Access the recorded webinar here:
https://attendee.gotowebinar.com/recording/8062567435030192897

Resource Handouts:
https://files.asprtracie.hhs.gov/documents/aspr-tracie-select-resources-presented-aug-27-2019-webinar.pdf

Q and A:
https://files.asprtracie.hhs.gov/documents/aspr-tracie-resources-overview-webinar-qa.pdf

TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

ASPR TRACIE Resources Overview 2019

August 27, 2019

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

TRACIE

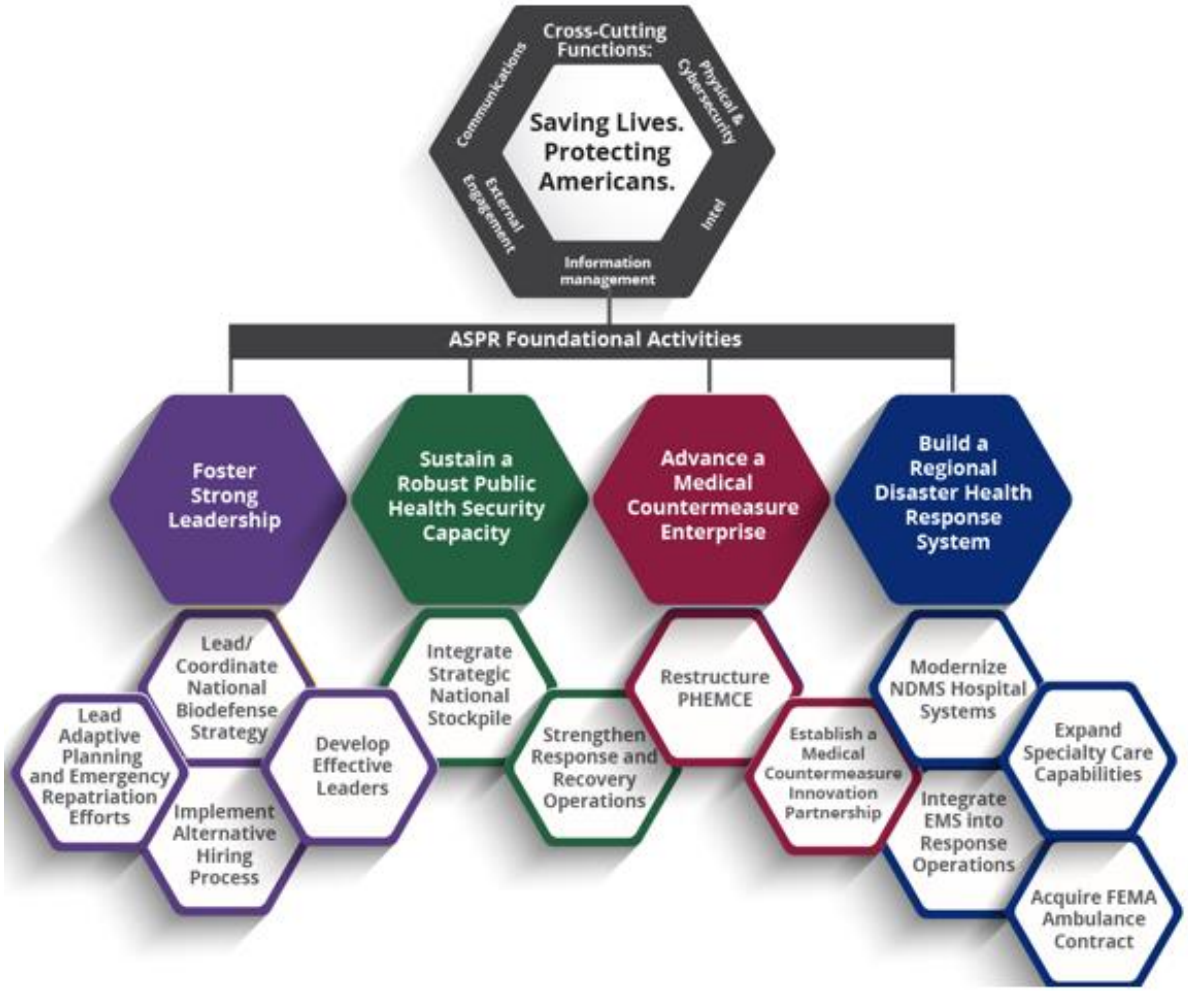
HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Shayne Brannman, MS, MA
ASPR TRACIE Program Director

ASPR

ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

ASPR's Priorities: Building Readiness for 21st Century Threats



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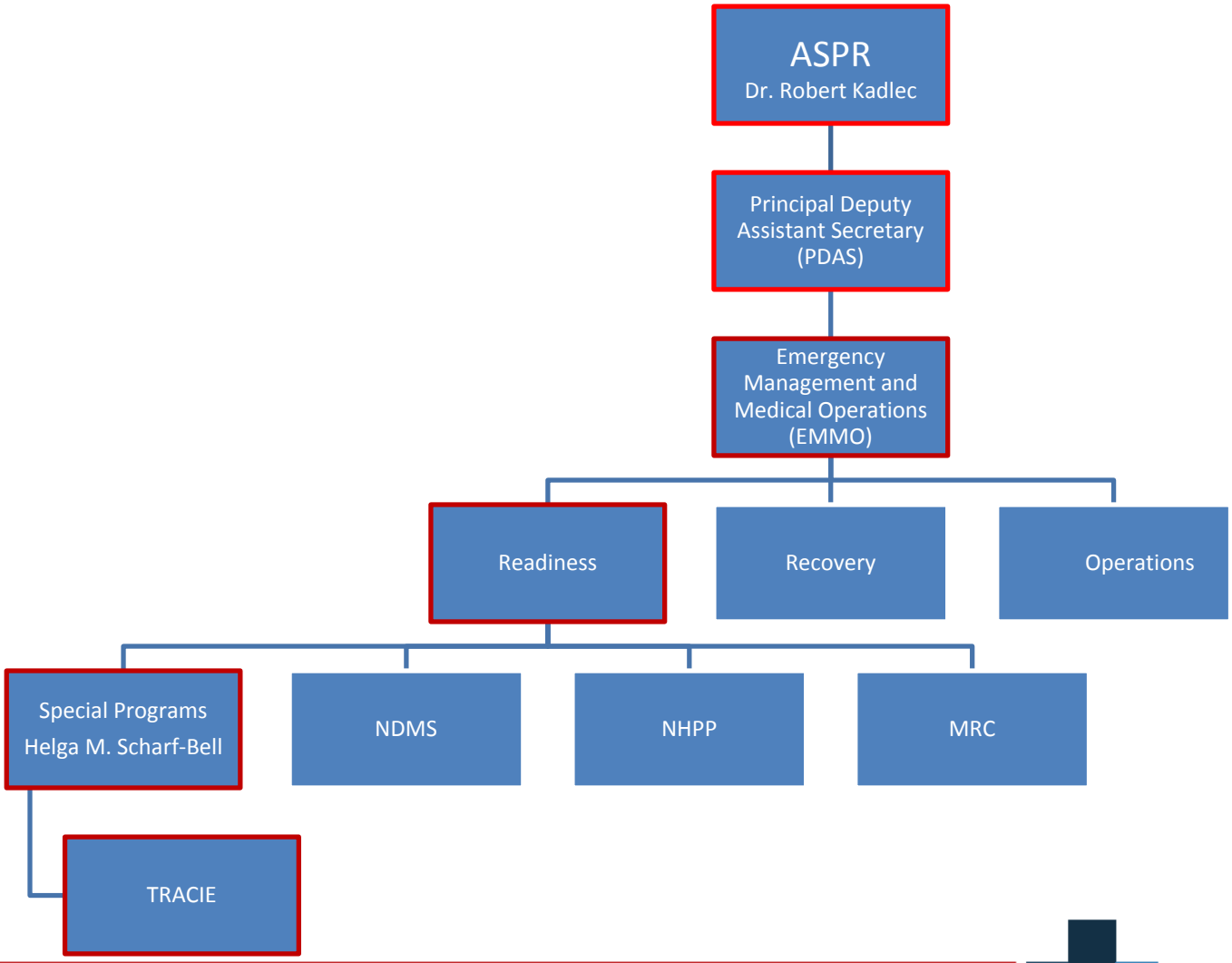
ASPR Organization



