

## Requesting Medical/Health Resources

May 11, 2020

This document is to remind healthcare system participants of proper procedures for submitting a resource request and includes important information relevant to personnel protective equipment (PPE) use & ordering. Resource requests are submitted to and vetted by the Marin County Medical Health Operational Area Coordinator (MHOAC), who will also submit requests to the Region if supplies are not available in Marin. We cannot guarantee availability of supplies in this emergency.

Ensure your facility is following CDC guidance for PPE optimization: ([N95 Optimization Strategy](#)) on the [COVID-19 webpage](#).

### Resource Requests Information

Before submitting a request (email to [mhoac@marincounty.org](mailto:mhoac@marincounty.org)), **make every attempt to obtain supplies**. If you cannot get a specific supply from your normal vendor, try other vendors prior to submitting a resource request.

**Submit a separate copy of attached form for each type of item being requested. (N-95 masks, gloves, etc.)**

Special Notes:

1. **Requesting entities are responsible for payment for all health and medical resources requested through the MHOAC during a disaster or emergency.**
2. Requesting entities are responsible for tracking the receipt, use, and disposal or return of all resources received through the MHOAC. The return of any unused, durable supplies and equipment will be coordinated with the MHOAC.

Resource requests are filled as supplies are available, and your requested mask brand and size may not be available. Be prepared to provide your employees with fit testing on the specific masks received.

---

**To contact the Marin County Operational Area (MHOAC)** for a medical or health emergency or other urgent matter, please use the following procedure:

During business hours (Monday - Friday 8:00 AM - 5:00 PM):

Call the MHOAC: 415-473-3100.

Call the EMS Agency: 415-473-6871 and ask to be connected to the MHOAC.

Or Email: [MHOAC@marincounty.org](mailto:MHOAC@marincounty.org)

If unable to contact the MHOAC:

1. During non-business hours, weekends, and holidays or in an emergency call the Marin County Sheriff's Communications Center (non-emergency line) at: 415-479-2311 and ask, "Please page the Medical Health Operational Area Coordinator."
2. Give the operator the following information:
  - Your name and position
  - Your facility name
  - Your contact information
  - The reason for your call

When contacted, be prepared to provide the following information:

1. Your name and position
2. Facility Name
3. Contact information
4. Reason for activation (drill/exercise, real event)
5. Status of your facility (open, closed, evacuating etc.)
6. Estimated time duration of emergency
7. Resources (equipment, personnel etc.) that you need on an immediate basis

**Resource Request: Medical & Health**

Date/Time: \_\_\_\_\_

In Marin:  Yes  No *If no, this is not the pathway for your request; reach out to your county of operation.*

**One item type per form only.** (e.g. If you are requesting masks & gloves, submit two separate forms.)

Requestor Name, Agency, Position, Cell Phone, Email:

\_\_\_\_\_

Describe Mission/Tasks: \_\_\_\_\_

Ownership of facility:

- Corporate
- Stand-alone (independently operated)
- State entity
- NGO

Patient Care:

- Infectious diseases (e.g. COVID-19, TB, C.Diff)
- Patients under investigation
- Screening patients
- Respiratory symptoms patients
- Provides care for acutely ill patients
- Patients in airborne isolation
- Other:

\_\_\_\_\_

Facilities/Role:

- Hospital – critical/emergency care
- Hospital – floor care
- Clinic (FQHC)
- First responders – Medical
- First responders – Law Enforcement
- HHS workers
- Detention medical staff
- Skilled nursing facility
- Urgent care
- Dentist
- Private Clinic
- Private Doctor’s office
- Other:

\_\_\_\_\_

Number of PTs/day:

Number of staff interacting with PTs/day:

Current number of COVID positive PTs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Requested Item** (including brand/size if relevant):

\_\_\_\_\_

What other sources have you approached to procure this item? Please describe in detail:

\_\_\_\_\_

Burn rate/day:

\_\_\_\_\_

Need by:

\_\_\_\_\_

What PPE reduction procedures do you have in place?

\_\_\_\_\_

Are expired PPE supplies acceptable?

\_\_\_\_\_

Stock on hand:

Quantity requested:

\_\_\_\_\_

Current stock will be depleted in:

- 24-48 hours
- 3-5 days
- 6-10 days
- 10-14 days
- 14+ days (refresh stock)

Requestor Command/Management approval:

Name & Position: \_\_\_\_\_ Signature (or equivalent): \_\_\_\_\_

*The MHOAC will help source & fill your resource request (if possible). You are responsible for paying for all resources received.*