

ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 2 December 2016

Response Date: 30 December 2016; updated 28 August 2019; updated 17 August 2020

Type of TA Request: Standard

Request:

The requestor asked for technical assistance in searching for resources and providing information on regional caching and managing disaster resources. She had the following questions:

- Do you have information regarding best practices in regional caching and prepositioning of disaster supplies and equipment?
- Do you have examples of staging/ storing options (i.e., trailering, "host" facility such as a hospital, climate control challenges when funding is not available to rent warehouse space, etc.)?
- Do you have sample agreements/ templates that other Hospital Preparedness Program (HPP) members have with healthcare coalitions (HCCs) or other external partners regarding the care, maintenance, deployment, recovery, rehabilitation, replenishment, etc. of equipment/ supply assets, and other details of accountability?
- What processes do other states use for approval of asset deployment?
- Are other states using the Incident Command System (ICS) resource requesting procedures and forms?
- What inventory tracking mechanisms are other states using that might allow HCC members outside of a state-controlled inventory system to be able to view available assets and their location?

Response:

The ASPR TRACIE Team conducted a search on guidance and best practices related to supply caches by HCCs. In addition, we requested resources from the ASPR TRACIE Subject Matter Expert (SME) Cadre members. SME responses are included in Section I of this document, and resources gathered are in Section II. In addition, our research findings are provided in Section III. Please contact the [Assistance Center](#) if you would like additional information or you would like to speak directly with any of the ASPR TRACIE SME Cadre members.

I. ASPR TRACIE SME Cadre Comments/ Recommendations

Please note: These are direct quotes or paraphrased comments from emails and other correspondence provided by ASPR TRACIE SME Cadre members in response to this specific request. They do not necessarily express the views of ASPR or ASPR TRACIE.

| Question | ASPR TRACIE SME Cadre Member Responses |
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| <ul style="list-style-type: none"> Do you have information regarding best practices in regional caching and prepositioning of disaster supplies and equipment? | <p>SME Cadre Member 1:</p> <ul style="list-style-type: none"> The [redacted organization] has a robust warehouse/ logistics/ cache program. NOTE: Contact information is redacted for privacy. If you are interested in connecting with this SME, please contact ASPR TRACIE. <p>SME Cadre Member 2:</p> <ul style="list-style-type: none"> Each of our Regional Coalitions in [redacted state] are provided with a Regional Equipment, Supply, Training, and Exercise fund in addition to the funding provided to support Coalition staffing. Funding levels are established by formula that considers total state award amount, number of hospitals, and historic use of funds (carryover). Any formula factors could be utilized as long as it ensures equity in distribution and transparency in development. Coalitions determine the final allocation between Training, Exercises, and Equipment, and submit a budget by November 1 every year to the state for review and approval. On a yearly basis, Coalitions submit an updated inventory to the state for tracking, including serial numbers, volumes, location, etc. Coalitions also submit a tangible inventory report for items that qualify (\$5K or more per unit). <i>The Regional Equipment/Training/Exercise Budget Template is cited in the following section of this document. [Contact ASPR TRACIE to request this document]</i> <p>SME Cadre Member 3:</p> <ul style="list-style-type: none"> The [redacted] region has many regional caches, from evacuation trailers, mobile oxygen dispensing trailers, personal protective equipment (PPE), and ventilators to pediatric and burn surge caches. The trailers are housed at fire departments for ease of deployment and for upkeep. PPE and ventilator caches are housed at hospital warehouses, and pediatric and burn surge caches are housed at each hospital. All regional caches are requested through one agency, which is the function of the Healthcare Incident Liaison at the [redacted organization]. We coordinate all resource requests from our coalition that are healthcare related to the caches. |

- *The Regional Disaster Supply Cache Standard Operating Guidelines is cited in the following section of this document. [Contact ASPR TRACIE to request this document]*

SME Cadre Member 4:

