

NORTHEAST FLORIDA HEALTHCARE COALITION

In-Person Meeting Location:
St. Vincent's Southside (Bryan Auditorium)
4201 Belfort Road, Jacksonville, FL 32216



Agenda - Quarterly General Membership Meeting

Wednesday, June 16, 2021 @ 2pm

I. Call to Order

- Validation of Voting Members [accept designees, if required]
- *Approval of Minutes from May Executive Board Meeting

II. Financial

- *Budget Report May 2021
- Expenditure Requests
- Management and Administration
 - Final Year-End Deliverables
 - Member Project Close-Out
 - 2021-2022 Meeting Schedule & Programming

III. Business

- *Approval of General Membership Requests
- *Election of Officers – Chairperson, Vice-Chairperson, Treasurer/Secretary
- Annual Review of Coalition Planning Documents
- Presentation - 2021 Atlantic Hurricane Season & Evacuation Zone Changes

IV. Training and Exercise

- Troubling Trajectory Virtual Tabletop Exercise – Overview/Results
- New Opportunities will Begin July 1
 - Virtual Options
 - In-Person Options

V. Member Reports

- Board Member Reports (*call on each discipline for a report*)
- Open Discussion

VII. Adjourn

September 15th – General Membership Meeting (in-person)
St. Vincent's Southside (Bryan Auditorium)
4201 Belfort Road, Jacksonville, FL 32216

Virtual Option Available:

Join Zoom Meeting: <https://nefrc-org.zoom.us/j/2451626595>

Or Call 1-786-635-1003 Code: 245-162-6595

NEFLHCC Executive Board

Executive Board

A quorum is 50% of the
total voting membership
(Executive Board)

Six Voting Members = Quorum

Membership by County

- Baker – 1
- Clay – 2
- Duval – 3
- Flagler - 2
- Nassau – 1
- St. Johns – 1
- At Large – 2

TOTAL = 12

Tiebreak Vote

Regional Emergency
Response Advisor

Executive Board

Chair: Rich Ward, Hospitals

Vice-Chair: Tim Devin, EMS

Secretary/Treasurer: Kristy Siebert, Home Health

6 County Reps

Baker County
Jose Morales

Clay County
Sonny Rodgers

Duval County
Richard Ward

Flagler County
Suzette Reese

Nassau County
Ronnie Nessler

St. Johns County
Noreen
Nickola-Williams

4 Discipline Reps

Emergency Management
Percy Golden

EMS
Tim Devin

Hospital
Dave Chapman

Public Health
Robert Snyder

2 At-Large Reps

Long Term Care
Jeff Markulik

Home Health
Kristy Siebert

* As of 6/4/2021



Northeast Florida
Healthcare
COALITION
For Disaster Preparedness

Northeast Florida Healthcare Coalition Voting Members & Designated Alternates (6/7/2021)

Six Voting Members = Quorum

Representation	Voting Member	Alternate Name	Voting Member Agency	Appointing Authority
Baker County	Jose Morales	John Blanchard	FDOH - Baker	ESF 8 Partners
Clay County	Sonny Rodgers	Luis Herrera	FDOH - Clay	ESF 8 Partners
Duval County	Richard Ward	Winston Gibbs	FDOH – Duval	ESF 8 Partners
Flagler County	Suzette Reese	Bob Pickering	FDOH - Flagler	ESF 8 Partners
Nassau County	Ronnie Nessler	Mike Godwin	FDOH - Nassau	ESF 8 Partners
St. John County	Noreen Nickola-Williams	Greta Hall	FDOH – St. Johns	ESF 8 Partners
Emergency Management	Percy Golden	Greg Foster	City of Jacksonville – Emergency Preparedness Division	Regional Emergency Managers
EMS	Tim Devin	Kevin Kotsis	Century Ambulance	First Coast EMS Advisory Council
Hospitals	Dave Chapman	Rich Ward	Ascension St. Vincent's Southside	First Coast Disaster Council
Public Health	Robert Snyder	<u>Alternate Needed</u>	FDOH - Flagler	Regional Public Health Officers
Long-Term Care	Jeff Markulik	Wes Marsh	Baker County Medical Services	Florida Health Care Association – District IX
Home Health	Kristy Siebert	Theresa Gates	St. Vincent's Home Health	

Chair: Rich Ward, Hospitals

Vice-Chair: Tim Devin, EMS

Secretary/Treasurer: Kristy Siebert, Home Health

Northeast Florida Health Care Coalition
Financial Report
As of May 2021

NEFHCC 20/21	Budget	May 2021	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	\$ 186,679.00	\$ 12,370.30	\$ 133,526.28	72%	\$ 53,152.72
Revenues	\$ 186,679.00	\$ 12,370.30	\$ 133,526.28	72%	\$ 53,152.72
Expenses					
Staffing Cost	\$ 138,089.00	\$ 9,158.28	\$ 113,528.35	82%	\$ 24,560.65
Office Supplies	\$ 50.00	\$ -	\$ 35.99	0%	\$ 14.01
Printing	\$ 1,565.00	\$ -	\$ 1,381.38	0%	\$ 183.62
Website	\$ 400.00	\$ 25.00	\$ 297.00	0%	\$ 103.00
D&O Insurance	\$ 200.00	\$ -	\$ 200.00	100%	\$ -
State Corporation Fees	\$ 70.00	\$ -	\$ 70.00	100%	\$ -
Travel	\$ 1,250.00	\$ 107.02	\$ 137.02	11%	\$ 1,112.98
Professional Services	\$ 45,055.00	\$ 3,080.00	\$ 17,876.54	40%	\$ 27,178.46
Expenses	\$ 186,679.00	\$ 12,370.30	\$ 133,526.28	72%	\$ 53,152.72

PROJECTS FY 20/21	Budget	May 2021	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	\$ 132,631.00	\$ 20,174.32	\$ 56,927.84	43%	\$ 75,703.16
Revenues	\$ 132,631.00	\$ 20,174.32	\$ 56,927.84	43%	\$ 75,703.16
Expenses					
Projects	\$ 132,631.00	\$ 20,174.32	\$ 56,927.84	43%	\$ 75,703.16
Expenses	\$ 132,631.00	\$ 20,174.32	\$ 56,927.84	43%	\$ 75,703.16

Northeast Florida Healthcare Coalition

2021-2022 Meeting Schedule

Executive Board & Quarterly General Membership Meetings

Meetings occur on the 3rd Wednesday of each month at 1:00pm

In-Person Meeting Location

St. Vincent's Southside (Bryan Auditorium)
4201 Belfort Rd, Jacksonville, FL 32216

A virtual Zoom option is available

Join Zoom Meeting: <https://nefrc-org.zoom.us/j/2451626595>

Or Call 1-786-635-1003 Code: 245-162-6595

- July 21, 2021 @ 1 – Executive Board
- August 18, 2021 @ 1 – Executive Board
- **September 15, 2021 @ 1 - Quarterly General Membership Meeting**

- October 20, 2021 @ 1– Executive Board
- November 17, 2021 @ 1– Executive Board
- **December 15, 2021 @ 1 - Quarterly General Membership Meeting**

- January 19, 2022 @ 1– Executive Board
- February 16, 2022 @ 1– Executive Board
- **March 16, 2022 @ 1 - Quarterly General Membership Meeting**

- April 20, 2022 @ 1– Executive Board
- May 18, 2022 @ 1– Executive Board
- **June 15, 2022 @ 1 - Quarterly General Membership Meeting**

Northeast Florida Healthcare Coalition
GOVERNANCE DOCUMENTS – BYLAWS

1.5.6 Officers of the Executive Board (“Leadership”)

The officers of the Executive Board shall be elected by the Executive Board and shall consist of a Chairperson, a Vice-Chairperson and a Secretary/Treasurer.

Chairperson

The Chairperson shall be the operational officer of the Executive Board and may from time-to-time delegate all or any part of his/her duties to the Vice-Chairperson. The Chairperson shall preside at all meetings of the Executive Board and shall perform all the duties of the office as provided by the Charter or these bylaws.

Vice-Chairperson

The Vice-Chairperson may execute the same duties as the Chairperson in the latter's absence.

Secretary/Treasurer

1. The Secretary/Treasurer shall attend all meetings of the Executive Board: recording all votes and the minutes of all proceedings. These will be disseminated to all members within seven (7) business days of the meeting and remain available for review at any time requested.
2. This position may be delegated to available members within the region and may be the NEFLHCC Coordinator

In the absence of any officer of the Executive Board, or for any other reasons that the Executive Board may deem sufficient, the Executive Board may delegate the powers or duties of such officer to any other officer, provided a majority of the members of the Executive Board concur. If an officer resigns or is unable to serve, the Executive Board will elect a replacement.

1.5.7 Election of Officers

Election of officers will take place every two years (odd years) prior to the start of the new fiscal year.

1.5.8 Terms of Office

Terms of Office start at the beginning of the fiscal year (July 1). Officers shall be elected for a term of two years. Officers may serve one additional consecutive term upon re-election but will not exceed two consecutive terms and may not be elected under another discipline for a third consecutive term.

Current Election Status:

The current Chairperson, Rich Ward (Hospitals), term will expire on June 30th. He has served 2 consecutive terms and can no longer remain Chairperson according to the Healthcare Coalition Bylaws. As a result, all the officer positions are up for election and terms will begin in July.

Current Officers (term ends June 30):

- Chairperson – Rich Ward (Hospitals)
- Vice-Chairperson – Tim Devin (EMS)
- Secretary/Treasurer – Kristy Siebert (Home Health)

Here is the list of officer nominations received by Coalition staff for this election.

- July 2021 to June 2023 (term period is 2-years)

Chairperson Nomination and Discipline Representative:

- Jeff Markulik (Long-Term Care)
- Suzette Reese (FDOH Flagler)
- Tim Devin (EMS)

Vice-Chairperson Nomination and Discipline Representative:

- Dave Chapman (Hospital)
- Kristy Siebert (Home Health)
- Noreen Nickola-Williams (FDOH St. Johns)

Secretary/Treasurer Nomination and Discipline Representative:

- Jeff Markulik (Long-Term Care)
- Noreen Nickola-Williams (FDOH St. Johns)
- Percy Golden (Emergency Management)
- Suzette Reese (FDOH Flagler)

New Membership Requests

Name (First)	Name (Last)	Title/Job Duty	Type of Organization or Facility	Facility/Organization	City	County
AMANDA	BIRCH	Director of Culture and Quality Initiatives	Skilled nursing, nursing, and long- term care facilities	Westminster Communities of Florida	Orlando	St. Johns
Harry	Mangini		Skilled nursing, nursing, and long- term care facilities	DIAMOND ASSISTED LIVING	Green Cove Springs	Clay
Ryan	Nash	Disaster Preparedness Planner	Public Health Agencies	Florida Department of Health- Nassau	Yulee	Nassau
Timako	Glanton	Executive Director	Skilled nursing, nursing, and long- term care facilities	Park Ridge	Jacksonville	Duval

Healthcare Coalition Plans Review

The Region-3 Healthcare Coalition Alliance has developed several Plans to assist members and organizations. Coalition staff reviews and updates Plans on an annual basis. These updates are presented to membership in June of each year.

Additionally, new Plans are presented for review and approval by the Executive Boards of the healthcare coalitions in the Region-3 Healthcare Coalition Alliance in June of each year.

Please use the following link to review Plans with annual updates, as well as draft plans for infectious disease that were created in 2021.

<https://www.flregion3hcc.org/draft-plans/>

Existing Plan and Updates:

1. 2021 Alliance HVA
2. 2021 Alliance Operational Plan
3. 2021 Alliance Preparedness Plan
4. 2021 Alliance Risk Assessment
5. 2021 Alliance COOP Plan
6. 2021 Alliance Outreach Plan

Draft Plans created in 2021:

1. DRAFT Infectious Disease Response Plan
2. DRAFT Supply Chain Integrity Strategy

INFECTIOUS DISEASE PLAN

Florida Region 3 Healthcare Coalition Alliance

DRAFT Version 2, April 2021

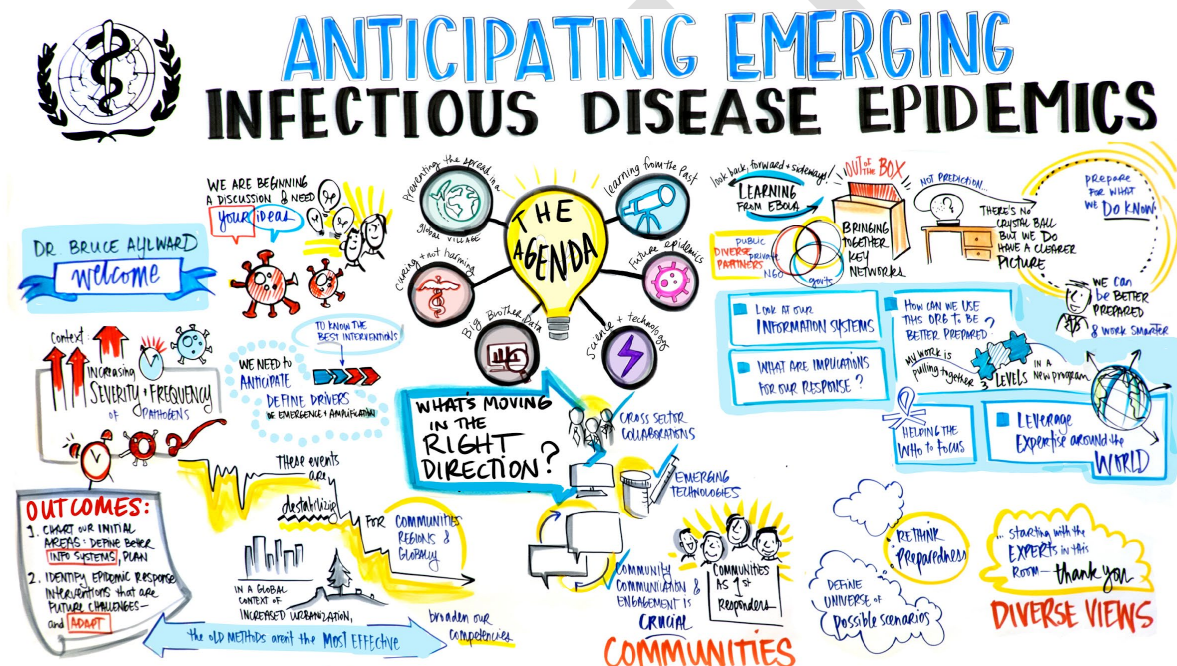


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Introduction

As demonstrated by epidemics over the past decade and the current COVID-19 pandemic, emerging infectious diseases pose a constant threat to the health and well-being of our society. Florida is a hub for international travel and tourism. This fact increases the risk that emerging infectious diseases will be introduced and potentially spread within our population. Northeast Florida is home to over 2.6 million persons and contains multiple international ports of entry. Therefore, the region is at risk for importation and spread of emerging infectious diseases.

This plan will focus on high consequence infectious diseases, which include new or existing pathogens that have the capacity to disrupt society as a result of the disease severity, potential widespread impact on the population, or complexity of the response needed to protect the public's health. As such, the response is expected to go beyond routine infectious disease investigation and prevention measures and will require multi-agency coordination to control the disease.

Purpose

The purpose of this document is to serve as the high consequence infectious disease-focused operational plan for the Florida Region 3 Healthcare Coalition Alliance (the "Alliance") to complement existing response plans for the three-healthcare coalition (HCC) included in the Alliance.

It serves as an infectious disease response guide for infectious disease emergencies that stress the healthcare systems supported by the Alliance. The document provides tools for HCC members to use to increase the efficiency and effectiveness of responses to highly infectious diseases. Included are recommendations for planning, equipping, training, and exercising responses to highly infectious diseases.

The plan is a high-level, incident specific response plan, which identifies the experts and specialized resources that are available to the HCCs. The plan provides guidance to support a coordinated healthcare response to a range of known and emerging infectious diseases and is adjustable to ensure a tailored activation and response to address varying infectious disease agent and severity scenarios.

Each agency or facility is encouraged to develop more detailed policies and procedures that support individual operations.

Scope

The Northeast Florida Regional Council Infectious Disease Surge Annex is a piece of the Regional Emergency Response Plan. It will serve as a regional planning document for 2021-2022 for the Alliance and the membership of the supported HCCs. This plan outlines the concept of coordination and operation for high consequence infectious disease incidents in the region that have increased complexity or duration that will require multi-agency coordination. The plan is not intended to guide the response to infectious diseases that are routinely detected and responded to in the region (i.e. salmonella, hepatitis, HIV, tuberculosis, foodborne illness,

sexually transmitted diseases, etc.) unless the situation requires an augmented response and coordination (e.g. community-based or complex outbreak response).

The information in this plan is applicable to the role and responsibilities of healthcare organizations (including hospitals, ambulatory care, long-term care, home healthcare, and other support services) and the relationship of these organizations with the Florida Department of Health and other emergency response partners.

Overview of the Northeast Florida Regional Council

The Northeast Florida Regional Council is contracted by the Florida Department of Health (DOH) and receives Hospital Preparedness Funding (HPP) funding to establish and maintain three healthcare coalitions that serve 18 counties in north Florida:

- **Northeast Florida Healthcare Coalition**, which supports partners in Baker, Clay, Duval, Flagler, Nassau, and St. Johns counties.
- **North Central Florida HealthCare Coalition**, which supports partners in Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union counties.
- **Coalition for Health and Medical Preparedness, CHAMP**, which supports partners in Marion county.



These HCCs work as a collaborative network of healthcare organizations and their respective public and private sector response partners to collectively plan, organize, equip, train and exercise to build capabilities related to regional healthcare system preparedness, response and recovery.

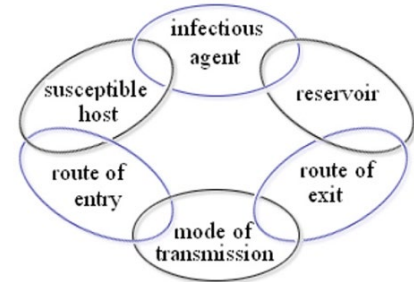
Planning Assumptions

- This plan is meant to provide an overview of the healthcare system response to high consequence infectious disease cases or outbreaks and will coordinate with other relevant state, regional, or local plans and partners.
- Understanding of novel pathogens/diseases, infection control, risk factors, clinical care, and patient outcomes will rapidly evolve, resulting in rapidly changing guidance and responses.
- There will be no known cure or vaccine for most emerging infectious diseases; treatment for patients consists mainly of supportive care. If vaccines or treatments are available, their allocation and distribution may involve significant logistics operations.
- High consequence infectious disease response may be longer and require more complex coordination than prior responses.
- High consequence infectious disease cases and outbreaks may be anticipated, providing an opportunity to plan, or there may be no advanced notice and require immediate response.
- All healthcare facilities must be able to maintain a base level of preparedness to safely screen, stabilize, isolate/implement other infection prevention precautions as

appropriate, arrange transport to a facility that can provide more advanced care as needed, and report the infection to the Florida Department of Health.

