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Introduction to the Disaster Available Supplies in Hospitals (DASH) Tool

August 15, 2022



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Shayne Brannman, MA, MS
Program Director, ASPR TRACIE

ASPR Key Priorities

To meet the nation's health/medical needs, ASPR is focused on three key priorities:

1
Extend capabilities to respond well and emerge from the COVID-19 pandemic better

2
Restore resources and capabilities diminished during the pandemic

3
Prepare for future emergencies whether natural or man-made

ASPR TRACIE: Three Domains



- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed “Topic Collections”
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences



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- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form ([ASPRtracie.hhs.gov](https://asprtracie.hhs.gov))



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- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials



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Meg Sullivan, MD, MPH
Chief Medical Officer, ASPR



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Shelly Schwedhelm, MSN, RN, NEA-BC
Executive Director, Emergency Management & Biopreparedness,
Nebraska Medicine and Executive Director, Emergency Management &
Clinical Operations, Global Center for Health Security

Regional Disaster Health Response System

ASPR awarded four disaster response sites to address health care preparedness challenges, establish promising practices for improving disaster readiness across the health care delivery system, demonstrate the potential effectiveness of an RDHRS, and make progress toward building a national system for readiness built on regional collaboration.

Mountain Plains Region VIII RDHRS
(Denver Health and Hospital Authority)
Awarded 2020

Region I RDHRS
(Massachusetts General Hospital)
Awarded 2018

Southern Region IV RDHRS (Emory Hospital) *Awarded 2021*

Region VII Disaster Health Response Ecosystem (RDHRE)
(Nebraska Medicine)
Awarded 2018

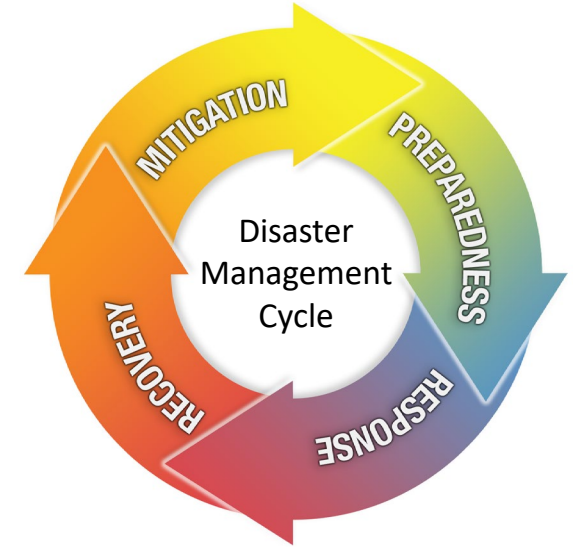


Building health response systems that exhibit the following capabilities:

-  **Improve** statewide and regional situational awareness
-  **Develop** readiness metrics and conduct an exercise to test capabilities
-  **Build** a partnership for disaster health response
-  **Align** plans, policies, procedures related to clinical excellence in disasters
-  **Increase** statewide and regional medical surge capacity

The DASH TOOL – “Our Healthcare Why?”

- ✓ DASH Tool = Mitigation & Preparedness
- ✓ Nationally accessible tool that uses hospital characteristics and scenarios to help provide visibility on the supplies needed during various types of incidents.
- ✓ The DASH Tool provides an opportunity to help mitigate facility supply shortages by identifying estimates during the preparedness process to help save lives during response.



Hospital Pharmacy Module

Estimates supplies of medications a hospital should have in its pharmacy to meet seriously injured patient needs for 48 hours following an MCI.

USE THE MODULE

Personal Protective Equipment Module

Estimates minimum personal protective equipment (PPE) needed by hospital personnel managing patients suspected or known to be infected with a special pathogen.

USE THE MODULE

Burn Supply Module

Estimates supplies needed to care for critical burn patients with an average 40% burn surface area for the first 48 hours after a burn incident.

USE THE MODULE

Trauma Supply Module

Estimates supplies needed to care for seriously injured trauma patients for the first 48 hours after an MCI.

USE THE MODULE

The DASH TOOL – Key Points



Four modules complement each other.



Intended to be used for *PRE*-incident planning and not during an incident.



The module outputs may be used to determine reasonable stock levels for facilities to have available.



