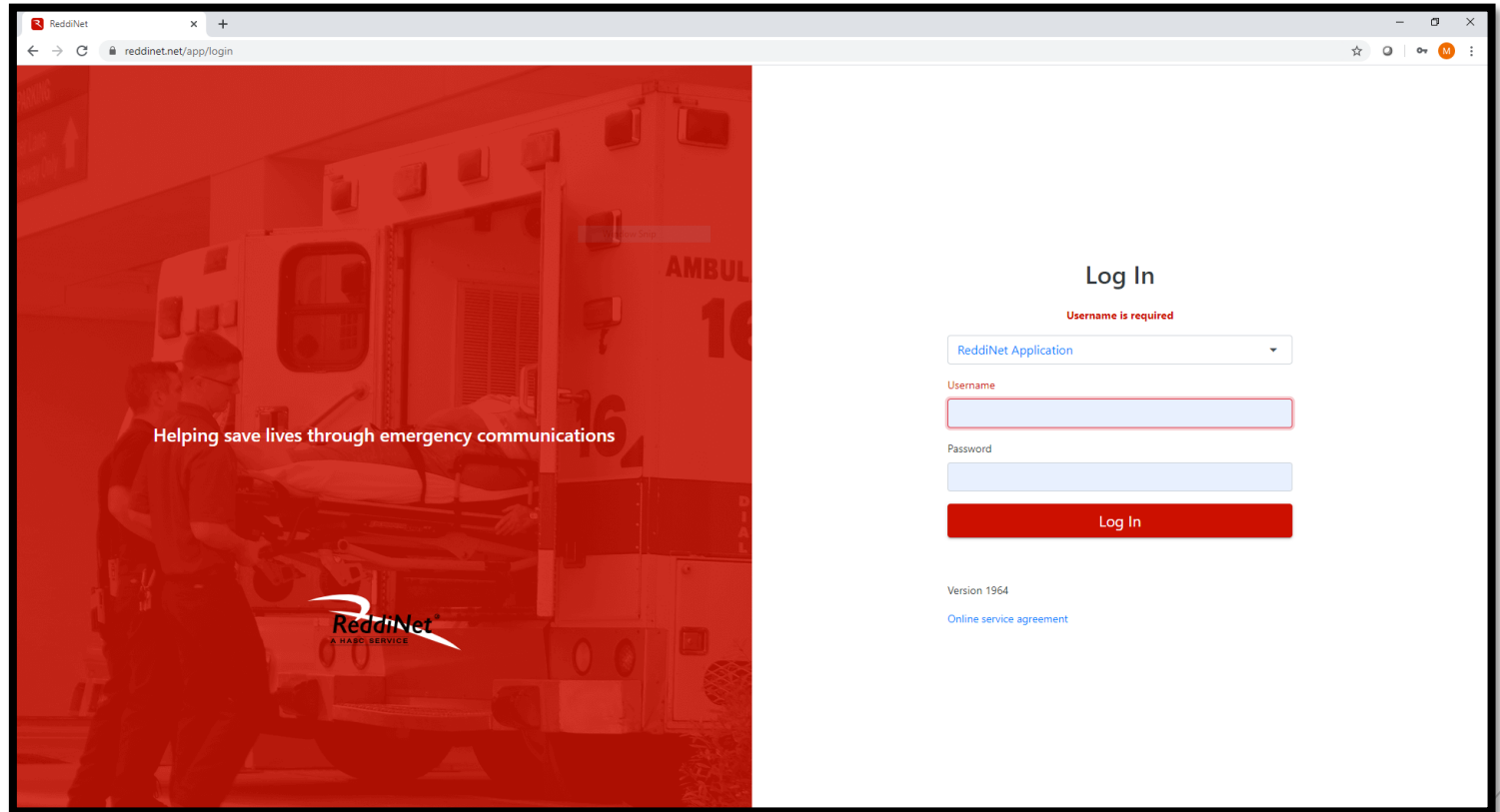