

State of Nevada
January 2015



Resource Requesting Procedures For Healthcare Organizations

SECTION 1: PURPOSE

The purpose of this document is to outline the process health care organizations will use for initial and resupply requests of exhausted or depleted medical supplies and resources. Requests for assistance are to be made from the health care organization directly to the Local Health Authority (LHA) and/or Emergency Manager (EM). The EM will work with the LHA to identify the available resources to meet the organization's requested need utilizing Local, State and Federal resources, which may include assets from the Strategic National Stockpile (SNS). Their ability to meet this request is contingent upon availability of Federal, State and LHA resources and assets available at the time of request. These procedures are to be used when it appears imminent that health care organizational supplies and resources will be exhausted as the result of a public health emergency or a large-scale event in the community.

SECTION 2: OVERVIEW

During a large-scale emergency, either natural or manmade, local resources may be quickly overwhelmed or exhausted. Additional Local, State and Federal assets, such as equipment, medical and non-medical supplies, and personnel, may be requested to aid in the medical response to the event.

The Nevada State Chief Medical Officer or his/her designee is responsible for making the recommendation to the Nevada Department of Public Safety (NDPS), Division of Emergency Management (DEM) to request federal assets. One of these federal assets is the Strategic National Stockpile (SNS), a collection of large quantities of medical materiel, equipment, and pharmaceuticals designed to augment limited or depleted State and Local resources needed for responding to terrorist attacks or other public health emergencies. The Governor or his/her designee is the only person with the authority to request the SNS for Nevada.

Through Nevada DEM, the Governor or his/her designee will contact the Federal Department of Health and Human Services (DHHS) Secretary's Emergency Operations Center and request the SNS. Once the federal decision to deploy the SNS has been made, the SNS will be delivered to a pre-designated receiving, staging, and storing (RSS) site where the Nevada Division of Public and Behavioral Health (DPBH), formerly known as the Nevada State Health Division, will take control of the materiel and distribute it to the local facilities, alternate care sites, and local points of dispensing (PODs).

During such an emergent event, health care organizations may be able to request and receive additional Local, State and Federal assets, even without a declared emergency, when their available inventory is imminently threatened. In order to do so, health care organizations need to implement and practice this protocol for requesting additional assets. **Attachment B** instructions for Data Collection, and **Attachment C**, Instructions for Action Request Form (ARF), will need to be completed in full and submitted with any requests.

SECTION 3: PRE-EVENT COORDINATION PLANNING

Prior to an emergency, each health care organization must identify the person(s) authorized to request emergency medical resources (e.g. equipment, medical and non-medical supplies, personnel etc.) on behalf of the organization and ensure that they are trained on these procedures.

The LHA and/or EM point of contact for each jurisdiction is listed in **Attachment F**.

The health care organization's primary point of contact and alternates will need to be documented in **Attachment A**.

The organization shall:

- Identify a location, such as a loading dock area, to receive requested assets.
- Have a valid DEA licensed registrant to request DEA controlled substances (complete **Attachment D**, DEA form 222, at the time of the request).
- Identify and document the primary point of contact and any alternates on **Attachment A** (Health Care Point of Contact Form) and return to the LHA and/or EM as designated in **Attachment F** (Point of Contact Roster) for the appropriate jurisdiction.
 - As changes in personnel or duties are made, please update **Attachment A** and notify the LHA Contact so that training can be provided, if necessary.
- Keep a copy of these procedures with the completed Point of Contact Form (**Attachment A**) in health care organization's Emergency Operations Plan (EOP).
- Complete annual training on the requesting procedures in order to make resource requests.

Specific to Acute Care Hospitals ONLY, which shall:

- Identify a primary point of contact and two back-ups authorized (DEA registrant) to request emergency medical resources on behalf of your hospital. These individuals will sign for controlled substances, order and receive assets, coordinate inventory control of the assets and provide case-count information.
- Ensure the three identified contacts receive training on Resource Requesting Procedures by the LHA, on an annual basis, to be able to request resources.
- Identify and document the hospital's primary point of contact and two alternates on the form provided in **Attachment A** and return to the LHA and/or EM as designated in **Attachment F** for the jurisdiction.
 - As changes in personnel or duties are made, please update **Attachment A** and notify the LHA Contact so that training can be provided, if necessary.
- Keep a copy of these procedures with the completed Point of Contact Form (**Attachment A**) in the facility's EOP.