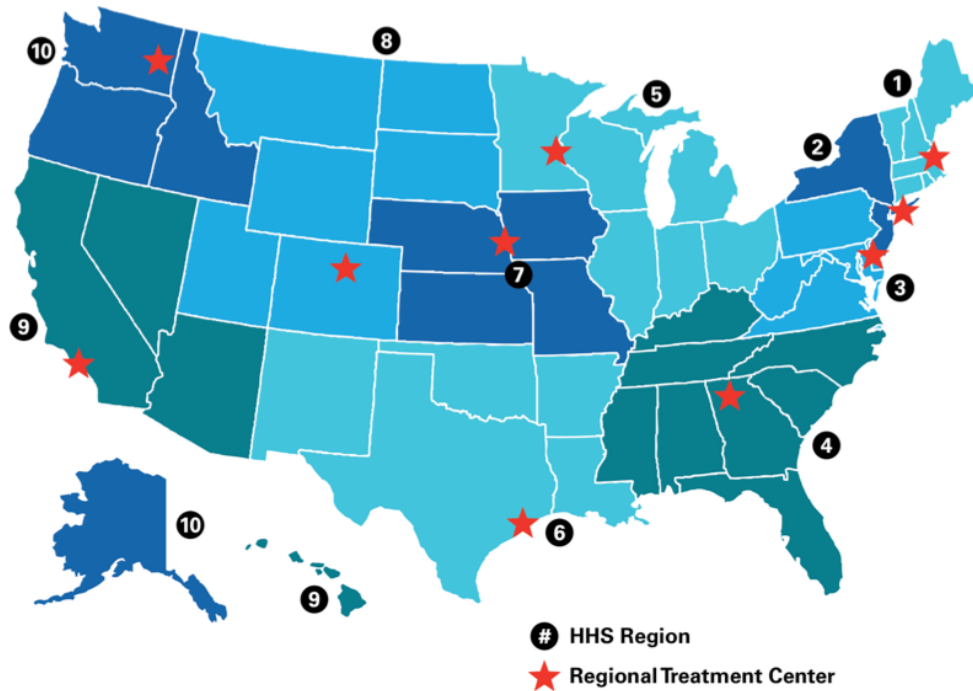
DASH does not address staff, space, systems, or education.



To Save Your Results: Download (save/print) or Share URL.

NETEC & Regional Special Pathogen Treatment Centers

PPE Module Input



Regional Treatment Centers

- 1: Massachusetts General Hospital
- 2: NYC Health + Hospitals - Bellevue
- 3: Johns Hopkins Hospital
- 4: Emory University Hospital and Children's Healthcare of Atlanta-Egleston Hospital
- 5: University of Minnesota Medical Center
- 6: University of Texas Medical Branch at Galveston
- 7: University of Nebraska Medical Center/ Nebraska Medicine
- 8: Denver Health Medical Center
- 9: Cedars-Sinai
- 10: Providence Sacred Heart Medical Center and Children's Hospital



NETEC

NATIONAL EMERGING SPECIAL PATHOGENS
TRAINING AND EDUCATION CENTER

PPE Supply Module

- The PPE DASH module was developed by experts in Emergency Preparedness and Infectious Disease to provide a means for all facilities to have an informed estimate on how much inventory is needed
- Three scenario-based events in this module: 1) Airborne & Droplet special pathogen (e.g., MERS), 2) Contact special pathogen (e.g., VHF), 3) Pandemic

The PPE DASH module will assist:

Health Systems:

- ✓ Inform facilities on items needed to prepare for a special pathogen or a pandemic type event.
- ✓ Assist facilities to be prepared with adequate inventory for the fall surge in COVID.

Coalitions:

- ✓ Collate information on how much the health systems need aggregately to better inform coalition response.
- ✓ Conduct similar strategy to inform region response.
- ✓ Identify gaps where the Strategic National Stockpile might be requested.



Burn Supply Module

Estimates supplies needed for:

- Initial dressings
- Topical treatments
- Patient care

Please input the amount of each topical in your inventory below to compare your on hand supplies with expected supplies.

Bacitracin (1oz)
10

Bacitracin (4oz)
10

Bacitracin (16oz)
30

Mafenide Acetate Cream 2oz
5

Mafenide Acetate Cream 4oz
5

Mafenide Acetate Cream 16oz
10

Silver Sulfadiazine 1% (50g)
10

Silver Sulfadiazine 1% (85g)
10

Silver Sulfadiazine 1% (400g)
50

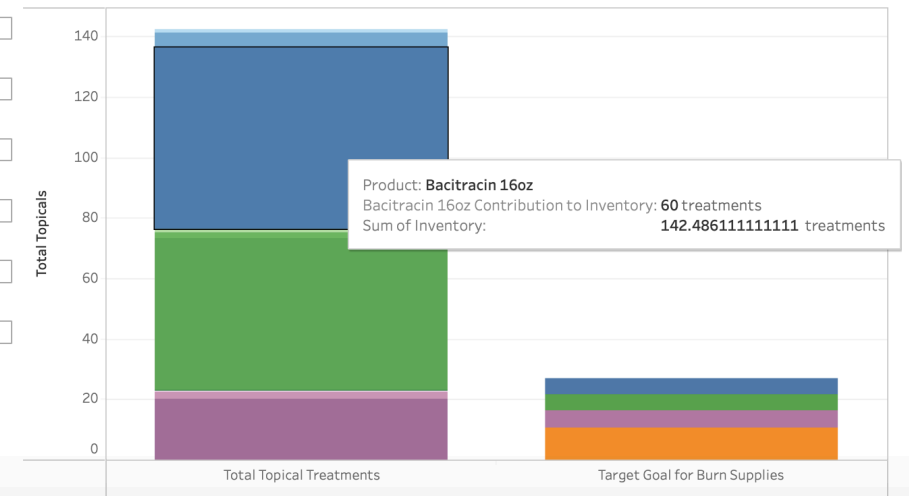
Silver Sulfadiazine 1% (1000g)
0

Topicals Inventory

Product	Treatment Contribution	Total Topical Treatments
Bacitracin 1oz	0.13	1.25
Bacitracin 4oz	0.50	5
Bacitracin 16oz	2.00	60
Mafenide Acetate Cream 2oz	0.13	0.625
Mafenide Acetate Cream 4oz	0.50	2.5
Mafenide Acetate Cream 16oz	2.00	20
Silver sulfadiazine 1% (Silvadene) 50g	0.11	1.11111111111111
Silver sulfadiazine 1% (Silvadene) 85g	0.20	2
Silver sulfadiazine 1% (Silvadene) 400g	1.00	50
Silver sulfadiazine 1% (Silvadene) 1000g	2.00	0