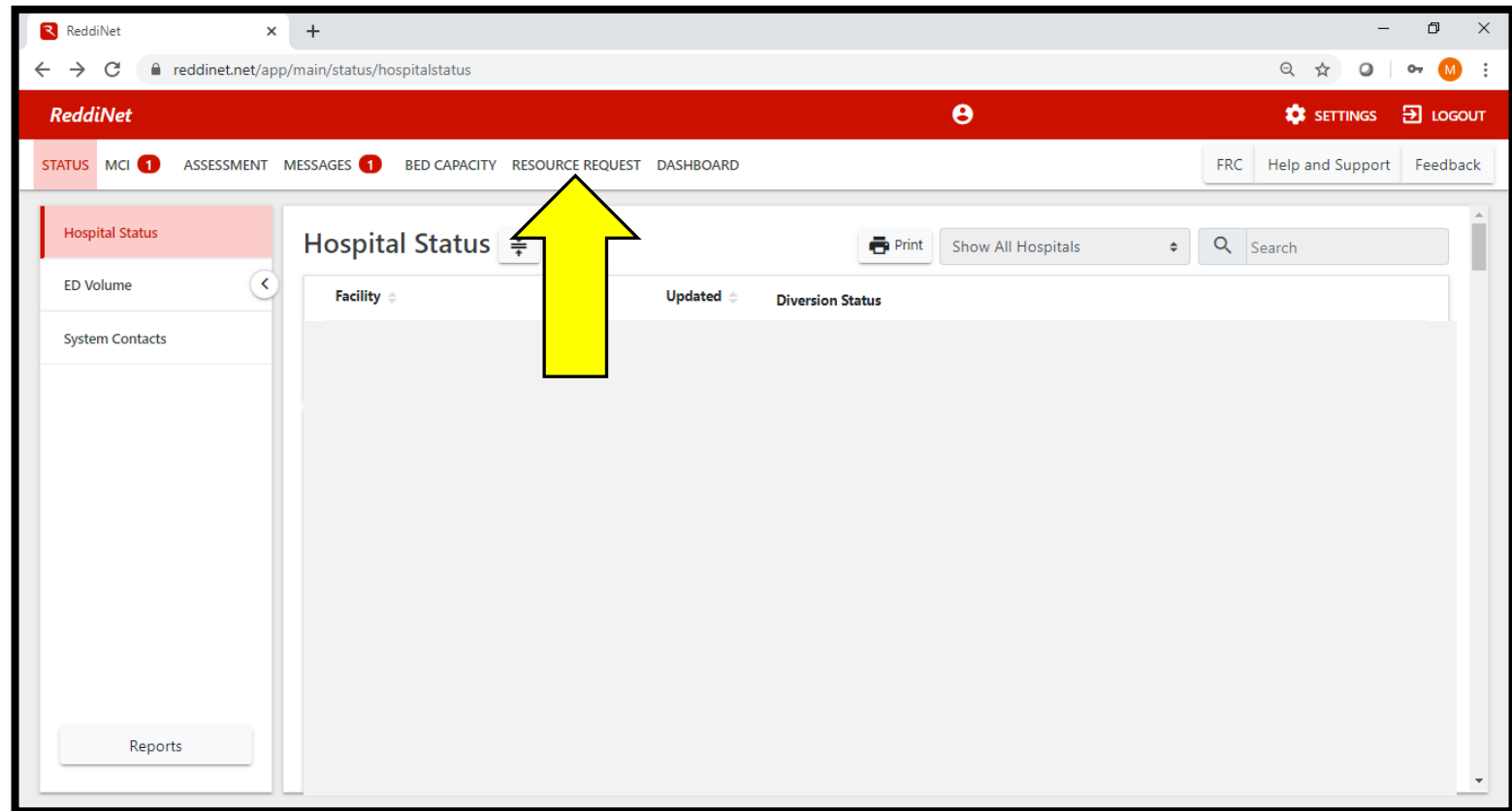# ReddiNet Resource Request

