

GUIDELINES FOR FILLING OUT AN EXTERNAL ICS 213 ERR FORM

Kitsap County Emergency Operations Center (EOC) – COVID-19 Response

In order to help facilitate the accurate and timely processing of Resource Requests submitted to the Kitsap County EOC Logistics Section, please follow the guidelines below when submitting any and all Resource Requests:

1. **Use the ICS 213 ERR Form:** All Resource Requests must be submitted on an ICS 213 ERR form and emailed to Logs@kitsapem.org. Any requests submitted by other means will not be accepted and the requesting agency will be directed to fill out an ICS 213 ERR and to email it to the Logistics email above. **Incomplete forms will not be processed.** Please complete the entire “Requester” section.

2. **Be Aware of Tiering System:** Due to shortages in Personal Protective Equipment (PPE), the State has put out guidelines for prioritizing requests for PPE based on the requested agency and what that PPE will be used for. As a result, any PPE Resource Requests will be prioritized according to a tiering system, with Tier 1 being the highest priority and Tier 4 being lowest priority. Please see the State Department of Health PPE distribution guidelines at: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PPEPrioritizationofAllocation.pdf>.

3. **Be specific:** Are there size differences in the resource you are requesting, such as small, medium, large, or extra large gloves? What material do they need to be made out of?

4. **Use Gross Numbers:** Please use the smallest common denominator. For example, rather than requesting “10 boxes of small nitrile gloves”, request “1000 small nitrile gloves”. Instead of requesting “100 pairs of boot covers”, request “200 boot covers”.

Every variation in the way the number of resources is requested leads to the need for clarification and potential mistakes. Don't let us interpret your request for “10 ct gloves” as 10 gloves when you actually meant 10 boxes of 100 gloves each, for 1000 gloves total!

Request the total quantity of a resource that you need and we will attempt to fill it in whatever quantity we can find it packaged in.

5. **Include a Point of Contact:** In Section 12 of the ICS 213 RR form, please note who is making the Resource Request. In Section 11 of the ICS 213 RR form, please include all relevant information about who is the Point of Contact for questions about the Resource Request or to set up a delivery/pick up time for your requested resources. Please include the following:

a. Name

- b. Position
- c. Organization (if different)
- d. Email address
- e. Cell phone number

Once you have received confirmation that your Resource Request has been received, please do not contact the Logistics Section for status reports on when resources are anticipated to be available. We know this is an extremely frustrating and uncertain time, but please know we are doing everything we can to fill your Resource Request as quickly as possible. Resource requests are compiled and submitted to the state at the end of each week usually taking 1.5 weeks to fill.

6. **Once your Resource Request is ready to be filled**, in whole or in part as resources become available, you will be contacted by our Staging Unit Leader to arrange a time to pick up or receive your requested resources.

Resource Requests will remain open until filled and closed after **3 weeks** (this is subject to change). If you are still in need of resources after your request has expired, then put in a new request.

7. **Instructions for filling out the External ICS 213 ERR form (version 11/16/2020)**

Section #	Section Name	Instructions
1	Incident # Name	20-0265 Novel Covid-19
2	Date/Time	Use format: Date (mm/dd/yyyy) and military time (00:00).
3	Tracking #	Optional use for your tracking number.
4	Resource Requested	Attach additional sheets if you need to provide more information for these resources. Please use a new form if listing more than 5 resources.
4a	Quantity	Gross/ individual number as described above
4b	Kind	Logistics will fill this in. These are for the MMC #'s for specific items. Please save the form as fillable instead of a PDF for this reason.
4c	Type	
4d	Description	
4e	Requested Delivery Date	List or describe the items needed. Include any sizes or specs, etc. Date you need these resources by. Be aware, with the State bulk ordering process, resources are typically available at the end of the following week.
4f-g	Estimated Delivery Date & Cost	To be filled by Logistics Section.
5a	Test Kit Requests	Provide a summary of the situation and your projected future needs. (<i>Is your facility Covid positive? If so, how many staff and/or residents are infected?</i>). How many test kits will you need per week and for how many weeks?