Treatments to Meet Requisite Needs: 27 treatments

Difference Between Present Inventory and Goal 115.49 treatments



Burn Care Assumptions

Patient Considerations

- Note that patients are assumed for dressing purposes to be 75kg and have a 40% burn surface area (BSA) burn for inpatients and 5% BSA burn for outpatients. Thus, each outpatient “counts” as 1/8 inpatient dressing supply needs.
- Note that calculation of analgesia requirements, airway management, and number of urinary catheters, etc. needed has been validated against the number of trauma patients receiving those interventions to ensure adequate projected supply.
- The assumptions for number of burn patients are:

Hospital Trauma Level	Default Number of Patients
• Burn Center	• 25 inpatients and 75 outpatients
• Level 1 and Level 2	• 15 inpatients and 45 outpatients
• Level 3, Level 4, Level 5, and Not Designated Hospitals	• 5 inpatient/stabilization patients and 20 Outpatients

Pharmacy Module



The Pharmacy Module is a unique planning tool to assist hospitals with assessing the number of pharmaceuticals by category that would be needed to treat patients for up to 48 hours following mass casualty incidents.



The Hospital Pharmacy Module Methodology (PDF) document contains a “Further Medications for Consideration” section, which provides a helpful overview of additional pharmaceuticals that hospitals may want to consider stocking or having available within their health care coalitions.

Trauma Module

In consultation with subject matter experts and review of mass trauma incidents (with a focus on penetrating trauma that generates a higher degree of severe injuries and surgical volumes compared to “conventional” mass casualty incidents), the following assumptions for seriously injured casualties (i.e., Injury Severity Score 15 or higher) are applied:

Hospital Trauma Level	Default Number of Patients
Level 1 and Level 2	50 seriously injured patients
Level 3	20 seriously injured patients
Level 4, Level 5, and Not Designated Hospitals	10 seriously injured patients



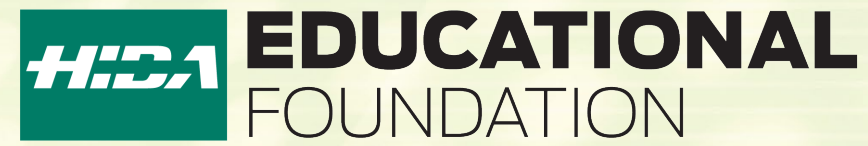
T R A C I E
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Linda Rouse O'Neill
Vice President of Supply Chain Policy and Executive Branch
Relations, Health Industry Distributors Association (HIDA)



***Advancing the value of
distribution in healthcare***

- *119 Distributor Members*
- *76 Million Sq. Ft of Warehouse Space*
- *650 Million Orders Annually*
- *Delivering to 560,000 Healthcare Provider Locations*



***Continuously improving
the
healthcare supply channel***

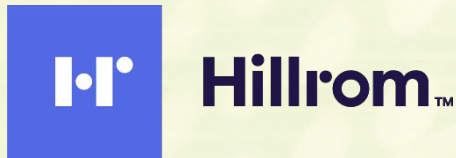
- 137 Members
 - 134 Manufacturers
- *Distributors Carry 550,000 FDA-Approved Products from 5,500 Medical Manufacturers*

Diverse Distributor Membership



Leading Manufacturers Across Categories

Medtronic
Engineering the extraordinary



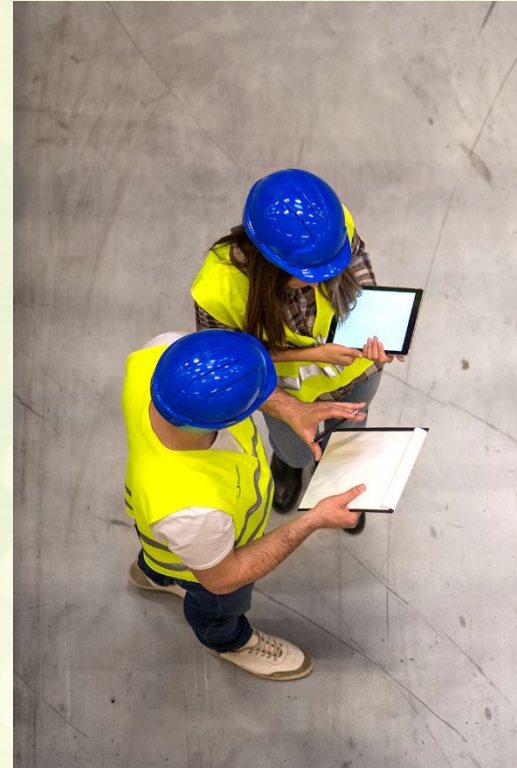
Response to COVID-19 Includes



Vetted and onboarded
new suppliers



Expedited shipping and
delivery to hotspots to all
healthcare provider settings



Coordinated with current
suppliers to ramp up
production



Identified appropriate
product substitutions



Helped healthcare providers
determine supply availability
and delivery dates

Partnerships Help Navigate Beyond The Pandemic

- HIDA has ongoing public/private partnership with federal agencies
- HIDA Member Councils and Work Groups Provide Subject Matter Expertise:
 - **PPE Council:** *Manufacturers and Distributors who make and distribute PPE across all markets*
 - **Acute Care Council:** *Distributors and Manufacturers with core competency in serving hospitals*

