Health Care Coalition Supply Chain Integrity Self Assessment

September 2026

The US Department of Health and Human Services, Administration for Strategic Preparedness and Response (ASPR) FY 2024-2028 Hospital Preparedness Program Cooperative Agreement Notice of Funding Opportunity (NOFO) continues the requirement for health care coalitions (HCCs) to complete a Supply Chain Integrity Assessment to identify resources likely to be in demand during emergencies, assess supply chain vulnerabilities, partner with manufacturers and distributors, evaluate access to critical supplies and alternate delivery options, and develop mitigation strategies to address potential shortfalls. The assessment must identify:

- **Resource needs**. Describe the equipment and supplies that may experience increased demand during emergencies and disasters and that cannot be stockpiled.
- **Vulnerabilities**. Describe existing supply chain vulnerabilities (e.g., potential disruptions that could impact supply of blood, oxygen, pharmaceuticals, medical devices [e.g., ventilators], personal protective equipment [PPE]) at the jurisdiction level.
- **Current access and infrastructure**. Describe existing access to critical supplies and infrastructure, quantity of supplies available in regional systems, and alternate delivery options in case access or infrastructure is compromised. You must also describe how inventories are managed, including systems for management (e.g., electronic) and chain of command for supply distribution.
- **Impact on communities**. Describe the anticipated impact of potential supply chain shortfalls on communities most impacted by disasters.
- **Mitigation strategies**. Describe existing mitigation strategies to address potential supply chain shortfalls. Consider how you and your HCC(s) plan to communicate HCC members' supply shortfalls through your local and/or state channels.

Relevant ASPR TRACIE Resources

- Partnering with the Healthcare Supply Chain During Disasters
- Clinical Resources for Emergency Shortages of Treatments and Supplies (CRESTS)
- Disaster Available Supplies in Hospitals (DASH) Tool

ASPR TRACIE was asked to develop a self-assessment checklist for HCCs to meet this NOFO requirement by examining the disaster readiness of their member organizations, particularly the strengths and vulnerabilities of their supply chains. *HCCs are not required to use this tool if they have an alternate means or method of meeting the NOFO requirement.*

HCCs are not expected to assess every individual supply item or its specific vulnerabilities. Instead, they should focus on common supply and pharmacy needs (e.g., PPE, sterile supplies,

and commonly needed medications). HCCs should document general findings, proposed mitigation strategies, and distributor capacity to meet facility needs. Chain of command and management strategies for HCC-managed assets should be described. Key jurisdictional and private-sector resources for supporting delivery of critical supplies when access is interrupted (e.g., storm damage to bridges/roads) should be summarized. Detailed documentation of specific supply quantities or formal supply analyses are not required to fulfill this requirement. The goals that should be achieved and documented are:

- Promote engagement and relationships between supply chain and coalition partners.
- Understand the strengths and vulnerabilities of the supply chain in the coalition (and by extension, the recipient) area.
- Analyze, at the facility and coalition level, the general types of supplies likely to be required in disasters according to local hazards, the distributors providing them, and strategies to ensure those supplies are readily available for patients in need.
- Determine mitigation and potential response strategies for supply chain interruptions (e.g., caching materials, alternative delivery vehicles, pre-incident delivery of supplies).

HCCs should identify the priority risks in their region and determine which private sector health care supply chain partners should be engaged in collaborative planning. These discussions will likely identify additional mitigation strategies tailored to the coalition's communities and populations. Not every item in the assessment will apply to every coalition; some items may be more important than others depending on geography, the number and types of distributors and health care facilities in the area, and local hazards. HCCs and their members should also work within each jurisdiction's legally defined ESF-8 structure to understand local expectations and options for medical supply request and fulfillment processes during disasters (e.g., facilities may be expected to work first with their vendors and other facilities before involving emergency management).

