

Medical Reserve Corps Request

CHICAGO MEDICAL RESERVE CORPS - POTENTIALLY TIME SENSITIVE

| Date of Request | Time of Request | Email Reply to |
|-----------------|-----------------|-----------------------------|
| 5/8/20 | 4pm | eric@buckinghampavilion.com |

Directions for Requesting Agency: Contact the Medical Reserve Coordinator at 312-745-4149 during normal business hours. After hours and weekends contact 312-747-9762 (this is the PHEOC) to inform them of impending Chicago Medical Reserve Corps request. Complete form section below. Save a copy. Email file as attachment to jannita.caine@cityofchicago.org who will then disseminate the request through the Illinois HELPS and Chicago MRC system. Please make sure to address issues with potential cost or liability protection for the volunteers being requested.

Purpose & Use of MRC Request Form: This form is to be used for potential situations which include, but are not limited to, natural, technological, or manmade events, exercises, drills, or other potential situations where Medical Reserve Corps volunteers are needed to assist.

Requesting Agency

| Agency Name | Contact Name and Title | |
|-----------------------------------|------------------------|--------------|
| Buckingham Pavilion | Eric Stern | |
| Physical Address of Response Site | Phone Numbers | Email/fax |
| 2625 W. Touhy Ave | 773-973-5333 | 773-973-5222 |

Description of Event (be specific):

Staff shortage due to COVID-19

Counties or Regions to contact (or indicate statewide)

| | | | |
|------|--|--|--|
| Cook | | | |
|------|--|--|--|

Resources Requested

| Resource Description (be specific) | Quantity | Time/Date needed by | Duration |
|------------------------------------|----------|---------------------|-----------------|
| RN | 3 | immediately | During Pandemic |
| CNA | 9 | immediately | During Pandemic |

Please indicate who would provide liability coverage for the volunteers:

Additional Liability Information:

| | | | | |
|--|-------------------|--------------------------|-------------------|--|
| | Requesting Agency | <input type="checkbox"/> | Responding Agency | |
|--|-------------------|--------------------------|-------------------|--|

Additional considerations or requests

Environmental Aspects for Consideration (optional)

Must be willing to work with COVID-19 patients

Directions for Responding Agency: Complete form section below. Save a copy. Email file as attachment to the address at top of this form. Requesting Agency will contact you to coordinate resources. **Please return this form even if you cannot provide any requested resources. Do not send staff until you have heard from the requesting agency or the CDPH ESAR-VHP/MRC/Volunteer Manager Coordinator**

Responding Agency

| Agency Name | Contact Name and Title | |
|---------------|------------------------|--|
| | | |
| Phone Numbers | Fax | |
| | | |

Available Resources

| Resource Description | Quantity | Notes |
|----------------------|----------|-------|
| | | |
| | | |
| | | |

Who are the 24/7 contact people from your agency for this request?

| Name | Phone | Phone | Email | Fax |
|------|-------|-------|-------|-----|
| | | | | |
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