DASH Tool and Supply Chain Partners

**Hospital Pharmacy Module +
Personal Protective Equipment Module +
Burn Supply Module +
Trauma Supply Module =**

- More informed discussions with supply chain
- Opportunities to discuss product availability as well as options for substitutions and alternatives
- Improved scenario planning and coordination with supply chain

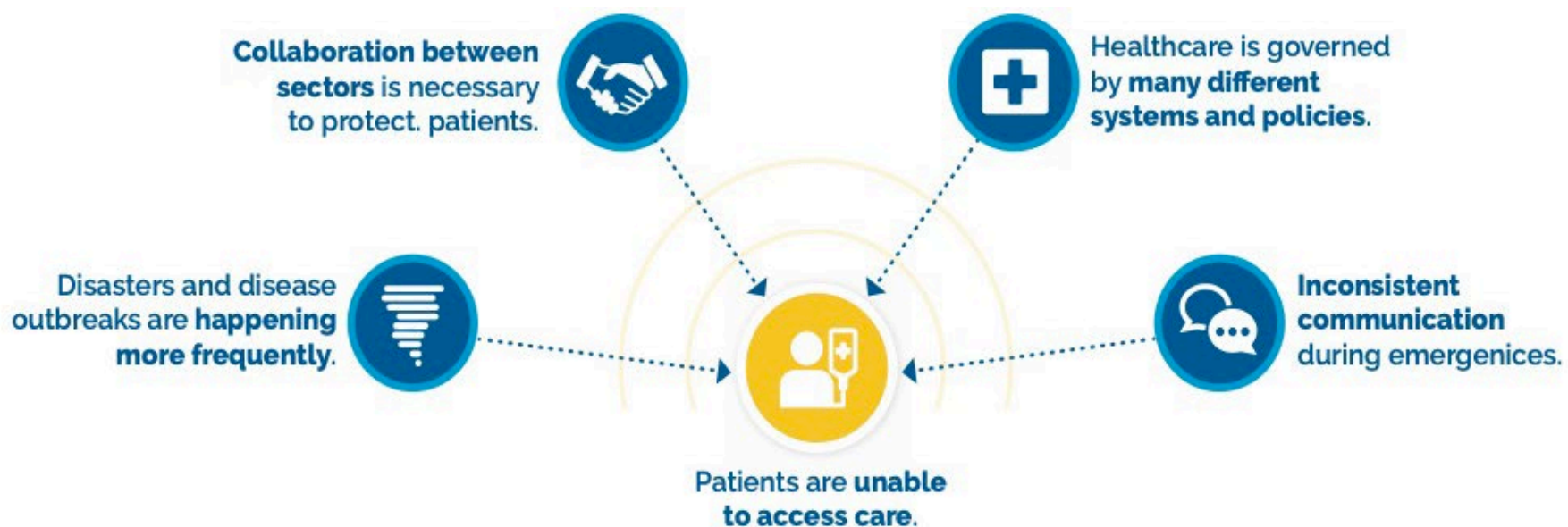


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Ryan Dadmun
Technical Specialist, Healthcare Ready

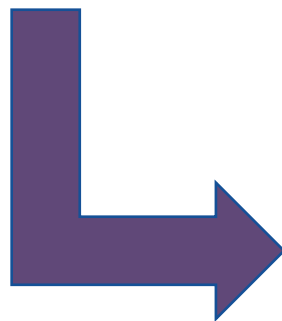
Healthcare Ready focuses on health preparedness and response, serving as a linkage point for the health sector and government partners at the federal, state, and local governments. Our goal is to facilitate the planning and response coordination that improves our ability to respond to threats that disrupt patient access to healthcare during crises.



DASH Evolution

Part 1: Hospital Assessment

Goal:	This worksheet generates overall planning numbers by category of drug that can then be compared to the numbers on the Disaster Inventory to assure adequate on hand. The inventory may be modified by the hospital to suit its usual practices and vendors. The calculations are for seriously injured patients only.	
Step 1:	Enter the number of emergency department beds	20
Step 2:	Enter trauma level	3
Step 3:	Do all major trauma patients get transferred to another facility?	Yes
Step 4:	Enter the value of designated burn beds	5
Step 5:	Is this hospital at high risk to receive disproportionate number of casualties?	No
Step 6:	Is the hospital at risk to be isolated by natural disaster / disrupted infrastructure?	No



Hospital Inventory
Please input the number of available pharmaceuticals below:
(Pharmaceuticals marked with * are controlled substances)

