This form is used to understand the questions and answers needed when requesting for medical personnel through our Public Health Ordering System (PHOS).  **All requests MUST be made through the proper application process (PHOS) in order to be fulfilled.**

Resource Request #: \_\_\_\_\_\_\_\_\_\_

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this for a General Acute Care Hospital (GACH)?

* Yes
* **No**

**If this is not a GACH, there is only one (1) question below.**

**Has the facility transferred, or attempted to transfer, patients out of the facility within the last 24 hours because there is not enough properly trained staff to care for them?**

If this is a GACH:

What is your current total patient census?

What is your current census of COVID + patients?

(Current total patient census divide by current census of covid + patients)

Does the requested staff allow additional ICU or M/S/T beds (above licensed capacity) to be opened?

* ICU beds
* M/S/T beds
* N/A

Would requested personnel allow for additional ICU level beds to be opened for patients?

* Yes
* No

Has the facility transferred, or attempted to transfer, patients out of the facility within the last 24 hours because there is not enough properly trained staff to care for them?

* Yes
* No

Have you cancelled all non-urgent elective surgeries?

* Yes
* No

Are you using team nursing and are you out of ratio?

* Team nursing model in place?
* Have you been out of ratio for more than three days?

Would you be able to accept inter-facility patient transfers if you receive this staff?

* Yes
* No