- In [redacted county], the Emergency Management Services Agency (EMSA) is the agency responsible for coordination of “disaster medical response” for the healthcare system of hospitals and medical clinics, including EMS transport and emergency medical cache coordination. Refer to the [EMS Agency Pre-hospital Patient Care Operational Analysis Report](#) for more information. The EMSA manages the following four programs related to emergency medical cache capabilities:
 1. [Disaster Resource Center \(DRC\) network](#) of hospital-based caches and capabilities.
 - *The DRC brochure is also cited in the following section of this document.*
 2. Pre-staged antibiotic caches associated with initial prophylaxis for “First Receivers”, which includes critical healthcare staff, as well as traditional First Responder agencies’ staff and essential government personnel.
 3. Disaster Staging Facility, which is an EMSA warehouse operation that stores significant quantities of their emergency medical supplies/ equipment, as well as several of their emergency response vehicles.
 4. CDC’s CHEMPACK program within [redacted county].
- The [redacted Department of Public Health (DPH)] is responsible for primary coordination of disaster medical response associated with the Medical Countermeasure Distribution and Dispensing preparedness, and performs this lead role in conjunction with other MCM response partner agencies, including EMSA and the County’s Office of Emergency Management (OEM). DPH manages the following three programs related to emergency medical cache capabilities:
 1. Multiple warehouse operations which store emergency medical supplies.
 2. The MCM Distribution and Dispensing preparedness program, including both all-hazard and incident specific planning responsibilities.
 3. Point of Dispensing (POD) setup kits for the rapid implementation of a mass prophylaxis campaign.

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| | <p>SME Cadre Member 5 (updated response on 8/17/2020):</p> <ul style="list-style-type: none"> • This State Comprehensive Emergency Management Plan (CEMP) utilizes a functional approach to operationalize the coordination of state support with local officials, interstate agreements, and integration of federal agencies into response operations. The 18 Emergency Support Functions (ESF's) provide the structure to provide assistance for needed capabilities. • The State Emergency Response Team (SERT) is activated as needed and can mobilize resources and conduct activities to guide and support local emergency management efforts. This can include the activation of the State Logistics Response Center (SLRC) which acts as a centralized point of coordination for resource ordering, deployment, resupply, maintenance, and demobilization. • There are disaster supplies and equipment maintained in storage warehouses in the north, central and southern part of the State. If a threat is anticipated, assets can be strategically prepositioned in a location close to where a response might be needed. • Local CEMP's provide guidance for the use of local resources and caches, mutual aid resources, and specialized regional response resources using an incident command structure supported by local Emergency Operating Centers (EOCs). This includes specific provisions for requesting and employing state resources to aid in managing and resolving emergency situations for which local resources are inadequate. • [Redacted state] has Regional Emergency Response Advisors (RERA's) in each of its seven regions that support disaster responses and can expedite the deployment of assets. |
| <ul style="list-style-type: none"> • Do you have examples of staging/ storing options (i.e., trailering, "host" facility such as a hospital, climate control challenges when funding is not available to rent warehouse space, etc.)? | <p>SME Cadre Member 1:</p> <ul style="list-style-type: none"> • See contact information in the first question above. <p>SME Cadre Member 2:</p> <ul style="list-style-type: none"> • The Coalition is leveraged to determine how the assets are prepositioned. This ranges from host (local health department) storage, trailered, hospital/Coalition member held, or other methods as determined by Coalitions. • Our contention is that you must consider the response time when making these decisions; i.e., a centrally stored asset that will take three hours to get to a hospital will not be useful in a fast cycle event. |

