

**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 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

Attachment B-2

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 HAvBED*****

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)

Attachment C-1

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

☐

Lifesaving

☐

Sustaining

High

☐
☐

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. ☐ Logs Review by: _____

2. Source

3. Assigned to:

☐ OPS Review by: _____

☐ Internal / Logistics

☐ ESF _____

☐ SEOC Manager: _____

☐ Requisitions/P.O.

☐ ESF _____

☐ Approved ☐ Not Approved/Need Add. Info.

☐ ESF Assigned

☐ Other _____

☐ Finance Review Requested ☐ Yes ☐ No

☐ Federal Asset

☐ Date / Time _____

☐ Finance Review: _____

☐ OTHER

☐

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

5. Statement of Work

6. Estimated Completion Date

7. Estimated Cost

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

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 No.	TO BE FILLED IN BY PURCHASER									
	No. of Packages	Size of Package	Name of Item	National Drug Code						Packages 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: _____

The Local Health Authority or Emergency Manager Point of Contact (POC) Roster by Jurisdiction (as of May 6, 2016)

Medication Must be Requested Under the Authority of the County or State Health Officer

County/ Jurisdiction	Designated Agency	Specific Point of Contact	Contact Information
State of Nevada	NV Division of Emergency Management	Caleb Cage Chief	Work: (775) 687-0400, Cell: (775) 443-8814 NV Division of Emergency Management, 2478 Fairview Drive, Carson City, NV 89701 Ccage@dps.state.nv.us
Boulder City	Office of Emergency Management	Kevin Nicholson Fire Chief	Work: (702) 293-9228 Boulder City Office of Emergency Management, 1101 Elm Street, Boulder City, NV 89005 knicholson@bcnv.org
Carson City	Carson City Health & Human Services	Angela Barosso PHP Manager	Work: (775) 283-7217, Cell: (775) 450-9138, Fax: (775) 887-2248 Carson City Health & Human Services, 900 Long Street, Carson City, NV 89706 abarosso@carson.org
Carson City	Carson City Health District	Stacey Belt Deputy Emergency Manager	Work: (775) 283-7218, Cell: (775) 720-1073, Fax: (775) 887-2209 Carson City Emergency Management, 777 S. Stewart Street, Carson City, NV 89701 sbelt@carson.org
Carson City	Office of Emergency Management	Robert Schreihans Fire Chief	Work: (775) 283-7209 Cell: (775) 741-9105 Office of Emergency Management, 777 South Stewart St. Carson City, NV 89701 rschrbschreihans@carson.org
City of Elko	Elko Police Department	Mike Burgess	Work: (775) 777-7350 Cell: (775) 934-3970 Elko Police Department, 1401 College Ave. Elko, NV 89801 mbburgess@ci.elko.nv.us

County/ Jurisdiction	Designated Agency	Specific Point of Contact	Contact Information
Fallon	Emergency Management	Steven Endacott Director	(775) 423-5107 Cell: (____) ____-____ Fallon Emergency Management 55 West Williams Ave. Fallon, NV 89406 endacottsteve@charter.net
N.A.S. Fallon	Emergency Management	Barry Wood Emergency Manager	Work (775) 426-3420 Cell: (775) 223-9803 N.A.S. Fallon, 4755 Pasture Rd. Fallon, NV 89406 Barry.woddd@navy.mil
Henderson	Emergency Management	Yuri Graves Emergency Management	Work: (702) 267-2272 Cell: (954)483-7846 City of Henderson 240 Water Street, Henderson, NV 89009-5050 Yuri.graves@cityofhenderson.com
Las Vegas	Emergency Management	Carolyn Levering Emergency Manager	Work: (702) 229-6501 Cell: (702) 419-2820 Las Vegas Emergency Management 459 S. Main Street Las Vegas, NV 89101 clevering@lasvegasnevada.gov
Mesquite	Emergency Management	Rick Resnick Emergency Manager	Work: (702) 346-2690 Cell: (____) ____-____ Mesquite Emergency Management, 10 E. Mesquite Blvd. Mesquite, NV 89027 rresnick@mesquitenv.gov
North Las Vegas	Emergency Management	Jeff Lytle Fire Chief	Work: (702) 663-1105 Cell: (702) 303-8955 N. Las Vegas Emergency Management NWAC, 3755 West Washburn North Las Vegas, NV 89031 lytlej@cityofnorthlasvegas.com
Reno	Emergency Management	Tim Spencer	Work: (775) 334-7774 Cell: (775) 750-7976 Office of Emergency Management, 1 East First Street Reno, NV 89505 Andrew Clinger: City Manager spencert@reno.gov
Sparks	City of Sparks	Chris Syverson	Work: (775) 353-1633 Cell: (775)250-5555 City of Sparks, PO Box 857 Sparks, NV 89432-0857 csyverson@cityofsparks.us

