ReddiNet Resource Request

Step by Step guide for Primary Care Providers (PCP)/Clinics/Urgent Care 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"

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TUS MCI 1 ASSESSMENT	MESSAGES 1 BED CAPACITY RESOURCE REQUEST DASHBOARD FRC Help and Support Feedb	ack
New Resource Request	Resource Requests Sort By: Date COVID-19 No filter Q Search Cancel Request Cancel Request	•
General Incident 0	Active Closed Canceled Canceled	
COVID-19 3/6/2020 12:08	Requestor details Requestor Name Position Phone Email	l
7	Describe Mission / Tasks Order Type: SUPPLIES PERSONNEL EQUIPMENT OTHER Order- Medical & health request details Non Paid	
Reports	Item # Priority Detailed Description Qty (Quantity) Expected Duration of Use (days)	-

Click New Resource Request

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New Resource Request Resource Requests Sort By: Date Incidents No filter Q Search General Incident 0 COVID-19 3/6/2020 12:08	COVID-19 Cancel Request	Print
Reports		

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

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S MCI 1 ASSESSMENT MESSAGES BED CAPACITY R	ESOURCE REQUEST DASHBOARD			FRC Help and Support F
Resource Request Note: A SitRep is a required prerequisite to any resource request				
Incident Name		Date & Time		
COVID-19	*	4/3/2020 09:32		
Facility Name				
Test Health Facility				
Requestor details Requestor Name	Position	Phone Required	Email	
Test Name	Director of Testing Resource Request	(000)000-0000	testemail@test.org	
Describe Mission / Tasks				
Order Type: O SUPPLIES O PERSONNEL O EQUIPMENT O	OTHER Required			
Confirm that these 3 requirements have been met prior	to submission of request			
is the resource(s) being requested exhausted or nearly exhaust	ted? Required			
 Facility is unable to obtain resources within a reasonable time. Facility is unable to obtain resource from other non-traditional 	trame (based upon priority level below) from vendors, contractors, N I sources? Required	UU/MUA's or corporate office/ Required		
Command/management review and verification				
Name Required	Position Required		Command Review Required	
				Cancel Sulling
				Cancel Sub

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STATUS MCI 1 ASSESSMENT MESSAGES BED CAPACITY RESOURCE REQU	DASHBOARD			FRC Help and Support Feedback
Resource Request Note: A SitRep is a required prerequisite to any resource request Incident Name COVID-19	Dat • 4	te & 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	

- 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. Describe your current ration protocol.
- 6. 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.

escribe Mission / Tasks

1. 50 face masks; 2. 10 face masks/week; 3. 10 appointments in next 2 weeks; 4. 2; 5. 1 mask per staff; 6. Yes, emailed Amazon invoice

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

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 face masks; 2. 10 face masks/week; 3. 10 appointments in next 2 weeks; 4. 2; 5. 1 mask per staff; 6. Yes, emailed Amazon invoice	
Order Type: SUPPLIES O PERSONNEL O EQUIPMENT O 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

lote: A SitRep is a required prerequisite to any resource request				
ncident Name		Date & Time		
COVID-19	٣	4/3/2020 09:32		
acility Name				
Test Health Facility				
equestor details equestor Name	Position		Phone Required	Email
Test Name	Director of Testing Resource Request		(000)000-0000	testemail@test.org
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Order Type: O SUPPLIES O PERSONNEL O EQUIPMENT O 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

1. 50 face masks; 2. 10 face masks/week; 3. 10 appointments in next 2 weeks; 4. 2; 5. 1 mask per staff; 6. Yes, emailed Amazon invoice

Order Type: O SUPPLIES O PERSONNEL O EQUIPMENT O OTHER					
Order - Medical & health request details					
Priority	Detailed Description	Quantity			
Urgent	Face masks	50			
✓ Add Deliver/Report to Address					
Confirm that these 3 requirements have been met prior to submission of req Is the resource(s) being requested exhausted or nearly exhausted? 	uest				
 Facility is unable to obtain resources within a reasonable time frame (based upon prio Facility is unable to obtain resource from other non-traditional sources? 	rity level below) from vendors, contractors, MOU/MC	DA's or corporate office?			

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

97/500

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Order - Medical & health request details							
Priority	Detailed Description	Quantity					
Urgent	Face mask	50					
✓ Add Deliver/Report to Address							
Is the resource(s) being requested exhausted or nearly exhausted?	quest						
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?							

Detailed Description

 Describe item being requested as concisely as possi while including as much detail as you can. 97/500

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

Describe Mission / Tasks

1. 50 face masks; 2. 10 face masks/week; 3. 10 appointments in next 2 weeks; 4. 2; 5. 1 mask per staff; 6. Yes, emailed Amazon invoice

Drder Type: 🧿 SUPPLIES 🔵 PERSONNEL 🔵 EQUIP	MENT O OTHER	
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Priority	Detailed Description	Quantity
Urgent Tace mask		50
✓ Add Deliver/Report to Address		
onfirm that these 3 requirements have been n	net prior to submission of request	
Is the resource(s) being requested exhausted or nea	arly exhausted?	
Facility is unable to obtain resources within a reason Facility is unable to obtain resource from other non	nable time frame (based upon priority level below) from vendors, contractors, MOU/MOA's or corporate -traditional sources?	office?



 This quantity should equal the <u>amount you need for a</u> <u>one-week timeframe only</u>

Priority	Detailed Description	Quantity			
Urgent	* Face mask	50			
✓ Add Deliver/Report to Address					
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Facility is unable to obtain resources within a reasonable time frame (base	ed upon priority level below) from vendors, contractors, MOU	DA's or corporate office?			
Facility is unable to obtain resource from other non-traditional sources?					
ommand/management review and verification					
jame	Position	Command Review			
Medical Director, Facilities Manager, Clinic Manager, or Design	ee Incident Commander	Complete			
		Cancel Submit			

Command/ Management Review

- Complete checklist of 3 requirements
- Name: Medical Director, Facilities Manager, Clinic Manager, or Designee Name
- Position: "Incident Commander
- Command review: "Comple
 - *This verifies that Incident Command has authorized this resource request

Priority	Detailed Description	Quantity	
Urgent	* Face mask	50	
✓ Add Deliver/Report to Address			
Confirm that these 3 requirements have been met prior to submission	of request		\bigwedge
Is the resource(s) being requested exhausted or nearly exhausted?			
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Facility is unable to obtain resource from other non-traditional sources?			
Command/management review and verification			
lame	Position	Command Review	
Medical Director, Facilities Manager, Clinic Manager, or Designee	Incident Commander	Complete	
			Cancel Submit

 You are ready to Submit! Press the Submit button in th lower right corner. If you have trouble accessing ReddiNet or submitting the Resource Request form, contact the 24 hour ReddiNet Support line at (800)440-7808