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| | <ul style="list-style-type: none"> Entities that agree to host Coalition equipment also agree to ensure safe and appropriate storage, temperature control as needed, and release of assets per the Regional Response Plan. <p>SME Cadre Member 3:</p> <ul style="list-style-type: none"> Having trailers stored at fire department becomes a hassle. They will house them for a couple of years, and then they will need the space and want to get rid of them. The hospitals where we have items stored have been very generous in allowing us to store things for next to nothing of a cost. <p>SME Cadre Member 4:</p> <ul style="list-style-type: none"> No information provided. <p>SME Cadre Member 5 (updated response on 8/17/2020):</p> <ul style="list-style-type: none"> All disaster resources are intended to be stored in environmentally controlled conditions with security measures in place and communication capability from the location. A range of facilities are used at the local level including at EMS facilities, hospitals, and Department of Health warehouses. Resources include MCI supplies, CHEMPACK, evacuation equipment, PPE, transport ventilators, and lab testing supplies. |
| <ul style="list-style-type: none"> Do you have sample agreements/ templates that other Hospital Preparedness Program (HPP) members have with HCCs or other external partners regarding the care, maintenance, deployment, recovery, rehabilitation, replenishment, etc. of equipment/ supply | <p>SME Cadre Member 1:</p> <ul style="list-style-type: none"> See contact information in the first question above. <p>SME Cadre Member 2: This SME provided the following documents as resources. Contact ASPR TRACIE to request.</p> <ul style="list-style-type: none"> <i>Sample Inventory Template</i> <i>Resource and Asset Sharing Plan</i> <p>SME Cadre Member 3: This SME provided the following document as a resource. Contact ASPR TRACIE to request.</p> <ul style="list-style-type: none"> <i>Memorandum of Understanding</i> |

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| <p>assets, and other details of accountability?</p> | <p>SME Cadre Member 4: This SME provided the following document as a resource. Contact ASPR TRACIE to request.</p> <ul style="list-style-type: none"> • <i>Emergency Medical Services Commission, January 2015 EMS Commission Meeting Agenda (includes letters from the EMS Director regarding the Pre-positioning of Antibiotics Program)</i> <p>SME Cadre Member 5 (updated response on 8/17/2020):</p> <ul style="list-style-type: none"> • The State Resource and Financial Management Policies and Procedures for Emergency Management lists priorities for mobilization, procurement, and reconstitution of supplies and equipment used by the SERT and ESF's. • Prior HPP Hospital Contracts that supported equipment purchases included detail that stated the equipment was to be stored in environmentally controlled and secure space, and the hospital was responsible to maintain the equipment per manufacturer guidelines. Hospitals were asked to track assets deployed to other facilities and have a process to re-secure or replenish items. • Hospital Mutual Aid agreements include verbiage about provision of equipment and supplies to other facilities during emergencies and disasters, however there is no common template for this. • During the COVID-19 response, templates were generated and utilized statewide for staffing and supply requests. There was no additional detail provided related to specifics for use of equipment and supplies. Hospitals were expected to follow their established policies and procedures related to resources and tracking. Requests were entered into WebEOC by ESF-8 staff (which include representatives from the State Department of Health, HCC, American Health Care Association, and long-term care representatives). • Contact the ASPR TRACIE Assistance Center for template attachments. |
| <ul style="list-style-type: none"> • What processes do other states use for approval of asset deployment? | <p>SME Cadre Member 1:</p> <ul style="list-style-type: none"> • See contact information in the first question above. <p>SME Cadre Member 2: This SME provided the following document as a resource. Contact ASPR TRACIE to request.</p> <ul style="list-style-type: none"> • <i>Resource and Asset Sharing Plan</i> |