ASPR TRACIE Team

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ASPR Staff and HPP Recipients

Inter-agency and Private Sector Partners

Cadre of Subject Matter Experts

Webinar Outline

- ASPR TRACIE Resources
- HPP-HCC Specific Resources
- General Use Resources
- Q&A

TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Meghan Treber, MS
ICF TRACIE Program Director

ASPR
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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- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences

- 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)

- 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

ASPRtracie.hhs.gov

1-844-5-TRACIE

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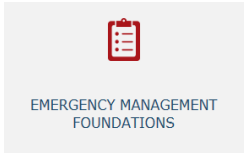
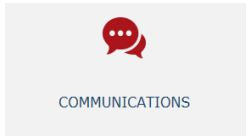
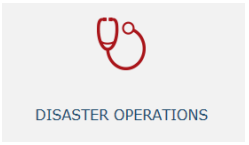
TRACIE HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Comprehensively Developed Topic Collections

1. Access and Functional Needs
2. Alternate Care Sites*
3. Ambulatory Care and Federally Qualified Health Centers*
4. Bioterrorism
5. Blood and Blood Products
6. Burns
7. Chemical Hazards
8. Coalition Administrative Issues
9. Coalition Models and Functions
10. Coalition Response Operations
11. Communication Systems
12. Continuity of Operations/ Failure Plan
13. Crisis Standards of Care*
14. Cybersecurity
15. Dialysis Centers*
16. Disaster Ethics*
17. Electronic Health Records
18. Emergency Operations Plans/ Emergency Management Program
19. Emergency Public Information and Warning/ Risk Communication
20. Epidemic/ Pandemic Flu*
21. Exercise Program
22. Explosives and Mass Shooting
23. Family Reunification and Support
24. Fatality Management
25. Hazard Vulnerability/ Risk Assessment
26. Healthcare Facility Evacuation/ Sheltering
27. Healthcare Related Disaster Legal/ Regulatory/ Federal Policy
28. Homecare and Hospice*
29. Hospital Surge Capacity/IBA*
30. Hospital Victim Decontamination
31. Incident Management
32. Information Sharing
33. Long-term Care Facilities*
34. Mass Distribution and Dispensing of MCM
35. Mass Gathering/ Special Events
36. Mental/Behavioral Health (non-responders)*
37. Natural Disasters
38. On-scene Mass Casualty Triage and Trauma Care
39. Patient Movement and Tracking
40. Pediatric*
41. Pharmacy*
42. Pre-Hospital
43. Pre-Hospital Victim Decontamination
44. Radiological and Nuclear
45. Recovery Planning
46. Responder Safety and Health*
47. Rural Disaster Health
48. SARS/MERS
49. Social Media in Emergency Response
50. Training and Workforce Development
51. Utility Failures
52. Veterinary Issues/ Topics
53. VHF/Ebola*
54. Virtual Medical Care
55. Volunteer Management
56. Workplace Violence
57. Zika*







* TCs that have been comprehensively refreshed

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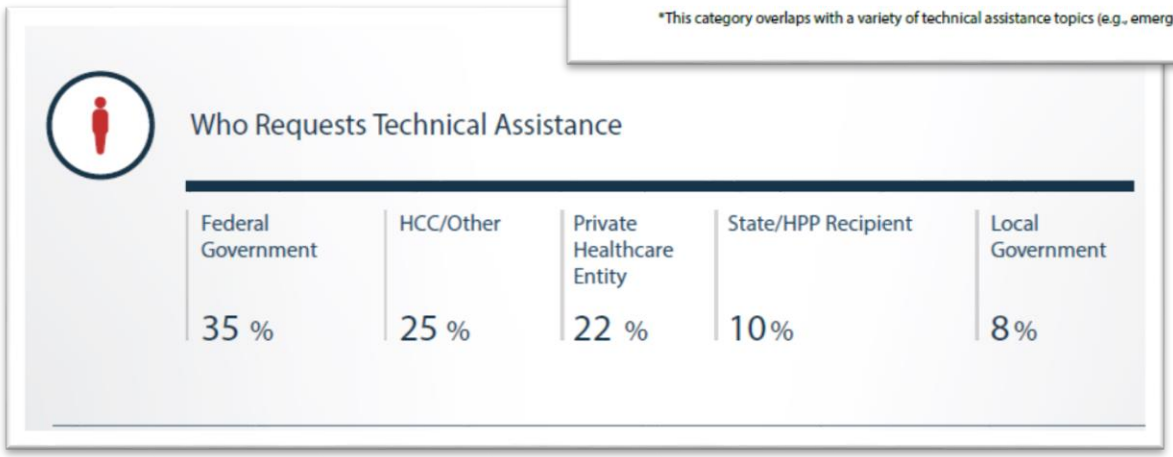
Technical Assistance Trends

