

ASPR TRACIE Technical Assistance Request

Requestor: [REDACTED]
Requestor Phone: [REDACTED]
Requestor Email: [REDACTED]
Request Receipt Date (by ASPR TRACIE): 18 May 2016
Response Date: 3 June 2016
Type of TA Request: Standard

Request:

[REDACTED] requested resources or more information on healthcare coalitions in the US that store caches of supplies to be accessed by the coalition's members in times of disaster or extreme shortage. Additionally, he would like to know:

- Are these supplies/materials stored with member facilities?
- How is the inventory managed?
- Who is responsible for the oversight?
- Who purchased the supplies/materials?
- What is the criteria for release of the cache(s)?
- Who decides?

Response:

The ASPR TRACIE Team conducted a search on guidance and best practices related to supply caches by healthcare coalitions. In addition, we requested resources from the ASPR TRACIE Subject Matter Expert (SME) Cadre members. Their general responses are included in Section I below, and our research findings are in Section II. Please contact the [Assistance Center](#) if you would like additional information or direct contacts with other coalitions.

I. ASPR TRACIE SME Cadre Comments/ Recommendations

- Response from Utah (**If you would like to directly discuss or contact, please contact ASPR TRACIE Assistance Center**):
 - Utah provides funds to each Coalition (based on size, # of facilities, etc.) to develop a Regional cache based on identified needs and gaps in the Region, in addition to training and exercise funds.
 - Once we have a good Regional cache report from each Coalition, we share this with all other Coalitions so everyone knows what each other has if needed. For example, one of our Regions has a large population of children, so they have several pediatric response items in cache. If needed, this could be used to support a pediatric response in another Region if not needed by the holding Region at the time.
 - This directly aligns with the HPP Ebola target for Coalitions to ensure all Coalition partners have access to PPE (Part A - Recipient Activity C) and we used a similar model to identify needs, develop kits, and preposition at HCO.
 - Question from Requestor: Are these supplies/materials stored with member facilities? How is the inventory managed? Who is responsible for the oversight?

- Storage is at a variety of locations - from member facilities to emergency management offices to local health department (LHD) host warehouses. A lot of the pre-positioning depends on how quickly these supplies would be needed (i.e., if you have a rapid response kit stored centrally 2 hours away than it is not a rapid response kit). The inventory is managed by the Regional Coalition Coordinator in a manner of their choosing (HAVBED system, manually with spreadsheets, LHD SNS/inventory management system). The Regional Coordinator is responsible for the inventory, but they use the efforts of their members to ensure safekeeping, maintenance, and availability. They are required to submit a proposed spend plan to state HPP for approval, and update inventory items and locations during mid and end year reporting.
- Question from Requestor: Who purchased the supplies/materials?
 - In our case, LHDs receive funds for admin, exercises, and equipment, so they make the purchases of the equipment on behalf of the Coalition.
- Question from Requestor: What is the criteria for release of the cache(s)? Who decides?
 - As defined in each Regional Response plan.
- Question from Requestor: Example of why I'm asking...Our coalition has discussed the idea of purchasing decon equipment for the coalition's use. It would be centrally located and not belong to any one facility but accessed, used, and replaced, by whoever had the incident of need. We'd like to know if anyone else is using this model of critical supply management and how they go about it."
 - I would consider decon equipment to be a rapid response asset, and may not be suitable to preposition away from the location where it would be used. If you have to contact someone, go pick it up, bring it onsite, set it up, that may be too late for a fast cycle decon incident. We consider decon and evacuation equipment the types of assets that hospitals should have on hand and at the ready. On the other hand, items like generators, water purification, comms, sheltering etc. would be needed for a longer term event, so a brief delay in arrival would not be as big an issue.
 - See attached: Supply and Equipment Proposal Template and Inventory Reporting Form.

II. Coalition Plans/ Guidance

Florida Health. (n.d.). [Florida Healthcare Coalition Task Force Healthcare Coalition Requirements](#).

Healthcare coalitions in Florida must complete the items listed in this document to participate in grant funds through HHS ASPR. One of the requirements is to assist local emergency management in dissemination of federal, state, or regional pharmaceutical caches and medical supplies, and to identify a secure space for the cache.

Hanfling, D. (2013). [Role of Regional Healthcare Coalitions in Managing and Coordinating Disaster Response](#). Institute of Medicine.

This white paper was prepared for the January 2013 workshop on Nationwide Response to an Improvised Nuclear Device Attack. It focuses on the role of coalitions in catastrophic disaster event response, and how coalitions that organize to form regional networks can improve communication of resource needs and provide situational awareness. The experiences of building coalitions in the National Capital Region are also discussed. Various sections of the document include examples of regional caches of supplies.

Los Angeles County. (2012). [Los Angeles County Healthcare Coalition Governance Document](#).

Page 7 of this document includes information on equipment and supply cache. They are maintained at the county level and at each of the 13 Disaster Resource Centers. Page 8 notes that a complete list is included in the Appendix, however it is not included in this document. **If you would like for us to reach out to Los Angeles County, please contact the ASPR TRACIE Assistance Center.**

Michigan Office of Public Health Preparedness. (2011.) [Ten years of healthcare preparedness in Michigan- 2001-2011](#).

On Page 9, the Michigan Emergency Drug Delivery Resource Utilization Network (MEDDRUN) is described. It was created to fill the interim time frame before SNS arrives. Developed by medical directors of each healthcare coalition, it provides standardized caches of medications and supplies to treat approximately 100 casualties. Additionally, page 17 notes that regions have used their funds to develop pharmaceutical caches and on page 18, Region 1 specifically notes that they follow a “Movable Assets & Resources” model that gives each partner access to regional caches of medical materials.