REMINDER

When the individuals identified in Attachment A change, the LHA/Emergency Manager identified for the jurisdiction on Attachment F must be notified. Resource requests will not be processed if received from unauthorized personnel.

The designated LHA and/or EM shall:

- Provide health care organizations access to the statewide resource requesting procedures and training, as well as any updates that are made.
- Provide each health care organization with a contact for all resource requests (**Attachment F** of this document).
- Provide training to each acute care hospital's points of contact identified in **Attachment A** of this document on the use of associated forms and appendices.
- Notify the health care organization's point of contact whenever there is a change in the LHA or EM point of contact information **Attachment F**.
- Train and Exercise these requesting procedures annually with the hospitals in their jurisdiction.

SECTION 4: INITIAL REQUESTING PROCEDURES

Large-scale emergencies can quickly overwhelm and exhaust a health care organization's resources. All health care organizations must leverage existing resources, mutual aid agreements and existing vendors **prior** to requesting community resources.

Once a facility realizes that they do not have the resources available to manage the incident or event, they shall proceed as follows:

- Initiate and inform the facility Incident Command System (ICS) or Hospital ICS (HICS) if they have not already done so.
- Notify the EM or the LHA designee that is identified in **Attachment F** and provide them with the completed Data Collection Form (**Attachment B**) and Action Request Form (ARF) (**Attachment C**).
 - Use an individual ARF for each resource requested, i.e., five Pediatric Nurses would need one form; refrigerated trailer would need one form; medication would require one form per type. Please see ARF instructions for more detail, located in **Attachment C**.
- Use the attached forms to compile a comprehensive list of the facility's immediate resource needs to manage the event and to help Incident Command Planning staff to estimate future resource needs.
- Ensure the LHA and/or EM as designated on **Attachment F** has the correct point of contact information and location at the facility for delivery of assets.

- Have the health care organization’s authorized point of contact or alternate assess the facility needs (immediate and intermediary) and complete the appropriate forms in accordance with this protocol.

It is important to complete all of this information BEFORE making a resource request to the designated LHA and/or the Local EM.

- If the additional assets have been identified as needed, per this protocol, contact the designated LHA and/or EM and provide them with a detailed request, including type and quantity, of exactly the type of provider or auxiliary personnel needed (pediatric surgeon, anesthesiologist, security guard, etc.), how many, and the other information on the ARF. (**Attachment C**).
- Have the facility Point of Contact determine with the LHA and/or EM how often they will need to be updated on the situation and the best mode of communication for the duration of the event.
- If unable to reach the LHA designee or EM (contact information on **Attachment F**), contact the DPBH duty officer at 775-684-5920.
- **Notify the LHA designee or EM whenever there is a change in the liaison personnel (i.e., shift change, illness, etc.).**

The LHA / EM designated on **Attachment F** shall:

- Forward all health care resource requests to the appropriate health authority or county agency.
- Coordinate with the facility’s point of contact, keeping them informed on status or changes in regards to delivery information (i.e., estimated time of arrival, items to be delivered, etc.).
- Contact the health care organization to let them know assets are being dispatched and collect the name of the receiving charge nurse and/or pharmacist who will be signing for the assets.

SECTION 5: RECEIVING STATE/FEDERAL ASSETS

When state and/or federal assets arrive at the health care organization, proper chain of custody procedures must be maintained. There are several forms that must be completed to maintain accountability. All sample forms and instructions for completion can be found in the following attachments. When the assets arrive, the authorized points of contact (pharmacist or charge nurse authorized to accept delivery) shall:

- Sign the Chain of Custody Form (**Attachment E**) for transferring physical custody to the hospital.
 - If antivirals, antibiotics or any other medications are being shipped to a hospital, the hospital pharmacist or charge nurse authorized to accept delivery of such items must sign for the assets

- **For any Schedule II narcotics**, the pharmacist (DEA registrant) must sign the DEA Form 222 (**Attachment D**). They are the only authorized signatory for those assets.
- Notify the LHA and/or EM when materiel and other resources have been received and confirm if anything is missing; ensure all requested items are in the package.
- Make a copy of the Chain of Custody Form for their organizational records, as the original Chain of Custody Form will be returned to the delivery driver or the LHA and/or EM.