		<p>Who will the tests be used for: staff/internal use, patients/residents, general public? On the form, please select all that apply.</p> <p>When requesting test kits, these are what we currently have available (as of 10/20/2020):</p> <ol style="list-style-type: none"> 1) Complete RT-PCR Specimen Collection Kit. (Comes with 1 swab (mid-turbinate), 1 VTM's, 1 parafilm, 1 absorbent, 1 specimen collection bag, 1 submission form, and 1 COVID brochure). Order in increments of 5. 2) Individual Swabs & Testing Media <ol style="list-style-type: none"> a) Nasal (long Q-tip) b) Nasopharyngeal (goes deep into nasal cavity) c) Dual (one of each a & b)
5b	Test Kit Supply Contacts	Who do you typically get your test kits through? Why are they not able to fulfill your request?
6a-c		Select Yes or No for the questions listed. Have you tried to acquire these resources through other channels? Do you have documentation to show this?
7a	Priority	<p>For this event, select either of the following:</p> <p>Life-Saving – This includes treatment of infected, provisions for the safety, accountability and welfare of response personnel.</p> <p>Incident Stabilization – To keep the incident from escalating and bring it under control to limit the negative consequences.</p>
7b	Covid Status	<p>Select one of the following.</p> <ol style="list-style-type: none"> 1) Your facility/program is Covid-positive or presumptive, but you can manage with basic PPE and social distancing. 2) Your facility/program is Covid-positive or presumptive, but you require N/KN95s. If so, explain in box 8 why you cannot get by on basic PPE and social distancing. 3) No known or suspected cases.
8	Substitutes	<p>If the supplies you request are unavailable, please list a substitute. (Example: One size fits all isolation gowns acceptable substitute for surgical gowns; latex gloves instead of nitrile gloves or vice versa...)</p> <p>This space can also be used for 7b explanation of N/KN95 masks.</p>
9	Costs	<p>You will not be charged for these items and we will not retroactively go back and charge you for any PPE. Do not respond as if we will charge you for these supplies.</p> <p>If the State were to begin charging for PPE do you have the funds budgeted to pay for these PPE requests? If no, please explain why you are unwilling to pay for these supplies.</p> <p>Each entity needs to start incorporating PPE into their annual budget for when the EOC is no longer activated.</p>
10	Requesting Agency	Enter the name and address of the facility using the resource.
11	POC for Pickup or	Please provide the contact information for the person picking up supplies so Staging can contact them directly when your request

	Delivery Location	is ready. Point-of-Contact's name, phone number and email address.
12	Requester Name	Name of person & position requesting resources, their contact info including phone & email in case we need to follow-up with questions.
13	Requester Signature	Signature of requestor. Electronic signature or typing your name is acceptable.
LOGISTICS SECTION <i>This section to be filled out by Logistics</i>		
14	EOC / ECC Logistics Tracking Number	Logistics will create a unique tracking number for this request.
15	Name of Supplier	Please enter the name of the Vendor or Supplier and their contact info. This may be done by the Requester if they chose the vendor.
16	Notes	Open for anyone to make additional notes or comments
17	Logistics-Approval Signature	Signature of Logistics Chief or assigned representative. Electronic signature or typing name is acceptable.
18	Date & Time	Use format: Date (mm/dd/yyyy) and military time (00:00).
FINANCE SECTION <i>This section to be filled out by Finance</i>		
19	Notes	Leave this blank for Finance notes.
20	Finance-Approval Signature	Signature from Finance or assigned representative. Electronic signature or typing name is acceptable.
21	Date & Time	Use format: Date (mm/dd/yyyy) and military time (00:00).
EOC DIRECTOR SECTION <i>This section to be filled out by EOC Director</i>		
22	EOC Director-Approval Signature	Signature from EOC Director or assigned representative. Electronic signature or typing name is acceptable.