Process

The assessment supports the previously listed goals and contains a variety of activities for the HCC to complete, divided into three sections:

1. Risk and Vulnerability Assessment
2. Coalition Supply Chain Partner Engagement
3. Coalition Planning

HCC leaders can use this tool to guide discussions among coalition members and regional supply chain partners. The assessment is intended to provide a general understanding of gaps that may affect supply chain preparedness and help coalitions identify priorities for contingency planning. Each activity identifies the primary supply chain components involved in achieving the activity goal (HCCs are assumed to have a coordinating role throughout and are not listed separately in the Relevant Supply Chain Components column). For each function, the activity should be assessed on a 0-5 scale[1], based on the estimated level of effort required to attain adequate operational function:

- 5 – No plan or asset currently exists
- 4 – Inadequate plan or assets exist
- 3 – Potentially adequate plans or assets exists, but have not been evaluated or tested, and/or are incomplete
- 2 – Adequate plans or assets exist, but require minor modifications based on exercises, incidents, or other evaluation
- 1 – No work remaining – plans or assets have been tested in exercises and/or real-world incidents and currently require no further modification
- 0 – Not applicable – activity outside the scope of coalition responsibilities or capabilities.

Additional templates and resources developed by ASPR TRACIE to support HCCs can be found on their Healthcare Coalitions Resource Page. For more information, visit https://asprtracie.hhs.gov, contact our Assistance Center at 1-844-5-TRACIE, or email askasprtracie@hhs.gov.

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[1] *This scale is consistent with scales used in other ASPR TRACIE Resources such as HCC Influenza Pandemic Checklist and HCC Resource and Gap Analysis Tool.*

1. Risk and Vulnerability Assessment

This set of activities is designed to help HCCs identify the supplies and members of 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 (as well as potential delivery gaps) to address with distributors.

Activities	Coalition Assessment (0-5)	Relevant Supply Chain Component	Coalition Work to Date & Remaining Work Needed
1.1 Identify or categorize impact and hazards using a hazard vulnerability assessment (HVA), risk assessment (RA), and/or other tools. Include input from ESF-8 partners, including health care organizations, emergency management, EMS and patient transport providers, and public health. HCCs may embed supply chain-focused questions within an existing or broader HVA process, as appropriate, to support integration with ongoing coalition risk assessment activities. • Consult the Risk Identification and Site Criticality (RISC) Toolkit 2.0 and other comparable resources to determine health care facility criticality and vulnerability. • Document specific risks to the health care facilities/ service providers and impacts on communities that may result in their isolation/ make access difficult (e.g., 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 incident with 25 casualties, 100-person chlorine exposure, or pandemic). Note **Activity 1.6**.		Providers	
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, Recipient	

Activities	Coalition Assessment (0-5)	Relevant Supply Chain Component	Coalition Work to Date & Remaining Work Needed
1.3 Determine critical medical product resources and gaps for hospitals and other care sites, such as: • Likely surge demands and needs relative to par levels. (hospitals should use the Disaster Available Supplies in Hospitals (DASH) Tool to estimate appropriate supplies and quantities based on their role in the community). • Other priority medical products (e.g., blood, sterile/surgical, linen, equipment). • Available onsite supply, warehousing, or health system local/regional warehouses, facility or coalition-based caches of materials. • Discuss access to stockpiles and cross-jurisdictional resources.		Distributors, Providers	
1.4 Identify distributors, including potential secondary distributors and suppliers, in relevant domains by creating a matrix, list, or map of supply chain "footprints" within the coalition's jurisdiction. Include less commonly used local or regional vendors, as appropriate. • Examples may include blood banks, medical gas suppliers, fuel suppliers, nutritional suppliers and food vendors, pharmaceutical wholesalers, durable medical equipment (DME) and general medical, and other suppliers that support health care operations during emergencies.		Providers, Distributors	

Activities	Coalition Assessment (0-5)	Relevant Supply Chain Component	Coalition Work to Date & Remaining Work Needed
1.5 Discuss critical medical supplies and equipment and their availability during emergencies in the region, including items needed for mass trauma, HAZMAT, pandemic, special pathogen, and isolation scenarios. Include items that may experience increased demand and are not currently or cannot be stockpiled. • Assess patient population needs and identify critical inpatient, outpatient, and durable medical equipment needs, such as airway supplies, oxygen, ventilators, beds, and supplies for acute and chronic conditions. • Assess the potential impact of public health incidents on at-risk individuals and populations with access and functional needs, including additional or alternate medical supplies that may be required. • Assess competing public health response demands, such as mass vaccination or testing operations, that may affect local distributors and third-party logistics providers. • Determine potential facility and coalition-level mitigation strategies for key identified gaps (e.g., recommend increasing facility par levels, distributor-managed caches, regional specialty supplies for special pathogens, or coalition-based caches). Also access **Activity 3.5**.		Manufacturers, Distributors, Providers, Recipient	
1.6 Identify specialty supplies that may be needed for priority incidents and populations, such as decontamination supplies, PPE, orthopedic hardware, pediatric supplies, and supplies for individuals with access and functional needs. • Align specialty supply considerations with the priority hazards identified in **Activity 1.1**, such as severe weather, pandemic influenza, cyber incidents, wildfires, utility outages, or burn incidents. • Communicate priority incident scenarios, likely affected pharmaceutical and medical product supplies, potentially compromised suppliers, and related mitigation or response strategies to supply chain partners.		Distributors, Providers	