The Nevada DPBH will provide the health care organization with drug information sheets for any of the drugs contained in the SNS prior to their being administered as countermeasures to the emergency. The LHAs will provide the hospitals with medical protocols and guidance for use of countermeasures and for treatment guidelines during an emergency.

SECTION 6: TRACKING LOCAL, STATE & FEDERAL ASSETS

To ensure proper tracking of government assets distributed throughout the state, all entities that receive these resources are responsible for keeping track of what they receive, how many they receive and the amounts they dispense and issue, as well as to whom those assets are issued.

It is suggested that facilities use internal tracking/quality control/material and inventory management tools already in place, in addition to the required documents outlined in this protocol that they will be providing to their designated LHA/EM.

- Depending on the type of emergency or event, additional forms may be provided/required.

The LHA/EM is responsible for receiving this data and reporting it to the Nevada DPBH, which in turn will report it to the appropriate state and federal agencies.

Note: The Nevada State Public Health Preparedness Program does not compete with vendors for purchasing supplies and equipment. To assure that all efforts to purchase medical supplies and equipment through usual and customary vendors have been exhausted, please submit an email, letter or documentation that an order has been denied or cancelled with your request for personal protective equipment (PPE) from the SNS.

Health Care Point of Contact Form

Point of Contact (POC) Information for those Authorized to request emergency medical materials as of _____ for our facility.
(Date and time)

(Print/Type Facility Name)

Physical Address (No PO Boxes): _____

City/Zip: _____ County: _____

PRIMARY person authorized to request emergency medical materials is:

Signature: _____

Printed Name: _____

Title & Department: _____

Work Phone #: (____) _____ Mobile #: (____) _____ Home #: (____) _____

Email: _____ Fax #: (____) _____

Date Trained on Resource Requesting Protocol: _____

BACK-UP person authorized to request emergency medical materials at this hospital is:

Signature: _____

Printed Name: _____

Title & Department: _____

Work Phone #: (____) _____ Mobile #: (____) _____ Home #: (____) _____

Email: _____ Fax #: (____) _____

Date Trained on Resource Requesting Protocol: _____

Secondary BACK-UP person authorized to request emergency medical materials at this hospital is:

Signature: _____

Printed Name: _____

Title & Department: _____

Work Phone #: (____) _____ Mobile #: (____) _____ Home #: (____) _____

Email: _____ Fax #: (____) _____

Date Trained on Resource Requesting Protocol: _____

Instructions for completing this attachment:

Once this form has been completed, contact your Local Health Authority (LHA) to schedule training for the designated individuals on the resource requesting protocol.

- Enter the dates that each identified personnel was trained on the resource requesting protocol and keep this document in your Emergency Operations Plan (EOP).
- **When the individuals filling these roles change, the Local Health Authority (LHA) MUST be notified.**
- **It is vitally important to keep this document updated and the LHA informed of any updates/changes and additional designations, as the LHAs will not process requests received from unauthorized personnel.**

If you have any additional questions, contact your LHA or Emergency Manager designee (contact information available in *Attachment C*).

Instructions for Data Collection Form

1. Complete the Data Collection Form (Attachment B) **when it appears imminent that health care organizational supplies and resources will be exhausted as the result of a public health emergency or large scale event in the community.**
2. Complete all fields (date and time, facility name and location and Hospital Representative name and contact information of authorized person completing this reorder request).
3. Fax or e-mail the Data Collection Form (Attachment B) along with the completed Action Request Form (ARF) (**Attachment C**) to the Local Health Authority and/or Emergency Manager as designated on **Attachment F**.
4. Confirm receipt of this order with the Local Health Authority and/or Emergency Manager along with an estimated time for delivery.