County/ Jurisdiction	Designated Agency	Specific Point of Contact	Contact Information
University of Nevada – Reno	University Police Services	Eric James Emergency Manager	Work: (775) 682-7247 Cell: (775) 784-4013 University Police Services, 1664 N. Virginia Mail Stop 250, Reno, NV 89557 ejames@unr.edu
West Wendover	Emergency Management	Jeff Knudtson, Fire Chief	Work (75) 664-2274 Cell: (801) 598-2734 West Wendover Emergency Management PO Box 3226 West Wendover, NV 89883 jknudtson@westwendovercity.com
Churchill	Emergency Management	Ron Juliff, Emergency Manager	Work: (775) 423-4188, Home: (775) 428-2521, Fax: (775) 423-5677 Office of Emergency Management, 155 N. Taylor St, Suite 177, Fallon, NV 89406 ccem@phonewave.net
Clark	Clark County Office of Emergency Management	John Steinbeck Deputy Fire Chief	Work: (702) 455-7154, Cell: (702) 219-7859, 24-hour Contact Number: (702) 229-0407 Office of Emergency Management, 500 S Grand Central Parkway, Las Vegas, NV 89106 john.steinbeck@clarkcountynv.gov
Douglas	Emergency Operations	Tod Carlini Fire Chief/ Emergency Manager	Work: (775) 782-9048, Fax: (775) 720-0750 East Fork Fire and Paramedic Districts Office, P.O. Box 218, Minden, NV 89423 tcarlini@eastforkfire.org
Elko	Emergency Management	Clair Morris Emergency Manager/ Undersheriff	Work: (775) 777-2502, Cell: (775) 738-4210, Elko County Emergency Management, 775 W. Silver St., Elko, NV 89801 cmorris@elkocountynv.net
Esmeralda	Emergency Management	Ken Elgan Sheriff	Work: (775) 485-6373, Cell: (775) 741-9350, Fax: (775) 485-3524 Office of Emergency Management, P.O. Box 520, Goldfield, NV 89013, ecso@frontiernet.net