2. Supply Chain Partner Engagement

This set of activities is designed to assist coalitions in assessing the current state of supply chain relationships (including ensuring valid contact information) and vulnerabilities (including understanding normal versus emergency response contacts and operating procedures) in concert with distributors (and manufacturers as appropriate).

Activities	Coalition Assessment (0-5)	Relevant Supply Chain Component	Coalition Work to Date & Remaining Work Needed
2.1 Gather and record contact information for emergency response and other key points of contact (POCs) along the supply chain for those distributors and vendors identified in **Activity 1.4**, including information for a backup contact, the location of the facility, potential vulnerabilities for delivery, and potential assistance needed. Private-public sector coordinators at emergency management agencies should also be listed as applicable. This can be done by the facility and/or coalition, depending on the coalition's role. • Update contact information prior to a known hazard (e.g., forecasted hurricane), hazard season, or at least annually. • Determine if the POC for planning/administration is the same as for emergencies/ 24-hour contact. • Consider creating an educational document on the goals of the partnership and role of each stakeholder.		Distributors, Manufacturers, Providers	
2.2 Collect and share ESF-8 contact information at the state and local level (including state emergency management agency) with coalition members and relevant distributors.		Distributor	
2.3 Discuss and update supply plans and policies in consultation with health care facilities and emergency management to ensure understanding of resources and potential issues/needs, at least annually (e.g., coalitions may work with facilities to provide an update to the coalition annually about any changes to vendors, caches, or other factors that might affect their vulnerability).		Providers	

Activities	Coalition Assessment (0-5)	Relevant Supply Chain Component	Coalition Work to Date & Remaining Work Needed
2.4 Provide training or guidance to distributors on submitting requests to ESF-8 at the jurisdictional (local and state level) and the potential resources that may be needed/available to them. • Define when a facility should work independently through vendor channels, mutual aid, or coalition coordination before submitting requests through coalition/ESF-8 to avoid duplicating efforts, competing for resources, or seeking governmental support before other options are explored. • Discuss triggers for when the coalition would become the conduit for requests and/or allocation decisions. This may also help ensure there are not disproportionate assets in the community due to parent health care systems having different levels of access to materials. • Understand potential jurisdictional assets that could support alternate delivery of critical supplies when normal access routes are compromised. • Understand what supplies may be available through jurisdictional requests (e.g., state caches) versus what facilities and coalitions need to obtain through vendors.		Distributors, Providers	
2.5 Provide training or guidance on the coalition's role in coordinating, prioritizing, and deconflicting multiple resource requests during shortages, including coalition-managed resources jurisdictional assets, and distributor or health care facility needs. These roles should be defined before an incident, including situations that may not involve an EOC activation, such as PPE or medication shortages. • Describe how coalition-managed inventories are handled - to include systems for management, conditions and process for request, and chain of command for supply distribution.		Distributors, Providers	
2.6 Engage supply chain partners in coalition exercises. • Options to consider for exercises include virtual, tabletop, and full-scale exercise participation (e.g., movement of products/simulated products, testing access to disaster areas for deliveries, test alternate delivery methods, or tests of "pulls" of disaster list materials). • Conduct an after-action review and identify opportunities to improve and test in future exercises.		Distributors, Providers	

