

Disaster Available Supplies in Hospitals (DASH) Tool

Frequently Asked Questions

Q1: What is the DASH Tool?

A: [Disaster Available Supplies in Hospitals – or DASH](#) – is an online, interactive tool to help hospital emergency planners and supply chain staff estimate products that may need to be immediately available on site during various mass casualty incidents (MCI) and infectious disease emergencies. The DASH Tool should be used during the preparedness and mitigation phases of the disaster cycle.

Q2: Who developed the DASH Tool?

A: DASH was developed by the U.S. Department of Health and Human Services (HHS) Administration for Strategic Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) and Healthcare Ready in collaboration with the Health Industry Distributors Association (HIDA) and the Region VII Disaster Health Response Ecosystem. Representatives from ASPR's National Healthcare Preparedness Program, ASPR's Division of Critical Infrastructure Protection, the ASPR TRACIE Subject Matter Expert Cadre, the National Emerging Special Pathogens Training and Education Center (NETEC), the Region I, IV, and VIII Regional Disaster Health Response System sites, and members of specialty societies were among the numerous subject matters experts who provided additional review and feedback throughout the development process.

Q3: Why was DASH developed?

A: DASH was developed in response to questions from hospitals and healthcare coalitions (HCCs) about how to determine the amounts of various supplies hospitals should keep on hand for different types of emergencies.

Q4: What types of supplies are included in DASH?

A: Supplies are grouped in the following four modules: Hospital Pharmacy, Burn Supply, Trauma Supply, and Personal Protective Equipment (PPE).

Q5: Who is the intended audience for the DASH Tool?

A: DASH is intended for hospitals, supply chain partners, HCCs, public health departments, and emergency management agencies.

Q6: Who should complete the DASH Tool?

A: The DASH Tool should be completed by hospital emergency management staff in collaboration with supply managers and procurement staff with input from various clinical experts, including hospital pharmacy managers, infection preventionists, burn clinicians, and trauma program managers.

Q7: Is DASH applicable to all hospitals?

A: Yes, the DASH Tool was designed to be applicable to all hospitals. *The DASH outputs should be considered a baseline that users may adjust based on their hazard vulnerability analysis and the*

unique circumstances of their hospital, the populations served, and other healthcare assets in the community. Users should carefully review the methodology documents for each module to understand the underlying assumptions for each scenario and any special planning considerations. The tool includes commonly available supplies that are familiar to most healthcare workers. The recommended supplies and quantities are based on user inputs about the hospital's characteristics and its role in the community. For example, the recommendations for a small critical access hospital are not the same as those for a Level 1 trauma center. The tool also recognizes that supplies may differ in specialty hospitals. For instance, a burn center may stock topical treatments not found in most hospitals or a pediatric hospital may not have adequate supplies in the appropriate sizes/formulations for a large number of adult patients.

Q8: How is DASH useful to hospitals and supply chain partners?

A: DASH uses specific scenarios and assumptions that address a projected "90%" of expected incidents to establish baseline supplies and quantities for a hospital based on its characteristics. Completion of the modules allows hospitals to estimate their supply needs and have informed discussions with supply chain partners about product availability, substitutions and alternatives, and scenario planning and coordination. These discussions and planning during the preparedness phase may help mitigate hospital supply shortages during the response to an incident. Further, common baseline assumptions can be helpful in regional planning and help drive additional cache planning at the regional and state level; assumptions can also identify potential common trigger thresholds.

Q9: Do I need to complete all four DASH modules?

A: Completing all four DASH modules is not required, but the Hospital Pharmacy, Burn Supply, and Trauma Supply Modules are designed to be complementary. Certain items are only included in one module that may be needed in others (e.g., scissors are needed to cut burn dressings listed in the Burn Supply Module but are included only in the Trauma Supply Module to avoid duplication of items). Thus, we encourage you to complete all three of those modules for an accurate estimate of your MCI supply needs. The modules do not need to be completed at one time.

Q10: How does DASH account for pediatric patient needs?

