

## RESOURCE REQUEST (ICS 213 RR)

1. Incident Name: 20-0265 Novel COVID-19 2020		2. Date/Time: mm/dd/yyyy			3. Resource Request Number: <b>leave blank</b>				
<b>Requestor</b>	4. Order (Use individual forms when requesting different resource position requests):								
	Qty.	Type	Position Description/Title:	5. Resource Status- PCEOC Logistics					
				Received by	Date/Time	Assigned	Released to	Date/ Time	Cost
	2	*Critical Care	RN						
	2	*Med-Surg	RN						
	4	*Med-Surg	LPN						
	2	*Med-Surg	Medical Receptionist						
6	*	Housekeeper							
* Attach a job description from your facility and a Resource Request Expectations Table #24, page2 on this form.									
6. Requested Delivery Location (full address): <b>Medical facility name, address and POC to report to.</b>									
7. Requestor (#8 or #10) attests that ALL local asset sources have been exhausted: <input type="checkbox"/> Yes <input type="checkbox"/> No									
8. Requested by Name/Position, email & cell#: <b>Lead person making the request with valid email &amp; contact #</b>				9. Priority: <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low		10. Agency Approval: (type name and valid cell # of approving CEO/COO/Manager):			
<b>Logistics</b>	11. Logistics Order Number:				12. Supplier Phone/Fax/Email:				
	13. Name of Supplier/POC:								
	14. Notes:								
	15. Approval Signature of Auth Logistics Rep:				16. Date/Time:				
	17. Elevate to State:			18. State Tracking #:			19. Mutual Aid Tracking #:		
	20. Order placed by:								
<b>Finance</b>	21. Reply/Comments from Finance:								
	22. Finance Section Signature:				23. Date/Time:				
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V2.1_9-2-2021									

24. Resource Request Expectations Table:

Area of work-Specialty/Clinic Type/etc.	Credentials needed or list types of staff needed in this area? And how many in each and for each shift with shift times.	What are requirements for those staff that they would need to come with and are unable to be trained.	Is training provided by receiving facility?	Who is providing medical oversight?	Start and End dates	What will be provided by facility: food, lodging, per diem, PPE
Emergency Room	<p><b>Clinical:</b></p> <ul style="list-style-type: none"> <li>• RN – 14 total               <ul style="list-style-type: none"> <li>○ 2 for Day shift, 7a-3p</li> <li>○ 8 for Evening shift, 3-11p</li> <li>○ 4 for Night shift, 11p-7a</li> </ul> </li> <li>• LPN – 15               <ul style="list-style-type: none"> <li>○ 5 for Day shift, 7a-3p</li> <li>○ 6 for Evening shift, 3-11p</li> <li>○ 2 for Night shift, 11p-7a</li> </ul> </li> <li>• MD/D2               <ul style="list-style-type: none"> <li>○ 2 for Day shift, 8a-5p</li> </ul> </li> </ul> <p><b>Non Clinical:</b></p> <ul style="list-style-type: none"> <li>• Cleaning Staff – 2 for night shift</li> <li>• Receptionist – 6 for day shift.</li> </ul> <p>Phones – 15 for day shift.</p>	Required to have X, Y,Z	Yes, on- Z Y Z	Medical Director of ED. Volunteers will be brought in via hospitals system.		

**Instructions for filling out the ICS 213 RR Form  
Medical Staffing Requests  
Pierce County**

<b>REQUESTOR fills in blocks 1 through 10 and 24, and attaches applicable job descriptions</b>	
Block 1	Incident Number is assigned by the State EMD.
Block 2	The date (month/day/year) and the time (using the 24 hour clock) when submitting the request.
Block 3	Resource Request Number- leave blank for local for use as a tracking number.
Block 4	Order: Use separate individual forms to request multiple staff positions. Must include quantity needed, Type of specialty if any, and position description or title. * A job description for each requested position must accompany the RR213, AND block#24 must be completed.
Block 5	Resource Status- PCEOC Logistics will fill this section out.
Block 6	Location: Where the requesting facility wants the requested staff to report: Medical Facility name and address and whom to report to.
Block 7	Attestation by the person submitting the request or the person at the facility/Agency (CEO/COO/Manager, etc) Approving the request that all checkboxes on the ' <b>Emergency Resource Requests 213RR for Medical Facility Staffing Process</b> ' have been exhausted.
Block 8	Name/position(job title), email address, and valid 24/7 cellphone number of the requestor.
Block 9	Priority: indicate if position needed is an Urgent, Routine or Low priority based on actual need within the facility or other requests submitted.
Block 10	Name/position(job title), email address, and valid 24/7 cellphone number of the approving authority at the medical facility making the request.
<b>Blocks 11 – 20 to be filled out by the Logistics Section</b>	
Block 11	PCEM Logistics Order Tracking #.
Block 12	Supplier contact information.
Block 13	Supplier name.
Block 14	Notes section.
Block 15	Approval Signature of Authorizing Logistics/IC person.
Block 16	Date & time of approval.
Block 17	Elevated to State EMD: Yes or No
Block 18	State EMS tracking # if it was elevated.
Block 19	Mutual Aid tracking #: (WAMAS-Locally assigned #) (EMAC, PNEMA, FED MA –State EMD assigns #)
Block 20	Name of Logistics person processing the RR213.
<b>Blocks 21 – 23 to be filled out by the Finance Section</b>	
Block 21	Comments from Finance Section Chief or Deputy Finance Section Chief.
Block 22	Approval: This must be approved in accordance with Jurisdiction/Agency internal procurement policies.
Block 23	Date & Time of Approval signature.
<b>Block 24 to be filled out by the Requestor</b>	
Block 24	This table must be completed for each position being requested with as much detail as possible to ensure the correct asset with the appropriate credential and training is searched for. Specific details that can be provided is essential to a timely response by Logistics.