- Patients with a high consequence infectious disease could present to healthcare organizations in the region through multiple scenarios:
 - A symptomatic person without a known exposure or other risk factors that puts them at risk for the disease presents to a facility with no advanced notice.
 - A symptomatic person with a known exposure or other risk factors that puts them at risk for the disease presents to a facility with no advanced notice.
 - A person being monitored or treated for an exposure/disease is directed to a healthcare facility for medical evaluation or treatment.
- Not all healthcare facilities in the region may be able to care for patients with high consequence infectious disease.
- Patients with complex medical situations (i.e. pediatric, obstetric, severely ill) may present to any healthcare facility.
- Healthcare facilities should plan for integration or increased use of telemedicine consultations.
- Resources such as personnel, equipment, and personal protective equipment may be in short supply through region, state, or country depending on the scale of the response.
- Staffing at coalition facilities may be challenged by illness, fear of illness, or family obligations (e.g. child/family care if schools are out). Healthcare workers are a high-risk population during most infectious disease incidents; the implementation of effective infection prevention measures and associated training are necessary for workforce protection across the coalition.
- Healthcare facilities and vendors may become overwhelmed with the treatment and disposal of biohazard material; waste management guidance may be modified, as necessary, to support the health and medical system while maintaining safe handling and transport.
- Healthcare organizations throughout the region will commit their own resources to address internal challenges prior to providing resources to other healthcare organizations.
- Healthcare organizations will rely on existing contracts with medical suppliers and pharmaceutical vendors to the maximum extent possible.
- Healthcare systems, facilities, and providers have, or are in the process of completing, internal plans for high consequence infectious disease responses.
- Supply chain and delivery issues will occur and may have dramatic effects on clinical care.
- The Alliance or HCCs should plan to request, receive, and distribute Strategic National Stockpile (SNS) assets in accord with jurisdictional public health and emergency management processes, including personal protective equipment (PPE), ventilators, and medical treatment (e.g., antitoxin for select bioterrorism agents).
- Families of patients will place a strain on the healthcare system through information-seeking about loved ones or concerns about exposure/illness. Family members may have also been exposed and may pose a risk to healthcare workers and others in the community.

- Roles and responsibilities of agencies and organizations will change depending on the severity and spread of the infectious disease incident and the respective level of activation by impacted jurisdictions.
- Buildings and outdoor areas may become contaminated with infectious agents and may be closed until they are disinfected. Ensure signage is available for facility entrances advising of precautions and restrictions.
- Process for external communications (to include liaisons and spokespersons) and internal communications (to include a way for employees to obtain the most up-to-date information and to receive updates on the event/ incident). The media will play an integral role in the response based on the information they are sharing, the intensity of how it is shared, and where they are physically positioning themselves (i.e., media staging areas).
- Large-scale infectious disease outbreaks may require the recruitment of volunteers, retirees, and trainees to support and relieve healthcare workers.
- During some infectious disease incidents, individual healthcare facilities may face fatality management challenges that require support from other coalition members.
- Community-based interventions may require significant public health efforts (e.g., mask distribution, social distancing / isolation assistance).
- Health concerns, difficult work environments, and stresses of community mitigation measures may present behavioral health challenges among staff of coalition members and the general public.
- The objectives of public health and medical organization may differ during the response. Public health is primarily focused on preventing infectious disease spread throughout the community and medical facilities are focused on the care of patients that present to them. However, these objectives often work together to achieve mutual goals.
- Cases will require laboratory confirmation unless DOH no longer requires testing to meet the case definition.
- The Florida Department of Health has the overall responsibility for epidemiologic investigations, contact tracing, and the issue of any social distancing, isolation, and quarantine orders according to state laws, as well as for issuing overall guidance on infection prevention and control precautions.
- Comprehensive and well-coordinated public health control and community mitigation strategies (e.g., mask-wearing, contact tracing, individual vaccination, quarantine and/or isolation, community-wide cancellation of events, visitation policies) remain the primary methods for controlling and stopping the spread of infectious diseases.
- Large scale infectious disease responses will require coordination with other regional, state, and federal partners.
- County Health Officers have the authority to change or implement procedures to protect the public's health.
- Major public health emergencies will require federal Centers for Medicare and Medicaid Services (CMS) waivers, Food and Drug Administration (FDA)-issued Emergency Use



Authorization (EUA), and other authorities that may affect healthcare operations and affect coalition options.

- The plan is not intended to guide the response to infectious diseases that are routinely detected and responded to in the region (i.e. salmonella, hepatitis, HIV, tuberculosis, foodborne illness, sexually transmitted diseases, etc.) unless the situation requires an augmented response and coordination (e.g. community-based or complex outbreak response).
- The Florida Department of Health maintains plans for infectious disease responses (i.e. pandemic influenza, isolation & quarantine, Florida Infectious Disease Transportation Network Plan, etc.). This plan is meant to assist the Alliance and HCCs integrate with other planning efforts.

Concept of Operations

A. Activation

- This plan may be activated during any high consequence infectious disease response scenario that warrants coordination between healthcare organizations when the response exceeds, or is expected to exceed, their individual capacity or capability.
- This plan is intended to facilitate a quick response. Therefore, this plan can be activated by the County Health Officer or the Alliance. If time permits, HCC stakeholders and local/state emergency response partners should be notified prior to activation.
- If prior notification is not possible, following activation, impacted County Health Officers and members of the Alliance should notify each other.
- County Health Officers will in turn notify DOH County Health Systems, DOH Bureau of Epidemiology, DOH Bureau of Preparedness and Response, and County government stakeholders.
- If the activation is in one county, the Alliance and the County Health Officer may communicate with other stakeholders and County Health Departments, respectively, regarding the situation, potential impacts, and potential need for broader activation in the region.
- Activation Triggers
 - One or more suspected or laboratory confirmed high consequence infectious disease patients identified in the region.
 - Regional coordination required to assist with monitoring, laboratory testing, patient care, implementation of isolation or quarantine, or patient transport to another medical facility.
 - Multiple counties or facilities affected by a high consequence infectious disease requiring a coordinated response.
 - Regional coordination required for risk communication, public information, and/or media response.

B. Notifications

- All healthcare providers and laboratories are required to report [notifiable diseases and conditions](#) to the Florida Department of Health. This includes outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance.
- DOH Bureau of Epidemiology (850-245-4401) and all [county health departments](#) maintain 24/7 contact numbers for reporting notifiable diseases. County health departments are the front line of public health to investigate and respond to notifiable diseases, including high consequence infectious disease. If a high consequence infectious disease is suspected or confirmed in a patient presenting to a healthcare facility, the provider, laboratorian, or designee (e.g. infection control practitioner) should contact their county health department, who will contact the DOH Bureau of Epidemiology.
- Once the high consequence infectious disease is reported to DOH, healthcare providers may provide a situational awareness notification (without protected health information) to the Alliance representative(s). Additionally, CHD staff may also notify the Alliance representative(s) to begin a coordinated high consequence infectious disease response.
- Following initial notification, the Alliance and DOH (CHD, leadership, or subject matter experts) will identify the appropriate partners to further notify. Partners and Alliance members may include:
 - Nearby CHDs
 - Additional DOH staff (leadership, preparedness, etc)
 - Local healthcare organizations/providers
 - Local EMS
 - Centers for Disease Control and Prevention
 - Local government/emergency management
 - Other health partners

C. Roles and Responsibilities

There will be overlapping roles and responsibilities for high consequence infectious disease responses between DOH and CHDs, healthcare organizations, and Alliance members. It is recommended that all organizations use the Incident Command System (ICS) to coordinate responses.

Primary Agencies & Roles

1. Florida Region 3 Healthcare Coalition Alliance
 - Establish and maintain three healthcare coalitions that serve 18 counties in north Florida: the Northeast Florida Health Care Coalition, North Central Florida Health Care Coalition, and the Coalition for Health and Medical Preparedness.

- Collaborate with public health, emergency management, and regional healthcare partners in the response to high consequence infectious diseases in the region.
- Distribute situational awareness information to and from healthcare organizations and coalition members.
- Assist to coordinate medical and non-medical resource needs, as needed, for healthcare organizations.
- Provide communications materials and support for healthcare information and communications needs.

2. Florida Department of Health and County Health Department

- Coordinate multi-jurisdictional response to an acute infectious disease.
- Coordinate with federal and neighboring state partners if the response exceeds local and state resources.
- Provide support for medical and non-medical resource needs of local healthcare providers, including the coordination of local and national stockpiles of resources.
- Provide direction on legal and statutory regulations and modifications.
- Manage the communicable disease outbreak.
- Lead policy decision making for healthcare and public health response.
- Assess the public health threat, evaluate potential consequences based on established criteria, and determine whether isolation and/or quarantine other measures to protect the public are necessary in any given response situation.
- Monitor cases and contacts of cases of acute infectious disease.
- Coordinate services required for isolation and quarantine.
- Activate Public Health emergency response structure (e.g. ICS).
- Coordinate public information and media communications concerning a high consequence infectious disease response.
- Coordinate communications with healthcare providers concerning a high consequence infectious disease response.
- Coordinate EMS transportation needs for select high consequence infectious disease (i.e. Ebola virus disease) cases.
- Advise healthcare organizations on laboratory testing processes.
- Advise healthcare organizations and other public health partners on environmental cleaning and decontamination.
- Coordinate the transfer of select high consequence infectious disease (i.e. Ebola virus disease) patients to other facilities and appropriate partners.

3. Healthcare organizations

- Provide medical care for patients during an infectious disease response.
- Communicate with CHDs regarding patient placement, movement, and care for select high consequence infectious diseases.

- Communicate with the Alliance all medical and non-medical resource needs.
- Provide timely situational awareness information regarding the infectious disease response to the Alliance.
- Achieve a base level of preparedness to be able to appropriately screen, manage and/or transfer patients with acute infectious diseases.
- Provide assistance to other healthcare organizations during a response in line with signed mutual aid agreements.
- Coordinate EMS transportation needs for high consequence infectious disease cases.

D. Operational Mission Areas

1. Surveillance

Routine Surveillance Systems

Healthcare organizations and providers are the front line for infectious disease surveillance in our communities. DOH coordinates multiple surveillance systems across the state with a variety of different goals to monitor the epidemiology of diseases affecting the populations. These systems include notifiable disease surveillance, vital statistics, syndromic surveillance, laboratory-based surveillance, antimicrobial resistance surveillance, and sentinel surveillance. Healthcare partners are encouraged to participate in all public health surveillance systems that are available to their facilities.

Healthcare organizations should partner with relevant public health and healthcare delivery system informatics initiatives, including electronic laboratory reporting, electronic test ordering, electronic death reporting, and syndromic surveillance as it relates to the submission of emergency department or urgent care center visit data to DOH.

The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL) is a biosurveillance system that collects emergency department chief complaint data from participating hospitals and urgent care centers in Florida. The objective of this surveillance system is to provide DOH with the data sources and analytic tools needed to identify outbreaks or unusual trends more rapidly, leading to a more timely public health response. Healthcare facilities also gain access to analyze surveillance data they provide to the system using the ESSENCE-FL web interface. Facilities that are interested in learning more about ESSENCE-FL, can contact their CHD or the Bureau of Epidemiology.

Identify, Isolate, Inform

In an effort to identify suspected high consequence infectious diseases early in the course of receiving healthcare, to implement appropriate transmission-based precautions, facilities and providers should establish routine patient screening for high consequence infectious disease risk factors corresponding with their patient population.

For example, primary and acute care facilities and providers should screen for factors such as international travel in the prior 30 days, any close contact with animals or use of animal products, relevant vaccination history, contact with person(s) suspected or known to have an infectious disease, recent history of undergoing public health monitoring, and occupation (i.e. lab worker or researcher).

Additionally, long-term care facilities and providers should screen for factors such as a history of receiving healthcare internationally in the past six months, prior infection or colonization with an antimicrobial resistant pathogen, and contact with a person(s) suspected or known to have an infectious disease.

Collecting information on relevant infectious disease risk factors will better prepare clinicians to identify high consequence infectious diseases during the medical evaluation of their patients. Leading to more prompt isolation of patients thus reducing the risk of disease transmission among patients and staff at the facility.

Clinicians that identify a suspected or confirmed high consequence infectious disease should report the patient to the CHD immediately to initiate the necessary public health response to protect the community.

Public Health Surveillance Reports

DOH produces several routine and event specific public health surveillance reports and summaries, these products will benefit the Alliance and healthcare facilities/providers involved in infectious disease surveillance and response.

Routine surveillance summaries include:

- [COVID-19 Surveillance Summaries](#)
- [Florida Flu Review](#)
- [Florida Arbovirus Surveillance Report](#)
- [Hepatitis A Surveillance Report](#)
- [Vaccine Preventable Diseases Surveillance Report](#)
- [Weekly Morbidity Statistics Report](#)
- [Annual Morbidity Statistics Report](#)

2. Infection Control and Prevention

To ensure that infection control resources are available during both routine infectious disease and high consequence infectious disease responses, foundational infection control and prevention (IPC) expertise, planning, and training is recommended for some staff at all healthcare facilities and providers offices. It is recommended that facilities meet and exceed regulatory requirements to hire or train select staff to ensure on-site availability of personnel with professional training and experience in infection control.

Healthcare facilities may elect to have staff participate in regional Association for Professionals in Infection Prevention and Epidemiology (APIC) chapters to contribute to a network of IPC peer support, mentoring, and problem solving. The peer support will enhance any one facility's capabilities by enhancing staff knowledge and experience and providing a connection to a network of IPC expertise.



All healthcare facilities and providers will benefit from developing and maintaining an infection control plan and program. Ideally the plan should be developed by facility staff and tailored to create a program to meet the needs of patients and staff.

The basic elements of an infection prevention program are designed to prevent the spread of infection in healthcare settings. When these elements are present and practiced consistently, the risk of infection among patients and healthcare personnel is reduced.

The Infection Control Assessment Tools linked were developed by CDC to assist health departments in assessing infection prevention practices and guide quality improvement activities (e.g., by addressing identified gaps). These tools may also be used by healthcare facilities to conduct internal quality improvement audits.

CDC Infection control assessment tools can be found here:

<https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>

On a broader scale, jurisdictional public health infection control and prevention programs (including healthcare associated infections [HAI] program staff) may participate in developing infectious disease response plans and include HCC members for management of individual cases and larger emerging infectious disease outbreaks.

Consider use of the National Institute for Occupational Safety and Health (NIOSH) Hierarchy of Controls to consider applicable interventions as appropriate to the pathogen and transmission routes.

Considerations include:

- Roles and resources for N95 respirator fit-testing,
- Guidelines for conservation and re-use or extended use of N95 respirators/ powered air purifying respirators (PAPRs),
- Workplace engineering and administrative controls,
- Training in PPE donning and doffing,
- Return to work post illness or exposure policy for healthcare workers consistent across the coalition,
- Contingency plan for at-risk staff,
- Meeting the need for family support to enable staff to work,
- Use of telehealth and phone triage lines,
- Dedicated care teams for the outbreak, and
- Decontamination of PPE and patient care areas.

To compile key references useful for all healthcare facilities and public health partners, the CDC has created an [Infection Control Guideline and Guidance Library](#).

Key selected resources include:

- [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#)
- [Guideline for Disinfection and Sterilization in Healthcare Facilities](#)
- [Guidelines for Environmental Infection Control in Health Care Facilities](#)
- [Management of Multidrug-Resistant Organisms In Healthcare Settings](#)
- [Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services](#)

3. Non-Pharmaceutical Interventions

The CDC published [guidelines](#) in 2017 that describe the use of Nonpharmaceutical interventions (NPIs). These guidelines provide rationale and recommendations describing the implementation of various NPIs to reduce disease transmission. NPIs are strategies for disease, injury, and exposure control. They include actions that persons and communities can take to help slow the spread of respiratory viruses (e.g., seasonal and pandemic influenza viruses).

These actions include personal protective measures for everyday use (e.g., staying home when ill, covering coughs and sneezes, and washing hands often) and communitywide measures reserved for pandemics and aimed at reducing opportunities for exposure (e.g., coordinated closures and dismissals of child care facilities and schools and cancelling mass gatherings). NPIs can be used in conjunction with available

pharmaceutical interventions (antiviral medications) to help slow its transmission in communities, especially when a vaccine is not yet widely available.

These measures include:

- Voluntary home isolation
- Respiratory etiquette
- Hand hygiene
- Voluntary home quarantine
- Use of facemasks in community settings
- School closures and dismissals
- Social distancing measures
- Environmental surface cleaning measures

Other measures include restrictions on facility visitors, including adaptations that allow for continuation of critical services such as emergency medical services (EMS) handoffs, supply deliveries, off-site laboratory processing, and waste management while protecting the facility.

When a multiagency high consequence infectious disease response is required, the Alliance will promote consistent response strategies and joint policy and strategy coordination during a protracted event/pandemic across its membership. This may include working with DOH and other key stakeholders on public communication and promotion of personal protective actions.

Monitoring, Isolation, and Quarantine

DOH maintains the authority for broader implementation of quarantine and isolation protocols to protect the public's health. DOH may engage with the Alliance and its members to discuss implementation of quarantine and isolation in healthcare facilities or implementation for healthcare staff. DOH routinely works with healthcare facilities to direct persons undergoing quarantine or isolation for medical evaluations, testing, or treatment. During this process, advanced notification of the receiving facility by DOH staff is the expected standard so that appropriate infection control practices can be implemented immediately upon patient arrival.

Monitoring of cases and contacts of cases during an acute infectious disease response will be led by CHDs in collaboration with healthcare organizations (e.g., infection control and/or occupational health professionals). Individuals will be monitored according to national, state, and/or local standardized procedures. Monitoring procedures and movement restrictions are situation and disease specific and could vary from one response to the next. CHDs may work with healthcare organizations to pre-identify healthcare facilities that monitored individuals should be directed to if they develop symptoms and are in need of medical evaluation.

For examples, refer to the DOH document: [Guidance for Monitoring of Persons Exposed to Communicable Infectious Diseases of Public Health Importance](#)

CHDs will typically rely on voluntary compliance by individuals who require monitoring. In the event that large scale isolation or quarantine is required for any of the cases or contacts of the high consequence infectious disease cases, DOH will activate its isolation and quarantine plans. CHDs are the lead agency for coordinating operations, resources, and services associated with the voluntary or involuntary isolation and/or quarantine of individuals. The Alliance membership will work with healthcare organizations to provide support to CHDs when necessary.

4. Patient Care and Management

Patient Triage

- EMS may provide additional phone screening for individuals before EMS arrival on the scene to ensure proper personal protective equipment and infection control steps are taken.
- Healthcare organizations should consider providing phone and/or in-person screening/triage during a high consequence infectious disease response.
- DOH or select tertiary care hospital partners will provide clinical guidance on infectious disease patient management and infection control measures when necessary.
- During an emergency, DOH (in coordination with other state agencies as appropriate) may activate a Public Information Contact/Call Center (PICC). If conditions warrant, the PICC will provide public information and medical triage by nurses or in coordination with external agency nurse lines. CHDs will work with specific external agencies to provide support on a case-by-case basis.

Local Hospitals

All local hospitals are expected to maintain baseline preparedness levels for early-encounter screening to identify, and isolate (when necessary), individuals suspected of having a high consequence infectious disease. This includes utilizing appropriate administrative, environmental and infection control measures, personal protective equipment, and staffing.

In the event patients with a high consequence infectious disease require a level of care that cannot be achieved at all hospitals, DOH will work to identify specific facilities that have appropriate capability and capacity (E.g., infection control practices, personal protective equipment, isolation units or patient care area, equipment and staffing). The Alliance will be responsible for engaging with regional healthcare executives/administrators in a multi-jurisdictional response.

Ambulatory Care

Ambulatory care organizations are expected to plan and provide baseline screening for infectious diseases as early as possible in the clinical encounter whether over the phone or in person, isolate the patients (if necessary) and when necessary, coordinate with CHDs, EMS, and other healthcare organizations to appropriately transfer the patient to a receiving facility for further screening, testing, and treatment.

Ambulatory care facilities are not expected to provide full testing and care for all acute infectious disease patients, but should maintain protocols to ensure the ability to promptly identify and safely evaluate, stabilize and isolate if necessary, suspected infectious disease patients and implement guidance for transfer of patients to designated facilities when indicated. Ambulatory care facilities should be able to decontaminate and identify exposed staff or patients, if a high consequence infectious disease patient were evaluated onsite. Ambulatory care will coordinate with the Alliance, CHDs, and other healthcare organizations for updated guidance during response.