A: The dosing in the Hospital Pharmacy Module and dressings and topical treatments in the Burn Supply Module are based on adult weights and body sizes, resulting in greater estimated quantities to account for both adult and pediatric patient needs. Pediatric drug formulations and infant and child-sized supplies are included in the modules when those dosages and sizes are available.

Q11: Does ASPR or any other federal agency require hospitals to complete the DASH Tool or submit their results?

A: No. DASH is a voluntary tool intended to assist hospitals and their partners in planning for supply needs in advance of MCIs and infectious disease emergencies.

Q12: How much does it cost to use the DASH Tool?

A: There is no cost to use the DASH Tool.

Q13: Where can I find the DASH Tool?

A: The tool is accessible through any web browser at dashtool.org. We recommend using a computer to access it and not a mobile device.

Q14: Do I need an account or a username and password to use the DASH Tool?

A: No. The tool is publicly available online to all. Information provided by users is not saved on the DASH website or in the Tableau-based modules to avoid data privacy issues.

Q15: Can DASH be used to aggregate results from all hospitals in my healthcare coalition or health system?

A: The DASH Tool is designed to be used at the individual hospital level. The intent is to provide reasonable estimates of supplies hospitals should have available immediately when an incident occurs and before additional products can be delivered from a warehouse, ordered from a vendor, or shared among other healthcare facilities within a health system or HCC. DASH does not include the capability to aggregate supply recommendations for multiple facilities. However, a health system or members of an HCC can share information on each hospital's estimates to better understand the overall supply needs of the system or region using a common baseline scenario and assumptions. This information can also be used to identify supply gaps in the health system or region and inform discussions with regional response partners and commercial supply chain partners about resource sharing, the use of regional or state supply caches, and when to request additional outside assets, including the Strategic National Stockpile (SNS). Knowing that all hospitals in a coalition have stocked supplies in relation to common assumptions in the DASH Tool can be a helpful baseline for regional planning.

Q16: Can the DASH Tool help me determine how much space is needed to store the recommended supplies?

A: DASH is solely focused on estimating needed quantities of supplies based on your hospital's characteristics. The tool should be used in the context of comprehensive preparedness planning, which should include space, staff, and systems (e.g., policies, training) considerations. Your distributor partners may be able to assist with estimates on space needed as well as best practices to manage and rotate product.

Q17: Can the DASH Tool help me prevent supplies from expiring?

A: DASH is intended to estimate the types and amounts of supplies a hospital should have immediately on hand. The Hospital Pharmacy, Burn Supply, and Trauma Supply Modules focus on the initial 48-hour response to an MCI. Recommended quantities in these modules are increased if a DASH user indicates their hospital is likely to be isolated for an extended period of time. Otherwise, the tool assumes that additional supplies will be available for the ongoing response via reordering from vendors, resource sharing within a region or health system, or requests for additional outside resources through mutual aid or assets such as the SNS. Understanding this 48-hour planning guideline should help to mitigate excess ordering and reduce the risk of product expiration. Hospitals should discuss their results with their supply chain partners to improve their understanding of product availability, resupply times, and other important considerations. The PPE Module helps hospitals estimate what their PPE needs may be, but immediately purchasing and stockpiling of large quantities of PPE is not recommended. Users should

refer to the Purchasing and Stockpiling section of the PPE Module Methodology document for suggestions on how hospitals should work with their supply chain, HCC, and state and federal partners to make informed decisions that reduce unnecessary purchases and product expiration.

Q18: Does DASH include supplies for chemical or radiological incidents?

A: Regional preparedness for chemical and radiologic incidents is important and emphasized by the National Hospital Preparedness Program and program requirements for regional plans for these incidents. At the recommendation of toxicology subject matter experts, we have included an amount of atropine in the Hospital Pharmacy Module sufficient for a small number of chemical casualties. Based on the community risk and resources, additional materials may need to be stocked as described in the Hospital Pharmacy Module Methodology document. Regional planning should also integrate CHEMPACK assets. There are no current throughput or numeric standards for decontamination teams based on the size of the facility or the role in the community; thus, at this time we are not able to make tailored recommendations. The same is true for radiologic response, which is very dependent on community risk profile and other factors. Radiologic countermeasures (aside from perhaps potassium iodide as discussed in the Hospital Pharmacy Module Methodology document) are generally outside the scope of hospital on-hand supplies.