Hydrocodone/Acetaminophen 5/325 mg*	400
Hydrocodone/Acetaminophen 5/333mg elixir 10ml*	0
Hydrocodone/Acetaminophen 7.5/325mg tab*	0
Hydrocodone/Acetaminophen 10/325mg tab*	0
Hydromorphone 4mg tab	0
Morphine 10mg/5mL elixir 5mL	120
Morphine 10mg/5mL elixir 100mL	0
Morphine 10mg/5mL elixir 500mL	12
Oxycodone 5mg tablets*	0
Oxycodone 5mg/5ml UD cup 5ml*	0
Oxycodone 5mg/ml Oral Solution 500ml*	0

Calculation Assumptions

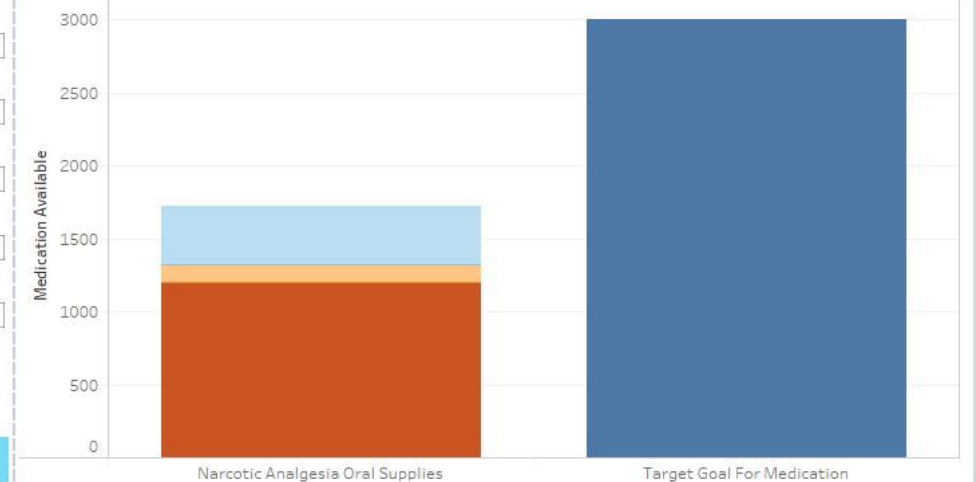
1.2 Opioid Analgesia Oral Inventory

[Return to Index](#) [<](#) [>](#)

Drug	Dose Equivalency Value	Narcotic Analgesia Oral Inventory (tab equivalency)
Hydrocodone/Acetaminophen 5/325 mg tab or UD	1	400
Hydrocodone/Acetaminophen 5/333mg elixir 10ml	1	0
Hydrocodone/Acetaminophen 7.5/325mg tab	1	0
Hydrocodone/Acetaminophen 10/325mg tab	1	0
Hydromorphone 4mg tab	1	0
Morphine 10mg/5mL elixir 5mL	1	120
Morphine 10mg/5mL elixir 100mL	20	0
Morphine 10mg/5mL elixir 500mL	100	1,200
Oxycodone 5mg tablets	1	0
Oxycodone 5mg/5ml elixir 5 ml	1	0
Oxycodone 5mg/ml elixir 500 ml	500	0
Grand Total		1,720

Grand Total To Meet Requisite Needs: **3,000 tabs (or tab equivalency)**

Difference Between Present Inventory and Goal: **-1,280 tabs (or tab equivalency)**



DASH Tooltip – Clear Communication

1.3 Non-opioid Analgesia Oral Inventory		Return to Index	<	>
Drug	Dose Equivalency Value	Non-narcotic Analgesia Oral Inventory (tabs or tab equivalency)		
Acetaminophen 160mg/5mL elixir 120 ml	4	400		
Acetaminophen 325mg tab	0.33			
Acetaminophen 500mg tab	0.5			
Ibuprofen 100mg/5ml elixir 120 ml	6			
Ibuprofen 200mg tab	0.5			
Ibuprofen 400mg tab	1			
Ibuprofen 600mg tab	1			
Ibuprofen 800mg tab	1			
Ketorolac 10mg tab	1	0		
Naproxen 375mg tablet	1	1,200		
Naproxen 500mg tablet	1	0		

Acetaminophen 160mg/5mL elixir 120 ml

Drug/category: **Non-narcotic analgesia oral**

Dose Equivalency Value: **4 tabs per pharmaceutical**

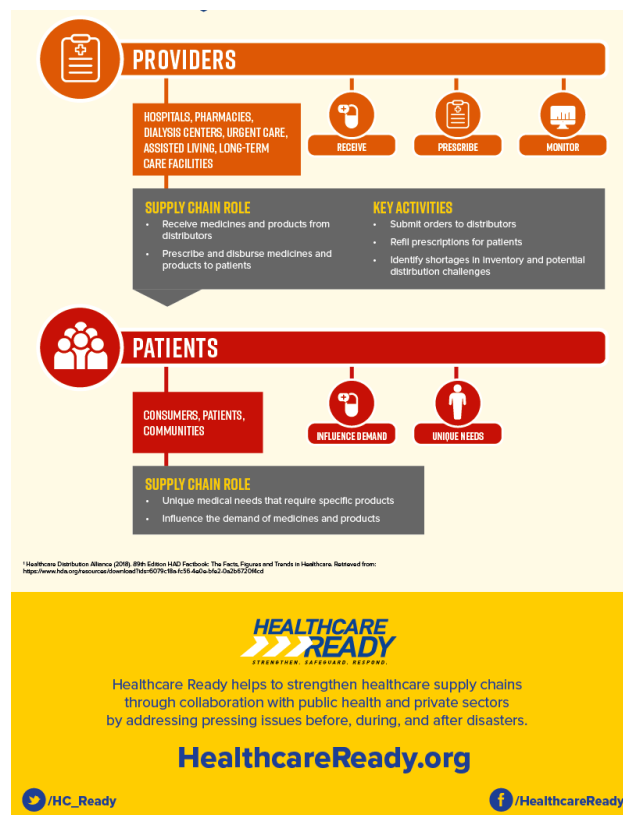
Current Available Supplies: **400 tabs**

Current Available Supplies were calculated by multiplying the number of pharmaceuticals on hand by the Dose Equivalency Value.