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| | <p>SME Cadre Member 3:</p> <ul style="list-style-type: none"> • We have an online information management system that we use, much like WebEOC, but it is “homegrown.” We use this system for the purposes of information sharing, situational awareness, and resource requests. • We have already pre-identified an allocation of the ventilators and PPE so that they cannot all be requested by one facility during a region-wide need. <p>SME Cadre Member 4: This SME provided the following document as a resource. Contact ASPR TRACIE to request.</p> <ul style="list-style-type: none"> • <i>Prehospital Care Manual (provides links to MCM cache management policies)</i> <p>SME Cadre Member 5:</p> <ul style="list-style-type: none"> • Mission request to ESF-8 through WebEOC. Initially this goes through the county, then the region, and then the state for assets, as needed. |
| <ul style="list-style-type: none"> • Are other states using the Incident Command System (ICS) resource requesting procedures and forms? | <p>SME Cadre Member 1:</p> <ul style="list-style-type: none"> • See contact information in the first question above. <p>SME Cadre Member 2:</p> <ul style="list-style-type: none"> • If ICS is up, then the process of requesting resources would go through the system. If not, then the Coalition Coordinator will serve as manager of deployed assets, or per instructions in Coalition Plan. <p>SME Cadre Member 3:</p> <ul style="list-style-type: none"> • Yes, we use our Healthcare Information Management System site. <p>SME Cadre Member 4:</p> <ul style="list-style-type: none"> • In addition to the programs of the two county-level agencies mentioned in the first question above, we have developed the <i>Public Health and Medical Emergency Operations Manual</i>, which addresses resource management and coordination during a disaster, as well as maintenance of situational awareness. This document also provides a two-tiered resource requesting process, with the associated request forms. Both EMSA and DPH have |

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| | <p>substantially adopted these resource request forms for internal operations during an emergency.</p> <ul style="list-style-type: none"> This SME provided the following documents as resources. Contact ASPR TRACIE to request. <ul style="list-style-type: none"> <i>The Public Health and Medical Emergency Operations Manual</i> <i>Two Resource Request forms (in Excel with instructions, and PDF version) from the Department of Public Health and Emergency Management Services Agency</i> <p>SME Cadre Member 5:</p> <ul style="list-style-type: none"> Yes. Mission requests utilize the requesting procedures and forms. |
| <ul style="list-style-type: none"> What inventory tracking mechanisms are other states using that might allow HCC members outside of a state-controlled inventory system to be able to view available assets and their location? | <p>SME Cadre Member 1:</p> <ul style="list-style-type: none"> See contact information in the first question above. <p>SME Cadre Member 2:</p> <ul style="list-style-type: none"> Coalitions have the choice to determine the tracking mechanism. For example, one Coalition uses an Excel spreadsheet, another uses our state HAVBED system (which has fields for equipment and supplies), and another uses their local health department inventory manager that is used for medical countermeasures assets. The state will provide access to existing systems if needed, or the Coalition can go their own way. The key in all of this is communication with Coalition members to ensure awareness of Regional asset baseline, and ongoing communication if assets are deployed. <p>SME Cadre Member 3:</p> <ul style="list-style-type: none"> No information provided. <p>SME Cadre Member 4:</p> <ul style="list-style-type: none"> No information provided. <p>SME Cadre Member 5 (updated response on 8/17/2020):</p> <ul style="list-style-type: none"> HCCs include assets as part of their preparedness plans, which is part of an ASPR requirement. This may include HPP-funded equipment for evacuation, PPE (such as |

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| | <p>PAPR's), mass casualty incident supplies, and tents. Formerly, hospitals were required to submit an annual inventory to the state department of health of HPP-funded equipment and supplies as part of their contracts, however this has not recently been required for submission to the state as funding shifted to HCCs instead. Instead each hospital maintains its inventory listing as required for accreditation certification.</p> |
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II. Templates and Guidance Documents from ASPR TRACIE SME Cadre Members

California Department of Public Health, and Los Angeles County Emergency Management Services Agency. (2011). [California Public Health and Medical Emergency Operations Manual](#). (NOTE: The authors are currently updating this document.)

The purpose of this manual is to build a common operational framework that strengthens the ability of the Public Health and Medical System to rapidly and effectively respond to emergencies. It includes a chapter dedicated to Resource Management in Section I of the document. Appendix D also provides resource request forms that contain the minimum data elements and should be used to request medical and health resources from outside the Operational Area.

California Department of Public Health, and Los Angeles County Emergency Management Services Agency. (2011). Resource Request: Medical and Health – FIELD/HCF2 to Op Area. (NOTE: Contact ASPR TRACIE to request)

This template, provided both in Excel with instructions and PDF versions, is a resource request form for any entity below a (Los Angeles) County's Operational Area level (County).