As of 31 August 2019



asprtracie.hhs.gov/technical-resources/95/select-aspr-tracie-ta-responses/46

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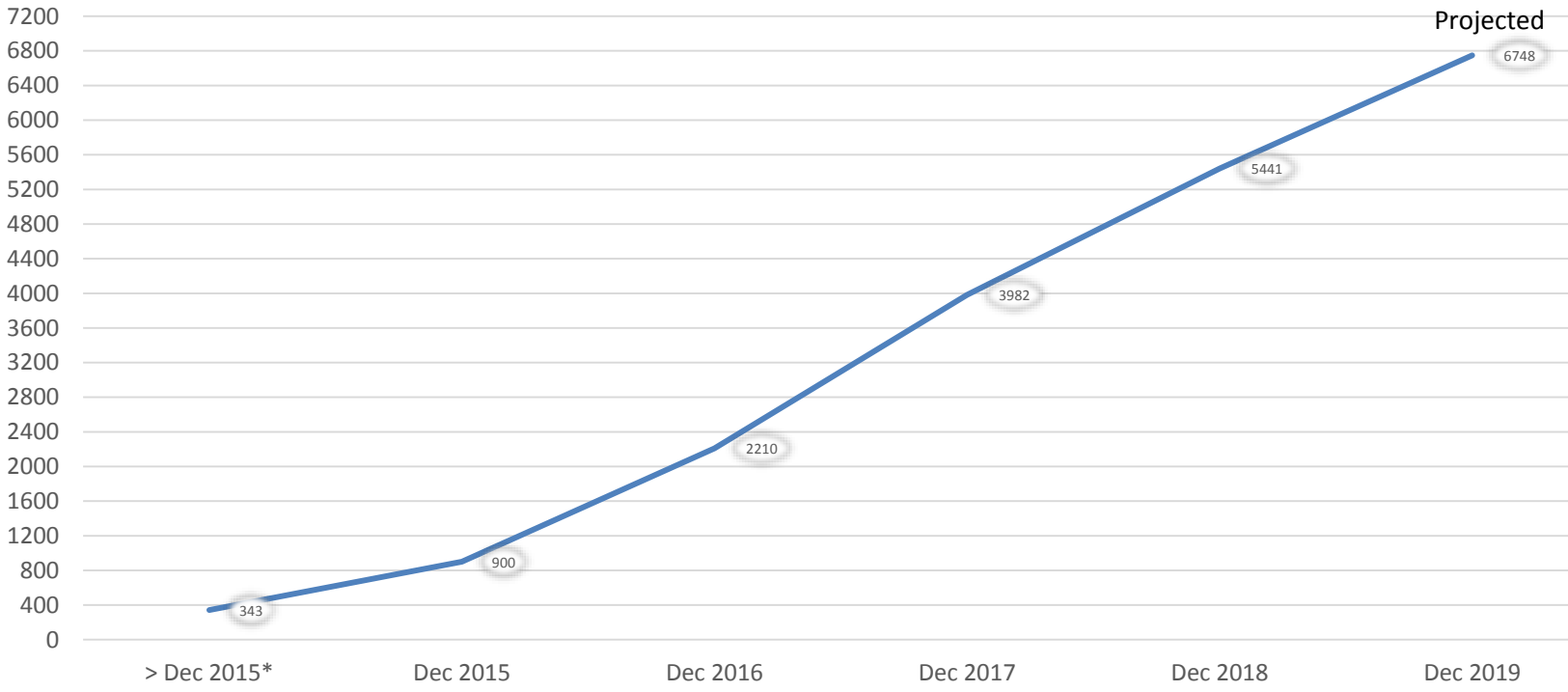
Total Number of IE Registrants



- IE Registrants Monthly Average (Sep 2015-Aug 2019): 125
- **Comments**:
  - Registration to the IE continues to increase each month. The largest increase was in May 2017 with 239 new registrations (78% higher than the monthly average)

*1 Jan – 15 Sep IE Registrants: 343

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Select ASPR TRACIE-Developed Resources

In addition to the resources discussed on this webinar, we have many others, for example:

Resource Pages

- CBRN
- CMS EP Rule
- Disaster Behavioral Health
- Drug Shortages and Scarce Resources
- EMS
- Healthcare Coalitions (HCCs)
- Healthcare System Partners and Medical Surge
- Hurricanes
- Infectious Diseases
- Mass Violence

Select Tools and Templates

- HCC Pandemic Checklist
- HCC Plan Templates:
  - Preparedness
  - Response
  - Recovery
- HCC Resource and Gap Analysis Tool and Aggregator
- Hospital Personal Protective Equipment Planning Tool
- Hospital Pharmacy Disaster Calculator

asprtracie.hhs.gov/tracie-resources

The Exchange

- Issue 1: Crisis Standards of Care
- Issue 2: Cybersecurity and Cyber Hygiene
- Issue 3: Preparing For and Responding to No-Notice Events
- Issue 4: Disaster Behavioral Health and Resilience
- Issue 5: Looking Back, Looking Forward
- Issue 6: Evacuating Healthcare Facilities
- Issue 7: Providing Healthcare During No-Notice Incidents
- Issue 8: Supporting Hospital Surge—Meeting Patient and Staff Needs
- Issue 9: Planning for and Responding to Chemical Emergencies – scheduled release late Fall 2019

Future Themes for The Exchange?

TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

John Hick, MD
ASPR TRACIE Senior Editor &
Hennepin Healthcare

ASPR

ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

New ASPR TRACIE Resources Overview

HPP-HCC Specific Resources

- HCC Pediatric Surge Annex Template
- HCC Surge Estimator Tool
- Partnering with the Healthcare Supply Chain to Improve Disaster Response Tip Sheet & HCC Supply Chain Integrity Self-Assessment

General Use Resources

- No-Notice Incidents and Mass Casualty Trauma
- Emergency Preparedness Information Modules for Nurses in Acute Care Settings
- Disaster Behavioral Health: Self-care and Compassion Fatigue Modules
- Engaging Healthcare System Partners in Medical Surge
- Federal Recovery Programs for Healthcare Organizations

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HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Healthcare Coalition Pediatric Surge Annex Template

Knowledge Gap

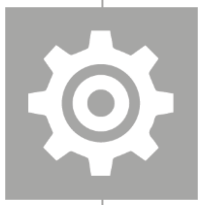
- HPP FOA Budget Period 1 requirement
- Few coalition pediatric response plans publicly available as best practices that are generalizable

Healthcare Coalition Pediatric Surge Annex Template

Resource Created to Fill Gap

- Created a template consistent with previous templates for HCC voluntary use (**not mandatory**)
  - Reviewed by SMEs
  - Establishes baseline for response annexes

Healthcare Coalition Pediatric Surge Annex Template



Collaboration

- ASPR NHPP
- American Academy of Pediatrics
- Emergency Medical Services for Children – Health Resources Services Administration
- Emergency Medical Services for Children – Innovation and Improvement Center
- ASPR TRACIE pediatric and HCC subject matter experts

Healthcare Coalition Pediatric Surge Annex Template

Using this Resource/Key Take-Aways

- Similar in design and structure as previous HCC templates
- Organized by section headers, description and considerations, with numerous sample resources throughout
- Should be a brief, operational annex to the coalition response plan NOT a resource document for pediatrics

Healthcare Coalition Pediatric Surge Annex Template

Using this Resource/Key Take-Aways

- Determine the resources available (within and outside the coalition)
- Determine the SMEs and engagement
- How is a pediatric event different at the coalition level? (primary and secondary destination triage, specialty support coordination, reunification)
- Opportunity to update equipment, education, hospital plans but the annex is focused on operations