County/ Jurisdiction	Designated Agency	Specific Point of Contact	Contact Information
Eureka	Emergency Management	Ronald Damele Emergency Manager/ Director of Public Works	Work: (775) 237-5372, Home: (775) 237-5645, Fax: (775) 237-5708 Office of Emergency Management, P.O. Box 714, Eureka, NV 89316, rdamele@eurekanv.org
Humboldt	Emergency Management	Mike Allen County Sheriff	Work: (775) 623-6419, Fax: (775) 623-2192 County Courthouse, Room 205, 50 W. Fifth St, Winnemucca, NV 89445, h101@hcsnv.com
Lander	Emergency Management	Ron Unger Sheriff/Fire Chief	Work: (775) 635-1100, Cell: (775) 374-0808, Home: (775) 635-2813, Fax: (775) 635-2577 Lander County Sheriff's Office, P.O. Box 1625, Battle Mountain, NV 89820 sheriffunger@landerso.org
Lincoln	Emergency Management	Richard (Rick) Stever Emergency Manager	Work: (775) 962-2376, Home: (775) 962-5825, Cell: (775): 728-42557, Fax: (775) 728-4257 Office of Emergency Management, P.O. Box 90, Pioche, NV 89043 Lincoln_em@ymail.com
Lyon	Emergency Management	Rob Loveberg, EM Coordinator	Work: (775) 463-6531, Cell: (775) 302-7088, Home: (775)463-4456, Fax: (775) 463-6533 Office of Emergency Management, 27 South Main Street, Yerington, NV 89447 rloveberg@lyon-county.org
Mineral	Emergency Management	Patrick Hughes Emergency Manager	Work: (775) 945-2497, Cell: (775) 316-0840, Fax: (775) ____-____ Office of Emergency Management, P.O. Box 1095, 418 Mineral Way, Hawthorne, NV 89415 phughes@mineralcountynv.org
Nye	Emergency Services	Vance Payne Emergency Manager	Work: (775)751-4278, Cell: (775)751-4280, Fax: (775)751-4280 1510 E. Siri Lane, Suite 100, Pahrump, NV 89060 vpayne@co.nye.nv.us

County/ Jurisdiction	Designated Agency	Specific Point of Contact	Contact Information
Pershing	Emergency Management	Charles Sparke Emergency Manager	Work: Sun to Tue from 06H00 to 18H00 is (775) 273-4556, Wed to Sat is (775) 273-9012, Cell: (775)857-7911, Fax: (775) 273-9012 Office of Emergency Management, Box Drawer E, County Courthouse, Lovelock, NV 89419 clsnvdem@att.net
Storey	Emergency Management	Joe Curtis EM Director	Work: (775) 847-0986 Cell: (775) 742-0138, Office of Emergency Management, P.O. Box 7, 372 South C Street, Virginia City, NV 89440 jcurtis@storeycounty.org
Washoe	Emergency Management	Aaron Kenneston, CEM Emergency Manager	Work: (775) 337-5898, Cell: (775) 742-6944, Fax: (775) 337-5897 Office of Emergency Management and Homeland Security, 5195 Spectrum Blvd, Reno, NV 89512 akenneston@WashoeCounty.us
White Pine	Emergency Management	Brett Watters Director EM	Work: (775) 293-6503 Cell: (775)296-0418 Office of Emergency Management PO Box 150342, Ely, NV 89315 bwaters@whitepinecountynv.gov

Tribal Emergency Point of Contact (POC) Roster

5/9/16

Medication Must be Requested Under the Authority of the County or State Chief Medical Officer

Tribe	Chairperson	Emergency Manager	Health Center	Health Director
Duck Valley Sho-Pai Tribe	Lindsey Manning 208.759.3100 manning.lindseyw@shopai.org P.O. Box 219 Owyhee, NV 89832 P: 208.759.3100 F: 208.759.3103	Brent Hunter Fire Management Officer/EM Asst. Fire Chief Office: 775.757.2473 hunter.brent@shopai.org Sho-Pai Fire Dept. 1935 Fire Lane, NV Hwy 225 (ITERC Chairman)	Owyhee Community Health Center Highway 225 PO Box 120 Owyhee, NV 89832 Phone: 775-757-2403 Fax: 775-757-2066	Anthony Marshall Acting Health Director E-Mail: Marshall.Anthony@shopai. org
Duckwater Shoshone Tribe	Perline Thompson Phone: 775.863.0227 Fax: 775.863.0301 P.O. Box 140068 Duckwater, NV 89314	POC: Janey Blackeye Bryan Office: 775.863.0222 jw.bryan@yahoo.com PO Box 140068 502 Duckwater Falls Road Duckwater, NV 89314-0068	Duckwater Health Clinic 502 Duckwater Falls Road PO Box 140087 Duckwater, NV 89314 Phone: 775-863-0222 Fax: 775-863-0142	Debbie O'Neil, Acting Health Manager E-Mail: Debbie.Oneil@ihs.gov
Ely Shoshone Tribe	Alvin Marques Phone: 775.289.3013 Fax: 775.289.3833 elkmounter@yahoo.com 16 Shoshone Circle Ely, NV 89301	Kathryn Griffith Office: 775.289.5323 kathryngriffith077@gmail.com 16 Shoshone Circle Ely, NV 89301	Ely Shoshone Tribal Clinic 400 Newe View Ely, NV 89301 Phone: 775-289-4133 Fax: 775-289-3237	Connie Souza Health Director E-Mail: conniesouza@gmail.com Irene Carney Assistant Health Director

