

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public and Behavioral Health
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

March 6, 2020

Dear Public Health and Healthcare Partners:

Managed inventory has been made available by ASPR/HHS to meet **immediate needs** for PPE (this inventory should not be used to stock up). We are requesting that you **quickly** evaluate your PPE needs, based on the list below, for all public health and healthcare in your jurisdiction to meet current PPE operations/burn rate within the public health, EMS, and healthcare communities. Please follow the procedure outlined below to make the request **no later than 3:00 p.m. on Monday, 3/9/2020.**

1. Complete the Resource Request Form (attached) with PPE needs;
 - a. N95
 - b. Surgical gowns
 - c. Surgical masks with face shield
 - d. Eye protection
 - e. Gloves
 - f. PAPR's
 - g. Hand Sanitizer
2. For facilities and jurisdictions, please include a copy of the last cancelled or backordered PPE order for justification documentation from the medical supplier;
3. For large jurisdictions, please attach a spreadsheet with facility location (including address) and PPE needs by location (most likely order will be drop-shipped);
4. Please note, based upon demand, your entire order may not be filled due to allocation needs for the entire state – and allocations approved by ASPR/HHS.
5. Please send the completed Resource Request Form and supporting documentation to your county Emergency Manager, to be forwarded to the Division of Emergency Management for expedited processing.

Respectfully,

A handwritten signature in blue ink that reads "Lisa Sherych".

Lisa Sherych, Administrator
Division of Public and Behavioral Health
Nevada Department of Health and Human Services

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):