Healthcare Coalition Pediatric Surge Annex Template

1. Introduction

Section Headers/ Subheadings	Description and Considerations	Sample Resources
1.1 Purpose	This section describes what the Pediatric Surge Annex will address and the HCC goals and objectives for this annex. **Sample language:** This annex applies to a mass casualty event with a large number of pediatric patients. It supports the HCC Response Plan by addressing specific needs of children and supporting appropriate pediatric medical care during a disaster. This plan is intended to support, not replace, any existing facility or agency policy or plan by providing uniform response actions in the case of an emergency that involves (or could involve) significant numbers of children.	Pediatric Readiness in the Emergency Department. ASPR TRACIE Access and Functional Needs Topic Collection: Population-Specific Resources-Children Checklist of Essential Pediatric Domains and Considerations for Every Hospitals Disaster Preparedness Policies (2014) Illinois Department of Public Health ESF 8 Plan: Pediatric and Neonatal Surge Annex (2017) Illinois Emergency Medical Services for Children- Pediatric Disaster Preparedness Guidelines for Hospitals (2018) Los Angeles County Pediatric Surge Plan (2016)
1.2 Scope	This section should include: • Timeframe covered by the plan; • Involved coalition and jurisdictional partners; • General command structure and communication protocols; and • Any necessary disclaimers about the plan — not superseding authorities of the participating entities, etc. This section may also describe elements not addressed in the plan and refer the reader to the relevant organizational document, and provide the pediatric age groups used to define the pediatric population and related considerations.	
1.3 Overview/Background of HCC and Situation	This section should include a general overview of the HCC, including: • Members • Demographics • Healthcare facilities, including regional pediatric transfer facilities and surge capacity • Local risks for pediatric-specific mass casualty events (e.g., schools, transportation accidents) • Pediatric resources or capabilities represented in the coalition (e.g., whether there are children's/pediatric hospitals; which hospitals provide routine pediatric services [Emergency Department], inpatient, have neonatal or pediatric intensive care units), as well as Emergency	

Healthcare Coalition Pediatric Surge Annex Template: Structure

- 1. Introduction
- 1.1 Purpose
- 1.2 Scope
- 1.3 Overview/Background of HCC and Situation
- 1.4 Access and Functional Needs
- 2. Concept of Operations
- 2.1 Activation
- 2.2 Notifications
- 2.3 Roles and Responsibilities
- 2.4 Logistics
- 2.5 Special Considerations
- 2.6 Operations – Medical Care
- 2.7 Transportation
- 2.8 Tracking
- 2.9 Reunification
- 2.10 Deactivation and Recovery
- 3. Appendices
- 3.1 Training and Exercises
- 3.2 Legal Authorities
- 3.3 Pediatric Referral

Healthcare Coalition Pediatric Surge Annex Template: Approach Recommendations

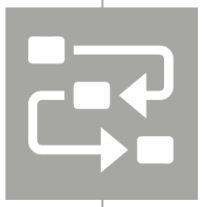
- Developing the plan
  - Engage pediatric subject matter experts in your community or referral area to include:
    - Children's hospitals – referral partners both within and outside the coalition
    - Pediatricians that can serve as disaster SMEs/support/transportation decision-making
- Operationalizing the plan
  - Conduct community exercises where pediatric patients are greater than 50% of the patient mix

Healthcare Coalition Surge Estimator Tool

Knowledge Gaps

- Consistent, uniform way to estimate surge capacity of a healthcare coalition as well as baseline resources
- View of coalition capacity nationally and regionally that can be helpful for local, state, federal use before and during disasters
- BP1 FOA requirement

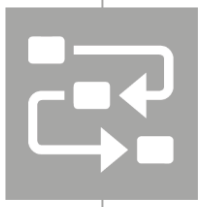
Healthcare Coalition Surge Estimator Tool



Resource Created to Fill Gap

- Conducted a pilot test of 6 healthcare coalitions in Fall 2018
- Developed data collection tool and HCC aggregator tool to simplify the data collection process

Healthcare Coalition Surge Estimator Tool



Collaboration

- ASPR NHPP
- Pilot HCCs in six states
- ASPR TRACIE HCC and hospital subject matter experts

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Healthcare Coalition Surge Estimator Tool

Using this Resource/Key Take-Aways

- HCCs send all acute care facilities the data collection form
- Hospital sends completed data collection form to HCCs
- HCCs use the Aggregator Tool to compile one HCC calculation and send to NHPP
- NHPP does *not* receive facility data

Healthcare Coalition Surge Estimator Tool Overview

Required Data Points

- Floor Beds
- Average Daily Occupancy
- ICU Beds
- Monitored/Stepdown Beds
- Closed/Inactive Floor Beds
- Pre-induction, Post Anesthesia and Procedural Beds
- Surge Discharge
- Operating Room Beds

HCC Surge Estimator Tool: Hospital Data Collection Form & Aggregator

Instructions	Note: The tool currently works only in Windows versions of Excel 2003 and later. It will not work on a Mac. 1. Place the HCC Hospital Data Collection workbook files in a single empty folder (not a zip file). 2. Note that you may need to click an "Enable Content" button at the top of the excel window of this Aggregator tool to allow it to work. 4. Click the "Aggregate" button on the tool located below these instructions at Line 15. 5. Select the folder where the HCC Hospital Data workbooks are located. When you open the folder, it may show as empty but simply click "Ok" and the program will run. 6. A pop up box will appear to notify you that the program is running. Click "Ok" to proceed. 7. Wait for the program to run. You will see a prompt when it is complete. Click "Ok" to proceed. 8. View the aggregated results on the "HCC Hospital Aggregation" tab.

other users to view the results by coalition.
metrics to ASPR. Information will be aggregated at the coalition-level.
a from multiple coalitions for trends and common issues.
and resources for their preparedness and response plan development.

t. We are working to allow the tool to be used on Apple iOS as well.
ction workbooks are complete. Any incomplete data may not allow the aggregator to display results properly.
them to display/read on the data tabs. The entire file name will show up so you may consider creating shorter file names.