Step by Step guide for Dental Facilities

Log into ReddiNet

Click Resource Request tab

IMPORTANT: Please do not click other tabs in ReddiNet, as it may send out County/Region wide alerts to many, many people

After you are in "Resource Requests", ensure you are in "COVID-19 tab"

You are now directed into the Resource Request form. Ensure you are in "COVID-19" under incident name

Input fields.

- Please ensure this information is correct, as we may need this information to follow up with your request

- Phone number should be **direct cell number**, not desk line

Questions
1. Amount of item on hand.
2. Two-week item burn rate.
3. Number of appointments scheduled for next two weeks.
4. Number of staff involved in performing patient procedures.
5. Does your facility perform any procedures that carry a risk of aerosolization of the virus? If so, what types?
6. Describe your current ration protocol.
7. Has EMS received proof of inability to obtain this item (i.e. purchase order with notice of delay or inability to fill)? *Please note we will not process your request until proof has been given.

Please address these questions in "Describe Mission/Tasks"

- Please ensure this information is correct, as we may need this information to follow up with your request.

- See the example on next page for guidance on formatting

Describe Mission / Tasks 168/500

1. 50 N95 masks; 2. 10 N95 masks/week; 3. 10 appointments in next 2 weeks; 4. No; 5. 1 N95 mask per staff, surgical mask over N95 to extend usage; 6. Yes, emailed Amazon invoice

Order Type: ● SUPPLIES ○ PERSONNEL ○ EQUIPMENT ○ OTHER Required

Example: "Describe Mission/Tasks"

- Please ensure this information is correct, as we may need this information to follow up with your request.

- Be as concise as possible, as there is a **500 character count limit and please include a semi-colon after each question ";"** because ReddiNet will format this information into a single line

- If we need any clarification on this information we will follow up

Resource Request

Note: A SitRep is a required prerequisite to any resource request

Incident Name
COVID-19

Date & Time
4/3/2020 09:32

Facility Name
Test Health Facility

Requestor details

Requestor Name
Test Name

Position
Director of Testing Resource Request

Phone Required
(000)000-0000

Email
testemail@test.org

Describe Mission / Tasks

Order Type: ◯ SUPPLIES ◯ PERSONNEL ◯ EQUIPMENT ◯ OTHER Required

Select the appropriate "Order Type".

▪ Please ensure this information is correct, as we may need this information to follow up with your request.

Describe Mission / Tasks 97/500

1. N95 masks for patient and staff PPE
2. 15 staff members
3. 0 COVID-19 positive cases; 3 PUIs

Order Type: ● SUPPLIES ○ PERSONNEL ○ EQUIPMENT ○ OTHER

Order - Medical & health request details

Priority	Detailed Description	Quantity
Urgent ▾	N95 1860 universal fit	50

∨ Add Deliver/Report to Address

Confirm that these 3 requirements have been met prior to submission of request

☑ Is the resource(s) being requested exhausted or nearly exhausted?
☑ Facility is unable to obtain resources within a reasonable time frame (based upon priority level below) from vendors, contractors, MOU/MOA's or corporate office?
☑ Facility is unable to obtain resource from other non-traditional sources?

Priority

- Sustainment: Low priority
- Emergent: <12 hours
- Urgent: >12 hours

Detailed Description

- Describe item being requested as concisely as possible while including as much detail as you can.

- If possible, include link to webpage or supporting documentation that describes the exact resource you need

Describe Mission / Tasks   97/500

1. N95 masks for patient and staff PPE
2. 15 staff members
3. 0 COVID-19 positive cases; 3 PUIs

Order Type: ● SUPPLIES ○ PERSONNEL ○ EQUIPMENT ○ OTHER

Order - Medical & health request details

Priority   Detailed Description   Quantity

Urgent   ▾   N95 1860 universal fit   50

⌄ Add Deliver/Report to Address

Confirm that these 3 requirements have been met prior to submission of request
☑ Is the resource(s) being requested exhausted or nearly exhausted?
☑ Facility is unable to obtain resources within a reasonable time frame (based upon priority level below) from vendors, contractors, MOU/MOA's or corporate office?
☑ Facility is unable to obtain resource from other non-traditional sources?

Quantity

- IMPORTANT: Please note this quantity in individual units (eaches); we will cancel requests in units of boxes, cartons, etc

- This quantity should equal the amount you need for a one-week timeframe only

Order - Medical & health request details

Priority	Detailed Description	Quantity
Urgent	N95 1860 universal fit	50

⌄ Add Deliver/Report to Address

Confirm that these 3 requirements have been met prior to submission of request
☑ Is the resource(s) being requested exhausted or nearly exhausted?
☑ Facility is unable to obtain resources within a reasonable time frame (based upon priority level below) from vendors, contractors, MOU/MOA's or corporate office?
☑ Facility is unable to obtain resource from other non-traditional sources?