DATE: _____

TIME: _____

FACILITY NAME: _____

FACILITY LOCATION: _____

HOSPITAL REPRESENTATIVE: _____

HOSPITAL REPRESENTATIVE CONTACT INFORMATION:

PHONE: (_____) _____ CELL: (_____) _____

EMAIL: _____

AUTHORIZED PERSON COMPLETING FORM: _____

AUTHORIZED PERSON COMPLETING FORM CONTACT INFORMATION:

PHONE: (_____) _____ CELL: (_____) _____

EMAIL: _____

Data Collection Form

Information needed for the Initial request for assistance:

For individuals treated at your facility have you identified any of the following: (Please Circle)

- A large number of unexplained disease, syndrome or deaths?..... Yes No N/A
Unusual illness in a population? Yes No N/A
Higher morbidity and mortality with a common disease or syndrome? Yes No N/A
Failure of a common disease to respond to usual therapy? Yes No N/A
Single case of disease caused by an uncommon agent? Yes No N/A
Multiple unusual or unexplained disease entities in the same patient?..... Yes No N/A
Disease with unusual geographic/seasonal distribution? Yes No N/A
Multiple atypical presentations of disease or chemical agents?..... Yes No N/A
Endemic disease/unexplained increase in incidence? Yes No N/A
Simultaneous clusters of similar illness in non-contagious areas?..... Yes No N/A
Atypical aerosol/food/water transmission? Yes No N/A
Ill people presenting at the same time? Yes No N/A
Deaths/illness among animals that precedes/accompanies human death? Yes No N/A
No illness in people not exposed to common vent systems but illness in those in proximity to the systems? Yes No N/A

You will also need to provide the following information:

Number of current patients/casualties: _____ Number of current fatalities/decedents: _____

Current Hospital bed capacity: _____ ***Update EMResource***

Has there been any change in the status of critical resources (manpower, supplies, equipment, ICU Beds, Ventilators)? Yes No N/A

If yes, please identify and report these needs: _____

What is your current surge capacity? _____% At what percentage are you currently? _____%

Do you anticipate that you will have surpassed your treatment capacity within 24 hours?.. Yes No

Identify any miscellaneous or additional Resource Needs: _____

Instructions for Action Request Form (ARF)

INSTRUCTIONS

Items on the Action Request form that are not specifically listed are self-explanatory. Indicate "see attached" in any field for which additional space or more information is required.

SECTION I. Who is requesting assistance? Completed by requestor or Logistics Staff

SECTION II. What needs to be done? Completed by requestor or Logistics Staff

Description of Assistance Requested: Detail of resource shortfalls, statement of deliverable, or simply state problem/need.

Priority: The requestor's priority or determined by the EOC Manager.

Site POC: The person at the delivery site coordinating reception and utilization of the requested resources. 24-hour contact information required.

Signature certifies that:

- (1) Local governments cannot perform, nor contact for the performance of, the requested work;
- (2) Work is required as a result of the event, and not a pre-existing condition.

SECTION III. Action Review/Coordination: If this does not exceed the authority for purchasing assigned by the EOC manager, then the Logistics Section processes the order.

Approve/Not-Approve: EOC Manager / Operations Section Chief approves or disapproves the request; provide reason if disapproved. If request approved, coordinates with others, i.e., Operations, Logs begins to determine best means of fulfilling request. All involved in coordination should check appropriate box and initial or print their name.

Assigned to:

- A. Operations Section Chief Assigns tasks origination to ESF Branch Director.
- B. Operations will document requested resource for the resource status display board.
- C. If it becomes necessary for a request to be filled by more than one ESF, that information will be provided to the ESF Branch Director and an additional ARF will be generated by the lead ESF to support the request. A letter will be assigned, i.e., A, B, C, etc.

Date/Time Assigned: Operations Section Chief provides date and time

SECTION IV. Statement of Work: Description of tasks to be performed. Could be to assess a problem and report back, or could be to proceed with a specific action.

SECTION V. Action Taken (OPS & ESF)(Section Use Only): Completed by OPS Section Chief, ESF Branch or Logistics. Once the order has been processed, it is the responsibility of the Operations Section, or the ESF to complete the request.

Action Request Results: "Reason / Disposition" field should note steps taken to complete the Action, and personnel, sub-tasked agencies, contracts and other resources utilized, or reason for rejection. Once the request is completed, the responding party will return the form to the ESF Branch Director, who will ensure it is then returned to the Logistics Section. **The responding party will keep the pink copy of the EOC-ARF for their records.**

TRACKING INFORMATION. Completed by Logistics. Required for all requests.