Aggregate

HCC Surge Estimator Tool: Hospital Data Collection Form & Aggregator

HCC Hospital Aggregation

TOTALS

Variable	Number	Description
Floor Beds	3735	Total number of inpatient floor and observation beds that are in daily/routine operational use at the hospital. This should include units that are sometimes closed due to low census.
ICU Beds	292	Total number of inpatient critical care (including mechanical ventilation) ICU beds. This should include adult, pediatric, and specialty ICU beds (e.g., burn, neuro) but not neonatal/NICU. (*Coalitions may wish to independently collect NICU data for evacuation planning but not overall surge capacity assessment*).
Monitored / Stepdown Beds	3344	Beds equipped with cardiac and other monitoring necessary for step-down or intermediate level care. These beds do NOT provide usual critical care services such as mechanical ventilation.
Closed/Inactive Floor Beds	628	Total number of beds in units that are operationally closed (units/areas that are considered 'shuttered' and not routinely used for patient care) that could be re-opened or beds that can be added to rooms designed as semi-private use but currently used as private rooms. Facility should be able to open these beds within 8 hours AND have necessary equipment available (e.g. have beds/equipment available, meet other life safety codes including appropriate headers for electrical, oxygen, curtains, etc.).
Pre-induction, Post Anesthesia and Procedural Beds	109	Each bay/cart location within the surgical/procedural care areas. Pre-induction/ post-anesthesia/recovery and appropriate procedural beds (e.g., interventional, GI) should be counted toward this total. Selected 'swing', same day surgery or other beds that could increase ICU/inpatient surge may also be counted in this total if they can predictably be made available within hours – these should not be counted in the inpatient beds above. Procedural beds should include beds that allow full monitoring and care of patients undergoing minor procedures or sedation such as endoscopy or interventional radiology that are suitable for overflow critical care.
Surge Discharge (# of Patients)	674	Total number of inpatients that could be discharged early based on a spot survey of charge nurses, discharge management, and/or clinicians. Number can reflect actual time of survey completion or be based on prior exercise or other experiences. This number has been shown to vary substantially between facilities based on their elective admission volumes and may range from less than 15% to 40% or more and contributes significantly to initial surge capacity.
Operating Room Beds	1059	Total number of operating rooms/suites that are in daily use within the hospital. This should also include obstetrics operating rooms. (Operating rooms are not included in the surge calculation.)
TOTAL Initial Surge Capacity Estimate	5,814	**Total Initial Surge Capacity Estimate**

Surge Discharge Template

Template provides a structure that hospitals can modify to help categorize patients for this surge discharge process

Surge Discharge Actions

1. HICS Inpatient Unit Leader takes responsibility for assuring patient placement and surge discharge activities. This may involve appointing a Discharge Unit Leader depending on the situation / staffing.
2. Unit Charge RN will assess the potential discharges / transfers on their unit in conjunction with hospitalist and house staff and update the Hospital Command Center (HCC) (or Bed Control if the hospital has a centralized patient placement center) regarding their status.
3. When the scope of the incident requires Surge Discharge, this should be communicated to the units and the Discharge Waiting Area opened / alerted and:
4. Unit staff should discharge all ● easy patients and advise HCC / Bed Control
5. Unit staff should move all ■ more difficult patients to the discharge waiting area.
6. If ◆ most difficult patients need to be discharged the Discharge Unit Leader (or designee) should work with the Liaison Officer to determine available transportation, rehabilitation, and SNF resources.
7. Chief Medical Officer should work with the Inpatient Unit Leader to determine whether additional patient movement / discharges are needed and what changes in care / processes may be required to facilitate appropriate care (in conjunction with an assessment of regional hospital capacity to accept transfers)

Intensive Care / Stepdown Transfer Assessment*

Unit: XXX	Bed A	B	C	D	E	F	G	H	I	J	K
Age/Sex											
ICU											
Intubated?											
If yes, possible extubate?											
Potential for d/c in 24h?											
Stable for transfer to stepdown/intermediate?											
Stable for transfer to floor?											
Special needs on transfer?											
If yes, what?											
Stepdown											
Potential immediate d/c?											
Cardiac monitor required?											
Stable for transfer to floor?											

*Templates for each hospital unit should be created with bed numbers that can be rolled up to a hospital-wide snapshot

Supply Chain Tip Sheet and HCC Supply Chain Integrity Self-Assessment

Knowledge Gap

- The healthcare supply chain is confronted with many small to large daily challenges and under distinct strains during disasters
- Supply chain owners, operators, and end users should have a common understanding of emergency planning and response considerations

Supply Chain Tip Sheet and HCC Supply Chain Integrity Self-Assessment

Resources Created to Fill Gap

- *Partnering with the Healthcare Supply Chain to Improve Disaster Response* – overview of emergency planning and response considerations, along with insights for HCCs working with supply chain partners on preparedness, response, and recovery efforts
- *HCC Supply Chain Integrity Self-Assessment* – companion checklist to help HCCs examine the disaster readiness of their member organizations with their supply chains

Supply Chain Tip Sheet and HCC Supply Chain Integrity Self-Assessment

Collaboration

- Healthcare Ready
  - Nicolette A. Louissaint, PhD.
  - Sarah Baker
- Health Industry Distributors Association (HIDA)
  - Linda Rouse O'Neill
- ASPR NHPP, CIP, and SNS
- ASPR TRACIE supply chain and surge management subject matter experts, including:
  - ASTHO and NACCHO (Surge Management Workgroup)
  - Supply Chain Organizations

Supply Chain Tip Sheet and HCC Supply Chain Integrity Self-Assessment

Using this Resource/Key Take-Aways

- Tip Sheet includes descriptions of each stakeholder, their roles in the supply chain, and a few key vulnerabilities: manufacturers, distributors, providers, patients, HCCs
- Checklist helps HCCs assess gaps in their supply chain readiness within their region. These sections include:
  - Coalition Risk and Vulnerability Assessment
  - Coalition Supply Chain Partner Engagement
  - Coalition Planning

Healthcare Supply Chain Under Normal Operations

Manufacturers

Plants for production and research, labs, biologists, and vaccinologists

Role in Supply Chain

- Research and develop new products
- Create and manufacture medical products (branded and generic pharmaceuticals, medical, and surgical supplies)
- Monitor and respond to shortages
- Produce disposable and durable products, medications, electrolytes, dialysis products, sterilization and medical gases, and IV fluids

Key Vulnerabilities:

- Raw materials/ production disruption
- Spike in demand outpaces production
- Limited number of vendors for needed products
- Damage to factory/ utilities
- Overseas production vulnerability

Distributors

Wholesale distributors and logistic partners (including third-party logistics)

Role in Supply Chain

- Deliver medicines and supplies from manufacturers to providers and healthcare facilities
- 92% of prescription drug sales are handled by distributors

Key Vulnerabilities:

- Access and re-entry to disaster-affected facilities/areas
- Secure transportation need
- Spikes in customer orders
- Road damage/ infrastructure damage
- Product shortage(s)
- Impacts to labor force and transportation

Providers

Hospitals, pharmacies, emergency medical services agencies, dialysis centers, urgent care facilities, assisted living facilities, and long-term care facilities

Role in Supply Chain

- Receive medicines and products from distributors
- Prescribe and dispense medicines and products to patients
- Use products in hospitals/healthcare facilities

Key Vulnerabilities:

- Lack of redundancy in vendors and suppliers
- Limited substitutes
- Product shortages; just-in-time inventory; medical surge
- Pharmacy/healthcare infrastructure impacts
- Inadequate supplies for demand; hoarding

Patients

Consumers, patients, and communities

Role in Supply Chain

- Unique medical needs that require specific products
- Influence the demand for medicines and products
- Care for and use products according to directions/labeling (e.g., refrigerate)

Key Vulnerabilities:

- Difficulty finding options to meet patient's needs
- Insurance issues
- Cost/limited ability to stockpile medicines and medical products
- Utilities failures Access delivery/ transportation issues

Supply Chain Tip Sheet Example

Coalitions

Healthcare coalitions (HCCs) serve as a unifier of healthcare preparedness, response, and recovery activities across a community – working to link the disaster partners and plans to provide care and protect public health in their area. All HCCs should be able to act as an information sharing hul for distributors and providers, including product and delivery information and strategy sharing. For HCCs with a broader role in emergency response, activities may include tracking barriers to product delivery, resource request management and brokering, and monitoring operational status and needs of healthcare facilities within the HCC. HCCs also play a key role creating liaison between public sector response agencies, including emergency management agencies and public health departments, and private healthcare entities that serve as points of service.

