ReddiNet Resource Request

Step by Step guide for Healthcare 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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ReddiNet				θ		🔅 Settings 🔁	LOGOUT
TATUS MCI 1 ASSESSMENT	MESSAGES 1 BED CAPACITY	RESOURCE REQUEST DASH	IBOARD			FRC Help and Support	Feedback
New Resource Request	Resource Requests No filter • Active Closed	Sort By: Date Canceled	COVID-19 Cancel Request Requesting agency Requestor details		Date & Time	Tracking #	
3/6/2020 12:08			Requestor Name	Position	Phone	Email	
Reports			Describe Mission / Tasks Order Type: SUPP Order- Medical & health Item # Priority De	LIES O PERSONNEL request details Paid tailed Description C	EQUIPMENT Non Paid Qty (Quantity) Exp	OTHER	

Click New Resource Request



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

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US MCI 1 ASSESSMENT MESSAGES BED CAPAC	CITY RESOURCE REQUEST DASHBOARD				FRC Help and Support F
Posource Poguest					
Note: A SitRep is a required prerequisite to any resource re	equest				
Incident Name		Date & Time			
COVID-19		• 4/3/2020 09	:32		
Facility Name					
Test Health Facility					
Requestor details					
Requestor Name	Position		Phone Required	Email	
lest Name	Director of Testing Reso	irce Request	(000)000-0000	testemail@test.org	
Describe Mission / Tasks					
Order Type: O SUPPLIES O PERSONNEL O EQUIPME	INT O OTHER Required				
Confirm that these 3 requirements have been me	t prior to submission of request				
 Is the resource(s) being requested exhausted or hearly Facility is unable to obtain resources within a reasonable 	/ exnausted / Required ble time frame (based upon priority level below) from v	endors, contractors, MOU/MOA's or corp	porate office? Required		
Facility is unable to obtain resource from other non-tra-	aditional sources? Required				
Command/management review and verification					
Name Required	Pc	sition Required		Command Review Required	
					Cancel Subm

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ReddiNet				9	🔅 SETTINGS 🔁 LOGOUT
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		Date & Time			
COVID-19 Facility Name	Ŧ	4/3/2020 09:32			
Test Health Facility					
Requestor details Requestor Name	Position		Phone Required	Email	
Test Name	Director of Testing Resource Request		(000)000-0000	testemail@test.org	

- Please insure this information is correct, as we may need this information to follow up with your remuse
- Phone number should be direct cell number, not desk line

1. What is the number of occupied beds in your facility?

2. How many COVID-19 positive patients do you have?

3. How many persons under investigation (PUI) do you have?

4. How many of your staff interact with COVID positive/PUI patients?

5. What is the current number of this item that you have on hand?

6. What is your weekly PPE burn rate for item(s) requested?

7. What is the bare minimum amount you need to get you through the week?

8. How many days until you are completeley exhausted (0) of this supply

9. What is your current ration protocol for PPE?

10. Have you tried to procure this item through your normal vendor? What is the reason your normal vendor is unable to provide your item (ex. Delay, urgent need, etc)?

11. Do you have other facilities in other counties that you are sending equipment to?

12. Does your facility perform any procedures that carry a risk of aerosolization of the virus, if so, what and how many types?

Please address these juestions in "Describe Mission/Tasks"

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

See the example on next page for guidance or formatting

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Desch	De IV	15510117	L d S	K 7
			1.00	

1. 20 beds; 2. 0 COVID+; 3. 5 PUI; 4. 10 staff; 5. 10 N95 masks; 6. 30 masks; 7. 10 masks; 8. 3 days; 9. 1 mask per staff per shift; 10. Yes, back order; 11. No; 12. No

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

xample: "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

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

			Date & Time			
COVID-19		v	4/3/2020 09:32			
cility Name						
Test Health Facility						
equestor details						
questor Name		Position		Phone Required	Email	
est Name		Director of Testing Resource Request		(000)000-0000	testemail@test.org	
cribe Mission / Tasks						
ter Type: () SUPPLIES () PERSONNEL ()	EQUIPMENT () OTHER Require	ed				
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elect 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
0.0001100	1111221011	/ 100100

1. N95 masks for patient and staff PPE

2.15 staff members

3. 0 COVID-19 positive cases; 3 PUIs

Order Type: O SUPPLIES O PERSONNEL O EQUIPMENT O OTHER

Order - Medical & health request details			
Priority	Detailed Description	Quantity	
Urgent	▼ <u>N95</u> 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 fra	me (based upon priority level below) from vendors, contractors, MOU/MOA's or corporate office?		
Facility is unable to obtain resource from other non-traditional so	urces?		

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

97/500

Describe Mission / Tasks

1. N95 masks for patient and staff PPE

2.15 staff members

3. 0 COVID-19 positive cases; 3 PUIs

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Facility is unable to obtain resource from other non-traditional sources?

Detailed Description

Describe item being requested as concisely as p 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
0.0001100	1111221011	/ 100100

1. N95 masks for patient and staff PPE

2. 15 staff members

3. 0 COVID-19 positive cases; 3 PUIs

Order Type: O SUPPLIES O PERSONNEL O EQUIPMENT O OTHER

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 IMPORTANT: Please note this quantity in individual units (eaches); we will cancel requests in units of b cartons, etc 97/500

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

	Jrder - Medical & health request details							
	Priority	Detailed Description	Quantity					
	Urgent •	N95 1860 universal fit	50					
	✓ Add Deliver/Report to Address							
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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 Subn	nit				

Command/Management Review

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

Order - Medical & health request details	rder - Medical & health request details								
Priority	Detailed Descrip	Detailed Description		Quantity					
Urgent	▼ <u>N95</u> 1860 ur	niversal fit	50						
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Facility is unable to obtain resource from other non-traditional sources?									
Name	F	Position		Command Review					
Commander Name		Incident Commander		Complete					
					Cancel Submit				

Form is complete

You are ready to Submit! Press the Submit button in the 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 If you don't receive a response within 2 hours, contact MHOAC Duty Officer by phone, found in System Contacts on ReddiNet