Healthcare Supply Chain

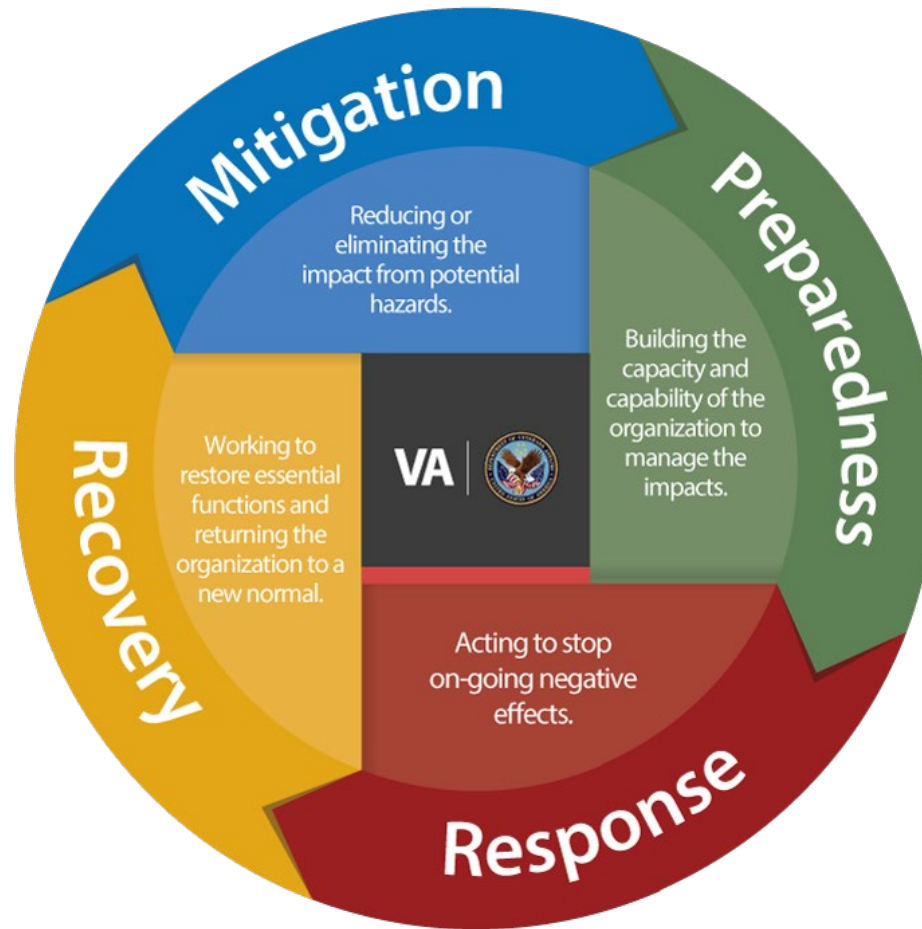


Healthcare Supply Chain



More information on the medical supply chain can be found at
<https://healthcareready.org/healthcare-supply-chain/>

Preparedness vs Response



DASH DISASTER
AVAILABLE SUPPLIES
IN HOSPITALS





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John Hick, MD
Hennepin Healthcare and ASPR TRACIE Senior Editor

DASH Website (dashtool.org)



HOSPITAL PHARMACY

PERSONAL PROTECTIVE EQUIPMENT

BURN SUPPLY

TRAUMA SUPPLY

Welcome to the Disaster Available Supplies in Hospitals (DASH) Tool

Disaster Available Supplies in Hospitals (DASH) is an interactive tool that can help hospital emergency planners and supply chain staff estimate supplies that may need to be immediately available during various mass casualty incidents (MCI) and infectious disease emergencies based on hospital characteristics. DASH recommends average par levels for specific supplies that acute care hospitals may need to have on hand to respond to a disaster in their community until resupplied. Recommendations are based on user inputs about the size of the hospital, risks in the community, regional role/designation of the hospital, and other factors.

DASH is comprised of several modules which, taken together, can provide hospitals a holistic view of the supplies needed to address various types of incidents. Each module also incorporates pediatric sizes and specific medication

Four Modules

Hospital Pharmacy Module

Estimates supplies of medications a hospital should have in its pharmacy to meet seriously injured patient needs for 48 hours following an MCI.

USE THE MODULE

Personal Protective Equipment Module

Estimates minimum personal protective equipment (PPE) needed by hospital personnel managing patients suspected or known to be infected with a special pathogen.