California Department of Public Health, and Los Angeles County Emergency Management Services Agency. (2011). Resource Request: Medical and Health – Op Area (MHOAC) to Region/State. (NOTE: Contact ASPR TRACIE to request)

This template, provided both in Excel with instructions and PDF versions, is a resource request form for the County-level up to the State or Region level.

Central Ohio Trauma System. (n.d.). Memorandum of Understanding. (NOTE: Contact ASPR TRACIE to request)

This sample Memorandum of Understanding is between the Central Ohio Trauma System and partner agencies to create a functional plan for increasing emergency medical services capacity in the event of a mass casualty incident through the process of equipping non-traditional vehicles to provide emergency transportation services in a mass casualty situation.

Central Ohio Trauma System. (2016). Regional Disaster Supply Cache Standard Operating Guidelines. (NOTE: Contact ASPR TRACIE to request)

The purpose of these Standard Operating Guidelines is to provide direction to the Central Ohio Trauma System and ASPR- participating Central Ohio Region Hospitals regarding methods for utilization, request, distribution and recovery of the Central Ohio Regional Disaster Supply Cache in the event of a healthcare disaster.

County of Los Angeles Emergency Medical Services Commission. (2015). [January 2015 EMS Commission Meeting Agenda](#).

Pages 12 and 13 of this document include letters from the EMS Director regarding the Pre-positioning of Antibiotics Program. Page 12 relates to the replacement of Doxycycline, and page 13 for the return of expired pre-positioned Doxycycline.

Los Angeles County Emergency Management Services Agency. (2015). [Disaster Resource Centers](#).

This brochure provides information on the Disaster Resource Center network, which is one of four programs managed by the Los Angeles County Emergency Management Services Agency to handle hospital-based caches and capabilities.

Los Angeles County Health Services. (n.d.). [Prehospital Care Manual](#). (Accessed 12/28/2016.)

Reference Number 1100 of this webpage (click on the tab at the top) provides several memos related to medical supply caches. More specifically, it includes the following links which are related to MCM cache management policies:

- o [Disaster Resource Center \(DRC\) Designation and Mobilization](#)
- o [Chempack Deployment For Nerve Agent Release](#)
- o [Mobilization of Local Pharmaceutical Caches \(LPCs\)](#)
- o [Mobilization of Medical/Surgical Supply \(M/SS\) Caches](#)

Salt Lake Summit, and Tooele Healthcare Preparedness Coalition. (n.d.). Resource and Asset Sharing Plan. (NOTE: Contact ASPR TRACIE to request)

The Salt Lake Summit and Tooele Healthcare Preparedness Coalition established the protocols in this document for the distribution of shared resources and assets among community partners, members, and agencies.

Utah Department of Health. (2016). 2016 - 2017 Regional Healthcare Coalition Training and Exercise Budget. (NOTE: Contact ASPR TRACIE to request)

This Excel spreadsheet is a template used by regional healthcare coalitions to document the budget for regional equipment, training, and exercises.

Utah Department of Health. (n.d.). Sample Inventory Template. (NOTE: Contact ASPR TRACIE to request)

This document is a sample regional inventory list of supplies and equipment.

III. Other Coalition Plans and Guidance Resources

Florida Health. (n.d.). [Florida Healthcare Coalition Task Force: Healthcare Coalition Requirements](#). (Accessed 12/28/2016.)

HCCs 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.

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 the Strategic National Stockpile (SNS) arrives. Developed by medical directors of each HCC, 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.

Tennessee Department of Health. (2019). [Program Guidance for Healthcare Coalitions](#).

This guidance is applicable for all HCCs in Tennessee. It provides a framework to assist HCCs meet four healthcare preparedness capabilities described in the 2017-2022 Health Care Preparedness and Response Capabilities. **NOTE:** This guidance document is located at the top of the webpage under the “Healthcare Coalitions” header.