ASPR TRACIE Technical Assistance Request

Requestor:
Requestor Phone:
Requestor Email:
Request Receipt Date (by ASPR TRACIE): 12 May 2016
Response Date: 25 May 2016; Updated 9 June 2016
Type of TA Request: Standard

Request:

requested resources, regulations, guidance, or best practices for hospitals regarding stockpiling materials to be accessible during an emergency. She is particularly interested in California-specific resources, general guidance, and calculation methods.

Response:

The ASPR TRACIE Team conducted a search on guidance, best practices, and regulations regarding hospital and healthcare stockpiles or materials (Section II includes California-specific resources, and Section III are general resources). In addition, we requested resources from the ASPR TRACIE Subject Matter Expert (SME) Cadre members. Their general responses and our findings are included in Section I below. We are still awaiting a few additional responses and will provide you with an updated Technical Assistance response when we receive additional resources.

Updated Response (6/9/16): New resources added to this response are marked with an asterisk (*).

For the purposes of this TA response, the ASPR TRACIE team is using the following definition of stockpile: “The amount beyond what the hospital needs under normal conditions, and the surge patient demand during a disaster is expected to be much larger than what the hospital experiences during regular operations.”

I. ASPR TRACIE SME Cadre Comments/ Recommendations

- The rule of thumb for hospital normal use is 96 hours and we typically add 20% surge use on top of that.
- How much of one item is stockpiled depends on the material being stockpiled. Should know what the hospital uses on a daily basis, so during an emergency, ensure you have a stockpile of 3-4 days’ worth of those items used daily/ regularly. Need to factor supply chain disruption, and other local stockpiles that can be used such as from the healthcare coalition (if applicable), state cache, other local caches from partner agencies, etc.

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II. California-Specific Guidance


This document includes the following: process for acquisition of supplies, pharmaceuticals, and equipment through conventional and unconventional sources to include guidance on types and quantities needed during surge; storage considerations; and staging and distribution, including liability, licensing, and regulatory implications. Tool 3 on page 42 includes a detailed list of supplies and equipment that may be required during a surge.


This website includes many useful resources related to hospital preparedness planning. Resources are both general guidance and California-specific.


These draft best practices are for California hospitals to use for water disruption planning activities. Additional documents are available at [http://www.calhospitalprepare.org/loss-utilities-services](http://www.calhospitalprepare.org/loss-utilities-services).


This toolkit provides general guidance to hospitals in planning for and documenting emergency food supplies as mandated by regulatory requirements. It includes the emergency food guidance document, a food planning calculation tool, PowerPoint, and video presentation.

III. General Guidance


The authors explore the issue with determining the stockpile quantity of a medical item at several hospitals. A game-theoretic framework is used to try and estimate how much each hospital would stockpile in a decentralized setting when minimizing its total cost. The following research questions are answered: What will be the hospital stockpile decisions in a decentralized and centralized decision-making settings? What are the public policy implications provided by the analytical solutions?

This guidance document provides a four step process for the development of an Emergency Water Supply Plan.


The authors review a regional network of hospitals that have mutual aid agreements to borrow or lend supplies from each other during a medical emergency to determine issues related to hospital stockpiling of critical supplies during influenza pandemic.


This paper provides the results of a study aimed at developing expert consensus opinion of the essential items and minimum quantities of clinical equipment required to treat 100 people at the scene of a mass casualty event.


The authors list 22 suggestions specific to surge capacity and mass critical care under the following topics: stockpiling of equipment, supplies, and pharmaceuticals; staff preparation and organization; patient flow and distribution; deployable critical care services; and using transportation assets to support surge response.


This website provides a PPE Stockpile Calculator and list of consumable and durable resources.

Occupational Safety & Health Administration. (n.d.). *Proposed Guidance on Workplace Stockpiling of Respirators and Facemasks for Pandemic Influenza*.

This is appendix to the Department of Labor and Department of Health and Human Services’ Guidance on Preparing Workforce for an Influenza Pandemic (2007). This document provides a table on advantages and disadvantages of respirators and facemasks, stockpiling estimates for respirators and facemasks, stockpile estimates for patients, and calculations for usage.

This letter from the Pharmacy Director of DHH/Office of Public Health to Hospital Pharmacy Directors includes a calculation of the amount of antibiotic doses to be purchased to ensure they are readily available for patients, staff, and household contacts. It also includes a list of medications that should be considered by facilities.


Recommendations provided by HHS for ventilator and ancillary supply list, PPE and infection control supplies for healthcare delivery sites and general work sites, and PPE and infection control supplies for mortuary services.

US Department of the Interior. (n.d.). **Worksheet for Calculating Stockpiling Needs for Pandemic Influenza.**

This Excel worksheet calculates needed antiviral regimens, N-95s, and surgical masks based on the risk of an employee to be exposed to influenza virus.


This guidance document describes the accounting policies and procedures for VA stockpile materials. Materials include caches of pharmaceuticals and medical supplies reserved for treatment of casualties from a mass destruction event. It includes the public laws and authorities governing the implementation and maintenance of emergency stockpiles.

World Health Organization. (2013). **How much water is needed in emergencies.**

This document outlines the minimum quantities of water that are required for survival in emergencies. It includes a hierarchy of water requirements for short, medium, and long-term; minimum emergency water quantities for non-domestic use; and calculating water demand.