Stage	Consideration	Mitigation and Response Strategies
Pre-event	• **Reconcile and align private sector member business continuity plans and public sector member emergency response plans** – With diverse members, HCCs can help set emergency response priorities and translate resources, needs, and concerns across and between members. With healthcare owned and operated by the private sector but public sector agencies charged with responding, mediation and understanding before an event is essential. • **Foster and forge relationships with supply chain components** – HCCs play an important role in establishing key external relationships and fostering collaboration and partnerships during steady state. • **Determine emergency protocols and procedures** – HCCs can play a lead role in developing and disseminating guidance within their membership on how to conserve, substitute, adapt, re-use, and re-allocate supplies. • **Establish information sharing protocols and reporting flow** – HCCs should determine how information about impacts to healthcare services and supply alternatives will be shared throughout the coalition. (e.g., through Situation Reports, coordinating conference calls, event dashboards, etc.) • **Include supply chain representatives, specifically distributors and potentially manufacturers, in coalition meetings and activities.**	• Facilitate relationships through routine coalition interactions (e.g. inviting distributors to coalition meetings, trainings, and exercises). • Understand and document the major distributors in the area including key product lines, location(s), points of contact, and means of delivery. This may include distribution points owned and operated by major healthcare systems. • Understand the process for resource requests – when do healthcare facilities rely on their distributors, alternate distributors, and/or other facilities (in their system or in the coalition) or emergency management? What is the process for resource requests to the coalition/emergency management? This could include requests that need to come from the SNS, etc. • Understand the role of the coalition in drug and supply shortages when emergency management is not activated (e.g., during steady state operations). • Review agreements, protocols and procedures of nearby or more mature HCCs to identify components that may work for your coalition. • Codify essential elements of information (EEIs) relevant to

Supply Chain Integrity Self-Assessment Example

1. Risk and Vulnerability Assessment

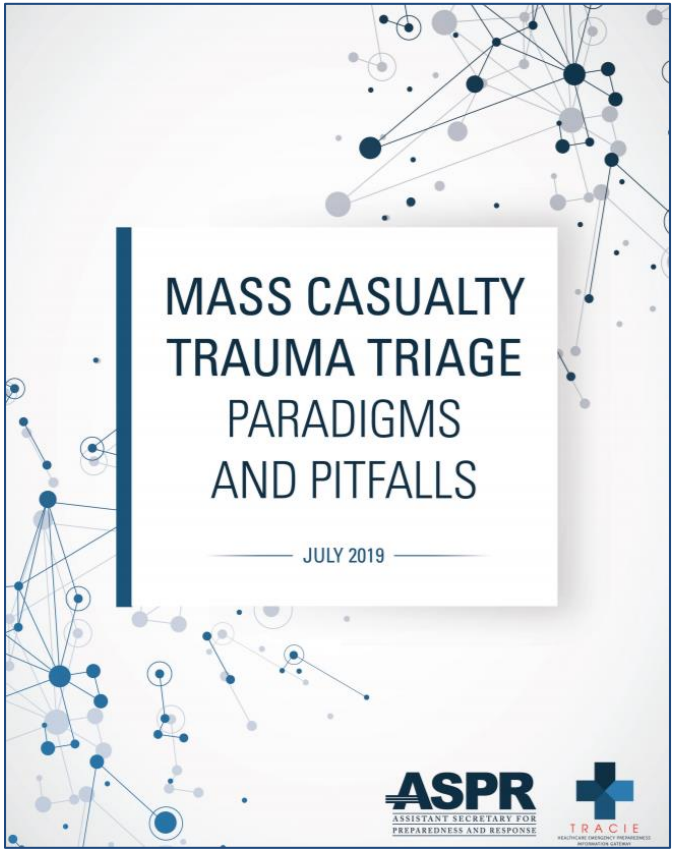
This set of activities is designed to help HCCs identify the sites and members within their coalition most vulnerable to supply chain disruptions. It also presents activities that can help increase awareness and understanding of supply chain operations and dependencies within the HCC as well as identify critical medication and supply gaps to address with distributors.

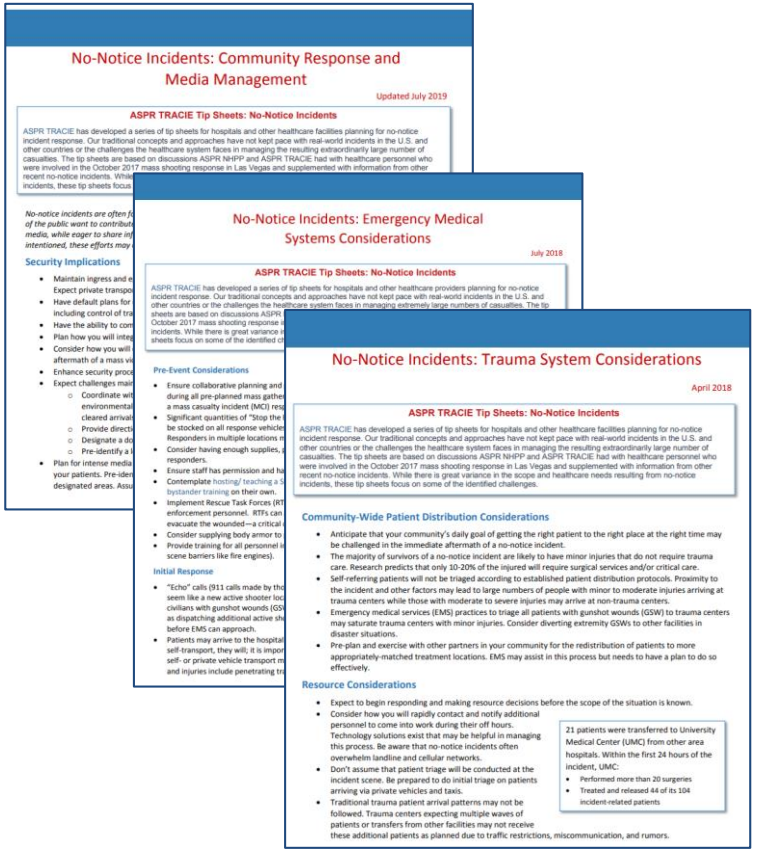
Activities	Coalition Assessment (1-5)	Relevant Supply Chain Component	Coalition Work to Date & Remaining Work Needed
1.1 Identify or categorize impact and hazards using a hazard vulnerability analysis (HVA), jurisdictional risk assessment (JRA), and/or other tools. • Consult the Healthcare and Public Health Risk Identification and Site Criticality (RISC) Toolkit and other comparable resources to determine healthcare facility criticality and vulnerability. • Document specific risks to the healthcare facilities / service providers that may result in their isolation / make access difficult. How long could these conditions last? (HCC members can provide this input for their respective facilities to the HCC for aggregation). • Document key community injury / illness scenarios that should be addressed in planning (e.g., penetrating trauma event with 25 casualties, 100 person chlorine exposure, or pandemic – also see **Activity 1.6**).		Coalitions	
1.2 Share existing and developed risk assessment, vulnerability information, agreements, and contingency plans with neighboring coalitions, key stakeholders, and recipient. • Consider reaching out to neighboring coalitions to jointly initiate discussions with regional and state supply chain partners		Distributors; Providers; Coalitions; Recipient	
1.3 Determine categories of critical medical product considerations for hospitals and other care sites, such as: • Likely surge demands and needs relative to par levels. (healthcare facilities may need to look more specifically at the supplies in ***Partnering with the Healthcare Supply Chain to Improve Disaster Response, Appendix B (Disaster Supply Considerations),*** and determine for their role in the response what is appropriate to stock) • Priority medical products (e.g. blood, pharmaceuticals, sterile/surgical, linen). • Available on-site supply, warehousing, or health system local/regional warehouses, facility or coalition-based caches of materials.		Distributors; Providers	