Activities	Coalition Assessment (0-5)	Relevant Supply Chain Component	Coalition Work to Date & Remaining Work Needed
2.7 Invite manufacturers, wholesalers/distributors in the region to coalition meetings, as appropriate. • Consider scenario-based discussions between distributors and providers to help providers understand how the distributors and the coalition will manage situations in which resources are insufficient to meet requests (e.g., how allocation would be handled if implemented and potential impacts of local incidents).		Manufacturers, Distributors, Providers	
2.8 Ensure a process for sharing emergency information that may impact logistics and delivery operations with distributors. • Identify "triggers" such as road closures and curfews that will affect delivery and notifications of shortages. • Consider standard communication channels to notify supply chain partners and providers in community about specific impacts and the need to shift to alternative delivery schedules or mechanisms. • Communicate with relevant state and local authorities about delivery alternatives. • Engage emergency management to request assistance with delivery when available resources are insufficient. Delivery should be based on acuity of need.		Distributors, Providers	
2.9 Plan with facilities and law enforcement to ensure relevant supply chain partners (including third-party logistic providers) are identified and ideally have credentials to access facilities that may be within a law enforcement perimeter during a disaster. • Determine whether the state already identifies supply chain suppliers and distributors as critical infrastructure and weather that designation provides additional protections, access, or resources during an incident. • Consider engaging relevant state and local law enforcement on potential restrictions/requirements. (e.g., certificates, badging). • Communicate any established plans/policy findings to supply chain partners and HCC members.		Distributors, Providers, Recipient	

Activities	Coalition Assessment (0-5)	Relevant Supply Chain Component	Coalition Work to Date & Remaining Work Needed
2.10 Determine alternate delivery processes with distributors and providers when an incident may limit road transport, including alternate delivery methods or routes for specific at-risk health care facilities • Consider developing and sharing key planning questions that coalition members can use with distributors to identify potential solutions, such as alternate delivery methods, routes, or staging options for facilities that may be difficult to access during an incident.		Distributors, Providers	
2.11 Understand distributor storage and warehousing capacity in the region and adjacent regions to better gauge regional capacity and timelines for deliveries. • This may help the facilities and coalition determine priorities for stocking and potentially building regional caches in **Section 3**.		Providers, Distributors, Recipient	

3. Planning

This set of activities is designed to assist coalitions in assessing available contingency guidance and plans, gaps in needed guidance, and standardizing guidance across members to harmonize response operations. This section also addresses formalizing relationships through joint plans, policies, procedures, memoranda of understanding (MOUs), and contracts.

Activities	Coalition Assessment (0-5)	Relevant Supply Chain Component	Coalition Work to Date & Remaining Work Needed
3.1 Establish a process to share distributor/logistics provider capabilities for delivery with facilities should road transport be limited (e.g., use of rotor-wing or boat delivery). • If applicable to HCC location and topography, determine if and where high-clearance vehicles or boats are available to supply chain partners and how those assets are coordinated. • If applicable to geography of HCC, determine options to deliver limited supplies via helicopter if roads are not passable (e.g., due to earthquake or flooding). • If applicable, determine availability of alternate vehicles if roads are compromised by snow or ice (e.g., snowmobile, four-wheel drive, all-terrain vehicle).		Distributors, Providers	
3.2 Consider changes to frequency of deliveries and resupply. • Facilities that are resupplied by distributors less frequently or have the ability to store more inventory have different needs than facilities dependent on more frequent deliveries.		Distributors, Providers	
3.3 Advise coalition members to have contingency plans, should regular ordering processes be unavailable. • Examples include paper-based ordering plans or protocols for submitting orders via phone. • Discuss how to utilize coalition members' corporate support structures where applicable.		Distributors, Providers	

Activities	Coalition Assessment (0-5)	Relevant Supply Chain Component	Coalition Work to Date & Remaining Work Needed
3.4 Establish coalition-wide process for developing and implementing guidance for resource allocation for supplies in shortage (in collaboration with state efforts and in consultation with supply chain partners) to include triggers and plan(s) for conservation, substitution, adaptation, reuse, prioritization and reallocation of scarce supplies and consultation with clinical experts. • Describe situational awareness to ensure a relatively consistent standard of care is present across the HCC region (e.g., virtual coordination of supply status or what tier of restriction/strategies[2] are being utilized).		Providers	
3.5 Evaluate whether stock levels should be increased or whether specific medications, supplies, or equipment should be cached at the provider, state, regional, or coalition level to address likely supply chain shortfalls. • Prioritize critical supplies with longer shelf lives when considering regional or coalition caches to reduce the need for frequent rotation. • Consider distributor-managed caches as an alternative when appropriate, and establish policies for requesting, allocating, distributing, using, and replacing any regional assets. • Document mitigation strategies for potential supply chain shortfalls and communicate them through appropriate local and/or state channels.		Providers	

[2] Once strategies are identified, use a tiered system to help categorize the risk posed by restrictions, ensure common terminology during coordination activities, and support proportional restrictions on the product in shortage. Source: ASPR TRACIE (2026). CRESTS Medical Product Shortage Framework.