Palliative Care and Behavioral Health

In coordination with direct medical care, palliative care may be necessary to support patients with a high consequence infectious disease. Plans should be enacted early in an infectious disease response to address and plan for palliative care needs as appropriate based on the pathogen. Additionally, due to the impact of being infected, exposed, or treating individuals with an acute infectious disease, plans may be required to support a surge in behavioral health needs of patients, family members, community members, healthcare staff and employees during an acute infectious disease incident. CHDs, healthcare organizations, and the Alliance should work together to facilitate information coordination and standardizations of resources provided to address palliative care and behavioral health concerns based on the incident. Palliative care and behavioral health response may need to continue long after an acute infectious disease response is demobilized.

5. Support Services

Support services may include any healthcare or non-healthcare staff or material resources required to support the care of acute infectious disease patients. This may include dialysis providers, blood banks/blood product providers, laboratory services, infection prevention/control, waste and material management, food and dietary services, and environmental services. Support service providers will work with healthcare facilities, the Alliance, and CHDs to prepare and respond by assisting healthcare organizations in the care of acute infectious disease patients.

a. Laboratory

DOH has identified which [diseases and conditions](#) require patient specimen submission to the DOH Bureau of Public Health Laboratories (BPHL) for

confirmation or additional testing. Facilities should plan that all instances of suspected or confirmed high consequence infectious disease will require specimen submission to DOH BPHL.

- Prior consultation with DOH is required before shipping specimens for testing for high consequence infectious disease. This consultation will determine the appropriate specimen type(s), specimen collection process, handling and shipping requirements, appropriate public health laboratory for submission, and the required documentation.
- Facilities will contact the CHD to arrange for specimen submission to the BPHL.
- The CHD will coordinate with subject matter experts within DOH.
- DOH routinely relies on the reporting healthcare facilities/providers to collect specimens from patients with high consequence infectious disease.
- Facilities are asked to not send patients with suspect infectious diseases to CHD locations, as the department does not routinely have appropriate staff to provide medical treatment.
- Facilities are asked to not send patients with suspected infectious diseases to outpatient laboratories for specimen collection.
- In some circumstances, DOH may be able to coordinate provision of appropriate specimen collection kits or coordination with other facilities with appropriate supplies.
- All specimens submitted to BPHL will require a clinical lab submission form [DH1847](#).
- Laboratory staff may also contact BPHL staff for peer-to-peer consultation and to discuss services provided.
 - BPHL Jacksonville: 904-791-1500
 - BPHL Miami: 305-324-2432
 - BPHL Tampa: 813-233-2203
- More information on BPHL can be found on their website: <http://www.floridahealth.gov/programs-and-services/public-health-laboratories/index.html>

The Bureau of Public Health Laboratories annually sponsors, through the CDC Cooperative Agreement Grant for Public Health Emergency Preparedness, Infectious Substances Packaging and Shipping Training for our Sentinel Laboratory partners, including hospital and county health department laboratory personnel and non-sentinel laboratory personnel if space is available. This training is open to personnel who are responsible for packaging and shipping infectious substances and diagnostic specimens. Participants will learn how to properly package and ship Category A and Category B infectious substances and other dangerous goods such as dry ice by air and ground in accordance with prescribed guidelines. Space is limited and advance registration is required.

Infectious Substances Packaging and Shipping Training is required every two years to maintain certification. Registration information can be found here:

http://www.floridahealth.gov/programs-and-services/public-health-laboratories/educational-opportunities/documents/registering-for-2021-infectious-substances-ps-classes-in-train-03_21.pdf

b. Waste Management, Decontamination

Healthcare organizations will work through their normal vendors and channels to ensure all waste produced in the screening and care of high consequence infectious disease patients will be handled and disposed of appropriately. If needed, the Alliance will coordinate with DOH to provide guidance on waste handling and disposal. Where necessary, healthcare facilities or DOH may coordinate or contract with specific waste management contractors for the safe handling and removal of waste associated with healthcare for infectious disease patients as well as coordinating with the appropriate utilities as needed. Healthcare facilities and waste management agencies will maintain protocols for the handling of waste from infectious disease patients in accordance with existing guidelines:

- Centers for Disease Control and Prevention [Guidelines for Environmental Infection Control in Health Care Facilities](#)
- Centers for Disease Control and Prevention [Guideline for Disinfection and Sterilization in Healthcare Facilities](#)
- <https://www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium>
- Association for Professionals in Infection Control and Epidemiology (APIC) [States Targeting Reduction in Infections via Engagement \(STRIVE\) program resources](#) - Environmental Services Training Modules and tools
- [EPA's Registered Antimicrobial Products Effective against Clostridium difficile Spores](#)
- [Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus](#)

c. Mortuary Services

A death due to a confirmed high consequence infectious disease is considered a natural death and does not fall under the jurisdiction of the Medical Examiner's Office, unless the death is in connection to an act of bioterrorism, or executive action has directed the Medical Examiners Commission have a role in documenting deaths due to the infectious disease. Healthcare organizations are therefore expected to work through their normal channels for the care of the deceased. CHDs, and the DOH will coordinate any changes in guidance or reporting associated with deaths due to a high consequence infectious disease. If

healthcare organizations need assistance in coordinating the care of the deceased, local officials will communicate with local mortuary services to provide guidance on protocols and handling. Local mortuary services have internal plans and protocols to handle the remains of infectious disease patients. For an example of guidelines for the handling of human remains, see the [CDC Ebola human remains guidelines](#).

d. Patient Transport

Local EMS agencies will have internal guidelines and protocols for responding to possible high consequence infectious disease within the community. This includes protocols for patients who have been identified as possibly exposed and are being monitored by CHDs as well as patients who have not been previously identified. As information is made available, EMS will incorporate and follow current Occupational Health and Safety Administration (OSHA) and Center for Disease Control and Prevention (CDC) guidelines for personal protective equipment and infection control associated with the current acute infectious disease response. EMS will maintain and update plans established to coordinate the identification, management, and cleaning of an appropriate transport vehicle for patient transport. If cross-jurisdictional support is required, EMS will work through existing memorandums of agreement/ understanding to address their needs. Transportation method/mode considerations must take into account the number of patients, acuity level, and confirmed or suspected infectious disease. For non-Ebola patients, healthcare organizations and public health agencies should use standard transport protocols and mechanisms and for arranging transport to appropriate facilities.

Florida Infectious Disease Transportation Network Plan (FIDTN)

The Florida DOH has developed the Florida Infectious Disease Transportation Network Plan to coordinate transport of patients with selected high consequence infectious diseases to treatment facilities with more specialized levels of care as needed.

Patients with severe, high consequence diseases, such as Ebola, MERS, SARS, and others, can present significant challenges to Florida's healthcare system. Due to these challenges, and the need for very specialized care, the best course of action may be the transfer of such patients to hospitals capable of treating patients with these types of disease. Such facilities may exist in the State of Florida, or, if not, patients may need to be transported to facilities designated by the U.S. Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR) as special pathogen treatment centers or "Regional Treatment Centers" (RTC). The closest facility of this type to Florida is

Emory University Hospital in Atlanta, with Grady Memorial Hospital, also in Atlanta, serving as an alternative.

In the event that a transportation of a patient with a high consequence infectious disease is needed and a treatment hospital is found in Florida, the patient will be transferred from the facility to a more specialized treatment hospital. If, on the other hand, the RTC must be used, plans call for federally-contracted air medical transportation assets to be used. If these assets are not available due to being assigned to other missions or if weather minimums preclude transportation by air, ground transport must be made, in cooperation with the Georgia Department of Public Health (GDPH), to shuttle the patient to the RTC.

The Florida Department of Health (DOH) has the responsibility for coordinating these two types of transports. If needed, facilities should discuss the need to transfer high consequence infectious disease patients to CHD staff to specialized treatment facilities. In turn, CHD staff will communicate with DOH experts and leadership to initiate the FIDTN plan.

6. Surge Staffing

Healthcare facilities should develop, or augment, surge staffing plans to bolster future infectious disease responses. Based on lessons learned during prior responses, multiple approaches to surge staffing will be needed during a prolonged response.

These options may include:

- Cross training existing staff
- Staff pay enhancements
- Mutual aid agreements with partner facilities
- Contract agency staffing agreements
- Medical reserve corps
- Requesting support from state ESF8 during a response
- National Guard activation

Additionally, facilities will need to develop training for surge staff to successfully integrate staff into the response.

7. Supply Chain, Supplies, Personal Protective Equipment - Refer to Alliance Health Care Coalition Supply Chain Mitigation Strategy

HCCs play a key role in linking public sector response agencies, including emergency management agencies and public health departments, and private healthcare facilities that serve as points of service. HCCs are key stakeholders, and though not direct components of the supply chain, they may be able to act as a coordination point

between multiple vendors/suppliers and healthcare facilities to address supply disruptions. HCCs play an essential role in working with supply chain readiness and response planning members during normal operations.

By serving as a coordination and information-sharing hub, HCCs can: encourage best practices in communicating and engaging with supply chain components, standardize and provide guidance on activities that impact supply chain operations during emerging events, and provide opportunities for supply chain components and coalition members to train and exercise with one another. HCCs can also play a role in helping healthcare facilities share information and coordinate strategies in their area to cope with specific supply (medication, equipment, dialysis solutions) shortages affecting stakeholders.

HCCs serve as a unifier of the healthcare preparedness and response activities across a community, working to link the disaster preparedness and response plans to provide care and protect public health in their area. All HCCs should be able to act as information sharing hubs for distributors and providers and have the ability to share product and delivery information and strategy. For HCCs with a broader role in emergency response, primary activities may include tracking impediments to product delivery, resource request management and brokering, and monitoring healthcare facilities; operational status and needs within the HCC.

The “2021 Alliance Healthcare Coalition Supply Chain Mitigation Strategy Templates” provide an overview of the emergency planning and response considerations of healthcare supply chain owners, operators, and end-users, as well as insights for healthcare coalitions (HCCs) working with healthcare supply chain partners on preparedness, response, and recovery.

8. Communications

- DOH will coordinate public information and risk communications messaging and education. DOH, CHDs, and Alliance membership will coordinate to ensure consistency of messaging.
- DOH will lead in planning (including communications plan development) and providing risk communication and official guidance to all healthcare organizations. In accordance with their role within DOH, CHDs will often communicate with local healthcare partners.
- The Alliance will participate in any Joint Information System (JIS) established for the high consequence infectious disease incident.
- The Alliance will coordinate situational awareness information sharing with healthcare organizations and other local and state partners throughout the regions during an emergency response. As needed, The Alliance will work with the CHDs on communication to local partners.

E. Behavioral Health Self Care for Healthcare Workers

Healthcare facilities leadership and managers should review available [ASPR TRACIE resources](#) to prepare to develop programs, plans, and services that address employee behavioral health to help staff cope with prolonged high consequence infectious disease response. These plans and resources are designed to assist with issues related to disaster behavioral health, provider self-care, suicide prevention, and compassion fatigue. ASPR found that one continuous knowledge gap identified has been the need for information for front-line healthcare to use prior to a disaster to recognize and reduce their stress levels and maintain resilience during recovery.

ASPR TRACIE Self Care for Healthcare Workers Modules

Module 1: Compassion Fatigue and Secondary Traumatic Stress Identification for Healthcare Providers

Module 1 educates staff on the concept of traumatic stress. It identifies terms, risk factors, and symptoms associated with compassion fatigue, secondary traumatic stress, vicarious trauma, and burnout. The concept of self-care is introduced and participants learn about building skills that can improve resilience.

Module 2: Organizational Wellness From the Top: Stress Mitigation and Work Satisfaction for Healthcare Providers

Module 2 defines organizational wellness, causes of organizational “disease,” and how stress can negatively affect the work environment. Tips and tools for measuring wellness are included, as are suggestions for implementing wellness strategies. The module closes with stress reducing exercises for executives and an emphasis on the importance of physical activity and learning opportunities for leaders and staff.

Module 3: Cognitive Tools for Mitigating Compassion Fatigue and Secondary Traumatic Stress

Module 3 moves participants to a more comprehensive identification and understanding of the types of tools that can help to mitigate compassion fatigue and secondary traumatic stress. Cognitive strengthening is defined and tools for restructuring are provided. Participants learn about mindfulness, engaging with others, and how to manage triggers in stressful situations. This module has two longer webinars—the second webinar examines the fight, flee, or freeze reactions healthcare workers might experience and provides tools for identifying and managing these reactions before, during, and after traumatic experiences. The module takes participants through two scenarios—a mass shooting and an unknown infectious disease—and shares how they can prepare for these and other situations where there is a surge of patients and supplies and staff are limited.

F. Training and Exercises - Refer to the Alliance's Integrated Preparedness Plan (IPP), which follow the below concepts:

- Develop a coalition-wide training, exercise, and evaluation program to improve response capabilities in an infectious disease scenario. This may include PPE training, crisis standards of care training, community-based interventions, etc.
- Ensure ongoing training on appropriate use of PPE and management of suspect special pathogen or high consequence infectious disease cases in healthcare facilities and EMS.
- Includes infection prevention personnel at the health care facility and jurisdictional levels in planning, training, and exercises/drills.
- Develops and exercises plans to coordinate patient management and distribution for highly pathogenic respiratory viruses and other highly transmissible infections, including complicated and critically ill infectious disease patients, when tertiary care facilities or designated facilities are not available

G. Demobilization

When DOH in consultation with HCCs, Alliance, and local healthcare organizations determine that the need for advanced coordination with healthcare for the high consequence infectious disease response has passed, the decision will be made to demobilize and transfer any outstanding coordination back to normal operational channels.

Triggers and indicators for ending acute infectious disease response and monitoring:

- If the level of state or regional coordination necessary to manage existing patients is comparable to that of normal operating procedures.
- If the immediate danger has passed and there is no longer a threat.
- Completion of the monitoring period for all exposed persons.
- The passage of at least two incubation periods without reported cases.
- The healthcare system has sufficient resources and capacity to resume normal operations Healthcare emergency department volume decreases in general, or decreases to usual census levels (social and clinical measure of change)
- Syndromic surveillance markers indicate a return to baseline.
- Call center volume (911 and other call centers) return to normal threshold.
- EMS call reports (type and volume) return to normal threshold.
- Community and social media concerns decrease.
- Media requests for information decrease.

The Alliance, HCCs and the CHDs will lead in notifying staff and local partners of the demobilization. At that time:

- All activations are demobilized.
- Final situational awareness information is sent to all partners.
- All partners are notified of the demobilization.
- A debrief and after-action process is established for internal operations and all partners.
 - Document processes that should be sustained and identify areas for improvement.
 - Update plans, processes and procedures

The following activities should be considered:

- Return any borrowed assets
- Debrief local, regional, and/or state partners with after action report and improvement plan and coordinated approach to incorporating recommendations into future planning
- Communicate concerning payment and reimbursement for the response
- Communicate any screening or surveillance activities that need to be revised or maintained longer term.

Source Documents:

Healthcare Coalition Infectious Disease Surge Annex Template

[Healthcare Coalition Infectious Disease Surge Annex Template \(hhs.gov\)](https://www.hhs.gov/healthcare-coalition-infectious-disease-surge-annex-template)

Northwest Healthcare Response Network - Regional Acute Infectious Disease Response Plan

[Regional-Acute-Infectious-Disease-Response-Plan_08_2017_FINAL.pdf \(nwhrn.org\)](https://www.nwhrn.org/Regional-Acute-Infectious-Disease-Response-Plan_08_2017_FINAL.pdf)

Appendix A: Key Issues by Scenario Type



Bioterrorism

- Recognition of event / determination of potential impact
 - Defining the population at risk / implementing screening
 - Environmental assessment
 - Request for state/federal assets – PPE, ventilators, MCM / treatment, Federal Medical Station (FMS)
 - State / federal declarations of disaster
 - Risk communications
 - Behavioral health (community and responders)
 - Regional patient movement coordination / MOCC
 - Surge capacity (outpatient and inpatient) with an emphasis on critical care
 - Alternate care systems / sites
 - Incorporation of SNS, FMS, and other federal resources into response
 - MCM distribution – community
 - MCM distribution and use – healthcare
 - Pharmacy (e.g., distribution, receipt, handling, billing)
 - Clinical care (e.g., antitoxin)
 - Crisis Standards of Care (CSC) – roles and responsibilities, triage decision-making
 - Fatality management
 - Waste management and environmental protection of facilities
-

VHF/Ebola

- Recognition of case(s) / determination of potential impact
- Identify – isolate – inform
- Testing / sample coordination
- Risk communications
- Behavioral health (community and responders)
- Regional patient movement coordination / MOCC role / thresholds (i.e., when is a MOCC needed?)
- PPE support / coordination
- Engineering and administrative controls for infection prevention
- Public health investigation / isolation / quarantine
- Frontline / Assessment / Regional treatment resources and roles
 - Surge capacity plan in event of multiple cases
- EMS transport mechanisms / teams / process
- Waste management and environmental protection of facilities
- Fatality Management

Highly Pathogenic Respiratory Viral Infection

- Recognition of case(s) / determination of potential impact
- Identify – isolate – inform
- Regional patient movement coordination / MOCC role / threshold (i.e., when is a MOCC needed?)
- Testing / sample collection
- Risk communication
- Behavioral health (community and responders)
- PPE support / coordination
- Public health investigation / isolation / quarantine
- Engineering and administrative controls for infection prevention
- Frontline / Assessment / Regional treatment resources and roles (may be significantly different than VHF; regional facilities may not be used; and usual referral centers may provide care)
 - Surge capacity plan in event of multiple cases
- EMS transport mechanisms / teams / process as applicable

Pandemic

- Recognition of case(s) / determination of potential impact
- Identify – isolate – inform
- Coalition vs. state coordination / interface (how do coalitions interface with state response to prevent duplication of effort / maintain coalition operations that may be different in different areas)
- Request for state/federal assets – PPE, ventilators, MCM / treatment, Federal Medical Station (FMS)
- State / federal declarations of disaster
- Regional patient movement coordination / MOCC role and 'level loading' policies
- Risk communications
- Behavioral health (community and responders)
- PPE use recommendations, support for fit-testing, supply / cache support role
- Supply Chain
- Public health investigation / isolation / quarantine
- Surge capacity (outpatient and inpatient, especially ICU)
- CSC – indicators and triggers (e.g., cancelling elective surgery), roles and responsibilities, triage decision-making
- Testing strategy and roles/responsibilities
- MCM distribution – community
- MCM distribution and use – healthcare
 - Pharmacy (e.g., distribution, receipt, handling, billing)
 - Clinical care
- Long-term care facility support
- Homecare agency support
- Alternate care sites / systems
- Fatality management

Training Needs Assessment

Overview

At the direction of the Region 3 Healthcare Coalition Alliance (the Alliance), Critical Integrated Solutions (CIS), Inc., developed, deployed, and evaluated the results of two surveys aimed at determining the Alliance's training, logistics, and infectious disease planning needs. Those results were delivered to Alliance leadership on March 11, 2021. Following an analysis of those results, the CIS team presented an overview during two virtual sessions (with one additional planned) on March 17 and March 24, 2021.

In addition to the results from the two surveys, the CIS team also reviewed the results of several facilitated planning sessions from early 2020 (just as the pandemic started), CDC/HHS materials and templates, the current Region 3 Multi-Year Training and Exercise Plan (MYTEP), and other related materials. The CIS team has expertise in Florida infectious disease planning, logistics, operations, and training. There were 125 overall responses to the poll, however several of the subsections did not require all participants to respond. The majority of the respondents represented specialized nursing facilities, assisted-living facilities (33%) hospitals (20%), home health care (12%), or other healthcare facilities (12%).