Command/management review and verification

Name	Position	Command Review
Commander Name	Incident Commander	Complete

Cancel   Submit

Command/Management Review

- Complete checklist of 3 requirements
- Name: Incident Commander first and last name
- Position: "Incident Commander"
- Command review: "Complete"
    - *This verifies that Incident Command has authorized this resource request

Order - Medical & health request details

Priority

Urgent ▼

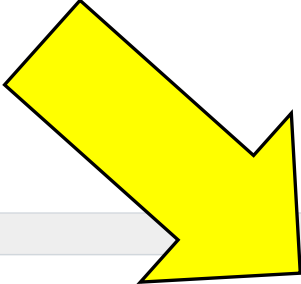Detailed Description

N95 1860 universal fit

Quantity

50

⌄ Add Deliver/Report to Address

Confirm that these 3 requirements have been met prior to submission of request
- ☑ Is the resource(s) being requested exhausted or nearly exhausted?
- ☑ Facility is unable to obtain resources within a reasonable time frame (based upon priority level below) from vendors, contractors, MOU/MOA's or corporate office?
- ☑ Facility is unable to obtain resource from other non-traditional sources?
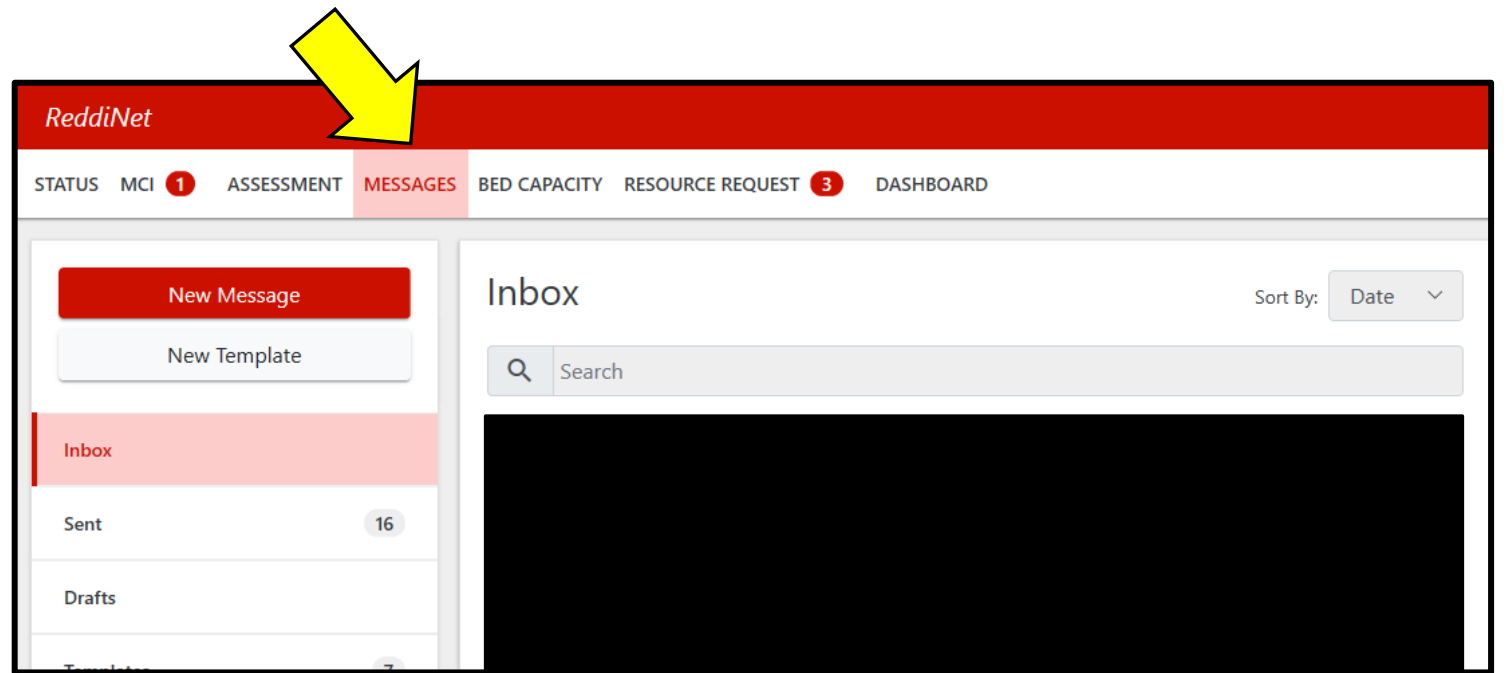
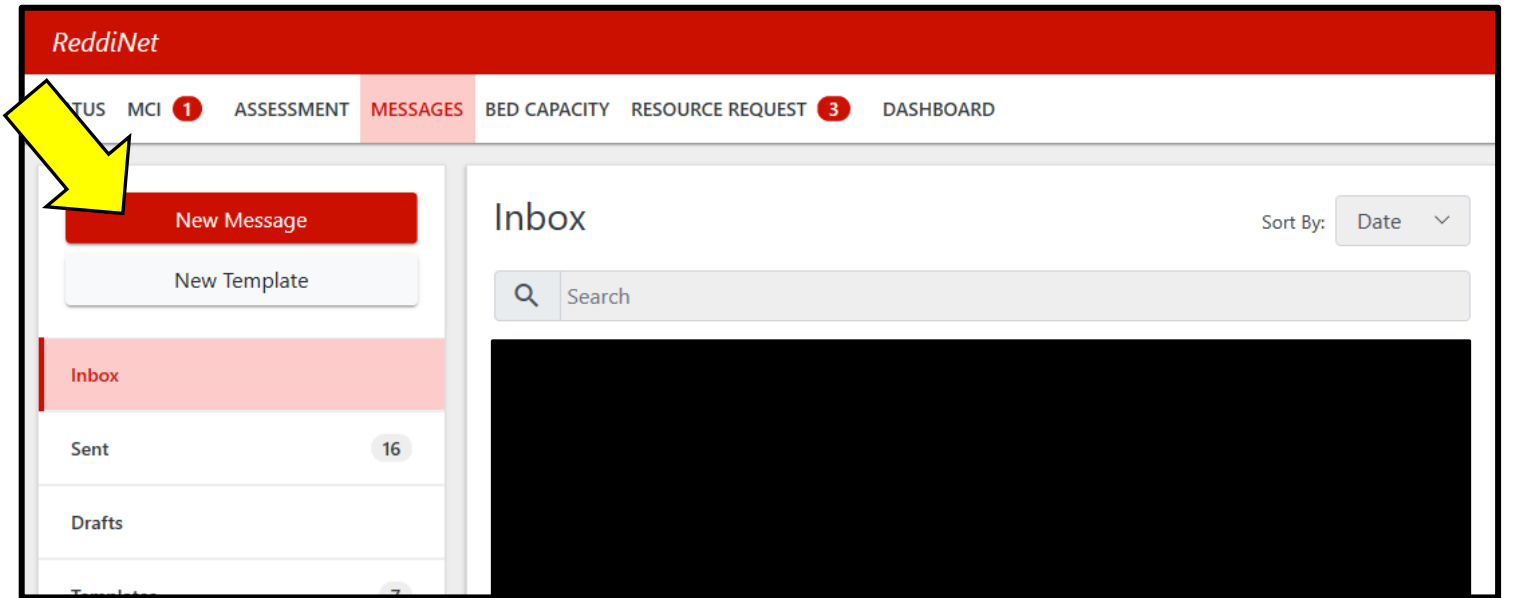Command/management review and verification

Name

Commander Name

Position

Incident Commander

Command Review

Complete

Cancel   Submit

Form is complete

- You are ready to Submit! Press the Submit button in the lower right corner.

In the messaging title, list your Resource Request number and agency. Mark message as urgent.