Fallon Paiute Shoshone Tribes	Len George Phone: 775.423.6075 Fax: 775.423.5202 chairman@fpst.org chairmanasst@fpst.org 565 Rio Vista Drive Fallon, NV 89406 Other POC: receptionist@fpst.org	Jackie Conway Emergency Management Director Office: 775.423.8065 x 233 F: 775.423.8067 emd@fpst.org (ITERC Vice-Chair)	Fallon Tribal Health Center 1001 Rio Vista Drive PO Box 1980 Fallon, NV 89406 Phone: 775-423-6075 Fax: 775-423-5694	Joe Herman Administrator E-Mail: fthcdirector@fpst.org
Fort McDermitt Pai-Sho Tribe of Nevada & Oregon	Brad Crutcher Office: 775.532.8259 Fax: 775.532.8487 P.O. Box 457 McDermitt, NV 89421	Duane Masters Sr. Office: 775.532.8259 dmasterssr@gmail.com PO Box 457 McDermitt, NV 89421	Ft. McDermitt Health Clinic 112 North Road PO Box 315 McDermitt, NV 89421 Phone: 775-532-8522 Fax: 775-532-8024	Bettina Alvarez FNP Site Manager E-Mail: Bettina.alvarez@ihs.gov
Fort Mojave Tribe	Timothy Williams Phone: 760.629.4591 Fax: 760.326.9652 Timothywilliams@fortmojave.com 500 Merriman Ave. Needles, CA 92363	Luke Johnson Office: 760.326.9650 Fax: 760.326.9652 lukejohnson@fortmojave.com 500 Merriman Ave. Needles, CA 92363	Fort Mojave Indian Health Center Phone: 928.346.4679 Fax: 928.346.4686 1607 Plantation Road Mojave Valley, AZ 86440D	
Confederated Tribes of the Goshute Reservation	Virgil Johnson Phone: 435.234.1138 Fax: 435.234.1162 madeline.greymountain@ctgr.us P.O. Box 6104 Ibapah, UT 84034	Vacant Office: 435.234.1138	Goshute Health Clinic 195 Tribal Center Road PO Box 6104 Ibapah, Ut 84034 Phone: 435-234-1194 #1Clinic: 435-234-1157 Fax: 435-234-1162 or 1202	Christine Steele Acting Director E-Mail: christinesteele@goshutetribes.com

Las Vegas Paiute Tribe	Benny Tsobtso@lvpaiute.com Phone: 702.386.3926 Fax: 702.383.4019 One Paiute Drive Las Vegas, NV 89106	Ken Bell Interim Police Chief Office: 702.471.0844 kbell@lvpt.com	Las Vegas Clinic 1257 Paiute Circle Las Vegas, NV 89106 Phone: 702-382-0784 Fax: 702-384-5272	Nicole Hovietz Acting Health Director E-Mail: Nhovietz@lvpaiute.com
Lovelock Paiute Tribe	Victor Mann Phone: 775.273.7861 Fax: 775.273.3802 victormann86@yahoo.com P.O. Box 878 Lovelock, NV 89419	Vacant POC: Chairman Mann	Served by Fallon Clinic	
Moapa Band of Paiutes	Robert Tom Office: 702.865.2787 Fax: 702.865.2875 mbop.chair@mvdsl.com P.O. Box 340 Moapa, NV 89025	POC: Terry Bohl Cell: 775.233.6641 terry.iterc@gmail.com P.O. Box 187 Moapa, NV 89025	Irene Benn Medical Center 10 Lincoln Street PO Box 819 Moapa, NV 89025 Phone: 702-865-2700 Fax: 702-865-2821	Dr. Melinda Astran Clinical Director E-Mail: melinda.astran@ihs.gov
Pyramid Lake Paiute Tribe	Vinton Hawley Phone: 775.574.1000 Fax: 775.574.1008 vhawley@plpt.nsn.us P.O. Box 256 Nixon, NV 89424	Don Pelt Office: 775.574.1000 dpelt@plpt.nsn.us	Pyramid Lake Tribal Health Clinic 705 Highway 446 PO Box 227 Nixon, NV 89424 Phone: 775-574-1018 Fax: 775-574-1114	Dawna Brown Director E-Mail: dbrown@plpt.nsn.us

