



Health and Medical Resource Management

A. Resource Requests: Health and Medical

During an emergency, requests for health and medical resources that cannot be obtained locally or through pre-existing agreements, must follow standardized resource ordering procedures in accordance with SEMS/NIMS. The general flow of health and medical resource requests and assistance is shown in Diagram “A” on page 3, with the Medical and Health Operational Area Coordinator (MHOAC) Program being the primary point of contact in the Operational Area (OA). This protocol is based upon the California Health and Medical Emergency Operations Manual (EOM: see CAHAN.gov - Document Library – Documents – 2 State and Local Health – # CDPH – EPO – EOM).

1. Resource Requesting within the Operational Area (OA)

During an emergency, Medical and Health providers request resources unavailable through other sources from the MHOAC Program. The MHOAC Program will coordinate resource fulfillment within the OA and through all available suppliers. If the MHOAC Program cannot satisfy the request for additional resources through those mechanisms, the MHOAC Program may request health and medical resources from outside the Operational Area.

Following is a list of responsibilities of the Medical & Health Providers and MHOAC Program in processing those requests:

a. Medical & Health Providers

1) Resource Need

Prior to submitting a resource request to the MHOAC Program, the provider should confirm the following:

- The resource need is immediate and significant (or anticipated to be so).
- The supply of the requested resource has been exhausted, or exhaustion is imminent.
- The resource is not available from the internal or corporate supply chain.
- The resource or an acceptable alternative is unavailable from other vendors.
- The resource is unavailable through pre-existing agreements.
- Payment/reimbursement issues have been addressed.



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- 2) Complete the Health & Medical Resource Request Form
Ensure the appropriate requestor information portions (items 1 – 6) of the Health and Medical Resource Request Form are complete (see Appendix B, Medical and Health Resource Request Form), including:

- Incident Name
- Date/Time, Request Number (used for tracking)
- Requestor Name/Agency/Position/Phone/Email
- Mission/Tasks for the resource
- Order type (e.g. pharmaceuticals, supplies, personnel, etc.)
- Priority (Emergent, Urgent, or Sustainment)
- Detailed Description of Resources needed (type, kind, brand, dosage, strength, quantity, duration of need)
- Suggested Source (or substitute)
- Delivery Point/Point of Contact

- 3) Contact the MHOAC Program through the 24-hour point of contact.

b. MHOAC Program

- 1) After receiving a request for resources, confirm the resource need is immediate and significant (or anticipated to be so), and assess local availability or alternatives. Consider:

- Has the supply at the requesting facility/agency of the requested resource been exhausted, or is exhaustion imminent?
- Is the resource or an acceptable alternative available from other vendors, providers, or Public Health Department caches within the OA?
- For EMS assets, has the S-SV EMS Agency been notified?
- Have payment/reimbursement issues been addressed by the requesting facility/agency?

- 2) Ensure the appropriate portions of the Resource Request Form are complete.

