



Please provide confirmations, dates and details of the following activities.

Essential Element of Information	Y	N	Detail	
Complete all sections that apply to your facility or agency. (Select One) To avoid any delay, please ensure the form is completed in its entirety.				
<b>Only HOSPITALS Complete this Section</b>				
1a. Has the hospital decompressed by discharging all possible patients?	Y	N	Date Implemented:	
1b. Have all elective surgeries been suspended?	Y	N	Date Cancelled:	
1c. Has the hospital expanded its telemedicine consults?	Y	N	Date Initiated:	
1d. Has hospital secured additional equipment and supplies through vendor process?	Y	N	Quantity and type acquired	
<b>Only LONG TERM CARE FACILITIES Complete this Section</b>				
1a. Is this facility currently in outbreak status (confirmed case of COVID-19)?	Y	N	Date Outbreak Started:	
<b>Only CONGREGATE SETTINGS Complete this Section</b>				
1a. Is this facility currently in outbreak status?	Y	N	Date Outbreak Started:	
<b>Only EMERGENCY MEDICAL SERVICES Complete this Section</b>				
1a. Is this EMS agency transporting confirmed cases of COVID 19?	Y	N		
1b. Is this EMS agency or Non-Emergency Transport Service transporting suspected cases of COVID 19?	Y	N		
<b>Only FIRST RESPONDER AGENCIES Complete this Section</b>				
1a. Is FIRE DEPT providing non transport emergency medical response?	Y	N		
1b. Is the entity a law enforcement agency or emergency management agency?	Y	N		
<b>ALL SECTIONS Complete this Section</b>				
2. Has the entity secured additional requested supplies through the normal vendor process?	Y	N		
3. What is the timeline to receive product from the vendor?			ETA:	
4. Has there been expedited shipping and delivery for requested items from vendor?	Y	N	ETA:	
5. Are the requested items on backorder?	Y	N	ETA:	

6. Has the entity exhausted CARES and/or other COVID funding to secure additional requested supplies locally?	Y	N	Describe:	
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Please describe any additional activities the entity has implemented to manage surge and/or procure the requested items.

Email completed form to [OEPR.Logistics@msdh.ms.gov](mailto:OEPR.Logistics@msdh.ms.gov).