Given the impact of COVID-19 on the global healthcare system during the past year, it was not surprising that the greatest training needs were in the areas of infectious diseases, hand hygiene, disinfection/decontamination, personal protective equipment (PPE), and other details associated with infection control, patient/resident care, and staff safety. The need for behavioral health support was also notable with all 125 respondents reporting some level of concern (Q35).

The responses to questions (Q23 and Q24) about Incident Command System (ICS) training indicated a 60/40 split between organizations that use some form of ICS and those that do not. ICS was identified as a potential training gap, specifically position-specific training. The extended pandemic response may have reinforced the value of Hospital ICS and Nursing Home ICS to those who have not previously used it.

The extensive training calendar for Region 3's current MYTEP includes numerous training opportunities during 2021-2023 to build on key skills (see Appendix A). Certainly, the offerings in position-specific ICS training, Hospital and Nursing Home ICS should go a long way to support those needs, assuming enough people take advantage of those offerings. Courses such as Personal Protective Measures for Biological Events (PER-320) cover significant elements of PPE and decontamination in an 8-hour course. The Hospital Emergency Response Team (AWR-900/901) training series, and the MGT courses, likewise appear to address some of the identified training needs.

The recommendations below build on the current MYTEP offerings and focus on bridging the gaps, particularly in infection control. Not all gaps can be bridged with training, so additionally we have some exercise recommendations to help develop more integrated capabilities across the region. While it wasn't identified as a training need, medical surge was identified in the survey as the biggest challenge in this past year full of challenges.

While training cannot fill that gap alone, and a pandemic stretches human and material resource needs for a longer duration than any other infectious disease, integrated training and

exercise can help build a better mutual support structure within the coalition. This shifting of resources within the coalition is more likely for shorter duration infectious disease events and may include shifting non-clinical staff to take on some tasks to reduce the impact on clinical staff. The members of the coalition have likely done some of this in previous response events and, when possible, provided support during the pandemic response.

Survey Results Breakdown

Top Overall Areas of Concern:

1. Staffing/personnel surge
2. Safety/security of residents/patients/staff
3. Personal protective equipment
4. Supply chain management
5. Communications

Top Identified Training Needs (Q 103, Page 153, 4.0+ score):

1. Infectious disease training (All Staff)
2. Hand hygiene training (All Staff)
3. Environmental cleaning/disinfection (Environmental Staff)
4. PPE—Universal Precautions
5. Communications (All Staff)
6. Safety (Facilities/Maintenance)

Potential Training Gaps (Q 104, Page 159, 3.5+score):

1. Rapid identification and isolation of Persons Under Investigation
2. Transmission-based precautions
3. Assessment, transport, and treatment of COVID-19 suspected or confirmed patients
4. PPE optimization protocols, extended use, and re-use
5. PPE donning and doffing procedures (e.g. universal masking etiquette)
6. Prioritized clinical interventions
7. Crisis standards of care/triage and infection control
8. Incident Command Position-Specific Training
9. Managing the care of COVID residents

Training Recommendations

1. Support members seeking either the Associate – Infection Prevention and Control (a-IPC) entry-level certification or the Certification in Infection Prevention and Control (CIC)
2. Infection Prevention and Control Training for Healthcare Professionals (Intermediate level)
3. Rapid Identification and isolation of a Person Under Investigation for infectious disease. (Overview level course - 1 to 2 hours of instruction)
4. Contact investigations/contact tracing and applications of quarantine and isolation (Overview level course - 1.5 hour to 3.0 hours of instruction)

5. Standardized PPE, decontamination, handwashing, skills-based training (donning/doffing, masking) for all levels of patient/resident care
6. Patient/resident care for infectious diseases for non-clinical staff
7. Develop seminar on legal, ethical, and policy issues associated with quarantine, disaster standards of care, triage, and crisis decision making
8. Continuity of Operations/Business Continuity training beyond the IS-1300 level

Other Training Considerations

1. Training focused on rural healthcare systems
2. Conduct review of current curriculum to see if any revisions need to be made based on COVID-19 response
 - a. Hospital Emergency Response Training
 - b. AWR, PER, and MGT series
 - c. Points of Dispensing Training
 - d. FAST series of trainings
3. Use HERT-trained staff to partner/mentor LTCF staff in smaller or geographically isolated areas.

Exercise Recommendations

While technically it is beyond the scope of this survey, training and exercises are integrated processes as reflected in the MYTEP. A number of the capabilities that we recommend to the Alliance can best be developed and observed among members through the exercise program. While the exercise program was not part of the current Region 3 MYTEP we reviewed, the CIS team includes the following for your consideration.

- Infectious disease discussion-based exercises (e.g. seminars on current infectious disease practices, medical ethics, disaster standards of care) can help elevate infectious disease understanding and practice across the coalition. They can be done virtually and continue the enhanced ability we all have gained with Zoom, MS Teams, etc. during this pandemic response.
- Infectious disease exercises can be scheduled for the January-March period following training sessions in late September-December (Hurricane Season dependent). This will provide an opportunity to refresh skills during the influenza/respiratory disease season (assuming COVID does not remain a year-round response).
- PPE donning and doffing skills drills should be considered to keep “muscle memory” from pandemic response as well as to ensure new employees, particularly non-clinical staff, learn and train on correct procedures.
- Logistic drills including supplier call downs can ensure that vendors are still in business, you have the latest contact name and number, and that any agreements/contracts are updated regularly.

- Integrate different infectious diseases into the 3-year exercise cycle for the Infectious Disease Plan and related plans.
- Medical surge exercises, more than training, is the best way to see if shifting resources, repurposing staff and/or facilities will work. Consider other infectious diseases since the surge challenge in a pandemic is nearly overwhelming.
- The pandemic has forced most of us to practice COOP and Business Continuity plans and take actions we probably would not have considered before. Use this experience to update COOP/Business Continuity Plans and consider a coalition-wide exercise in the future (a year or two after the pandemic ends).

Appendix A

Region 3 Multi-Year Training and Exercise Program (MYTEP)

Epi Response/PPE:

- iFirst training
- Isolation/Quarantine
- PER-320 Personal Protective Measures for Biological Events
- PER-321 Barrier Precautions and Controls for Highly Infectious Disease (HID)
- BPHL Infectious Substances Packaging and Shipping Training

Hospital/SNF/ALF:

- FRAME AWR-900 Framework for Healthcare Emergency Management
- HERT-B AWR-901-1 Hospital Emergency Response Training for Mass Casualty Incidents
- AWR-901
 - Update Hospital Emergency Response Team (HERT) Training for COVID?
 - Is there an equivalent for SNFs/ALFs? Is it linked to HERT?

Behavioral Health Other Health:

- Disaster Behavioral Health First Aid Specialist Training (BFAST)
- B Fast/C Fast/R Fast
- FDOH SpNS: Caring for those with memory impairment (“COVID Brain” impacts?)

ICS/ESF-8:

- G-775 Emergency Operations Center (EOC) Management and Operations
- L-952 All Hazards PIO
- L962 Planning Chief/All Hazards Planning Section Chief Training (L963)
- L958 Operations Section Chief
- FL-2355 LOG Management Course
- ESF-8 Training
- WebEOC Boot Camp
- FDOH CDC Public Information and Communication in a MCM Response
- IS 1300 Intro to Continuity of Operations Plans (COOP)
- Hospital Incident Command Systems (HICS)
- Nursing Home Incident Command Systems (NHICS)

Alternate Care/Points of Dispensing:

- MGT-319 Medical Countermeasures: Points of Dispensing (POD), Planning and Response
- Point of Dispensing (POD) Essentials Train-the-Trainer (MGT-442-1)
- MGT-341 Disaster Preparedness for Hospitals and Healthcare Organizations within the Community Infrastructure
 - LTCF support changes?
 - Any changes from COVID?
 - Can this support COVID-related gaps in training?

Florida Region 3 Healthcare Coalition Alliance

Integrated Preparedness Plan

April 26, 2021

INTEGRATED PREPAREDNESS PLANNING TEAM

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PURPOSE

[Provide introductory language as necessary.]

Consider specifying or describing:

- The role of the Integrated Preparedness Plan (IPP);
- Which department(s) administer the IPP;
- Who is required to abide by the IPP;
- The years covered under the IPP; and
- The review and revision schedule

DRAFT

PREPAREDNESS ACTIVITY CONSIDERATIONS

The 2020-2021 COVID-19 Pandemic underlined a need to increase the Florida Region 3 Healthcare Coalition Alliance's (the Alliance) ability to respond to infectious disease outbreaks. Northeast Florida's capabilities had been stretched during previous infectious disease response activities such as Ebola, Zika Virus, and hepatitis A in recent years. In developing an infectious disease plan and supporting training and exercise schedule, The Alliance hopes to reduce morbidity and mortality associated with infectious disease outbreaks in the future. The training and exercises outlined below are focused on the Planning; Public Information and Warning; Operational Coordination; Logistics and Supply Chain Management; and Public Health, Healthcare, and Emergency Medical Services Core Capabilities.

The Alliance had begun planning for pandemics and vaccine-preventable disease outbreaks in 2019-2020. The information from those three (3) planning sessions was augmented by a detailed survey in March 2021. The survey covered logistics and supply chain, infectious disease planning, and training. Survey respondents were asked to consider lessons learned and improvements made during the COVID-19 Pandemic response. The recommended training and exercise program supports the Infectious Disease Response Plan.

Threats, Hazards, and Risks

Infectious diseases are a natural hazard that can affect a community at any time. SARS-CoV-2, a novel virus that causes COVID-19, has created a global pandemic that is still not ended after more than a year. There are a variety of other infectious diseases (e.g. Ebola, Zika, influenza, etc.) that can create a surge on healthcare systems.

Capability Assessments, Corrective Actions, and Improvement Plans

The COVID-19 Pandemic overwhelmed Logistics and Supply Chain Management and Public Health, Healthcare, and Emergency Medical Services Core Capabilities. Critical supplies such as personal protective equipment (PPE), COVID-19 test kits, and therapeutic treatments were in very short supply. The most critical logistical shortage was staff for healthcare facilities and health services, public health agencies, and Emergency Medical Services. The COVID-19 Pandemic also dramatically impacted Health and Social Services and Economic Recovery Core Capabilities, but these are beyond the scope of the Infectious Disease Response Plan.

External Sources and Requirements

The US Department of Health and Human Services (HHS) has required that states develop infectious disease, logistics and supply chain, and other plans in response to the COVID-19 Pandemic.

Accreditation Standards and Regulations

[Provide a brief description of the accreditation standards and regulations that informed the development of the preparedness priorities.]

DRAFT

PREPAREDNESS PRIORITIES

At the direction of the Alliance, Critical Integrated Solutions (CIS), Inc., developed, deployed, and evaluated the results of two surveys aimed at determining the Alliance's training, logistics, and infectious disease planning needs. Those results were delivered to Alliance leadership on March 11, 2021. Following an analysis of those results, the CIS team presented an overview during three virtual sessions on March 17, 24, and again on April 28, 2021.

In addition to the results from the two surveys, the CIS team also reviewed the results of several facilitated planning sessions from early 2020 (just as the pandemic started), CDC/HHS materials and templates, the current Multi-Year Training and Exercise Plan (MYTEP), and other related materials. The CIS team has expertise in Florida infectious disease planning, logistics, operations, and training. There were 125 overall responses to the poll, however several of the subsections did not require all participants to respond. The majority of the respondents represented specialized nursing facilities, assisted-living facilities (33%) hospitals (20%), home health care (12%), or other healthcare facilities (12%).

Given the impact of COVID-19 on the global healthcare system during the past year, it was not surprising that the greatest training needs were in the areas of infectious diseases, hand hygiene, disinfection/decontamination, personal protective equipment (PPE), and other details associated with infection control, patient/resident care, and staff safety. The need for behavioral health support was also notable with all 125 respondents reporting some level of concern.

The responses to questions about Incident Command System (ICS) training indicated a 60/40 split between organizations that use some form of ICS and those that do not. ICS was identified as a potential training gap, specifically position-specific training. The extended pandemic response may have reinforced the value of Hospital ICS and Nursing Home ICS to those who have not previously used it?

The extensive training calendar for the current MYTEP includes numerous training opportunities during 2021-2023 to build on key skills (see Appendix A). Certainly, the offerings in position-specific ICS training, Hospital and Nursing Home ICS, should go a long way to support those needs, assuming enough people can take advantage of those offerings. Courses such as Personal Protective Measures for Biological Events (PER-320) cover significant elements of PPE and decontamination in an 8-hour course. The Hospital Emergency Response Team (AWR-900/901) training series, and the MGT courses, likewise appear to address some of the identified training needs.

The recommendations below build on the current MYTEP offerings and focus on bridging the gaps, particularly in infection control. Not all gaps can be bridged with training, so additionally we have some exercise recommendations to help develop more integrated capabilities across the region. While it wasn't identified as a training need, medical surge was identified in the survey as the biggest challenge in this past year full of challenges.

While training cannot fill that gap alone, and a pandemic stretches human and material resource needs for a longer duration than any other infectious disease, integrated training and exercise can help build a better mutual support structure within the coalition. This shifting of resources within the coalition is more likely for shorter duration infectious disease events and may include shifting non-clinical staff to taking on some tasks to reduce the impact on clinical staff. The members of the coalitions in NE Florida have done some of

this in previous response events and, when possible, provided support during the pandemic response.

Based on the above-mentioned considerations, the IPPW participants determined the following priorities will be the focus for the multi-year cycle of preparedness:

Preparedness Priorities
<ul style="list-style-type: none">• Staffing/personnel surge
<ul style="list-style-type: none">• Safety/security of residents/patients/staff
<ul style="list-style-type: none">• Personal protective equipment
<ul style="list-style-type: none">• Supply chain management
<ul style="list-style-type: none">• Communications
<ul style="list-style-type: none">• Behavioral Health

Staffing/personnel surge

COVID-19 stretched the entire healthcare system close to a breaking point.

Corresponding Capabilities:

- Logistics and Supply Chain Management; and Public Health, Healthcare, and Emergency Medical Services

Rationale:

- Shortages of trained healthcare and public health personnel, PPE, and testing kits reduced the Alliance's ability to respond to COVID-19 overtime. Other highly consequential infectious diseases have, and will, surge the healthcare and public health workforce. Infection control practices, including appropriate PPE, are the best mechanisms for reducing morbidity and mortality in an infectious disease outbreak/epidemic/pandemic response.
- Planning Factors: The Alliance's Infectious Disease Surge Plan is premised on supporting personnel and equipment surges to support response to a variety of high consequence infectious diseases up to and including pandemics. Cross training healthcare and public health workers on infection control, PPE, disease investigation, contact tracing, non-clinical aspects of patient management, and incident management is a key element to provide surge capability. Points of Dispensing (PODS) and alternate care sites (ACS) can be used to reduce surge on healthcare facilities as well as providing medical countermeasures, etc.

Organization and Equipment Factors:

[Provide a brief description of organization and equipment factors applicable to this priority.]

Supporting Training Courses:

- Support members seeking either the Associate – Infection Prevention and Control (a-IPC) entry-level certification or the Certification in Infection Prevention and Control (CIC)

Infection Prevention and Control Training for Healthcare Professionals (Intermediate level)

- Rapid Identification and isolation of a Person Under Investigation for infectious disease. (Overview level course - 1 to 2 hours of instruction)
- Contact investigations/contact tracing and applications of quarantine and isolation (Overview level course - 1.5 hour to 3.0 hours of instruction)
- Seminar on legal, ethical, and policy issues associated with quarantine, disaster standards of care, and triage.
- Patient/resident care for infectious diseases for non-clinical staff
- FRAME AWR-900 Framework for Healthcare Emergency Management
- HERT-B AWR-901-1 Hospital Emergency Response Training for Mass Casualty Incidents

Defense of Facilities/Alternate Care Site strategies can assist with surge:

- MGT-319 Medical Countermeasures: Points of Dispensing (POD), Planning and Response
- Point of Dispensing (POD) Essentials Train-the-Trainer (MGT-442-1)

Supporting Exercises:

- Infectious disease discussion-based exercises (e.g., seminars on current infectious disease practices, medical ethics, disaster standards of care) can help elevate infectious disease understanding and practice across the coalition. They can be done virtually and continue the enhanced ability we all have gained with Zoom, MS Teams, etc. during this pandemic response.
- Infectious disease exercises can be scheduled for the January-March period following training sessions in late September-December (Hurricane Season dependent). This will provide an opportunity to refresh skills during the influenza/respiratory disease season (assuming COVID does not remain a year around response).

Safety/security of residents/patients/staff

COVID-19 revealed dramatic shortfalls in infection control, sanitation, decontamination, and other procedures designed to protect healthcare workers, patients, and nursing home residents. As the workforce is impacted by high turnover, it is important to keep a high level of competency with safety procedures. Training and exercises should be skills based and include non-clinical staff, particularly in small or geographically isolated facilities, home healthcare, in-home support for elders, etc.

Corresponding Capabilities:

- Public Health, Healthcare and Emergency Medical Services

Rationale:

- The better trained the healthcare and public health workforce is in safety procedures overall the less likely. As an adjunct to infection control practices, staff, patient, and resident safety procedures can limit the introduction or spread of an infectious disease. These procedures can be expanded using non-clinical staff.

Planning Factors:

- See the Alliance's Infectious Disease Surge Plan for details

Organization and Equipment Factors:

[Provide a brief description of organization and equipment factors applicable to this priority.]

Supporting Training Courses:

- PER-320 Personal Protective Measures for Biological Events
- PER-321 Barrier Precautions and Controls for Highly Infectious Disease (HID)
- MGT-341 Disaster Preparedness for Hospitals and Healthcare Organizations within the Community Infrastructure
- Training should include a variety of highly consequential infectious diseases as examples
- Isolation/Quarantine training

Supporting Exercises:

- Safety procedures should be integrated into regular internal drills for healthcare facilities
- The exercise cycle should include different infectious disease scenarios

Personal Protective Equipment

This was a key element of both staff and patient safety and was a critical shortfall during the initial COVID-19 response.

Corresponding Capabilities:

- Logistics and Supply Chain Management; and Public Health, Healthcare, and Emergency Medical Services

Rationale:

- Donning and doffing the appropriate PPE is a critical skill set for all public health, healthcare, and Emergency Medical Services workers (clinical and non-clinical) during an infectious disease response. The lack of appropriate PPE requires changes to strategy that can include alternate PPE, cleaning and reusing PPE, etc. that would not be optimal under normal circumstances.

Planning Factors:

- Ensuring PPE supply chain is intact and additional supplies can be obtained as needed. Plan for a variety of high consequence infectious diseases. As an example, the PPE requirement for Ebola can be different than that for a respiratory virus.

Organization and Equipment Factors:

[Provide a brief description of organization and equipment factors applicable to this priority.]

Supporting Training Courses:

- PER-320 Personal Protective Measures for Biological Events
- PER-321 Barrier Precautions and Controls for Highly Infectious Disease (HID)
- OSHA required training.

Supporting Exercises:

- PPE donning and doffing skills drills should be considered to keep “muscle memory” from pandemic response as well as to ensure new employees, particularly non-clinical staff, learn and train on correct procedures.
- Contacting PPE suppliers annually should be a standard logistics drill to ensure viability of supply chain.

Supply Chain Management

Equipment and supplies are critical to any infectious disease response. This can include items as ubiquitous as N-95 masks or as specialized as respirators have been during the COVID-19 response. Ensuring that any needed equipment and supplies can be acquired, maintained, and distributed during a surge event requires prior planning and ongoing training and exercises.

Corresponding Capabilities:

- Logistics and Supply Chain Management

Rationale:

- The inability to acquire and maintain critical healthcare resources during the COVID-19 response underlined the need to ensure logistical support for future infectious disease responses.