Supply Chain Tip Sheet and HCC Supply Chain Integrity Self-Assessment: Approach Recommendations

- Understand the tip sheet
- Determine community threats/implications for supply chain
- Determine vendors for medical products, medications, medical gases, blood, etc.
- Engage vendors/determine POC
- Mitigate/prepare (including connection to ESF8)
- Drill/Exercise/AAR/Adjust

No-Notice Incidents and Mass Casualty Trauma





asprtracie.hhs.gov/mass-violence

ASPR ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE
TRACIE HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

No-Notice Incident Tip Sheets

- For hospitals and other healthcare facilities planning for no-notice incident response
- Based on discussions ASPR NHPP and ASPR TRACIE had with healthcare personnel who were involved in the October 2017 mass shooting response in Las Vegas and supplemented with information from other recent no-notice incidents

No-Notice Incident Tip Sheets

1. Community Response and Media Management
2. Emergency Medical Systems Considerations
3. Expanding Traditional Roles
4. Family Assistance
5. Fatality Management
6. Hospital Triage, Intake, and Throughput
7. Non-Trauma Hospital Considerations
8. Trauma Surgery Adaptations and Lessons
9. Trauma System Considerations

Mass Casualty Trauma Triage: Paradigms and Pitfalls

- Received a TA request asking whether current EMS triage approaches needed to be modified in the era of mass violence/mass shooting incidents with extremely large numbers of patients.
- Developed white paper, solicited feedback, subsequent roundtable with 42 EMS and hospital trauma SMEs
- Recommendation statements and final document

> "As a nation, we've got a lot of trailers with backboards and colored tape out there and that's not what the focus of mass casualty response is about anymore."
>
> **Dr. Edward Racht**
> American Medical Response

Mass Casualty Trauma Triage: Paradigms and Pitfalls

This document is not intended as official guidance or direction from HHS or ASPR

- Intended Audience:
  - EMS medical directors
  - EMS systems planners and hospital emergency planners
  - Others that have a lead role in healthcare emergency response planning (e.g. coalition leadership)
- Intended Scope and Action:
  - Key distinctions of no-notice, dynamic incident scenes with extremely large numbers of patients
  - Focused on triage
  - Is a discussion document, not a consensus document

Mass Casualty Trauma Triage: Paradigms and Pitfalls: Document Organization

- Background and Recent Lessons
- Overview of Triage and Scarce Resources
- Pre-Hospital
- Hospital
- Conclusion
- Appendices
  - A: Special Considerations
  - B: Summary List of Considerations from the White Paper
  - C: Roundtable Discussion on Mass Casualty Triage Recommendation Statements
  - D: Mass Casualty Triage Roundtable Participants List
  - E: Resources

Mass Casualty Trauma Triage: Paradigms and Pitfalls

Key Take-Aways

- Mass violence events are dynamic and secondary threats common
- Self-referral/law enforcement transport is the norm, not the exception – hospitals have to be prepared to primary triage
- Penetrating trauma is different!
- Triage *principles* rather than *process*
- Rapid transport, rather than structured on-scene triage when possible
- Trauma center choice is a major part of triage
- EMS/hospital integration is critical
- Hospital secondary triage for OR is not well-practiced
- Tertiary triage is critical and seldom emphasized

No-Notice/ Mass Casualty Trauma Additional Resources

- *Exchange Issue 3: Preparing for and Responding to No-Notice Events & Issue 7: Providing Healthcare During No-Notice Incidents*
- Explosives and Mass Shooting TC
- Family Reunification and Support TC
- Fatality Management TC
- Mass Shooting/ No-Notice Incident After-Action Interview Guide: Medical Resource Requirements
- On-Scene Mass Casualty Triage and Trauma Care TC
- Post-Mass Shooting Programs and Resources Overview
- Tips for Healthcare Facilities: Assisting Families and Loved Ones after a Mass Casualty Incident

Emergency Preparedness Information Modules for Nurses in Acute Care Settings

Knowledge Gap

- Emergency preparedness principles and concepts are not part of core nursing training or continuing education
- Training programs specifically designed for nurses in acute care settings outside the ED that address the basic principles of emergency preparedness are few and difficult to access

Emergency Preparedness Information Modules for Nurses in Acute Care Settings

Resource Created to Fill Gap

- Identified the Spectrum Health Emergency Preparedness Information Modules for Nurses in Acute Care Settings resources as an option to modify for general use
- Paired with an economic analysis of implementing training programs for nurses

Emergency Preparedness Information Modules for Nurses in Acute Care Settings

Collaboration

- Dr. Julie Bulson (Spectrum Health)
- Dr. Eric Christensen (Senior Health Economist)
- ASPR NHPP
- American Nurses Association
- Emergency Nurses Association
- Health Resources and Services Administration
- ASPR TRACIE nursing, healthcare delivery, and training subject matter experts

Emergency Preparedness Information Modules for Nurses in Acute Care Settings

Using this Resource/Key Take-Aways

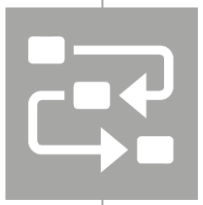
- PowerPoint modules that can be used directly "off the shelf" and implemented for awareness level training or customized to reflect facility level information
- Built in self-check/tests in each module

Disaster Behavioral Health: Healthcare Worker Self-Care Modules

Knowledge Gap

- As validated in numerous recent disasters, there is a significant need for healthcare worker self-care and compassion fatigue information and awareness, *pre-deployment*

