purposes. The Region, REOC, SOC, could also include a Tracking Number here for their tracking purposes.
<b>3. Requestor Name &amp; POC Info:</b>	List the complete contact information of the requestor/creator of RRMH
<b>4 a. Describe Mission/Tasks:</b>	Give a brief description of reason for request or duties to be performed.
<b>b. Delivery/Reporting/ Staging Info:</b>	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 who will receive or meet the personnel, where they should arrive or stage, and what they should bring or have available to them.
<b>5. Order Sheets:</b>	Check each box that applies to your order.
<b>6. Order - 6a. Supply/Equipment; 6b. Personnel; and/or, 6c. Other Sheets Details:</b>	
<b>Item #:</b>	Each NEW line item is numbered.
<b>Priority:</b>	(E)mergent <12 hours, (U)rgent >12 hours or (S)ustainment. If completing form electronically there is a drop down menu.
<b>Detailed Description:</b>	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.
<b>Quantity Requested:</b>	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.
<b>Expected duration of use:</b>	This only applies to equipment and personnel. Supplies will normally be considered expendible and will not be returned.
<b>Suggested Source(s) Suitable Substitute(s) Special Delivery Comments:</b>	Provide any known or potential sources for the items requested; any suitable substitutes that might be acceptable; or, any comments or special delivery instructions, location or Point of Contact.
<b>7 a. Confirm Requirements:</b>	OA/MHOAC must confirm and verify that the request is in compliance with the provisions of the California Public Health & Medical Emergency Operations Manual and has been coordinated with the Regional Disaster Medical Health Coordination (RDMHC) Program.
<b>b. MHOAC/OA EOC Contact Info</b>	Include Telephone, Blackberry, FAX, E-mail, Points of Contact for reviewer.
<b>8. MHOAC/OA EOC Review</b>	Authorized MHOAC/OA EOC staff review and verification. Printed name, position, and signature are required.
<b>9. Actions Taken:</b>	Provide information regarding actions that have been taken to fill the request within the OA or through existing MOUs/MOAs.
<b>10. through 17.</b>	To be completed by level/entity filling the request.

# ORDER SHEET

6a. ORDER <b>GENERAL: SUPPLY/EQUIPMENT REQUEST DETAILS</b>						17. Logistics Section: Fulfillment <small>NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).</small>						
Item #	Priority <sup>3</sup>	Detailed Specific Item Description: <small>Vital characteristics, brand, specs, diagrams, and other info (Type of Equipment, name, capabilities, output, capacity, Type of Supplies, name, size, capacity, etc.)</small>	Product Class <small>(Ea, Box, Cs, Pack)</small>	Items per Product Class	Quantity <sup>2</sup> Requested	Expected Duration of Use:	Quantity			Tracking #	Estimated Time of Arrival <small>(Date &amp; Time)</small>	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/Tel#/Email/Radio#)					

<sup>2</sup> QUANTITY: Number of individual pieces of equipment or boxes, cases, or packages of supplies needed .

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

# ORDER SHEET

6b. ORDER <b>PERSONNEL REQUEST DETAILS</b>								<input type="checkbox"/> PAID <input type="checkbox"/> NON-PAID		17. Logistics Section:Fulfillment	
ITEM #	Priority <sup>3</sup>	<b>Personnel Type &amp; Probable Duties</b>	Number Needed	<u>Minimum</u> Required Clinical Experience (1=current hospital, 2=current clinical, 3=current license, 4=clinical education)	<u>Required</u> Skills, Training, Certs (e.g., PALS, Current ICU experience, Languages, ICS training, Addtl Lic. i.e., PHN, etc.)	<u>Preferred</u> Skills, Training, Certs	Date/Time Required Indicate anticipated mobilization or duty date.	Anticipated Length of Service Indicate days or hours.	Quantity		Tracking # or DHV Mission Number
		Indicate required license types (see list below) RN, MD, EMT-I, Pharmacist, LVN, EMT-P, NP, DVM, PA, RCP, MFT, DDS, LCSW, etc.		Approved	Filled						
<b>Additional Instructions:</b>							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.											

<sup>3</sup> PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainability (RIMS: LOW) 11AUG11

# ORDER SHEET

6c. ORDER <b>OTHER REQUEST DETAILS</b>						17. Logistics Section: Fulfillment					
<b>Detailed Specific Description</b> <small>(Facility: Type, Tent, Trailer Size etc.) (Mobile Resources: Alternate Care Supply Cache, Mobile Field Hospital, Ambulance Strike Team)</small>						<b>Quantity</b>			<b>Tracking #</b>	<b>Estimated Time of Arrival</b> <small>(Date &amp; Time)</small>	<b>COST</b>
<b>Item #</b>	<b>Priority <sup>3</sup></b>	<b>Product</b> <small>(Ea, Cache, Team)</small>	<b>Quantity <sup>2</sup> Requested</b>	<b>Expected Duration of Use:</b>	<b>Approved</b>	<b>Filled</b>	<b>Back-Ordered</b>				
Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):						Deliver to/Report to POC (Name, Title, Location, Tele#, Email, Radio, etc.)					

<sup>2</sup> QUANTITY: Number of individual items, caches, strike teams, or resources needed .

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