ReddiNet

SETTINGS   LOGOU

STATUS   MCI **1**   ASSESSMENT   MESSAGES   BED CAPACITY   RESOURCE REQUEST **3**   DASHBOARD

FRC   Help and Support   Feedbac

New Message

New Template

Inbox

Sent   16

Drafts

Templates   7

New Message

+&To

🗑 Discard   💾 Save   ➤ Send

San Mateo County EMS Agency ✕

EMS-001 San Mateo County EMS   ✕

☑ Urgent

📎 Attachment(s)

Reminder: Consider Protected Health Information (PHI) when sending a message.

0 / 5000

Click on Attachments and attach proof you were unabe to obtain PPE (ie purchase order showing delay/cancellation in receiving items)

ReddiNet

STATUS   MCI 1   ASSESSMENT   MESSAGES   BED CAPACITY   RESOURCE REQUEST 3   DASHBOARD

FRC   Help and Support   Feedbac

New Message

New Template

New Message

🗑 Discard   💾 Save   ➤ Send

Inbox

Sent   16

Drafts

Templates   7

+👥 To

San Mateo County EMS Agency ✕

EMS-001 San Mateo County EMS   ✕

☑ Urgent

📎 Attachment(s)

Reminder: Consider Protected Health Information (PHI) when sending a message.

0 / 5000

Click on Attachments and attach proof you were unabe to obtain PPE (ie purchase order showing delay/cancellation in receiving items)

ReddiNet

SETTINGS   LOGOUT

STATUS   MCI 1   ASSESSMENT   MESSAGES   BED CAPACITY   RESOURCE REQUEST 3   DASHBOARD

FRC   Help and Support   Feedback

New Message

New Template

Inbox

Sent   16

Drafts   1

Templates   7

New Message

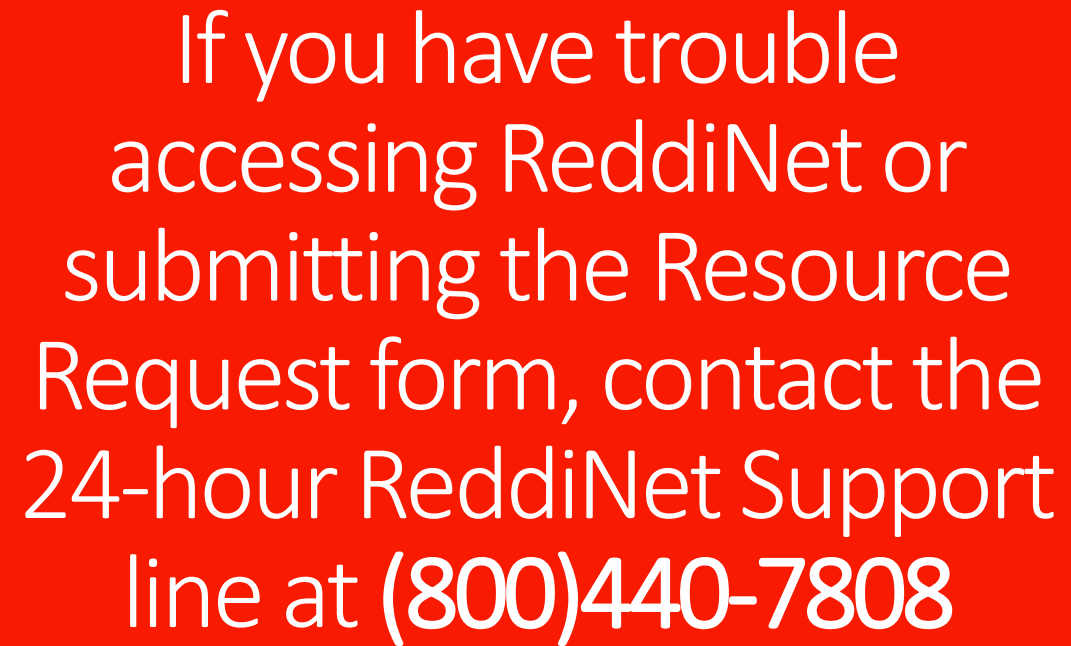To   Required   Discard   Save   Send

EMS-001 San Mateo County EMS

☑ Urgent

📎 Attachment(s)

EMS Delayed Amazon Glove Order.docx ✖

Reminder: Consider Protected Health Information (PHI) when sending a message.

21 / 5000

Please see attached.