Disaster Behavioral Health: Healthcare Worker Self-Care Modules



Resource Created to Fill Gap

- ASPR TRACIE developed four videos that can be watched prior to a disaster or emergency or just-in-time
- Focus on:
  - Defining and recognizing compassion fatigue, secondary traumatic stress, vicarious trauma, and burnout
  - Organizational wellness
  - Tools for cognitive strengthening
  - Scenarios based on real-life examples

Disaster Behavioral Health: Healthcare Worker Self-Care Modules

Collaboration

- Dr. April Naturale
- ASPR NHPP and ABC
- Substance Abuse and Mental Health Services Administration
- National Center for Child Traumatic Stress
- ASPR TRACIE disaster behavioral health and healthcare delivery subject matter experts

Disaster Behavioral Health: Healthcare Worker Self-Care Modules

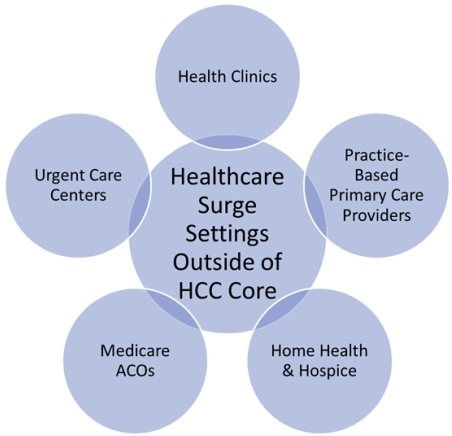
Using this Resource/Key Take-Aways

- Each module is accompanied by a short preview, designed to explain the purpose of the longer module
- Videos can be watched in a group setting and supported by your organization's behavioral health team or independently by any healthcare worker in any setting

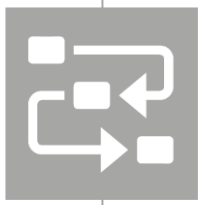
Engaging Healthcare System Partners in Medical Surge

Knowledge Gap

- Need for better understanding the role of healthcare settings outside of the core HCC members in healthcare system surge response
- Understand the role these setting see for themselves in emergency preparedness and response



Engaging Healthcare System Partners in Medical Surge



Resources Created to Fill Gap

- **Report, Summary, and Engagement in Medical Surge Activities (Q&A) document for:**
  - Accountable Care Organizations
  - Health Clinics
  - Home Health and Hospice Agencies
  - Urgent Care Centers
- **Report for:**
  - Practice-Based Primary Care Providers

asprtracie.hhs.gov/surge-partners

Engaging Healthcare System Partners in Medical Surge

Collaboration

- National Association of Community Health Centers (NACHC), state primary care agencies (PCA) & governmental partners
- Urgent Care Association of America (UCAOA) & American Academy of Urgent Care Medicine (AAUCM)
- American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American Academy of Physician Assistants (AAPA), American Association of Nurse Practitioners (AANP), American College of Physicians (ACP), American Geriatrics Society (AGS)
- National Association for Home Care & Hospice (NAHCH)
- CMS

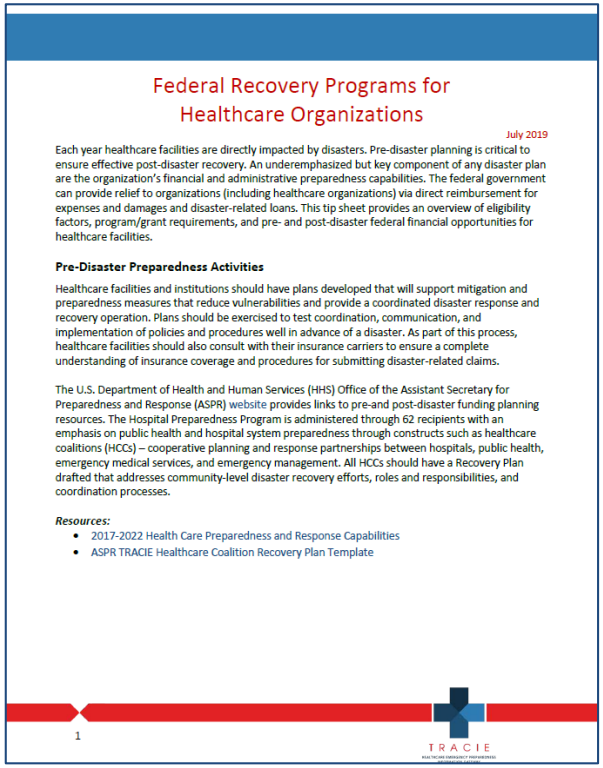
Engaging Healthcare System Partners in Medical Surge

Using this Resource/Key Take-Aways

- Conducted a mix of online surveys and telephone interviews
- **Survey and interview topics included**:
  - Role of each healthcare setting in infectious disease and no-notice incident scenarios
  - Level of capability and infrastructure for response
  - Characteristics of preparedness activities
  - Status of business continuity efforts
  - Factors that facilitate engagement in emergency management activities

Federal Recovery Programs for Healthcare Organizations Tip Sheet

- Overview of eligibility factors, program/grant requirements, and pre- and post-disaster federal financial opportunities for healthcare facilities.
  - FEMA Public Assistance Program
  - Hazard Mitigation Grant funds
  - SBA Disaster Recovery Loan Program
  - Other Financial Options



Federal Recovery Programs for Healthcare Organizations

July 2019

Each year healthcare facilities are directly impacted by disasters. Pre-disaster planning is critical to ensure effective post-disaster recovery. An underemphasized but key component of any disaster plan are the organization's financial and administrative preparedness capabilities. The federal government can provide relief to organizations (including healthcare organizations) via direct reimbursement for expenses and damages and disaster-related loans. This tip sheet provides an overview of eligibility factors, program/grant requirements, and pre- and post-disaster federal financial opportunities for healthcare facilities.

Pre-Disaster Preparedness Activities

Healthcare facilities and institutions should have plans developed that will support mitigation and preparedness measures that reduce vulnerabilities and provide a coordinated disaster response and recovery operation. Plans should be exercised to test coordination, communication, and implementation of policies and procedures well in advance of a disaster. As part of this process, healthcare facilities should also consult with their insurance carriers to ensure a complete understanding of insurance coverage and procedures for submitting disaster-related claims.

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) website provides links to pre-and post-disaster funding planning resources. The Hospital Preparedness Program is administered through 62 recipients with an emphasis on public health and hospital system preparedness through constructs such as healthcare coalitions (HCCs) – cooperative planning and response partnerships between hospitals, public health, emergency medical services, and emergency management. All HCCs should have a Recovery Plan drafted that addresses community-level disaster recovery efforts, roles and responsibilities, and coordination processes.

Resources:

- 2017-2022 Health Care Preparedness and Response Capabilities
- ASPR TRACIE Healthcare Coalition Recovery Plan Template

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Federal Recovery Programs for Healthcare Organizations Tip Sheet

Additional ASPR TRACIE Recovery Resources

- Recovery Planning Topic Collection
- Healthcare System Recovery Timeline: A White Paper for Texas
- HCC Recovery Plan Template

Question & Answer

Contact Us

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