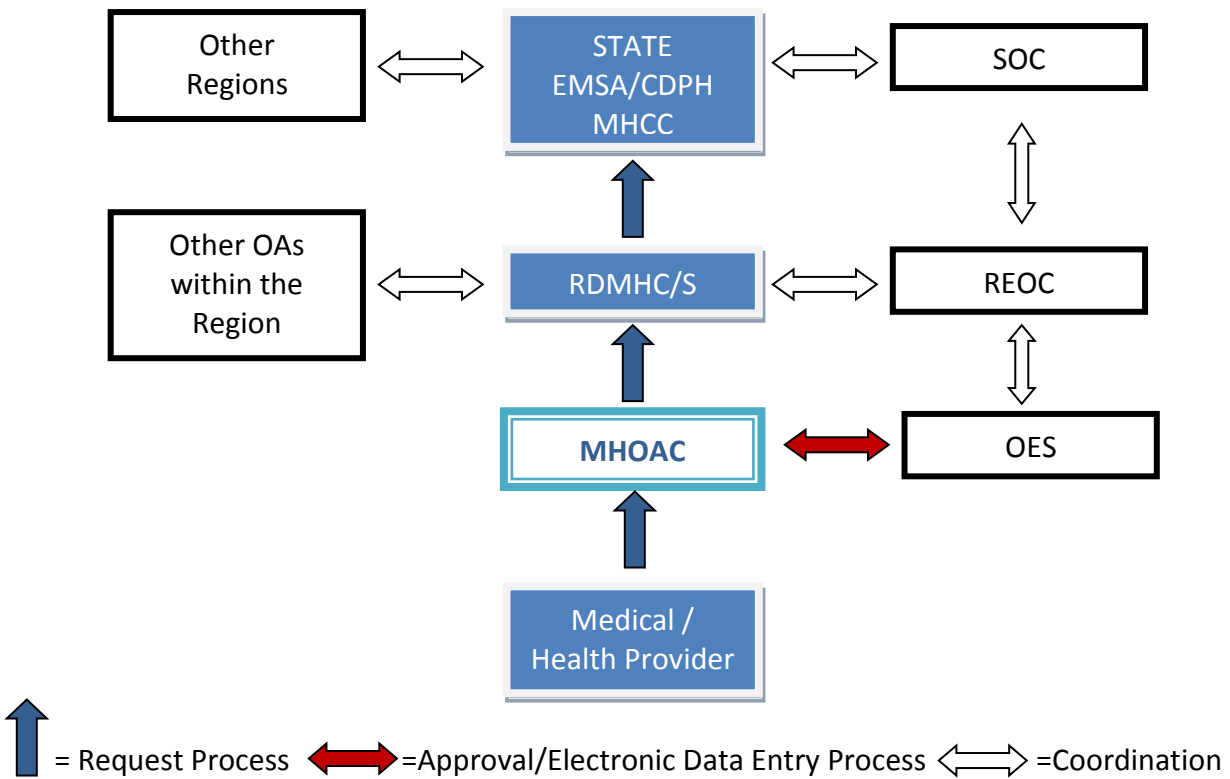
- 3) Contact the Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) Program:

Immediately notify the RDMHC/S Program that the resource is needed and work with the RDMHC/S Program to refine the resource request before formal submittal of the request to the local OES office.



- 4) Submit Request to OES:
Submit the formal request to the local OES Coordinator (or Operational Area EOC, if activated) by fax or email for approval and entry into the California Statewide electronic resource requesting program.
Note: The formal approval process and electronic resource requesting program data entry must not delay the resource request through the RDMHC/S Program from moving forward.
- 5) Provide a copy of the resource request to the RDMHC/S Program by fax or email.
- 6) Contact the local OES Coordinator (or OA EOC) to confirm receipt of the request and submission into the electronic resource requesting program.
- 7) Contact the RDMHC/S Program to confirm receipt of the request.

Diagram A: Resource Requests: Health & Medical





2. Filling a Resource Request from Outside the OA

When a request for medical or health resources is received from the RDMHC/S Program for another OA, the MHOAC Program will:

- a. Assess local medical/health providers for the needed resource(s).
- b. Notify OES/OA EOC to ensure proper tracking and fulfillment of the resource request.
- c. Notify RDMHC/S Program of the requested resource availability.
- d. Continue to work with the RDMHC/S Program and local providers to ensure reimbursement issues are confirmed and delivery details are verified.

B. Mobilizing Resources

To facilitate the effective mobilization of health and medical resources, the completed Health and Medical Resource Request Form must provide clear and detailed information and instructions in the Deliver to/Report to Point of Contact section. Additional information regarding the mobilization of Personnel versus Equipment/Supplies is provided below.

