

# 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 re-opening) 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.

RRF: Resource Request Form  
UTF: Unable to Fulfill  
EOC: Emergency Operations Center

## Resource Request Process

- 1  
Entities within a city will need to send their RRF through the city EOC
- 2  
Cities must request through their county EOC for fulfillment
- 3  
If county is UTF, the county will forward the request to the State EOC
- 4  
If the original requester is the county, they should send the RRF to the State EOC
- 5  
Tribal requests may be sent through county, the State EOC, or the Federal Government




Each requestor must submit separate resource request forms for each kind of item, ie, one form for N95 masks, one form for surgical gowns, etc.

RRF Sections I and II must be completely filled and signed off by a local official with approving authority

In RRF section III, if known, add potential source of resource in body of your email

Please include specific number, kind, and size of items requested, ex: 500 XL gloves, 500 tablets of Hydroxychloroquine, 100 N95 masks, etc.



TYPED OR PRINTED FORMS ARE TO INCLUDE COMMON TERMINOLOGY WHEN REQUESTING

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

**State of Nevada  
NDEM/SEOC Resource  
Request Form**

Incident #

Resource Order #

Originated as verbal

**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 capability or resource needed: (Be as specific as possible. Include the Who, What, When, Where and Why of the request.)

2. Size:

3. Amount:

4. Location:

5. Time/Date Needed:

6. Priority:

Lifesaving

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/Logistics

Requisitions/PO

ESF

Federal Asset

Other

2. Assigned To:

ESF

ESF

Other

Other

Operations Review By: \_\_\_\_\_

**IV. RESOURCE ESTIMATED COST (To be completed by assigned ESF)**

1. Estimated Cost:

2. Estimated Time of Departure  
from home base:

3. Estimated Time of  
Arrival at staging area:

**V. SEOC MANAGER/FINANCE APPROVAL**

SEOC Manager

Approved

Rejected

If Rejected,  
why?

SEOC Manager Signature:

Finance Manager Signature:

**VI. RESOURCE DETAILS (To be completed by assigned ESF)**

Details of sourced request: (Who, What, When & Where of how the request will be filled)

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):