USE THE MODULE

Burn Supply Module

Estimates supplies needed to care for critical burn patients with an average 40% burn surface area for the first 48 hours after a burn incident.

USE THE MODULE

Trauma Supply Module

Estimates supplies needed to care for seriously injured trauma patients for the first 48 hours after an MCI.

USE THE MODULE

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Landing Page for Each Module

Hospital Pharmacy Module (HPM)

The DASH Hospital Pharmacy Module (HPM) is intended to provide estimates of pharmaceuticals and intravenous fluids that may be required at a facility for the first 48 hours after a mass casualty incident occurs. The HPM should be completed to complement both the Burn and Trauma Modules. Based on hospital characteristics, the module will offer baseline inventories for categories (e.g., analgesia, antibiotic). The user will input inventory information for common drug formulations in stock within these categories and see immediately whether the hospital has adequate or inadequate stocks of medications in that category. Dosing is based on adult (i.e., higher) requirements, though pediatric formulations are included where available.

The DASH HPM is not proscriptive nor definitive. It is intended as a starting point for facility planners to estimate the minimum quantities that may be needed based upon the role the hospital has in the community. The module is meant to be considered in conjunction with other planning tools, resources, information, and facility and community-wide preparedness efforts. It is not intended as a clinical tool and should be used for pre-incident planning and NOT during an incident.

For detailed information on the purpose of the DASH HPM Module, related planning considerations, and additional resources, click on the **“HPM Methodology (PDF)”** button. For detailed instructions, click on the **“HPM Instructions (PDF)”** button. Most users will find it helpful to have the HPM Instructions open in a separate browser window to follow along as they navigate through the module.

[HPM Instructions \(PDF\)](#)

[HPM Methodology \(PDF\)](#)

User Inputs About Hospital Characteristics

Begin by entering your hospital's characteristics on the Initial Assessment screen below. Then click on the "Go to Index" button to navigate to any Individual Drug Category where you will enter your inventory.

Please fill out all the boxes below with information regarding your facility.

Trauma Level

None Selected

Emergency Department Beds / Rooms

0

How many beds are routinely used for inpatient burn care?

0

Are your major trauma patient routinely transferred to higher levels of care?

No

Is this the only hospital in the area otherwise at risk for a disproportionate share of burn or trauma patients?

No

Are natural disasters likely to isolate the hospital for days or longer?

No

Initial Assessment

The graph below displays the amount per drug category to have on hand in the event of an emergency:

Drug Category	
2.2 Sedative oral	0
2.3 Agitation control / Antipsychotic Injectable	0
2.4 Agitation control / Antipsychotic oral	0
3.1 Antibiotic narrow spectrum injectable	0
3.2 Antibiotic narrow spectrum oral	0
3.3 Antibiotic expanded spectrum injectable	0
3.4 Antibiotic expanded spectrum oral	0

Go to Index

Please answer the following questions about your hospital: click on the "Go to Topicals" button to continue through

What is your Hospital Trauma Level?

1

Emergency Department Beds / Rooms

0

Does your hospital routinely provide inpatient burn care (regardless of any formal designation)?

No

Is your hospital the primary regional receiving center for burn patients?

No

Are natural disasters likely to isolate the hospital for days or longer?

No

Based on your inputs, the BSM is preparing your hospital for 15 burn inpatients and 45 burn outpatients.

Begin by selecting your pathogen of interest on the Index page below. You will then answer questions about your hospital's characteristics. Once your outputs are displayed, you can return to the Index page to select a different pathogen.

Viral Hemorrhagic Fever Predictor

Respond to the questions to the right about your hospital's characteristics and the types of PPE most commonly used when managing a known or suspected viral hemorrhagic fever (VHF) patient. Please refer to the PPE Module Instructions for detailed directions.

1. Adjust the slider to the number of days of PPE use for which you are planning.

Recommendations:

 - a. Regional Ebola and Other Special Pathogen Treatment Center (RESPTC) or State or Jurisdiction Special Pathogen Treatment Center (State Treatment Center) = 7
 - b. Assessment Hospital = 4
 - c. Frontline Hospital = 2
2. Enter the number of isolation rooms you plan to staff at one time. Recommendations:

 - a. RESPTC = 2
 - b. State Treatment Center, Assessment Hospital, or Frontline Hospital = 1
3. Select whether your hospital primarily uses disposable gowns or coveralls.
4. Select whether your hospital primarily uses PAPRs or N95s for VHF patient care.

 - a. If you selected PAPRs, select yes if the associated hoods, tubing, and filters are single use only or no if they are not.
 - b. If you selected PAPRs, enter the number of PAPR filters per unit.
5. Click on the forward arrow in the bottom right hand corner to proceed to the next screen.

35

For how many days of PPE are you planning?

1

How many isolation rooms are you capable of staffing at one time?

1

Does the hospital primarily use disposable gowns or coveralls?

Gowns

Does the hospital primarily plan to use PAPR or N95 respirators for providers?

N95

If you selected PAPR, are the following 3 components single use only?

Hoods?

No

Tubing?

No

Filters?

No

How many PAPR filters per unit?

