

HEALTHCARE WORKER (HCW) RESOURCE REQUEST (Form ICS 213 HCW-RR)

1. Requesting Organization Information	Staffing Coordinator Name			
	Staffing Coord. Phone #			
	Organization Physical Address			
	Organization Name			
2. Organization Authority Approval	Name / Title		Date / Time of Approval: /	
	Authority Phone #		Request Timeframe: 12HR 48HR 24HR 96+HR	
3. Details of Incident	HCW Logistics Contact Name/Phone #			
	HCW Staging Location			
	Hazards and Risks Present at and near Staging and Deployment Locations			
	Description of Incident Justifying State HCW Deployment & Additional Notes			
4. Healthcare Worker Resource Details				
Staffing Type; Licensure, Certification, and/or Training Requirements; etc.		# Requested	Desired Shift Length	
5. Total HCW Count Requested =				
6. Requested Dates of Service	Start Date		Start Time	
	End Date (estimate OK)		End Time	
7. Prepared by	Name: _____ Position: _____ Signature: _____			
ICS 213 HCW-RR	Page: ____ of ____	Date / Time: _____ / _____		

ICS 213 HCW-RR

Healthcare Worker (HCW) Resource Request

Purpose. The Healthcare Worker (HCW) Resource Request form (ICS 213 HCW-RR) is used to order emergency healthcare staffing resources through the Maine Center for Disease Control & Prevention (ME-CDC), Public Health Emergency Preparedness (PHEP), Logistics Section (LOGS).

Preparation. The ICS 213 HCW-RR is initiated by the resource requestor, who will complete the form in its entirety. Once completed, submit through requestor's local County Emergency Management Agency to Maine Emergency Management Agency & ME-CDC PHEP, as appropriate to the current response structure. After the form is finalized, the requestor will be notified of the action taken and provided with additional details.

Distribution. This form is maintained in order to track resource status, resource demands, and request volumes.

Notes. Multiple pages can be used if needed. If additional pages are needed, use a blank ICS 213 HCW-RR and note the specific page # and total pages in the bottom left-hand corner box. Additions may be made to the form to meet the organization's / facility's needs. Ensure the request is as self-explanatory as possible.

NUMBER	TITLE	INSTRUCTIONS
1	Requesting Organization Information	Enter the name of the Facility's designated Staffing Coordinator at requesting Organization; phone number of this Staffing Coordinator; name of the Organization for which HCWs are being requested; and the physical address of the requesting Organization (include GPS coordinates if available – required if land travel restricted).
2	Organization Authority Approval	Enter the name (first, MI, last, suffix) and business title of the requesting Organization's designated authority. Typically, this is the President, CEO, COO, HR Director, or similar with hiring authority for the entire Organization. Request Timeframe refers to when HCWs are first needed to start service.
3	Details of Incident	Enter the contact (name, phone #) for HCW Staffing logistics inquiries related to housing, feeding, laundry services, etc.; staging location to which HCWs are expected to report if/when deployed; all significant risks and hazards to HCWs, including anywhere HCWs may be expected to transit and/or work during deployment; and briefly describe: how normal staffing is impacted and expected duration of impacts, number of patients/residents requiring care and their needs, and requesting Organization's efforts to <u>exhaust all locally available resources</u> (business/contractual, local, county, and Healthcare Coalition levels) to meet the current staffing need. Any additional request notes can also be included in the last box, section #3.
4	Healthcare Worker Resource Details	Enter each job type or work assignment requiring emergency HCW staffing, as well as requesting Organization's specific eligibility criteria in order to fulfill essential role functions, such as medical licensure; the desired shift length per day per role; and the number of each type of HCW being requested.
5	Total HCW Count	Enter sum of HCW counts requested under 5. Total HCW Count Requested.
6	Requested Dates of Service	Enter the desired start date, end date, daily start time, and daily end time expected for each HCW role requested. If these vary per role and multiple roles are requested, use a separate ICS 213 HCW-RR form for each set of shift parameters or otherwise clearly note as a part of your request.
7	Prepared by	Enter the name, ICS/HICS position, and signature of the person preparing the form. Enter page number, page total. Enter date (MM/DD/YYYY), time prepared (24-hour clock).