



Rapid Response Team 2 Request

REQUEST DATE

Submit your completed form to rapidresponse@dshs.wa.gov. Include all required information to complete the request. "Rapid Response Team 2 Management will review and screen your staffing request using the priority criteria in the following order: Priority 1 for patient admissions from hospital; Priority 2 for seasonal outbreaks at a certain staff percentage; Priority 3 for other urgent staffing.

FACILITY / HOME / PROVIDER NAME		LICENSE / CERTIFICATION NUMBER	
PHYSICAL ADDRESS: STREET		CITY	STATE ZIP CODE WA
FACILITY / HOME / PROVIDER TYPE <input type="checkbox"/> AFH <input type="checkbox"/> ALF <input type="checkbox"/> CCRSS <input type="checkbox"/> ICF/IID <input type="checkbox"/> ESF <input type="checkbox"/> NH <input type="checkbox"/> SL			
REQUESTOR'S NAME		POSITION	
EMAIL ADDRESS		CELL / OFFICE NUMBER (INCLUDE AREA CODE)	
FACILITY / HOME BED CAPACITY (NH, ALF, AFH, ESF, ICF/IID)		SL CLIENTS ASSIGNED TO PROVIDER (SL ONLY)	

Facility / Home / Provider Information (completed by requestor)

PRIORITY 1

Is this request necessary to admit patients from acute care hospitals to expedite a necessary hospital discharge? Yes No

If yes, how many residents admitted: a) in the past 72 hours? ; b) this week?

Is this request necessary to readmit residents and clients from acute care hospitals? Yes No

If yes, how many residents admitted: a) in the past 72 hours? ; b) this week?

PRIORITY 2

Is this request related to staffing needs for seasonal outbreaks, e.g., COVID-19, RSV, Flu, or Norovirus? Yes No

PRIORITY 3

Is this request related to staffing needs other than to support patient admissions from hospitals and seasonal outbreak positive cases? Yes No

STAFF REQUESTED

NACS	LPNS	RNS
SHIFTS NEEDED: <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT	SHIFTS NEEDED: <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT	SHIFTS NEEDED: <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT

Rapid Response Team 2 Management Notes

COMMENTS

Priority 1 Priority 2 Priority 3

RAPID RESPONSE TEAM 2 MANAGER'S SIGNATURE	DATE	MANAGER'S PRINTED NAME
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