Reno-Sparks Indian Colony	Arlan Melendez Phone: 775.329.2936 Fax: 775.329.8710 amelendez@rsic.org 98 Colony Road Reno, NV 89502	David Hunkup Office: 775.785.1373 dhunkup@rsic.org Daniel Thayer RSIC Tribal Health Center EM Office: 775.329.5162 dthayer@rsicclinic.org 1715 Kuenzli Street Reno, NV 89502 (ITERC Sergeant at Arms)	Reno-Sparks Tribal Health Center 1715 Kuenzli Street Reno, NV 89502 Phone: 775-329-5162 Fax: 775-334-4357	Elvin Willie Acting Director E-Mail: ewillie@rsicclinic.org
Summit Lake Paiute Tribe	Randi DeSoto Office: 775.827.9670 Fax: 775.827.9678 randi.desoto@summitlaketribe.org 1001 Rock Blvd. Sparks, NV 89431	POC: William Cowan Office: 775.827.9670 william.cowan@summitlaketribe.org	Served by Reno Sparks and McDermitt Clinic's	
Te-Moak Tribal Council	Davis Gonzales Office: 775.738.9251 Fax: 775.738.2345 tmkchairman@yahoo.com 525 Sunset Street Elko, NV 89801	Each band has their own EM.		

Battle Mountain Band Council	<p>Lydia Johnson Phone: 775.635.2004 Fax: 775.635.8016</p> <p>POC: Rhonda Hicks E-Mail: rhondahicks5874@yahoo.com 37 Mountain View Drive Battle Mountain, NV 89820</p>	<p>POC: Julia Oppenheim Phone: 775.635.2004 julsoppie@yahoo.com 37 Mountain View Battle Mountain, NV 89820</p>	<p>Battle Mountain Band Human Services 37 Mountain View Drive Battle Mountain, NV 89820 Phone: 775-635-8200 Fax: 775-635-2062</p>	<p>Gelford Jim Director E-Mail: gjbmhealth@hotmail.com</p>
South Fork Band Council	<p>Alice Tybo Phone: 775.744.4273 Fax: 775.744.4523 adt2556@gmail.com south_forkadm@hotmail.com 21 LEE B-13 Spring Creek, NV 89815</p>	<p>Tanya Reynolds Phone: 775.744.2411 Spring Creek, NV 89815 tor22ri@yahoo.com</p>	Served by Elko Clinic	
Elko Band Council	<p>David Decker Phone: 775.738.8889 Fax: 775.753.5439 grtebcchair@yahoo.com 1745 Silver Eagle Drive Elko, NV 89801</p>	<p>Clifford Banuelos Office: 775.753.9248 ebcepa@gmail.com 1521 Shoshone Circle Elko, Nevada 89801 (ITERC Secretary)</p>	<p>Southern Band Health Center 515 Shoshone Circle Elko, NV 89801 Phone: 775-738-2252 Fax: 775-748-1455</p>	<p>Cathy Welchert CEO E-Mail: Cathy.Welchert@ihs.gov</p>
Wells Band Council	<p>Michelle Cure Phone: 775.345.3089 Fax: 775.752.2179 wellsbandchairperson@ymail.com P.O. Box 809 Wells, NV 89835</p>	<p>Marla Stanton-Healey Environmental Coordinator/EM Office: 775.752.2601 wbcenviro@gmail.com 1705 Mountain View Drive Wells, NV 89835</p>		