Logistics retains the yellow copy for their records.

Original to Documentation Unit (PLANNING SECTION). The documentation unit provides (3) copies:

- Copy to Finance (Green Paper)
- Copy to Resource Unit (Blue Paper)
- Copy to Requestor

**State of Nevada
NDEM: Action Request Form**

Attachment C-2

Incident #:

Resource Order #:

Originated
as verbal

I. REQUESTING ASSISTANCE (To be completed by Requestor or Logistics Ordering Manager)

1. Requestor's Name (Please print)	2. Title	3. Phone No.
4. Requestor's Organization	5. Fax No.	6. E-Mail Address

II. REQUESTING ASSISTANCE (To be completed by Requestor) Information Resources Tech. Asst.

1. Description of Requested Assistance: (SALTT) Size, Amount, Location, Time & Type

2. Quantity	3. Priority <input type="checkbox"/> Lifesaving <input type="checkbox"/> Sustaining High <input type="checkbox"/> <input type="checkbox"/> Normal	4. Date and Time Needed
5. Delivery Site Location		6. Site Point of Contact (POC)
7. 24-Hour Phone No.	8. Fax No.	9. Local Official/Authorized Signature
		10. Date and Time

III. SOURCING THE REQUEST - REVIEW/COORDINATION

1. <input type="checkbox"/> Logs Review by: _____ <input type="checkbox"/> OPS Review by: _____ <input type="checkbox"/> SEOC Manager: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved/Need Add. Info. <input type="checkbox"/> Finance Review Requested <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Finance Review: _____	2. Source	3. Assigned to:
	<input type="checkbox"/> Internal / Logistics	<input type="checkbox"/> ESF _____
	<input type="checkbox"/> Requisitions/P.O.	<input type="checkbox"/> ESF _____
	<input type="checkbox"/> ESF Assigned	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Federal Asset	<input type="checkbox"/> Date / Time _____
	<input type="checkbox"/> OTHER	<input type="checkbox"/>

IV. STATEMENT OF WORK (Operations / ESF Section Only)

5. Statement of Work

6. Estimated Completion Date	7. Estimated Cost
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V. ACTION TAKEN (Operations Section & ESF Representatives)

Accepted Rejected Needs Additional Coordination Requestor Notified With Delivery Information

Reason / Disposition

TRACKING INFORMATION (NDEM Use Only)

Received by (Name and Organization)	Date / Time Received
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DEA Form-222

U.S. OFFICIAL ORDER FORMS – SCHEDULES

See Reverse of PURCHASER'S Copy of Instructions		No order form may be issued for Schedule I and II substances unless a complete application form has been received (21 CFR 1305.04)				OMB APPROVAL No. 1117-0010		
TO: (Name of Supplier)			STREET ADDRESS:					
CITY and STATE		DATE		TO BE FILLED IN BY SUPPLIER				
				SUPPLIERS DEA REGISTRATION No.				
L I N E N O. No.	TO BE FILLED IN BY PURCHASER							
	No. of Packages	Size of Package	Name of Item	National Drug Code			Packages Shipped	Date Shipped
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
◀ LAST LINE COMPLETED (MUST BE 10 OR LESS)			SIGNATURE OR PURCHASER OR ATTORNEY OR AGENT					
Date Issued		DEA Registration No.		Name and Address of Registrant				
Schedules								
Registered as a		No. of this Order Form						

I & II

(Oct. 1992)

DRUG ENFORCEMENT ADMINISTRATION



Nevada Chain of Custody Form

Warehouse: _____ Control Number: _____

Phone: _____ Fax: _____

Ship To: (Receiving Individual) _____

Receiving Facility: _____

Exact Street Address: _____

City/State/Zip-Code: _____

PHONE: _____ FAX: _____

Order Quantity	Shipment Quantity	Unit	NDC or Item #	Lot #	Item Description	Filled By	Checked By

Picked Date & Time: _____ Name: _____ Signature: _____

Quality Control Check Date & Time: _____ Name: _____ Signature: _____

Transported Date & Time: _____ Name: _____ Signature: _____

Received by Facility Date & Time: _____ Name: _____ Signature: _____