Activities	Coalition Assessment (0-5)	Relevant Supply Chain Component	Coalition Work to Date & Remaining Work Needed

3.6 Determine how transportation of coalition cache materials will occur, put necessary agreements in place, and gain pre-approvals as necessary.
• HPP cooperative agreement funds can (with prior approval) be used to lease vehicles for movement of materials, supplies, and equipment by HCC members.
• HPP cooperative agreement funds can (with prior approval) be used for HCCs to make transportation agreements with commercial carriers for movement of HCC materials, supplies and equipment. Establish a written process for initiating transportation agreements (e.g., contracts, MOUs, formal written agreements, and/or other letters of agreement).
• Identify alternative transportation coordination pathways for HCCs that are not formally embedded within governmental or ESF-8 structures, including agreements with commercial carriers, emergency management, health systems, or other coalition partners.
• Transportation agreements should include, at a minimum, the following elements:
  ◦ Type of vendor
  ◦ Number and type of vehicles, including vehicle load capacity and configuration
  ◦ Number and type of drivers, including certification of drivers
  ◦ Number and type of support personnel
  ◦ Vendor's response time (including off-hours)
		Recipient	

3.7 Support working with distributors as required to establish facility or coalition "push lists" of critical medications or supplies likely to need replenishing early in a disaster or in anticipation of a specific incident and a process to request these supplies. • Common elements may be standardized across multiple facilities within a coalition for simplicity.		Distributors, Providers	
3.8 Work with distributors to ensure understanding of restocking/ return/rotating options for push or cache materials.		Distributors, Providers	

Activities	Coalition Assessment (0-5)	Relevant Supply Chain Component	Coalition Work to Date & Remaining Work Needed
3.9 Understand the distributors' redundancies and potential needs during a disaster as well as any resilience issues they are trying to address or have addressed through business continuity planning (e.g., whether they are located in a flood plain with limited access to their facilities and whether they have a contingency/continuity plan that is regularly reviewed and tested).		Manufacturers, Distributors, Providers	
3.10 Request members share information on established distributor MOU related to emergency operations to better understand existing agreements in the region and inform potential statewide memoranda of agreement (MOAs) for resource sharing. • This identifies instances where multiple coalition members and possibly distributors have identified the same resource solution and that vendor capacity would potentially not be sufficient to fully meet the needs of all.		Distributors, Providers	
3.11 Consider and plan for communities with high potential impact during disasters and their potential acute and chronic care needs related to the supply chain. Examples include: • Understanding limitations on filling prescriptions (e.g., insurance, access to pharmacies) • Identifying and planning for critical health care equipment delivery and maintenance including oxygen • Providing information on and access to open facilities (e.g., Rx Open) • Understand potential applicable waivers and sources of information (e.g., insurance hotlines) • Transitioning care and services to a new or temporary facility • Partnering with regional or national organizations to collect and disseminate patient-level guidance, which can be used and amplified by the HCCs		Providers, Patients	

Additional Resources

- ASPR Risk Identification and Site Criticality (RISC) Toolkit 2.0
- ASPR TRACIE Clinical Resources for Emergency Shortages of Treatments and Supplies (CRESTS) Resource Page
- ASPR TRACIE Disaster Available Supplies in Hospitals (DASH) Tool
- ASPR TRACIE Health Care Coalition Resource Page
- ASPR TRACIE Topic Collections
    - Coalition Administrative Issues
    - Coalition Models and Functions
    - Coalition Response Operations (including Mutual Aid)
    - Continuity of Operations (COOP) / Failure Plan
    - CRESTS
    - Hazard Vulnerability/Risk Assessment
    - Incident Management
    - Information Sharing
- Centers for Disease Control and Prevention (CDC) Supply Chain Disaster Preparedness Manual
- Federal Emergency Management Agency (FEMA)
    - Continuity Resource Toolkit
    - Developing and Maintaining Emergency Operations Plans
    - Supply Chain Resilience Guide
- Health Industry Distributors Association (HIDA)
- Healthcare Distribution Alliance (HDA)
- Healthcare Ready
- U.S. Department of Homeland Security (DHS) Crisis Event Response and Recovery Access (CERRA) Framework