Planning Factors:

- See logistics and Supply Chain documents for details of assessment process.

Organization and Equipment Factors:

[Provide a brief description of organization and equipment factors applicable to this priority.]

Supporting Training Courses:

1. FL-2355 LOG Management Course
2. L-967 NIMS ICS All-Hazards Logistics Section Chief (LSC)
3. Optimizing Supply of PPE, Reutilization, and Other Equipment during Shortages
 - a. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
4. On-Line Supply Chain Management Training Options:
 - a. <https://www.edx.org/learn/supply-chain-management>
5. PPE Donning/Doffing
 - a. Medical Evaluations and Fit Testing:
<https://www.oshatrain.org/courses/mods/756m4.html>
 - b. Medical PPE Donning and Doffing Training
 - i. Video: <https://youtu.be/H4jQUBAIBrI>
 - ii. PPE Fact Sheet: https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf
1. ESF-8 Training
2. Web EOC Bootcamp

Supporting Exercises:

- Logistic drills including supplier call downs can ensure that vendors are still in business, you have the latest contact's name and number, and that any agreements/contracts are updated regularly. Strategic National Stockpile type

exercise where supplies are properly inventoried, stored, divided and re-distributed to PODS or like sites all with the appropriate personnel and equipment.

DRAFT

Communications

Internal and external communications issues were identified in communication among response structures (internal communications) as well as external communications (Public Information Officer, Joint Information System). Communicating with the public and other community stakeholders during an infectious disease response is critical and these challenges were some of the most consequential during the COVID-19 response. Poor external communications early on continue to make public compliance with public health measures difficult. The technical challenges of sharing disease-specific issues such as patient care, testing, vaccination, etc. with non-public health and medical response partners is similarly challenging and consequential.

Corresponding Capabilities:

- Public Information and Public Health, Healthcare, and Emergency Medical Services

Rationale:

- “Communication is never the second thing to go wrong in a disaster” is the old saw, but it is true that many of our largest challenges come from the lack of timely, accurate, and actionable communications both with the public and with internal stakeholders. Better training on the specifics of communicating about infectious disease not only helps those charged with supplying that information, but can help manage expectations for those who will be receiving this information from public health and medical subject matter experts and responders.

Planning Factors:

See NEFHC Infectious Disease Surge Plan for more detail

Organization and Equipment Factors:

[Provide a brief description of organization and equipment factors applicable to this priority.]

Supporting Training Courses:

- L-952 All Hazards PIO
- Hospital Incident Command Systems (HICS)
- Nursing Home Incident Command Systems (NHICS)
- CDC Crisis and Emergency Risk Communication on-line training
- ESF-8 Training

Supporting Exercises:

- Any infectious disease exercise should include at least a public health communication component. Effectively communicating the most accurate information and recommendations to the general public is the most important intervention in a widespread infectious disease response.

- Establishment of a Joint Information Center that includes internal and external stakeholders and leadership engagement in forming or approving messaging

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Behavioral Health Self Care for Healthcare Workers

The mental health impacts of sustained COVID-19 response at work and at home highlight the need for behavioral health support for all responders. Even non-pandemic infectious disease responses can last for many months and compound the usual stress associated with emergency management, public health, healthcare, and Emergency Medical Services.

Corresponding Capabilities:

- Public Health, Healthcare, and Emergency Medical Services

Rationale:

- Mental and behavioral health issues degrade the ability for anyone to respond effectively. Longer term stressors lead to people leaving the workforce in larger numbers. To prevent stress-related poor health outcomes and other contributors to surge issues, behavioral health self-care is critical.

Planning Factors:

See the Alliance's Infectious Disease Surge Plan for more details.

Organization and Equipment Factors:

[Provide a brief description of organization and equipment factors applicable to this priority.]

Supporting Training Courses:

- ASPR TRACIE Self Care for Healthcare Workers Modules
 - Module 1: Compassion Fatigue and Secondary Traumatic Stress Identification for Healthcare Providers
 - Module 2: Organizational Wellness From the Top: Stress Mitigation and Work Satisfaction for Healthcare Providers
 - Module 3: Cognitive Tools for Mitigating Compassion Fatigue and Secondary Traumatic Stress
- Substance Abuse and Mental Health Services Administration (SAMHSA)
 - [Service to Self](#)
 - [Creating Safe Scenes](#)
- National Child Traumatic Stress Network Psychological First Aid (PFA)
<https://www.nctsn.org/resources/psychological-first-aid-pfa-online>

Supporting Exercises:

- While not HSEEP exercise per se, behavioral health recommendations should be built into staff activities. Incorporating psychological first aid or ASPR Self Care principles into exercises can help ensure these practices are incorporated into response activities.

PROGRAM REPORTING

[In this section, discuss the preparedness activities and how they are intended to influence capability improvement. Include the jurisdiction's/organization's methodology for prioritizing, assigning, monitoring, tracking, and reporting the progress made toward resolution of issues identified during exercises and real-world incidents as well as capability improvement projects and the overall impact these actions have on capabilities.]

By continuously monitoring improvement actions, jurisdictions/organizations can periodically examine capabilities to ensure they are sufficient, accurate, and effective to handle the threats, hazards, and risks facing the jurisdiction/organization and can inform future Integrated Preparedness Cycle activities.

Program reporting should address:

- Compiling and recording areas for improvement from exercises and real-world incidents;
- Determining actions and linking capabilities needed to address identified areas for improvement and associated corrective actions;
- Prioritizing, assigning, tracking, reporting, and updating corrective action progress; and
- Incorporating changes, completed corrective actions, identified potential best practices, and lessons learned into future iterations of the Integrated Preparedness Cycle and Integrated Preparedness Plan.

MULTI-YEAR SCHEDULE OF PREPAREDNESS ACTIVITIES

Exercise Recommendations

Training and exercises are integrated processes as reflected in the IPP. A number of the capabilities that can best be developed and observed among members through the exercise program. The following are baseline exercises that form the foundation for branch-out exercises.

- Infectious disease discussion-based exercises (e.g., seminars, tabletop exercises on current infectious disease practices, medical ethics, disaster standards of care) can help elevate infectious disease understanding and practice across the coalition. They can be done virtually and continue the enhanced ability we all have gained with Zoom, MS Teams, etc. during this pandemic response.
- Infectious disease exercises full scale exercises (boots on the ground) can be scheduled for the January-May period following training sessions in late September-December (Hurricane Season dependent). This will provide an opportunity to refresh skills during the influenza/respiratory disease season (assuming COVID does not remain a year around response).
- PPE donning and doffing skills drills should be considered to keep “muscle memory” from pandemic response as well as to ensure new employees, particularly non-clinical staff, learn and train on correct procedures.
- Logistic drills including supplier call downs can ensure that vendors are still in business, you have the latest contact name and number, and that any agreements/contracts are updated regularly.

Integrated Preparedness Schedule Q1 Y1 2021

This is an example of how Infectious Disease Surge Plan training and exercises might be integrated into the Alliance's calendar. This is based on [using off-Hurricane Season months](#) to focus on infectious disease capabilities. This calendar starts in October 2021 and assumes that COVID-19 Pandemic response has ended or been reduced enough to consider a return to regular business (the "new normal").

OCTOBER 2021

Activity	Staffing/Personnel Surge	Safety/Security of Residents/Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Plan	Review Infectious Disease Surge Plan. Are there any current real-world threats to the Alliance? Select next disease to focus on.		Are there any special logistical issues with the current threat or new disease?	Review Comms Section of Plan. Does it need to be updated?	Any special PPE considerations for current threat or new disease?	Continue Psychological First Aid/Disaster Behavioral Health offerings (On-line for all members?)
Organize	Conduct Coalition Meeting—assess where coalition is in pandemic cycle.					Consider the Alliance-based DBH support teams?
Equip			Begin Supply Chain Gap Analysis		Inventory on-hand PPE	

Activity	Staffing/Personnel Surge	Safety/Security of Residents/Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Train	<ul style="list-style-type: none"> –Infection Prevention and Control Training for Healthcare Professionals (Intermediate level). –FRAME AWR-900 Framework for Healthcare Emergency Management. –Contact investigations/contact tracing and applications of quarantine and isolation (Overview level course - 1.5 hour to 3.0 hours of instruction) – Infection Prevention and Control Training for Healthcare Professionals (Intermediate level) 	PER-321 Barrier Precautions and Controls for Highly Infectious Disease (HID)	FL-2355 LOG Management Course	Crisis and Emergency Risk Communication	PPE Fit testing and Donning/Doffing skills-based training.	Psychological First Aid/Disaster Behavioral Health in-person classes at quarterly. On-line course ongoing. – ASPR TRACIE Self Care for Healthcare Workers Modules

Activity	Staffing/Personnel Surge	Safety/Security of Residents/Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Exercise	Consider a discussion-based exercise on a highly impactful infectious disease, or close out with COVID-19 current science					

NOVEMBER 2021

Activity	Staffing/Personnel Surge	Safety/Security of Residents/Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Plan						
Organize	Conduct Coalition Meeting			Conduct COVID Lessons Learned Meeting		
Equip						

Activity	Staffing/Personnel Surge	Safety/Security of Residents/Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Train	<ul style="list-style-type: none"> – Infection Prevention and Control (a-IPC) entry-level certification or the Certification in Infection Prevention and Control (CIC). –Hospital Incident Command Systems (HICS) –Nursing Home Incident Command Systems (NHICS) 	PER-320 Personal Protective Measures for Biological Events	L-967 NIMS ICS All-Hazards Logistics Section Chief (LSC)		PPE Fit testing and Donning/Doffing skills-based training.	Psychological First Aid/Disaster Behavioral Health (prior to holidays). On-line course ongoing. – ASPR TRACIE Self Care for Healthcare Workers Modules
Exercise		Specific infectious disease-based seminar			Donning/Doffing drills to include any disease-specific issues	

DECEMBER 2021

Activity	Staffing/Personnel Surge	Safety/Security of Residents /Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Plan	Year-end Infectious Disease Plan review. Any real-world (e.g., current influenza season) updates?					
Organize	Conduct Coalition Meeting					
Equip			Review Results of Gap Analysis			

Activity	Staffing/Personnel Surge	Safety/Security of Residents /Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Train	<ul style="list-style-type: none"> –Rapid Identification and isolation of a Person Under Investigation for infectious disease. (Overview level course - 1 to 2 hours of instruction). –Support (a-IPC and CIC). – Infection Prevention and Control Training for Healthcare Professionals (Intermediate level) –Point of Dispensing (POD) Essentials Train-the-Trainer (MGT-442-1) 	MGT-341 Disaster Preparedness for Hospitals and Healthcare Organizations within the Community Infrastructure	Optimizing Supply of PPE, Reutilization, and Other Equipment during Shortages	Crisis and Emergency Risk Communications	PPE Fit testing and Donning/Doffing skills-based training.	Scenario-based Train-the-trainer for peer counselors or the Alliance DBH professionals/team members. On-line course ongoing. – ASPR TRACIE Self Care for Healthcare Workers Modules
Exercise	Call down drills for ICS/EOC activation					

JANUARY 2022

Activity	Staffing/Personnel Surge	Safety/Security of Residents/Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Plan	Based on COVID Plan Review that started in October, begin to update plans for alternate infectious disease	PER-321 Barrier Precautions and Controls for Highly Infectious Disease (HID)				
Organize	Conduct Coalition Meeting					
Equip						
Train	<ul style="list-style-type: none"> –Contact investigations/contact tracing and applications of quarantine and isolation (Overview level course - 1.5 hour to 3.0 hours of instruction). –Support (a-IPC and CIC). 	Isolation and Quarantine	FL-2355 LOG Management Course		L-952 All Hazards PIO	Psychological First Aid/Disaster Behavioral Health (in-person). On-line course ongoing. – ASPR TRACIE Self Care for Healthcare Workers Modules
Exercise	Logistics call down of vendors for PPE and other critical supplies					

FEBRUARY 2022

Activity	Staffing/Personnel Surge	Safety/Security of Residents/Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Plan						
Organize	Conduct Coalition Meeting					
Equip						
Train	Seminar on legal, ethical, and policy issues associated with quarantine, disaster standards of care, and triage. Support (a-IPC and CIC). –Hospital Incident Command Systems (HICS) –Nursing Home Incident Command Systems (NHICS) –Contact investigations/contact tracing and applications of quarantine and	PER-320 Personal Protective Measures for Biological Events	L-967 NIMS ICS All-Hazards Logistics Section Chief (LSC)	L-952 All Hazards PIO	PPE Fit testing and Donning/Doffing skills-based training.	Psychological First Aid/Disaster Behavioral Health (in-person). On-line course ongoing. – ASPR TRACIE Self Care for Healthcare Workers Modules

	isolation (Overview level course - 1.5 hour to 3.0 hours of instruction) – Infection Prevention and Control Training for Healthcare Professionals (Intermediate level) –Point of Dispensing (POD) Essentials Train-the-Trainer (MGT-442-1)					
Exercise	Infectious disease-based POD/ACS exercises—set-up/tear down	Infectious disease-based COOP/Business Continuity Discussion-based Exercise				

MARCH 2022

Activity	Staffing/Personnel Surge	Safety/Security of Residents/Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Plan	Based on COVID Plan Review that started in October, finalize plans for alternate infectious disease	Based on COVID Plan Review that started in October, finalize plans for alternate infectious disease	Based on COVID Plan Review that started in October, finalize plans for alternate infectious disease	Based on COVID Plan Review that started in October, finalize plans for alternate infectious disease	Based on COVID Plan Review that started in October, finalize plans for alternate infectious disease	Based on COVID Plan Review that started in October, finalize plans for alternate infectious disease
Organize	Conduct Coalition Meeting					
Equip						

Activity	Staffing/Personnel Surge	Safety/Security of Residents/Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Train	Patient/resident care for infectious diseases for non-clinical staff. –Support (a-IPC and CIC). –FRAME AWR-900 Framework for Healthcare Emergency Management — Infection Prevention and Control Training for Healthcare Professionals (Intermediate level)	MGT-341 Disaster Preparedness for Hospitals and Healthcare Organizations within the Community Infrastructure	–FL-2355 LOG Management Course. –Optimizing Supply of PPE, Reutilization, and Other Equipment during Shortages	Crisis and Emergency Risk Communications	PPE Fit testing and Donning/Doffing skills-based training.	Psychological First Aid/Disaster Behavioral Health (in-person). On-line course ongoing. – ASPR TRACIE Self Care for Healthcare Workers Modules
Exercise						

April 2022

Activity	Staffing/Personnel Surge	Safety/Security of Residents/Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Plan	Update plan based on any real-world infectious disease response actions.	Review plan for next infectious disease to train/exercise to.				
Organize	Conduct Coalition Meeting					
Equip						
Train	FRAME AWR-900 Framework for Healthcare Emergency Management. Support (a-IPC and CIC). – Contact investigations/contact tracing and applications of quarantine and isolation (Overview level course - 1.5 hour to 3.0 hours of instruction)	PER-321 Barrier Precautions and Controls for Highly Infectious Disease (HID)		L-952 All Hazards PIO	PPE Fit testing and Donning/Doffing skills-based training.	Psychological First Aid/Disaster Behavioral Health (in-person). On-line course ongoing. – ASPR TRACIE Self Care for Healthcare Workers Modules

Activity	Staffing/Personnel Surge	Safety/Security of Residents/Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Exercise						

May 2022
(Hurricane Season 1 June-30 November)

Activity	Staffing/Personnel Surge	Safety/Security of Residents/Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Plan						
Organize	Conduct Coalition Meeting					
Equip						

Train	<p>HERT-B AWR-901-1 Hospital Emergency Response Training for Mass Casualty Incidents. Support (a-IPC and CIC).</p> <p>–Hospital Incident Command Systems (HICS)</p> <p>–Nursing Home Incident Command Systems (NHICS)</p> <p>–Rapid Identification and isolation of a Person Under Investigation for infectious disease. (Overview level course - 1 to 2 hours of instruction).</p> <p>– Infection Prevention and Control Training for Healthcare Professionals (Intermediate level)</p>	PER-320 Personal Protective Measures for Biological Events	L-967 NIMS ICS All-Hazards Logistics Section Chief (LSC)	CDC Crisis and Emergency Risk Communications (on-line)	PPE Fit testing and Donning/Doffing skills-based training.	<p>Psychological First Aid/Disaster Behavioral Health (in-person). On-line course ongoing.</p> <p>– ASPR TRACIE Self Care for Healthcare Workers Modules</p>
Exercise						

DECEMBER 2022
(Hurricane Season 1 June-30 November)

Activity	Staffing/Personnel Surge	Safety/Security of Residents/Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Plan	Year-end Infectious Disease Plan review. Any real-world (e.g., current influenza season) updates?					
Organize	Conduct Coalition Meeting—close out year					
Equip						

Activity	Staffing/Personnel Surge	Safety/Security of Residents/Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Train	<p>MGT-319 Medical Countermeasures: Points of Dispensing (POD), Planning and Response. Support (a-IPC and CIC).</p> <p>– Infection Prevention and Control Training for Healthcare Professionals (Intermediate level)</p> <p>–Point of Dispensing (POD) Essentials Train-the-Trainer (MGT-442-1)</p>	MGT-341 Disaster Preparedness for Hospitals and Healthcare Organizations within the Community Infrastructure	Optimizing Supply of PPE, Reutilization, and Other Equipment during Shortages	CDC Crisis and Emergency Risk Communications (on-line)	PPE Fit testing and Donning/Doffing skills-based training.	<p>Psychological First Aid/Disaster Behavioral Health (in-person). On-line course ongoing.</p> <p>– ASPR TRACIE Self Care for Healthcare Workers Modules</p>
Exercise	No exercise or drill during holidays					

JANUARY 2023

Activity	Staffing/Personnel Surge	Safety/Security of Residents/Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Plan			Review Supply Chain Management documents to prepare for full-scale exercise	Review Communications Section of ID Plan. Include any ESF8 comms pieces	Identify any gaps in PPE for the exercise/New Year	
Organize	Conduct Council Meeting—Include any Alliance -based resources/teams.					
Equip						

Activity	Staffing/Personnel Surge	Safety/Security of Residents/Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Train	Point of Dispensing (POD) Essentials Train-the-Trainer (MGT-442-1). Support (a-IPC and CIC). –Contact investigations/contact tracing and applications of quarantine and isolation (Overview level course - 1.5 hour to 3.0 hours of instruction)	PER-321 Barrier Precautions and Controls for Highly Infectious Disease (HID)		L-952 All Hazards PIO	PPE Fit testing and Donning/Doffing skills-based training.	Psychological First Aid/Disaster Behavioral Health (in-person). On-line course ongoing. – ASPR TRACIE Self Care for Healthcare Workers Modules
Exercise	Finalize full-scale exercise plan integrating POD/ACS activation.				Identify PPE required for ID full-scale exercise	Include behavioral health injects into exercise scenario

FEBRUARY 2023

Activity	Staffing/Personnel Surge	Safety/Security of Residents/Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Plan						
Organize	Conduct Coalition Meeting—Final exercise meeting. Role of coalition in exercise.					
Equip						

Activity	Staffing/Personnel Surge	Safety/Security of Residents/ Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Train	<ul style="list-style-type: none"> –Hospital Incident Command Systems (HICS) –Nursing Home Incident Command Systems (NHICS) – Infection Prevention and Control Training for Healthcare Professionals (Intermediate level) –Rapid Identification and isolation of a Person Under Investigation for infectious disease. (Overview level course - 1 to 2 hours of instruction). 	PER-320 Personal Protective Measures for Biological Events	FL-2355 LOG Management Course	Refresher training on PIO/JIC/JIS positions and responsibilities	PPE Fit testing and Donning/Doffing skills-based training.	Psychological First Aid/Disaster Behavioral Health (in-person). On-line course ongoing. – ASPR TRACIE Self Care for Healthcare Workers Modules
Exercise	Full-scale regional disease response exercise	HCFs exercise safety, Decon, patient care, etc. as part of regional infectious-disease response		Include JIC/JIS in exercise response structure		Integrate Psychological First Aid/Self-Care principles into Responder Safety and Health play in exercise

MARCH 2023

Activity	Staffing/Personnel Surge	Safety/Security of Residents/ Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Plan	Develop improvement plan with exercise hot wash/AAR documents.			Develop improvement plan with exercise hot wash/AAR documents.		
Organize	Conduct Coalition Meeting to assess exercise results					
Equip						
Train	<ul style="list-style-type: none"> –Present refresher training based on exercise hot wash/AAR needed improvements. –FRAME AWR-900 Framework for Healthcare Emergency Management 	MGT-341 Disaster Preparedness for Hospitals and Healthcare Organizations within the Community Infrastructure	–Optimizing Supply of PPE, Reutilization, and Other Equipment during Shortages	CDC Crisis and Emergency Risk Communications (on-line)	PPE Fit testing and Donning/Doffing skills-based training.	Continue Disaster Behavioral Health training for shelter teams, ESF-8 responders. – ASPR TRACIE Self Care for Healthcare Workers Modules

Activity	Staffing/Personnel Surge	Safety/Security of Residents/ Patients/Staff	Supply Chain Management	Communications	Personal Protective Equipment	Behavioral Health Self Care for Healthcare Workers
Exercise	Seminar based on exercise hot wash/AAR. This can also serve as a final step in the AAR process.					



