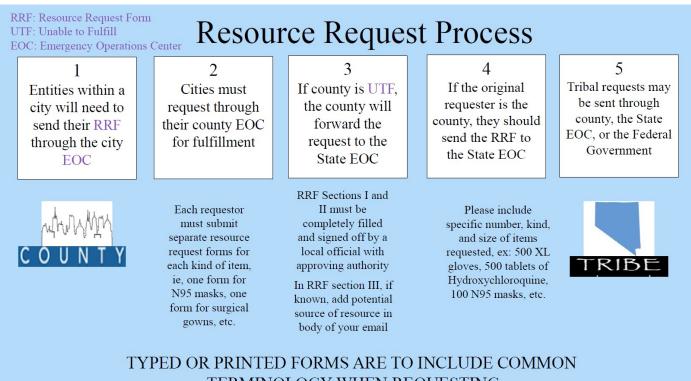
## COVID-19 PPE STOCKPILE STRATEGY 9/27/21

## **Emergency Management and Health Care Partners,**

Covid-19 has taxed each of us in different ways, and we all responded in different ways. However, all of our goals were the same. We wanted to continue to operate and support operations safely and healthily. All jurisdictions went out of their way to locate and acquire PPE at any cost. DEM has procured 60 days of FEMA Public Assistance paid PPE, which includes: surgical masks, N-95 masks, gowns, gloves, face shields, Tyvek suits, sanitizer, and other supplies.

DEM is working with state purchasing and DPBH to reduce our stock and consolidate for compliant COVID 19 projects. We need your help distributing the PPE for COVID-19 use (vaccine, testing, screening, and reopening) for the local mission. Anyone who is not for profit or is a government entity is eligible for the PPE. Please submit a resource request to DEM so we can meet both of our needs. There is no cost, just PPE tracking requirements.

As a reminder, please see the below process on how to submit an RRF.



TERMINOLOGY WHEN REQUESTING

Attached is the State of Nevada NDEM/SEOC Resource Request Form to process your request

State of N NDEM/SEOC	Resource	Incide	nt#				Resour	ce Order #				Originated as verbal
Request Form I. REQUESTING ASSISTANCE (To be completed by Requestor or Logistics)												
1. Date & Time Request Initiated: 2. Requestor's Name (Please Print) 3. Contact Number:												
4. E-Mail: 5. Requestor's Organization:												
II. REQUESTING ASSISTANCE (To be completed by Requestor) Resources Technical Assistance Other												
1. Description of ca	pability or re	source need	ed: (Be as	specific as possib	le. Include the V	Vho, What, W	/hen, Where and	Why of the i	request.)			
2. Size: 3. Amount:												
4. Location:												
5. Time/Date Needed: 6. Priority: Life Sustaining High Normal												
7. Site Point of Contact(POC): 8. 24 Hour Phone #:												
Logistics Review By:												
III. SOURCING THE REQUEST (To be completed by Operations)												
1. Sourced To:	Internal/Lo	gistics	Requ	isitions/PO	ESF	Federa	l Asset	Other				
2. Assigned To: ESI	F		ESF		Other			Other				
Operations Review By:												
IV. RESOURCE ESTIMATED COST (To be completed by assigned ESF)												
1. Estimated Cost:					d Time of Depart home base:	ture				stimated Time of ral at staging area		
V. SEOC MANAG	ER/FINAN	CE APPRO	VAL								L	
SEOC Manager			If Rejecte	h								
Approved	Reje	cted	why?									
SEOC Manager Sig	nature:						Finance Manage	er Signature	:			
VI. RESOURCE DETAILS (To be completed by assigned ESF)												
Details of sourced r	request: (Wh	o, What, Wh	en & Whe	ere of how the rec	quest will be fille	d)						
Requestor Notified of Request Fulfillment & Delivery Information Initials:												
VII. RESOURCE RELEASE INFORMATION (ESF/NDEM Use Only)												
Released By: (Name & Organization) Estimated Time of Departure from Incident: Estimated Time of Arrival at Home Base:												
Final Review (NDEM):												
				ND	EM RRF - Revised 12/	16 White - I	inance Yellow - Logistic	cs Pink - Finance				