Timbisha Shoshone Tribe	George Gholson Phone: 760.872.3614 Fax: 760.872.3671 george@timbisha.com P.O. Box 1779 Bishop, CA 93314	Spike Jackson Office: 760.872.3614 environmental@timbisha.com	Toiyabe Indian Health Project, Inc.	
Walker River Paiute Tribe	Bobby Sanchez Phone: 775.773.2306 Fax: 775.773.2585 chairman@wrpt.us P.O. Box 220 Schurz, NV 89427	Cynthia Ocegüera GAP Coordinator Office: 775.773.2306 xt. 312 cynthiao@wrpt.us	Walker River Tribal Health Clinic 1025 Hospital Road PO Box Drawer C Schurz, NV 89427 Phone: 775-773-2005 Fax: 775-773-2576	Kenneth Richardson E-Mail: Kenneth.richardson@ihs.gov krichardson@wrpt.us
Washoe Tribe of Nevada and California	Neil Mortimer Phone: 775.265.8600 Fax: 775.265.6240 neil.mortimer@washoe-tribe.us 919 Hwy 395 South Gardnerville, NV 89410	Lisa Christensen Lisa.Christensen@washoe-tribe.us Office: 775.265.8600 919 US Hwy 395 South Gardnerville, NV 89410	Washoe Tribal Health Clinic 1559 Watasheamu Road Gardnerville, NV 89460 Phone: 775-265-4215 Fax: 775-265-7152	Ben Johnson Director E-Mail: Ben.Johnson@washoe-tribe.us
Carson Colony Council	Gary Nevers 775.690.2897 gary.nevers@washoe-tribe.us gary@whauthority.com 2900 South Curry Street Carson City, NV 89703			

Stewart Community Council	Jacqueline Steele Phone: 775.883.7794 Fax: 775.782.6790 jacqueline.steele@washoetribe.us 919 Hwy.395 South Gardnerville, NV 89410			
Dresslerville Community Council	Lisa Christensen Office: 775.265.4191 Fax: 775.265.6240 Lisa.Christensen@washoetribe.us 919 Hwy. 395 South Gardnerville, NV 89410			
Woodfords Community Council	Irwin Jim, Jr. Office: 530.694.2170 Fax: 530.694.1890 96 Washoe Blvd. Markleeville, CA 96120			
Winnemucca Colony Council	Judy RojoC/O Treva Hearne595 Humboldt St.Reno, NV 89509P: 775.329.5800F: 775.329.5819		Served by McDermitt Clinic	

Yerington Paiute Tribe	Laurie Thom Phone: 775.463.3301 Fax: 775.463.2416 chairman@ypt-nsn.gov 171 Campbell Lane Yerington, NV 89447	Mark Moore Chief of Police/EM 775.463.3301 xt. 224 policechief@ypt-nsn.gov	Yerington Tribal Health Clinic 171 Campbell Lane 30 West Loop Yerington, NV 89447 Phone: 775-463-3335 ext. 4 Fax: 775-463-3016	Susan Rogers E-Mail: clinicdirector@ypt-nsn.gov
Yomba Shoshone Tribe	Wayne Dyer Phone: 775.964.2463 Fax: 775.964.2443 tribalchair@yombatribe.com HC 61 Box 6275 Austin, NV 89310	No POC Available	Served by Fallon Clinic	
Nevada Urban Indians, Inc.			Community Health Program 6512 S. McCarran Boulevard, Suite A Reno, NV 89509 Phone: 775-788-7600 Fax: 775-827-3104	Janet Reeves E-Mail: jreeves@nvui.org

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