2021 Florida Region 3 Healthcare Coalition Alliance Supply Chain Mitigation Strategy Templates

Introduction

The healthcare supply chain in Northeast Florida and across the nation is complex. It supports patient care on a daily basis by producing and delivering medications as well as products ranging from gloves and gowns, to diagnostics, to pharmaceuticals and biomedical equipment, to surgical supplies. Around the world, our healthcare supply chain is confronted with countless challenges every day. During disasters or other catastrophic events, the healthcare supply chain can experience distinct strains depending on the event's nature and the impact on surrounding infrastructure.

Purpose: This document is intended to provide an overview of the emergency planning and response considerations of healthcare supply chain owners, operators, and end-users, as well as insights for the Florida Region 3 Healthcare Coalition Alliance (the "Alliance") and healthcare coalitions (HCCs) working with healthcare supply chain partners on preparedness, response, and recovery. It is not intended to be a comprehensive listing but aims to capture *critical changes* during serious or catastrophic events, compared to normal supply chain operations and planning and response contingencies. These documents have been derived from CDC and ASPR source documents and modified for use by the healthcare coalitions within the Northeast Florida region,

The Alliance and Healthcare Coalition Role in Supply Chain Operations

The Alliance and Healthcare coalitions (HCCs) play a key role in linking public sector response agencies, including emergency management agencies and public health departments, and private healthcare facilities that serve as points of service. The Alliance and HCCs are key stakeholders, and though not direct components of the supply chain, they may be able to act as a coordination point between multiple vendors/suppliers and healthcare facilities to address supply disruptions. HCCs play an essential role in working with supply chain readiness and response planning members during normal operations.

By serving as a coordination and information-sharing hub, the Alliance and HCCs can: encourage best practices in communicating and engaging with supply chain components, standardize and provide guidance on activities that impact supply chain operations during emerging events, and provide opportunities for supply chain components and coalition members to train and exercise with one another. The Alliance and HCCs can also play a role in helping healthcare facilities share information and coordinate strategies in their area to cope with specific supply (medication, equipment, dialysis solutions) shortages affecting their stakeholders.

The Alliance and HCCs serve as a unifier of the healthcare preparedness and response activities across a community – working to link the disaster preparedness and response plans to provide care and protect public health in their area. All HCCs should be able to act as information-sharing hubs for distributors and providers and have the ability to share product and delivery information and strategy. For the Alliance and HCCs with a broader role in emergency response, primary activities may include tracking impediments to product delivery, resource request management and brokering, and monitoring healthcare facilities' operational status and needs within the Alliance.

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Healthcare Supply Chain Operations

The healthcare supply chain involves the flow of numerous product types from manufacturer to a patient and requires various stakeholders who work in concert to meet patient care needs.

Healthcare supply chain stakeholders include:

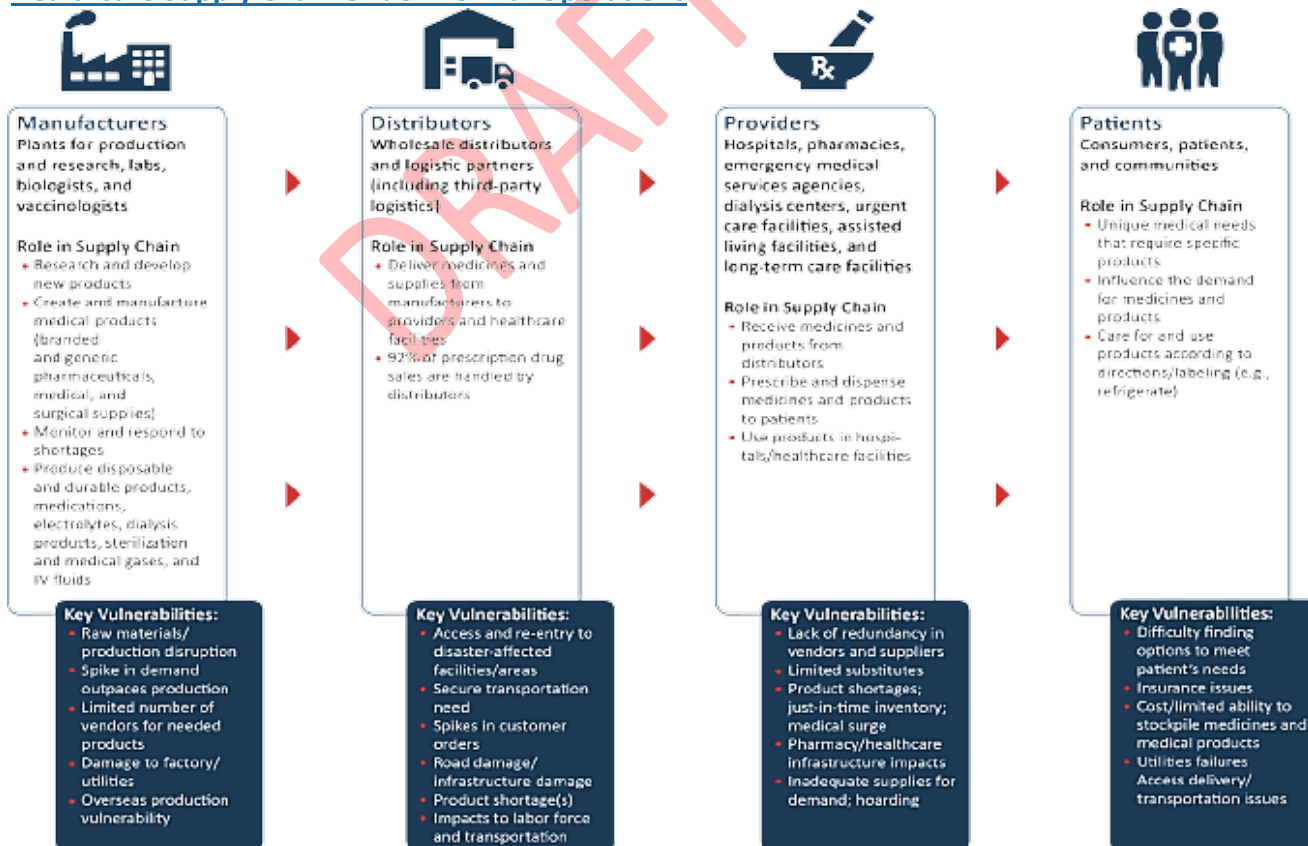
- Manufacturers
- Distributors
- Providers
- Patients
- Healthcare Coalitions
- Federal Programs¹

Descriptions of each stakeholder, their roles in the supply chain, and a few critical vulnerabilities to plan for are included on the following few pages.

Under normal conditions, the complex processes that make up the supply chain are nearly invisible due to steady-state production and healthcare product delivery. Healthcare supply chain stakeholders adhere to their daily roles and standard operating procedures.

The following infographic displays the normal operations and activities of healthcare supply chain stakeholders and critical vulnerabilities for each stakeholder.

Healthcare Supply Chain Under Normal Operations



¹ Although the healthcare supply chain is largely owned and operated by the private sector, several federal offices and agencies have a role in supporting the continuity of supply chain operations during emergencies and events that could impact healthcare operations and have established partnerships with key components of the supply chain in order to accomplish this. Appendix C outlines some of the key federal partners roles "at-a-glance" that are consistent with the purpose of this particular document.

Supply Chain Hazards, Threats, and Vulnerabilities

The healthcare supply chain is dependent on many variables, including raw material availability, machinery and parts, workforce, standards compliance, delivery methods, contracts and regulatory requirements, and underlying critical infrastructure systems such as power, telecommunications systems, and transportation (including vehicle and roadway, airport, railroad, and port components). When one element is compromised, there can be cascading effects up and down the supply chain. Disruptions to these systems can be caused by various hazards, underlying vulnerabilities, and threats that can directly impact the supply chain level. Examples include the following:

- **Natural Disasters** – While hazards vary from region to region, natural disasters have the potential to disrupt the healthcare supply chain in all parts of the world. Common hazards in Florida include hurricanes, tornadoes, flooding, and wildfires. All phases and components of the chain may be affected after events regardless of notice and may require assistance with response and recovery efforts.
- **Human-Caused Disasters** – These hazards also vary and can include cyber-attacks, acts of terrorism, and unintentional catastrophes like an oil spill, damage or impacts to goods during delivery accidents, or even unforeseen equipment breakdown.
- **Public Health Threats** – Biological threats can impact the healthcare supply chain by creating both dramatically increased and sustained demand for products, especially medical supplies. These events include disease outbreaks (of both commonly occurring and emerging diseases) and biological attacks.

Supply chain implications for public health-centric events differ from those of a natural hazard in that public sector partners – via public health officials (state, local, and federal, including the Strategic National Stockpile [SNS]) – can play a significant role in supply chain operations through activation of programs, language included in emergency declarations and public messaging, and more. Vendors for commonly needed products during these events, including vaccines and personal protective equipment (PPE), are often limited. Depending on the nature of the event, demand for these products can far exceed production capacity.

Steady-State Supply Chain Challenges

To meet patient care demands, all stakeholders should focus on mitigating the supply chain hazards, threats, and vulnerabilities unique to their area while identifying key actions that will enhance resilience during incidents. Some impacts can be significantly reduced through integrated mitigation and planning. Working with providers in the community and distributors to forecast ordering for different scenarios, including emergencies, can help set use and delivery expectations and plans and highlight areas where backup options are required.

Usual system vulnerabilities (upstream and downstream) may include:

- **Industrial and personnel** – Work stoppages, fluctuating transportation costs or fuel supply issues, geopolitical events, sabotage, market forces, and technological failures may negatively affect the supply chain components, especially those responsible for production and manufacturing.
- **Operational** – These can include production or supply problems such as lack of raw materials, lack of machine parts, regulatory actions (including product recalls), compressed manufacturing timeframes, product liability challenges, just-in-time ordering processes, disparate data systems, product cycles (obsolescence), and data silos between suppliers and providers.

- Just-in-time or low unit of measure programs – Healthcare providers often rely on these programs from their distributors. These programs keep costs down for providers and allow them to reduce labor costs, time, and space required to stock and rotate medical products. While these programs are efficient, they can also lead to fragile supply-demand relationships, especially during emergencies.
 - Just-in-time (JIT) inventory delivery means distributors are servicing provider customers almost daily in order to keep minimal stock (or "par" levels) at the facility.
 - In low-unit-of-measure (LUM) programs, distributors are the central source of product for facilities and will deliver to the specific departments on demand. In these programs, distributors "break down" products to the "each." (The "each" is the unit that is used on the patient. For example, distributors may take a box of 100 individually packaged items, break it down, and deliver 5.)
 - Hospitals relying on JIT and LUM strategies can be vulnerable to increased demand for supplies due to patient surges of patients and/or delayed delivery due to the disaster's effect on distributors.
- Consumer or provider brand (or product) preference for usual medications, equipment, or consumer distrust of novel medications/vaccines.

Pre-Event, Response, and Recovery Considerations

The following sections provide pre-event, response, and recovery considerations for various healthcare supply chain components. High-level considerations for the Alliance and HCCs are captured at the end of each section as well as in a separate table in Appendix A.

Supply Chain Vignette: Collaboration to Ease Drug Shortages

Manufacturers, distributors, group purchasing organizations (GPOs), and providers worked together to reduce the impact of the recent intravenous (IV) solution shortage. This shortage added costs and sometimes necessitated a change in site of care. In some cases, patients had to stay in the hospital where IV solutions were more likely to be available, rather than being transferred to less-costly home care settings. Through ongoing collaboration, suppliers and their clinical clients were able to ensure that available product was sent where it was needed most. Providers also found ways to make substitutions when necessary and identified ways to reduce product waste such as eliminating the use of IV bags in kits if they were not essential. — HIDA, Supply Chain Collaborative Newsletter (June 2019)

Manufacturers

Manufacturers create products – including pharmaceuticals, medical, and surgical supplies – using raw materials onsite in manufacturing plants and labs. As part of the manufacturing process, these companies identify and develop needed products, determine quantities necessary to meet demand, acquire raw materials, conduct safety trials, obtain regulatory approvals as required, and then make and package products for distribution. Manufacturing is a diverse and complex discipline, and the field is made up of countless different stakeholders, including brand and generic pharmaceutical manufacturers, medical supply and device manufacturers, and scores of others. International sources of raw materials and manufacturing sites are common. The following considerations and mitigation and response strategies capture high-level themes common across the different types of manufacturers.

Stage	Considerations	Mitigation and Response Strategies
Pre-event	<ul style="list-style-type: none"> • Identify hazards, vulnerabilities, and threats – Particularly events that could result in potential shortages in critical supplies (e.g., PPE, medications, medical devices) or damage to a production facility. <ul style="list-style-type: none"> ▪ Raw materials disruptions – A variety of events, including natural hazards, can disrupt manufacturer access to quality raw materials. ▪ Production disruptions – Include small-scale disruptions, such as a facility fire or machine breakdown, and larger-scale disruptions, such as a natural disaster in the area. This can also be due to staffing shortages after a disaster, work stoppage actions, or during an epidemic. ▪ Product shortages – Shortages in production can occur for various reasons – availability of raw materials, demand outweighing supply, and more. ▪ Anticipate common supply needs – Sustained demand for select products is common during disease outbreaks. For example, during the H1N1 outbreak of 2009, demand for PPE, including N95 masks, increased drastically. 	<ul style="list-style-type: none"> • Design business continuity and disaster recovery plans around hazards, vulnerabilities, and threats identified in hazard vulnerability analysis (HVAs) and risk assessments. • Ensure redundant production capacity or alternate vendors. • Ensure business continuity plans clearly identify alternate materials sources and delivery methods and routes based on predicted hazards when available. In addition, develop plans for redundant production capabilities (e.g., identifying plants and facilities that can scale production when needed). • Comply with U.S. Food and Drug Administration (FDA) requirements for product shortage notification. Verified information on shortages is publicly available on the FDA website. • Forecast product demand using historical events (e.g., past flu seasons) and reviewing/revising formularies with distributors and providers. Also, determine when products with low production/use might be in high demand if primary products in the marketplace are in shortage.
Response	<ul style="list-style-type: none"> • Feasibility of surge production – Depending on the event, rapid surges in production may be required. • Damage assessment – Depending on the event, manufacturing may be compromised due to direct impact on the plant, loss of utilities, or impaired transportation. Determining the damage, systems affected, and assistance needed is critical to restoring services rapidly. 	<ul style="list-style-type: none"> • Develop business continuity plans that identify and describe means for scaling production, such as reallocating material use and shifting production schedules for products with less demand, shift/workforce changes, raw materials available, machinery, scheduling, and re-tooling. • Identify other vendors for same/substitute products; ensure the ability to coordinate with and refer to in an emergency. • For public health and natural hazard events, manufacturers can use models and experiences

		<p>from previous events to try to anticipate demand, but production timelines and capacity can limit flexibility to increase production.</p> <ul style="list-style-type: none"> • Expedite approvals from the FDA to import approved products from abroad. <i>Be cognizant of the potential for unapproved supplies and materials being pushed on the market and how to validate.</i> • Obtain assistance through insurance providers, local, state, and federal emergency management to restore utilities and essential services or other assistance needed to resume production. Work with emergency management to help communicate what the site produces and the consequences of interrupted production prior to an event and during the response phase.
Recovery	<ul style="list-style-type: none"> • Resume normal operations and, if needed, repair damage. • Assess the impact of the event on staff, products, etc. • Communicate resumption of normal allocation/delivery/activities. 	<ul style="list-style-type: none"> • Coordinate with distributors to resume normal delivery. • Coordinate, as appropriate, with partners on product availability if the event caused a shortage.

Coalitions and Manufacturing

Manufacturing occurs "upstream" in the supply chain. Given the Alliance and HCCs' key role in preparedness, response, and recovery coordination, which occurs further "downstream" in the supply chain, it is not common for HCCs to engage directly with manufacturers. HCCs can – and should – keep current and informed on significant impacts to manufacturing capabilities, such as drug or PPE shortages. The Alliance and HCCs should consider the need to share information and strategies for addressing the shortage between providers in their HCCs as well as potentially coordinate information exchange between distributors and providers.

Distributors

Distributors and logistics partners, including third-party logistics providers, acquire medical supplies from manufacturers and deliver them to providers and healthcare facilities. As part of this complex process, they may repackage, re-label, and ensure special handling for products, such as cold chain products requiring climate-controlled environments. A pharmaceutical distributor is more often referred to as a "wholesaler," whereas in the medical product supply chain, the term "distributor" is more often used. For purposes of this document, the term "distributor" is used throughout for consistency and clarity.

Strategic National Stockpile (SNS)

The SNS relies on partnerships with commercial distributors as these companies are already integrated into the market and can effectively move assets from the SNS to medical countermeasures (MCM) dispensing sites with established modes of transport, transportation routes, and accompanying security.

It is important to note that the primary pharmaceutical distributor for a healthcare facility will likely be different from the facility's primary medical product distributor. Additionally, many distributors have a primary healthcare provider market, which means the local hospital's primary distributor may not be the same as the one providing the same supplies for the nearby nursing home.

Providers have primary distributors for medical products and pharmaceuticals. However, they often have secondary distributors and specialty distributors that may focus on specific surgical procedures or equipment. It is important to understand those specialty products that are only available from a single source.

The pharmaceutical supply chain has three large national/multinational distribution companies that control 90% of the market. The companies, known as the "Big 3," are McKesson, AmerisourceBergen, and Cardinal Health². Several regional companies may be significant partners, especially in smaller, more rural communities.

The medical product supply chain is more varied with large national companies and regional companies for healthcare facility types or service lines (e.g., homecare). These distributors often have over 5,000 types of products on hand, and depending on the product, they have approximately 20 to 30 days of inventory reflecting normal customer usage/consumption patterns³. Most urban healthcare centers are within 50 miles of a distribution center, and most distributors can deliver within 24 hours of an order.

Pharmaceutical and medical product supply chains may utilize the services of third-party logistic providers (3PLs) such as FedEx, UPS, and others, depending on their business and service model. 3PLs can minimize costs and allow for local distribution through local companies familiar with the community. 3PLs can also enable more frequent deliveries from regional or local distribution centers (some facilities receive up to 4 deliveries per day.)