Q19: Why is my product not included in DASH?

A: DASH is not intended to include all hospital supplies nor to include all available formulations/forms for similar items (e.g., dressings come in sizes other than those listed). Rather, it includes key supplies appropriate to each scenario in forms that are commonly stocked by hospitals and familiar to hospital personnel. Individual hospitals may choose to not have all of the supplies in DASH or may include supplies different from or in addition to what is found in the tool. Users should consider DASH a starting point for planning which supplies to stock and use it to inform discussions with supply chain partners about appropriate supplies for their individual facilities. When a comparable item or formulation is available in DASH, this item should be used as the calculation basis.

Q20: Are you planning to develop additional DASH modules in the future?

A: The four DASH modules are based on the most common supply questions received from hospitals, HCCs, and their preparedness partners. These are the only modules planned for the initial rollout, but we welcome input about additional gaps and how those might be scaled to different types of hospitals. You can share feedback via askasprtracie@hhs.gov.

Q21: I think my hospital should be prepared to be cut off from supplies for a longer period of time. How can I plan for that?

A: DASH is intended to address initial rather than ongoing supply needs. The recommended quantities in the Hospital Pharmacy, Burn Supply, and Trauma Supply Modules are increased for those users who indicate their hospital is likely to be isolated from resupply for an extended period of time. This increases medications to 96 hours of use and trauma and other supplies by 50% to reduce the risk of running out of resuscitation supplies and provide for dressing changes. Hospitals should discuss their unique planning considerations – including risks associated with their hazard vulnerability analysis – with

their supply vendors to make informed decisions related to par levels, product availability, and lead times for resupply. Hospitals may choose to increase their available supplies based on these discussions.

Q22: When should I use DASH versus requesting supplies from the Strategic National Stockpile (SNS)?

A: DASH is intended as a tool to be used in the context of overall preparedness planning and is not a substitute for requesting supplies from the SNS. The DASH Tool helps hospitals estimate the quantities of supplies they should have immediately on hand. Hospitals must also prepare for their extended supply needs, which includes discussions with their vendors about lead times for resupply as well as coordinated planning with their health system (if part of a system) and HCC about regionally available assets such as supply caches and circumstances for requesting additional assets through mutual aid or federal programs such as the SNS and CHEMPACK. The SNS is designed to support a healthcare system requiring supplies that are *not* expected to be available locally. Understanding what the SNS offers hospitals and how those assets are requested and delivered through states is a key part of regional/coalition planning for bioterrorism, burn, radiation, and other incidents.

Q23: Can DASH be used by healthcare facilities other than hospitals?

A: DASH is designed for hospitals. Other healthcare facilities may not typically stock the supplies included in DASH, need those supplies, or employ healthcare providers trained in their use. However, it may be helpful for non-hospital facilities to review the DASH Tool – particularly the methodology documents associated with each module – to better understand the underlying scenarios and planning considerations. This understanding could be beneficial during discussions with hospital partners or healthcare coalitions about overall regional preparedness and how various types of facilities and healthcare providers may contribute to their community’s coordinated response to an emergency.

Q24: Can international partners use DASH?

A: Yes. International partners may have somewhat different pharmacy preparations or agents available to them, but the vast majority of products should be transferrable. Non U.S. hospitals will need to review the definitions of U.S. trauma levels by the [American College of Surgeons](#) and the [American Trauma Society](#) to determine a comparable level of services they offer to their community. However, international users should be aware that the tool was not designed for low and middle income countries, which may not have the same level of resources.

Q25: Why did you develop DASH in Tableau instead of widely available software like Excel?

A: Two of the four DASH modules were adapted from tools that were originally developed in Excel (ASPR TRACIE’s Hospital Pharmacy Disaster Calculator and Hospital PPE Planning Tool). The publicly-accessible Tableau environment offers better user clarity and additional functionality, including data visualizations. Further, the Tableau environment allows responses to user input in a way that Excel does not, improving the functionality and applicability of the tool based on preferred stock items.