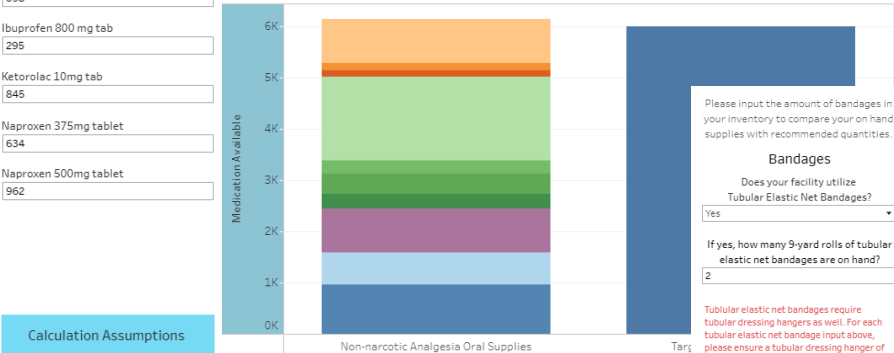
1

Recommended Quantities of Supplies

Please input the number of available pharmaceuticals below:

Acetaminophen 160mg/5ml elixir 120 ml	Drug	Dose Equivalency Value	Non-narcotic Analgesia Oral Inventory (tabs or tab equivalency)
212	Acetaminophen 160mg/5ml elixir 120 ml	4	848
	Acetaminophen 325mg tab	0.33	154
467	Acetaminophen 500mg tab	0.5	123
	Ibuprofen 100mg/5ml elixir 120 ml	6	1,632
	Ibuprofen 200mg tab	0.5	0
	Ibuprofen 400mg tab	1	256
	Ibuprofen 600mg tab	1	398
	Ibuprofen 800mg tab	1	295
	Ketorolac 10mg tab	1	845
	Naproxen 375mg tablet	1	634
	Naproxen 500mg tablet	1	962
	Grand Total		6,147

Grand Total To Meet Requisite Needs: 6,000 tabs (or tab equivalency)
Difference Between Present Inventory and Goal: 147 tabs (or tab equivalency)



Calculation Assumptions

Please input the amount of bandages in your inventory to compare your on hand supplies with recommended quantities.

Bandages

Does your facility utilize Tubular Elastic Net Bandages?

Yes

If yes, how many 9-yard rolls of tubular elastic net bandages are on hand?

2

Tubular elastic net bandages require tubular dressing hangers as well. For each tubular elastic net bandage input above, please ensure a tubular dressing hanger of adequate size is also supplied.

Absorbent Dressings

Needed unless using Burn Gauze Dressings

Gauze sponges 4x4

145

Lap pad 4x18in

96

Lap pad 8x36 in

37

Lap pad 12x12 in

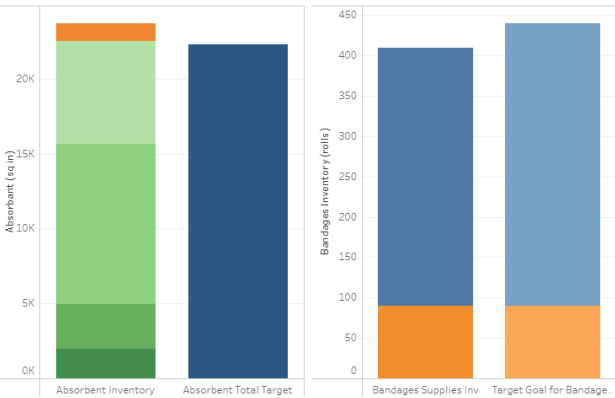
21

Lap pad 18x18 in

6

Product	Treatment Equivalency	(sq in)	Bandages Inventory
Gauze sponges 4x4	8		1160
Laparotomy pad 4x18in	72		6912
Laparotomy pad 8x36in	288		10656
Laparotomy pad 12x12in	144		3024
Laparotomy pad 18x18in	324		1944
Fluff roll/kerlix/stretchable roller gauze	1		320
Tubular elastic net bandage Various Sizes	60		90

Grand Total To Meet Requisite Needs: 22,296 sq in
Difference Between Present Inventory and Goal: 1,400 sq in



Viral Hemorrhagic Fever Output

This screen displays your minimum recommended PPE supplies for management of a known or suspected VHF patient.

Click on the back arrow if you would like to make adjustments to your inputs.
Click on the Back to Index Page button to select a different special pathogen.

	Gloves- Extended	Gloves- Inner	Boot or shoe-high shoe cover	Apron- Disposable	Gown- Disposable NULL	Coveralls- Impermeable	PAPR	PAPR Hood	PAPR Battery	PAPR Filter	PAPR Tubing	N95	Head Cover- Fluid Impermeable	Face Shield
Nursing	1344	336	336	336	168	0	4	168	8	336	168	0	0	0
Physician/Advanced Practice Provl..	56	56	56	28	28	0	1	14	1	28	14	0	0	0
Donning / Doffing Observer	168	168	168	0	84	0	0	0	0	0	0	84	84	84
							1	14	1	28	14	0	0	0
							1	14	1	28	14	0	0	0
							8	224	12	448	224	84	84	84

Back to Index Page



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Total Patients	Quantity of Item Needed
100	50
100	5
100	5
100	20
100	10
100	10
100	20
100	50
100	100
100	10
100	10
100	20
100	30

Question & Answer



Contact ASPR TRACIE



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askasprtracie@hhs.gov