Allocation

When there is a product shortage, distributors may institute allocation practices. Allocation is a contractual obligation between the supplier and distributor that ensures customers get some amount of product based on a percentage of their historical purchasing. It does not take into account surge needs during a public health event which may exacerbate existing product shortages. Distributors commonly place regular customers on allocation during shortages and decline orders from new customers during that time.

Third-party Logistics Providers (3PLs)

3PLs range from FedEx and other large postal service providers to smaller, regionally- or locally-based companies. 3PLs frequently use unlabeled or unmarked trucks for deliveries. 3PLs play a critical role in "last mile" delivery.

Supply Chain Vignette: Unconventional Delivery Methods

In preparation for Hurricanes Harvey and Irma in 2017, AmerisourceBergen staged healthcare supplies to support at-risk areas and used many unconventional methods to deliver them directly to patients and caregivers after the storms. For example, when many local couriers lost their vehicles due to flooding, AmerisourceBergen responded by sourcing rental trucks for them from other states to continue making their deliveries. The couriers communicated via two-way radios with AmerisourceBergen scout drivers to find the best routes to complete deliveries to hospitals, pharmacies, and clinics. AmerisourceBergen also used duck boats and helicopters to deliver supplies directly to clients.

— Healthcare Ready, Heroes of the Supply Chain: Manufacturers and Distributors.

² Healthcare Distribution Alliance (2018). 89th Edition HDA Factbook: The Facts, Figures, and Trends in Healthcare. Retrieved from: <https://www.hda.org/resources/>

³ Health Industry Distributors Association (2018). Health Systems Rely on Distribution. Retrieved from: <https://www.hida.org/distribution/resources/infographics/Health-Systems-Rely-On-Distribution.aspx>

Stage	Considerations	Mitigation and Response Strategies
Pre-event	<ul style="list-style-type: none"> • Determine and communicate product shortages – When caching is not an option, or when stockpiles are depleted, distributors work with suppliers and customers to communicate the availability of the product(s) and viable alternatives/substitutions. • Communicating to customers – Distributors often offer to provide inventory consultation to their customers, gauging their needs and allowing them to place advance orders to prepare for an event. • Pre-positioning supplies – Increasing product inventory in warehouses and onsite at customer facilities (par levels), when possible, is important pre-event activity distributors and facilities should work together to execute. These may be permanent increases (e.g., for mass casualty events) or temporary (e.g., in anticipation of a hurricane or blizzard). Distributors will often pre-position trucks with supplies along highways to get into the disaster zone promptly after an event (e.g., nearby exits or in rest stops to be able to make local deliveries once roads re-open). • Anticipating common supply needs – Similar to manufacturers, distributors work to anticipate common supply needs and stock warehouses and customers accordingly. A spike in customer orders can be due to actual demand, anticipated demand, or multiple orders being placed with multiple vendors by the same entity in the hopes that one will get filled. • Access and Re-entry – Facility access may be a challenge for third-party logistics providers transporting supplies in unmarked vehicles that may need to cross police lines. After a criminal event such as a terrorist attack, additional precautions would need to be taken to verify delivery vehicles' origin. 	<ul style="list-style-type: none"> • Develop critical supply lists based on potential events. Work with the Alliance and HCCs and facilities to create distributor or facility-based caches or "push" lists to be delivered in case a disaster strikes and a request is received from the facility to activate their list. In some cases, distributors are included in healthcare facility disaster notifications and will automatically activate the distribution. • Agree to alternatives and substitutions ahead of time. Understand communications and establish alternate forms of communication if primary ordering systems are down. • Work with the Alliance and HCCs and providers to ensure understanding of specific delivery timeframes and vulnerabilities (e.g., if flooding closes a specific bridge, does this compromise delivery from a distributor, or does the distributor potentially need access to high clearance vehicles? • Work with all stakeholders to understand true demand during an event. Providers placing multiple excessive orders with multiple distributors only exacerbates shortages and places additional strain on the supply chain. • Coordinate through Business Emergency Operations Centers (BEOCs), when applicable and available. (In Florida, this is ESF-18 "Business, Industry and Economic Stabilization") • Develop priorities specific to community incidents that will result in common supply needs (e.g., earthquakes, hurricanes, pandemic, Ebola/VHF cases, mass violence incident based on geography and patient population) <ul style="list-style-type: none"> ▪ Annual influenza season is often used as a model to understand usage/consumption. • Collaborate with state and local authorities and private sector partners to develop a local program for pre-registration of supplier companies and personnel (including 3PLs, law enforcement, and other key stakeholders). <ul style="list-style-type: none"> ▪ Send delivery drivers letters of access on company letterhead or special "codes" or placards issued by law enforcement to expedite deliveries. ▪ Identify distributor as a key (known) vendor/partner.

		<ul style="list-style-type: none"> ▪ Develop coalition member agreements for storage and distribution of critical supplies as required. ▪ May include Disaster Response Centers where a large facility serves as the hub for storage and distribution to smaller facilities within a region. • Ensure distributors have a means of communicating with the coalition and emergency management and understand how they receive assistance during a disaster that affects distributor operations.
Response	<ul style="list-style-type: none"> • Alternative ordering – During a response, customers, often place larger orders than usual. In these instances, distributors will confirm an order that is out of the "norm" before processing. • Feasibility of Surge Deliveries – Depending on the event, expedited deliveries may be requested, as well as more frequent deliveries. Considerations for these surge deliveries include those noted below in this section and staff and product availability. • Alternative transportation and routes – Identify navigable routes for delivery vehicles, and alternative delivery sites, as required. • Securely transport deliveries – Distributors may work closely with law enforcement to receive assistance (routes, escorts). This is especially important during events when road access is compromised. 	<ul style="list-style-type: none"> • Create a streamlined communication process for efficient ordering, confirmation, and work to pre-populate orders, including an alternate communications plan. Ensure that the facility is not placing duplicate orders for the same items with multiple vendors (a common situation that leads to significant miscalculation of actual needs by distributors and manufacturers). • Provide customers with specific allocation limit amounts for operational planning at healthcare delivery sites. • Work with manufacturers and parent (corporate) healthcare systems to anticipate needs and move additional materials to the distribution centers ahead of the event or requests. • Be prepared to switch to alternative products when necessary and determine how deliveries will be prioritized if requests exceed inventory. Ensure providers understand how allocation and prioritization will work. • Climate-control technologies in delivery vehicles should be sufficient for prolonged delays in transport. This would include both conventional cold and super cold storage systems. • Source or create processes for obtaining specialty vehicles that may be needed (such as high-water vehicles and boats) and additional standard vehicles/drivers to meet increased delivery demands. • Establish relationships and contacts with local emergency management – these may help restore services and access to the distribution center, secure specialized vehicles, allow access to secure or restricted areas, and obtain current information on road status and hazards. Emergency management often does not have an awareness of the distributors in their area and the key role they play in disaster response.

Recovery	<ul style="list-style-type: none"> • Resume normal operations and communicate the resumption of normal allocation/delivery/activities. • Coordinate with manufacturers and providers as needed on product substitutions (which ideally should be identified and agreed to prior to an event) and transition back to primary product when available. • Distributors coordinate on substitutions of the same medical product (e.g., substituting the same generic medicine from a different manufacturer.) They are not involved in decisions regarding substitutions when there is a medical and patient care consideration. 	<ul style="list-style-type: none"> • Coordinate with local authorities on primary delivery route restoration if the event caused the need for alternative routes. • Adjust delivery schedules as needed for facilities. • Communicate transition plan and timing back to primary products and normal supply and delivery process.
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Coalitions and Distributors

The plans and activities of distributors, the Alliance and HCCs can – and often do – directly impact one another. Accordingly, robust information sharing, collaboration, and partnerships between distributors and HCCs contribute to a strong preparedness, response, and recovery posture for a region. Integrating distributors into ESF-8 and meeting face-to-face on a regular basis through coalition meetings, trainings and exercises, and the like will highlight the importance of these relationships and also identify key contacts that can be called upon during a response. Distributors should have a clear understanding of the role the local coalition plays during a disaster and how the coalition and distributor interface with the formal emergency management response structure in the jurisdiction so that information and resource requests can be managed according to local policy (including how to connect with local and state emergency management). During shortages, the Alliance and HCCs can play a key role integrating clinical options (from the provider level) and vendor options (from the distributor level) to define appropriate and consistent strategies.

Providers

Providers are a large and diverse group of facilities and professionals licensed to supply healthcare services and expertise, including disbursing and dispensing medicines and products to patients. Key activities they undertake within the supply chain include submitting orders to distributors and providing data and information on healthcare services and needs that help identify shortages and potential distribution challenges. The considerations and mitigation and response strategies differ among provider groups considerably. The following table captures high-level considerations generally consistent across provider types but is not intended to be exhaustive.

Supply Chain Vignette: Serving Affected Communities

During the devastating 2017 hurricane season, providers such as CVS Health and Walgreens found innovative ways to continue serving their communities. Both deployed “pop up” pharmacies to multiple shelter locations. CVS Pharmacy and CVS Caremark activated a process allowing pharmacists to conduct one-time emergency refills of a 10-day supply of prescription medicines for those in need. Within a few days after Hurricane Irma, Walgreens reopened 700 of their 930 stores in Florida.

— Healthcare Ready, Heroes of the Supply Chain: Dispensers and Providers.

Stage	Considerations	Mitigation and Response Strategies
Pre-event	<ul style="list-style-type: none"> • Identify hazards, vulnerabilities, and threats – Focus on events that could significantly disrupt supply delivery or compromise current supplies (e.g., by damage or consumption) and those that are most likely in specific regions. • Define triggers or thresholds for activation of emergency plans – Emergency plans should include policies and procedures for requesting supplies and managing disruptions in supply chains • Identify alternative mechanisms for ordering, receiving, and tracking supplies. • Identify multiple delivery locations – Depending on the situation, distributors may make deliveries to individual healthcare facilities/ alternate care facilities or a central warehouse where items will be later redistributed. • Stockpile non-medical product(s) – Not all supplies providers may need during an emergency is stocked in significant quantities by suppliers (e.g., hazmat suits). These should be present onsite in adequate quantities to address expected scenarios. • Define triggers and thresholds for changes to standards of care – While implementing crisis standards of care is a last resort, discussing and planning for a system and procedures for operating under these conditions is essential and can have implications on supply orders (e.g., implementing re-use of N95 masks). • Work with key stakeholders to establish Memoranda of Understanding (MOUs) or Memoranda of Agreement (MOA) – MOU/MOAs between Alliance members, providers, and other supply chain stakeholders can assist in managing expectations of additional support available during an emergency. 	<p>In coordination with County Emergency Management and Health Departments:</p> <ul style="list-style-type: none"> • Develop emergency response and business continuity plans informed by HVAs and risk assessment tools. • Based on HVA and other tools, anticipate commonly needed medications and supplies and consider caching or increasing par levels of those supplies at the facility (space and shelf-life permitting). This may include non-medical supplies such as cots and food or water. • Consider "push" lists of commonly needed medications and supplies to replenish or augment facility stock that the distributor can have available and establish policies on when to request these. • Scenario-based exercises should allow providers to identify thresholds for instituting substitution and conservation procedures and document the process through which this occurs. Exercises should be used to document and determine how these strategies and situational information are communicated to key partners, including the coalition. • Implement pilot programs and training to integrate new products into electronic health records and educate providers on labeling changes. • The facility's steady-state drug shortage processes may have applicability for developing disaster shortage policies. • Maintain communications with distributors to understand shortages and delivery issues. Establish an alternate communications plan with major distributors in case primary means fail. • Establish an alternate distributor list for critical supplies and understand the location, transport time, and potential interruptions between the distributors and providers. • Identify alternate methods and routes for deliveries based on predicted hazards.

		<ul style="list-style-type: none"> • Determine the coalition's role in planning, information sharing, indexing, and managing resource requests/brokering with distributors during an incident.
Response	<ul style="list-style-type: none"> • Forecasting needs – The ability to provide care hinges on having needed supplies onsite and a replenishment plan. Anticipating supply needs and capacity for receiving and storing them are key activities for responses. • Supply chain support activities – Providers should alter their practices as appropriate (ideally without compromising the quality of care) to decrease demand and increase the safety of substituted supplies. Examples include revising downtime procedures and refrigeration prioritization. • Coordinate with public sector responders – Public health and medical sector (ESF-8) typically receives information about supply needs from a facility and mainly engages with distributors after healthcare facilities report an expected lag in the availability of a needed product. • Partnerships across relevant supply chains – Relationships with all healthcare supply chain components (e.g., linen and blood) and other sector supply chains (e.g., fuel and food) may be leveraged for ad hoc solutions. • Mitigate or adjust to staff shortages – Staff absenteeism during events may occur, especially for downstream components (distributors, last mile, and healthcare facilities). This can be a challenge to maintaining healthcare operations during events, especially for healthcare facilities – including ancillary care. 	<p>In coordination with County Emergency Management and Health Departments:</p> <ul style="list-style-type: none"> • Use models, especially those based on past events (e.g., recent catastrophic hurricanes, severe flu seasons) to help determine likely supply needs and quantities and proactively try to obtain them prior to shortage (also understand the potential to return items to the distributor) <ul style="list-style-type: none"> • Population health data for the surrounding area can inform forecasting efforts. • Work with the coalition to communicate and share strategies with other facilities, including developing guidance for adapting to crisis conditions when required. • Ensure a mechanism at the facility level to develop clinical recommendations for substitution, conservation, adaptation, re-use, and re-allocation of supplies to ensure consistency. • Contribute to supply chain efficiencies during crises by conserving and using substitute medical and non-medical supplies (e.g., pharmaceuticals, blood products, fuel, medical gases, refrigeration). • Maintain current ESF-8 contacts through training, exercises, and other methods. • Activate mutual aid agreements within your healthcare coalition or with facilities not impacted by the hazard. • Explore and look for options from parent or "sister" facilities for resources if usual methods are not available or do not provide sufficient resources. • Ensure disaster augmentation plans for pharmacy and supply personnel. Plan for workforce shortages, including information for other providers to fill supply/warehouse/distribution roles and explore and engage with medical volunteer programs, including the Medical Reserve Corps (MRC) and Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP). • Ensure information sharing with patients regarding services provided, facility status, and any changes they should be aware of with pharmacy supplies and home delivery of

		medications and medical supplies (e.g., nutrition, oxygen).
Recovery	<ul style="list-style-type: none"> • Resume normal operations and communicate the resumption of normal allocation/delivery/activities with distributors and coalition partners. • Communicate to patients and providers about the resumption of normal activities/processes. • Manage transition back to daily operations/usual products and practices. 	<p>In coordination with County Emergency Management and Health Departments:</p> <ul style="list-style-type: none"> • Disseminate supply chain disruption situation reports to local, regional, and state health authorities as requested. • Coordinate with distributors and others as needed on product substitutions and transitions back to the primary product if the event caused a shortage. • Share information on sustained supply chain impacts. • Work with distributors to resume normal operations, distribution volumes, and schedule.

Coalitions, Providers and the Alliance

As both key members and stakeholders of the Alliance, HCCs and providers drive coalition activities. The Alliance and HCCs play an important role in developing and disseminating information between their stakeholders (including emergency management) and with distributors, monitoring impact, and coordinating response activities during emergencies as per local ESF-8 plans. Providers look to HCCs for information sharing and standardization of activities, including those related to the supply chain such as substitution and conservation guidance. The Alliance and HCCs may also play a role in resource management and requests depending on the region. HCCs help prevent multiple providers from engaging multiple distributors about the same issues during emergencies and thereby can serve as a single point of contact between distributors and providers and can also engage emergency management if formal resource requests or community assets are needed. HCCs can use their After-Action Reports (AARs) following exercises or events to highlight supply issues and encourage changes in policy and practice as part of corrective improvements.

Resources

- [ASPR emPOWER](#)
- [ASPR TRACIE Pharmacy Disaster Calculator](#)
- [CDC Supply Chain Disaster Preparedness Manual](#)
- [Health Industry Distributors Association. Lessons Learned: Pandemics and Medical Supplies](#)
- [Health Industry Distributors Association. Role of Medical Products Distributors in Emergency Preparedness](#)
- [Healthcare Ready. Disaster Healthcare Supply Chain](#)
- [Healthcare Supply Chain & its Role in Disasters](#)
- [Healthcare Ready. Partnering with the Pharmaceutical Supply Chain](#)
- [Institute of Medicine. Crisis Standards of Care](#)

Patients

Patients and their caregivers are the primary end-users in the supply chain and typically only engage with providers, although certain materials (e.g., nutrition, home dialysis supplies) are sometimes directly delivered to patients by distributors. The diverse needs of patients – from acute care needs to chronic conditions to unique demands from different demographic groups like pediatric patients – contribute to the complexity of this aspect of the supply chain.

Stage	Considerations	Mitigation and Response Strategies
Pre-event	<ul style="list-style-type: none"> • Understand insurer limitations on filling prescriptions – Generally, insurance plans prevent patients from obtaining a prescription refill before their current supply is depleted or close to it. During a declared disaster, a no refill order may be lifted. • Identify and plan for critical healthcare equipment delivery and maintenance – An important preparedness activity for patients is to ensure access to their homes for deliveries of critical supplies such as durable medical equipment (DME) and oxygen, and also to ensure proper refrigeration (if needed) of temperature-sensitive medical products. 	<ul style="list-style-type: none"> • "Refill too soon" overrides may be allowed through an emergency declaration or at the discretion of insurance plans during emergencies. These overrides can allow patients to receive a 30-day supply of prescription medicines in advance of a forecasted event. As this is not always the case, it is important for patients to be educated on this issue and know their options. • Follow instructions on labels or patient instructions given by providers to help make sure medical supplies are properly administered and maintained by patients. • Plan with distributors to ensure continued access during a disaster for home-delivered products and plan how the patient can communicate their new location to a distributor if the patient is forced to relocate during a disaster. • Plan alternate source of refrigeration, if needed (e.g., portable cooler, locations that may have backup power near the patient).
Response	<ul style="list-style-type: none"> • Disseminate information on open facilities and how to access them – Evacuated patients may not be familiar with or know of nearby open facilities. • Knowledge of waivers and sources of information (e.g., insurance hotlines) – Coverage may change during an emergency due to waivers and other exemptions. 	<ul style="list-style-type: none"> • Plan with healthcare providers in advance of an event to identify backup facilities, particularly ones within the insurance network. • Use locator services like Rx Open to identify open pharmacy facilities. • Follow training and awareness campaigns and seek patient resources during emergencies. • Consult with a medical provider in advance if possible if a medication shortage or difficulty accessing medication ensues. An alternate strategy or medication may be temporarily needed (e.g., going to a clinic to receive insulin versus storing it at home). • Understand how health insurance benefits and restrictions may change during a disaster (e.g., in-network coverage changes)

Recovery	<ul style="list-style-type: none"> • Transition care and services to a new or temporary facility. 	<ul style="list-style-type: none"> • Develop continuity of care plans with care teams, including primary care providers, pharmacists, and insurance providers. • Understand timeline for restoration of services/deliveries. • Resume usual medications and schedules. • Plan for deliveries and supply chain needs if temporary healthcare facilities are used, or patients relocated.
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The Alliance, Coalitions and Patients

Though the Alliance and HCCs do not connect directly with patients, they may help coordinate risk communication to the community and development of consistent information for patients that can be provided through an emergency management Joint Information System. Further, HCCs may have a role with coordinating medical support of shelter and relocation activities that can require provider and distributor solutions to problems of delivery and maintenance of products.