1. Personnel

- a. Agencies and/or organizations that agree to provide personnel resources to an affected jurisdiction should notify the personnel to mobilize, and communicate detailed information regarding when and where to report for duty (e.g., Incident Command Post, Staging Area, Mobilization Center, or EOC).
- b. The providing agency/organization should also arrange for transportation, food, lodging, security, and other support while in route and advise the requesting jurisdiction regarding the resource's anticipated needs upon arrival.
- c. The MHOAC and RDMHC/S Programs for the requesting jurisdiction and providing agencies or organizations should ensure the mobilized personnel receive and provide the following:



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- 1) Point-of-contact and delivery information that is complete, accurate, and provides the necessary detail for the personnel resource to be mobilized from portal to portal.
- 2) Contact information for mobilized personnel resources (cell phones, radio frequencies, etc.) while in route to allow for information sharing, notification of travel hazards, change of assignment, change in reporting location, cancellation orders, etc.
- 3) Clear instructions regarding the mission/task assignment.
- 4) Resource order number (for resource confirmation and tracking purposes).
- 5) Special mobilization instructions, including security or recommended equipment/personal gear they should carry, based on the anticipated length of the assignment, situation and resource availability in the affected area.

2. Equipment/Supplies

Organizations or vendors that agree to provide equipment or supplies to an affected jurisdiction should arrange for the material to be staged for shipment and be provided with detailed information regarding delivery contact information, location and time, special delivery requirements, etc.



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Appendix A: Medical and Health Resource Request Form (Most recent version in CAHAN Documents Library)

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

RR MH (11AUG11)

R E Q U E S T O R	1. Incident Name:		2a. DATE:	2b. TIME:	
	3. Requestor Name, Agency, Position, Phone / Email:			2c. Requestor Tracking #: <small>(Assigned by Requesting Entity)</small>	
	4a. Describe Mission/Tasks:		4b. Delivery/Reporting/Staging Information:		
T O C O M P L E T E	5. ORDER SHEETS - USE ATTACHED		<input type="checkbox"/> 6a. SUPPLIES/EQUIPMENT	<input type="checkbox"/> 6b. PERSONNEL	<input type="checkbox"/> 6c. OTHER:
	7a. OA/MHOAC 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.				
M H O A C	8. MHOAC/OA EOC Review: <small>(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]</small>			9. Describing the actions taken on this request so far.	
	NAME:	POSITION:	SIGNATURE:		
L O G I S T I C S	NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).			12. Resource Tracking:	
	10. Additional Order Fulfillment 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)	
F I N A N C E	15. Reply/Comments from Finance:			16. Finance Section Signature & Date/Time: <small>(Name, Position & Verification)</small>	



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ORDER SHEET

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6a. ORDER GENERAL: SUPPLY/EQUIPMENT REQUEST DETAILS						17. Logistics Section: Fulfillment <small>NOTE: To be completed by the Level/Entry that fills the request (OA EOC, Region, State).</small>						
Item #	Priority ³	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 ² Requested	Expected Duration of Use:	Quantity			Tracking #	Estimated Time of Arrival <small>(Date & Time)</small>	COST
							Approved	Filled	Back-Ordered			
Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):							Deliver to/Report to POC <small>(Name/Title/Location/Tel#/Email/Radio#)</small>					

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

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



**MEDICAL AND HEALTH RESOURCE REQUEST
Appendix B-Instructions for Completion**

Resource Request Medical and Health (RRMH) Completion Instructions

11AUG11

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. Be as general as possible, i.e., March 2011 EQ or IED at the Convention 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. 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.
3. Requestor Name & POC Info:	List the complete contact information of the requestor/creator of RRMH
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 who will receive 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.
6. Order - 6a. Supply/Equipment; 6b. Personnel; and/or, 6c. Other Sheets Details:	
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 Saline 1000ml 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.
Suggested Source(s) Suitable Substitute(s) Special Delivery Comments:	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.
7 a. Confirm Requirements:	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. MHOAC/OA EOC Contact Info	Include Telephone, Blackberry, FAX, E-mail, Points of Contact for reviewer.
8. MHOAC/OA EOC Review	Authorized MHOAC/OA EOC staff review and verification. Printed name, position, and signature are required.
9. Actions Taken:	Provide information regarding actions that have been taken to fill the request within the OA or through existing MOUs/MOAs.
10. through 17.	To be completed by level/entity filling the request.