Q26: Can I return at a later date to update my inputs in the DASH Tool?

A: No user inputs are saved on the DASH website to avoid data privacy issues. If computer settings time out or the user leaves a module prior to saving the updated web address link, all inputs must be

reentered. The instructions for each module provide details on how users can download or share their inputs and results to return to at a later date.

Q27: Can DASH integrate with other response data to show what supplies are available?

A: No. DASH is designed to be used in preparedness to determine what supplies and how much to have on hand. It is not designed to be used as an inventory reporting or monitoring platform. No integration of DASH with response data systems is anticipated.

Q28: Do you have a recommendation on which burn dressing is best?

A: The Burn Supply Module includes various types of burn dressings and other supplies to allow flexibility based on cost, familiarity, availability, and facility preferences. None of these products is “best;” users should review the assumptions and planning considerations in the methodology document to better understand the advantages and disadvantages of each product and inform their decisions about which burn supplies to stock. Additionally, the Burn Supply Module should be used in the context of regional burn planning, which can help individual hospitals understand their roles during a burn MCI. It is important for hospitals to work with the burn centers they refer to in order to understand regional preferences for dressings and treatments that may inform product selection.

Q29: Can I change the number of shifts per day used in the PPE Module?

A: Unfortunately, all three scenarios in the PPE Module use the assumption of two 12-hour shifts per day in the calculations and the number of shifts per day cannot be changed by users. We did consider making the shifts per day a variable that could be adjusted by users, but too many calculations are based on this variable to make that option feasible. This is a known limitation of the DASH Tool. We will monitor user feedback and any changes in Tableau’s technical capabilities to assess whether this functionality may be added in the future.

Q30: I cannot order some of the supplies recommended by DASH because my vendors tell me they are on allocation. What should I do?

A: It is important to recognize that DASH is designed for pre-incident planning to help hospitals estimate their supply needs for future emergencies. Allocation is intended to fairly distribute supplies among healthcare facilities when there are product shortages. Such shortages may be caused by a temporary disruption somewhere along the supply chain or high demand during an emergency response. We encourage users to discuss their immediate needs with their supply chain partners to identify potential substitutions or alternatives and to determine when additional supplies may become available. Hospitals should also discuss their immediate needs with their HCC partners to determine what options may be available in the region. In the long term, the DASH Tool may help mitigate such shortages by providing a baseline for assumptions and scenario planning that can help inform supply availability and purchasing decisions.

Q31: Is there a spreadsheet available that lists all of the supplies included in the DASH Tool so users can gather data from multiple sources?

A: No. Due to the large number of products included across all four modules and the differing recommendations based on user inputs, there is not a single spreadsheet or other document listing all

supplies included in the DASH Tool. One option for users is the share feature, described in the instructions for each module. This feature allows users to enter information and share a partially or fully completed module with other hospital staff for their review and input. Users should carefully review the Instructions to understand the feasibility and limitations of this feature for their specific needs.

Q32: Why doesn't DASH use specific product numbers?

A: The supplies included in the DASH Tool are based on subject matter expert feedback on available products mostly likely to be needed following an MCI and guidance on PPE recommended for three infectious disease scenarios. Most of the products are produced by more than one manufacturer or brand and come in various sizes and formulations. Product numbers may differ by distributor or market. It is not possible for the DASH Tool to include or maintain product numbers for the vast number of supplies available for procurement. Users should work with their supply vendors to determine availability of specific products that meet their recommendations.

Q33: Is there a tutorial available for using the DASH Tool?

A: There is not a tutorial, but resources are available to guide users on how to use the DASH Tool:

- Each module has detailed step-by-step instructions that walk users through the inputs and outputs. Each module is also accompanied by a methodology document that provides additional context.
- A short [video](#) provides an overview of the DASH Tool.
- The [recording](#) from the August 15, 2022, Introduction to the Disaster Available Supplies in Hospitals (DASH) Tool webinar includes a demonstration of the tool and insights from the developers.

Q34: Who can I contact if I have additional questions about the DASH Tool or encounter technical difficulties?

A: Please contact askasprtracie@hhs.gov or 1-844-5-TRACIE (1-844-587-2243).