Resources

- [CDC: Prepare Your Health](#)
- [Healthcare Ready](#)
- [Ready.gov](#)
- [RxOpen.org](#)

Coalitions

The Florida Region 3 Healthcare Coalition Alliance consists of three unified healthcare coalitions, Northeast Florida HCC, North Central Florida HCC and the Coalition for Health and Medical Preparedness. The Alliance and Healthcare coalitions (HCCs) serve as a unifier of healthcare preparedness, response, and recovery activities across a community – working to link the disaster partners and plans to provide care and protect public health in their area. All HCCs should act as an information-sharing hub for distributors and providers, including product and delivery information and strategy sharing. For HCCs with a broader role in emergency response, activities may include tracking barriers to product delivery, resource request management and brokering, and monitoring healthcare facilities' operational status and needs within the HCC. HCCs also play a key role in creating a liaison between public sector response agencies, including emergency management agencies and public health departments, and private healthcare entities that serve as service points.

Stage	Considerations	Mitigation and Response Strategies
Pre-event	<ul style="list-style-type: none"> • Reconcile and align private sector member business continuity plans and public sector member emergency response plans – With diverse members, the Alliance and HCCs can help set emergency response priorities and translate resources, needs, and concerns across and between members. With healthcare owned and operated by the private sector but public sector agencies charged with responding, mediation and understanding before an event is essential. • Foster and forge relationships with supply chain components – the Alliance and HCCs play an important role in establishing key external relationships and fostering collaboration and partnerships during a steady state. • Determine emergency protocols and procedures – the Alliance and HCCs can play a lead role in developing and disseminating guidance within their membership to conserve, substitute, adapt, re-use, and reallocate supplies. • Establish information-sharing protocols and reporting flow – the Alliance and HCCs should determine how information about impacts healthcare services and supply alternatives will be shared throughout the coalition. (e.g., through Situation Reports, coordinating conference calls, and event dashboards). • Include supply chain representatives, specifically distributors and potentially manufacturers, in coalition meetings and activities. 	<p>In coordination with County Emergency Management and Health Departments:</p> <ul style="list-style-type: none"> • Facilitate relationships through routine coalition interactions (e.g., inviting distributors to coalition meetings, training, and exercises). • Understand and document the major distributors in the area, including key product lines, location(s), points of contact, and means of delivery. This may include distribution points owned and operated by major healthcare systems. • Understand the process for resource requests – when do healthcare facilities rely on their distributors, alternate distributors, and/or other facilities (in their system or in the coalition) or emergency management? What is the process for resource requests to the coalition/emergency management? This could include requests that need to come from the SNS, for example. • Understand the coalition's role in drug and supply shortages when emergency management is not activated (e.g., during steady-state operations). • Review agreements, protocols, and procedures across the Alliance to identify components that may work for your coalition. • Codify essential elements of information (EIs) relevant to the supply chain in emergency operations plans as well as roles and responsibilities for compiling and disseminating information through Situation Reports and other mechanisms.

		<ul style="list-style-type: none"> • Ensure that both distributors and providers understand the coalition's role in response and that the mechanisms for obtaining emergency management assistance are understood. • Conduct training to build capacity and identify key coordination points across coalition members. • Include supply chain objectives in community-wide exercises to improve engagement and understanding of key issues and solutions.
Response	<ul style="list-style-type: none"> • Coordinate response activities across members – Including coordination calls, development, and dissemination of Situation Reports, dashboard updates (if applicable), liaising with ESF-8, and emergency management partners. • Collect and aggregate EEIs from members and provide this data to local, state, and federal partners. • Create and share common strategies for scarce resource management among members. • Broker or allocate resource requests (depending on the defined coalition role). 	<p>In coordination with County Emergency Management and Health Departments:</p> <ul style="list-style-type: none"> • Establish coordination conference calls or use other information platforms to share information. • Establish communications with major distributors and share hazard/impact information relevant to supply deliveries and security concerns as well as anticipated needs. • Monitor and/or manage response requests, determine allocations and delivery, and other operations according to the jurisdiction's coalition role. • Coordinate guidance for local implementation of crisis recommendations during protracted events (in conjunction with state-level efforts and local subject matter experts). • Share identified EEIs with supply chain partners (e.g., distributors, 3PLs) to establish information-sharing expectations and requests.
Recovery	<ul style="list-style-type: none"> • Communicate transition from response to recovery – This might be signaled through emergency operation centers (EOCs) standing down and information sharing cadences slowing. • Facilitate resumption of normal supply delivery and clinical use. • After-action reports and identify lessons learned – Coordinate with stakeholders to identify opportunities for improvement. • Incorporate lessons learned – Integrating lessons learned and best practices into future supply chain integrity assessments as needed for HPP capability requirements. 	<ul style="list-style-type: none"> • Ensure consistency of delivery/care across the region – moving from crisis to contingency and then conventional status for materials use. • Monitor situation and share information until conventional delivery and supply use is attained. • Share lessons learned with local, regional, and state health authorities.

Resources

- [AHRMM. Medical-Surgical Supply Formulary by Disaster Scenario](#)
- [Arizona Alliance for Community Health Centers. Disaster Preparedness Inventory List: Systems, Equipment, and Supplies](#)
- [ASPR. 2017-2022 Health Care Preparedness and Response Capabilities](#)
- [ASPR TRACIE Healthcare Coalition Recovery Plan Template](#)
- [ASPR TRACIE Healthcare Coalition Resources](#)
- [ASPR TRACIE Hospital Pharmacy Disaster Calculator](#)
- [CDC. Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health \(updated 2019\)](#)
- [FEMA. Supply Chain Resilience Guide](#)
- [ASPR TRACIE Partnering with the Healthcare Supply Chain to Improve Disaster Response. Appendix B: Disaster Supplies for Consideration](#)

DRAFT 4

Florida Region 3 Healthcare Coalition Alliance

Appendix A: Supply Chain Integrity Self-Assessment

Introduction

Individual recipients must provide documentation that this assessment was conducted, along with corresponding mitigation strategies to HHS Assistant Secretary of Preparedness and Response (ASPR).

Our healthcare coalitions (HCC) and the Alliance will work in partnership and examine our supply chain vulnerabilities by teaming up with manufacturers and distributors to determine access to critical supplies, amounts available in regional systems, and potential alternate delivery options in the case that access, or infrastructure is compromised. Our HCC should then collect and use this information to coordinate effectively within the Alliance in collaboration with the County Health Department (ESF-8 lead agency). Our Alliance should further collaborate with healthcare organization members and other stakeholders to develop joint understanding and strategies to address supply chain vulnerabilities." ⁴

Common supply and pharmacy needs (e.g., PPE, sterile supplies, commonly needed medications) have been provided in Appendix B for facility planning as well as discussion with distributors and within our HCC about the need for local caches as well as strategies to increase facility par levels. These general strategies and conclusions should be documented along with local distributor capacity to meet facility needs. Documentation of any specific supply quantities or analysis is not required to fulfill the requirement. The goals that should be achieved and documented are:

- Promote engagement and relationships between supply chain and coalition partners.
- Understand the supply chain's strengths and vulnerabilities across the Alliance and in the coalitions (and, by extension, the recipient) area.
- Analyze, at the facility and coalition level, the general types of supplies that will be required in disasters likely to affect the area, the local distributors providing them, and strategies to assure 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-event delivery of supplies).

⁴ The [2017-2022 Healthcare Preparedness and Response Capabilities](#) (Capability 3, Objective 3, Activity 1- Assess Supply Chain Integrity), Page 62.

The following checklist is informed by the mitigation and response strategies noted within this document. The strategies are intended to provide a starting point. Our HCC will need to determine the priority risks for our communities and the key private sector healthcare supply chain partners to collaborate. Facilitating these discussions in our HCC will likely lead to other mitigation strategies specific to our communities and population. Not all items in the assessment are applicable to all coalitions, and some will be much more important than others depending upon geography, the number and type of distributors and healthcare facilities in the area, and local hazards. Finally, our HCC (and members) must work with each jurisdiction's legislatively and legally defined ESF-8 structure to determine local expectations for medical supply request and fulfillment processes during disasters (e.g., in some cases, the medical sector is required to work with their vendors and other facilities until all possibilities are exhausted before involving emergency management).

Process

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

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

This is a SELF ASSESSMENT. HCC leaders can use this tool as a basis for discussion between and among coalition members and regional supply chain partners. This assessment is designed to produce a general impression of the gaps to be addressed in order to bolster supply chain preparedness. It can be a collaborative process within the HCC or facilitated by a logistics planner.

For each function, the activity should be assessed on a 0-5 scale⁵, based on the estimated level of effort required to attain adequate operational function:

⁵ This scale is consistent with scales used in other self-assessment Resources such as [HCC Influenza Pandemic Checklist](#), [HCC Resource and Gap Analysis Tool](#), and Logistics Capability Assessment and Emergency Management Gap Analysis [log_lcat.pdf \(fema.gov\)](#)

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

This assessment may help coalitions set their strategic plan in order to determine priorities for supply chain contingency planning. Each activity identifies the primary supply chain components involved in executing or meeting the activity goal and should be developed into the HCC Strategic Plan to improve capacity and capabilities.

The Alliance (Northeast Florida HCC/North Central Florida HCC/Coalition for Health and Medical Preparedness (CHAMP))

Date:

1. Risk and Vulnerability Assessment

This set of activities is designed to help Alliance HCCs identify the sites and members within 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 to address with distributors. Risk assessments are critical to complete a GAP Analysis.

Activities	Alliance/ Coalition Assessment (0-5)	Relevant Supply Chain Component	Alliance/Coalition Work to Date & Remaining Work Needed
<p>1.1 Identify or categorize impact and hazards using a hazard vulnerability assessment (HVA), jurisdictional risk assessment (JRA), and/or other tools.</p> <ul style="list-style-type: none"> Consult the Healthcare and Public Health Risk Identification and Site Criticality (RISC) Toolkit and other comparable resources to determine healthcare facility criticality and vulnerability. Document specific risks to the healthcare facilities/service providers that may result in their isolation / make access difficult. 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 event with 25 casualties, 100-person chlorine exposure, or pandemic – also access Activity 1.6). 		Alliance/Coalitions	

<p>1.2 Share existing and developed risk assessment, vulnerability information, agreements, and contingency plans with neighboring coalitions, key stakeholders, and recipients.</p>		<p>Distributors; Providers; Coalitions; Recipient</p>	
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Activities	Alliance/ Coalition Assessment (0-5)	Relevant Supply Chain Component	Alliance/Coalition Work to Date & Remaining Work Needed
<ul style="list-style-type: none"> Consider reaching out to neighboring coalitions to initiate discussions with regional and state supply chain partners jointly 			
<p>13 Determine categories of critical medical product considerations for hospitals and other care sites, such as:</p> <ul style="list-style-type: none"> Likely, surge demands and needs are relative to par levels. (healthcare facilities may need to look more specifically at the supplies in Partnering with the Healthcare Supply Chain to Improve Disaster Response, Appendix B (Disaster Supply Considerations), and determine for their role in the response what is appropriate to stock) Priority medical products (e.g., blood, pharmaceuticals, sterile/surgical, linen). Available on-site supply, warehousing, or health system local/regional warehouses, facility, or coalition-based caches of materials. 		Distributors; Providers	
<p>14 Identify distributors (including potential secondary distributors/suppliers) in relevant domains by creating a matrix, list, or map of supply chain "footprints" within the coalition's jurisdiction. Can also include less commonly used local or regional vendors on the list. These may include:</p> <ul style="list-style-type: none"> Blood banks Medical gas suppliers Fuel suppliers 		Manufacturers; Distributors; Coalitions; Providers; Recipient	

Activities	Alliance/ Coalition Assessment (0-5)	Relevant Supply Chain Component	Alliance/Coalition Work to Date & Remaining Work Needed
<ul style="list-style-type: none"> ▪ Water suppliers ▪ Emergency power suppliers ▪ Telecommunications suppliers ▪ Transportation (e.g., buses, vans, tractor-trailers) ▪ Nutritional suppliers and food vendors ▪ Pharmaceutical wholesalers ▪ Leasing entities for DME and biomedical equipment ▪ Vendors for disposable medical supplies ▪ Personal protective equipment (PPE) distributors and (potentially) manufacturers ▪ Hazardous waste removal services ▪ Linen services 			
<p>15 Discuss critical pharmaceutical supplies and their availability during emergencies in your region. Suggested sub-tasks to complete this activity are below:</p> <ul style="list-style-type: none"> ▪ Assess patient population needs and list critical medications (e.g., acute needs such as analgesia and sedation medications, or for chronic conditions such as diabetes, etc., that require medication – refer to Partnering with the Healthcare Supply Chain to Improve Disaster Response, Appendix B). ▪ Assess public health impact of an event on both general and vulnerable populations and pharmaceuticals that may be needed (e.g., bioterrorism, pandemic), including through SNS or private sources. 		Providers; Coalitions	

Activities	Alliance/ Coalition Assessment (0-5)	Relevant Supply Chain Component	Alliance/Coalition Work to Date & Remaining Work Needed
<ul style="list-style-type: none"> Discuss potential demand increases with the supply chain and options to meet the need for various scenarios. 			
<p>1.6 Discuss critical medical supplies and equipment and their availability during emergencies in your region to minimally include mass trauma, HAZMAT, pandemic, Ebola Virus Disease, and other particular pathogens (based on region), and events that may isolate the facilities from distributors (e.g., hurricane, blizzard). Refer to Partnering with the Healthcare Supply Chain to Improve Disaster Response; Appendix B. Suggested sub-tasks to complete this activity include:</p> <ul style="list-style-type: none"> Assess patient population needs and identify any critical daily medical products (e.g., acute needs such as airway, ventilators, beds; chronic condition needs). Assess the impact of public health events on general and vulnerable populations and medical supplies that may be needed. Assess competing demands of public health efforts (e.g., mass vaccination) on local distributors. 		Distributors; Providers; Coalitions	
<p>1.7 Identify specialty supply considerations (e.g., decontamination, personal protective equipment, orthopedic hardware, pediatric, vulnerable populations).</p> <ul style="list-style-type: none"> Should align with the events identified after conducting the risk assessment in Activity 1.1 (e.g., weather-related, pandemic influenza, cyber, wildfires, utility outages, burn events). 		Distributors; Providers; Coalitions	

Activities	Alliance/ Coalition Assessment (0-5)	Relevant Supply Chain Component	Alliance/Coalition Work to Date & Remaining Work Needed
<ul style="list-style-type: none"> Communicate what events are a priority and the corresponding list of likely impacted pharmaceutical and medical product supplies as well as their associated mitigation/response strategies with supply chain partners. 			

Resources

- [ASPR. RISC Toolkit](#)
- [ASPR TRACIE Topic Collection: Hazard Vulnerability/Risk Assessment](#)
- [ASPR TRACIE Topic Collection: Incident Management](#)
- [CDC. Supply Chain Disaster Preparedness Manual](#)
- [Kaiser Permanente. Hazard Vulnerability Assessment Tool](#)
- [Northern Utah Healthcare Coalition. Resource Management and Sharing Template](#)

2. Supply Chain Partner Engagement

This set of activities are 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	Alliance/ Coalition Assessment (0-5)	Relevant Supply Chain Component	Alliance/Coalition Work to Date & Remaining Work Needed
<p>2.1 Gather and record contact information for account managers and emergency response points of contact (POCs) along the supply chain for those distributors and vendors identified in Activity 1.4, including information for a back-up contact, the location of the facility, potential vulnerabilities for delivery, and potential assistance needed. Private-public coordinators at emergency management agencies should also be listed. This can be done by the facility and coalition, depending on the coalition's role.</p> <ul style="list-style-type: none"> ▪ Update contact information prior to the known hazard (e.g., forecasted hurricane), hazard season, or annually. ▪ Is the POC for planning/administration the same one as for emergencies or 24-hour contact? ▪ Relationships are important. Consider creating an educational document on the goals of the partnership and the role of each stakeholder. 		Distributors; Manufacturers; Providers; Coalitions	
<p>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.</p>		Coalitions	

Activities	Alliance/ Coalition Assessment (0-5)	Relevant Supply Chain Component	Alliance/Coalition Work to Date & Remaining Work Needed
<p>2.3 The Alliance and Coalitions should discuss and update supply plans and policies in consultation with healthcare facilities and emergency management to ensure current understanding of resources and potential issues/needs, at least annually (<i>e.g., coalitions may work with facilities to provide an update to the coalition annually about any changes to vendors, on-site supplies, or other factors that might affect their vulnerability</i>).</p>		Coalition	
<p>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.</p> <ul style="list-style-type: none"> ▪ Define when a facility should work independently to acquire needed items versus working with coalition/ESF-8 not to duplicate efforts or compete for resources. ▪ 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 healthcare systems having different levels of access to materials. 		Coalition	

<p>2.5 Provide training or guidance on the coalition's responsibilities in brokering and deconflicting resource requests between distributors and healthcare. (Note: some of these situations may not involve an EOC activation – for example, shortages of lumbar puncture kits during the 2012 fungal contamination of injectable steroid incident.) These policies should be defined and agreed to prior to an incident.</p>		Coalition	
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Activities	Alliance/ Coalition Assessment (0-5)	Relevant Supply Chain Component	Alliance/Coalition Work to Date & Remaining Work Needed
<p>2.6 Engage supply chain partners in coalition exercise.</p> <ul style="list-style-type: none"> Options to consider for exercises include virtual exercises, tabletop exercises, full-scale exercise participation (e.g., movement of products/simulated products, testing access to disaster areas for deliveries, or testing "pulls" of disaster list materials. Conduct an after-action review and identify opportunities to improve and test in future exercises. 		Distributors; Coalitions; Providers	
<p>2.7 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.</p> <ul style="list-style-type: none"> Define when a facility should work independently to acquire needed items versus working with coalition/ESF-8 not to duplicate efforts or compete for resources. 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 healthcare systems having different levels of access to materials. 		Coalition	

Activities	Alliance/ Coalition Assessment (0-5)	Relevant Supply Chain Component	Alliance/Coalition Work to Date & Remaining Work Needed
<p>2.8 Invite manufacturers, wholesalers/distributors in the region to coalition meetings, as appropriate.</p> <ul style="list-style-type: none"> Consider scenario-based discussions between distributors and providers to help providers understand how the distributors (and the coalition) will manage a situation in which there are inadequate resources to meet the requests (e.g., how will allocation be handled if implemented, likely duration if a local event). 		Manufacturers; Distributors; Providers; Coalitions	
<p>2.9 Ensure a process for sharing emergency information that may impact logistics and delivery operations with distributors.</p> <ul style="list-style-type: none"> Identify "triggers" in these public communications, such as road closures and curfews that will affect delivery. Consider standard communication channels to notify supply chain partners and providers in the community about specific impacts and the need to shift to alternative delivery schedules. Communicate to relevant state and local authorities that alternative schedules and routes are being implemented. Engage emergency management to request assistance with delivery when available resources are insufficient. Delivery should be based on the acuity of need. 		Distributors; Providers	

Activities	Alliance/ Coalition Assessment (0-5)	Relevant Supply Chain Component	Alliance/Coalition Work to Date & Remaining Work Needed
<p>2.10 Plan with facilities and law enforcement to ensure relevant supply chain partners (including third-party logistic providers) are identified as key (known) vendors (partners). Ideally, they have credentials to access facilities within a law enforcement perimeter during a disaster.</p> <ul style="list-style-type: none"> Some states include the supply chain in the governor's emergency declaration as critical entities. Consider engaging, relevant state and local law enforcement on various requirements. (e.g., certificates, badging). Communicate the plan to supply chain partners and HCC members. 		Distributors; Providers; Recipient	
<p>2.11 Establish a process to share distributor/logistics provider capabilities for delivery should road transport be limited (e.g., use of rotor-wing or boat delivery).</p> <ul style="list-style-type: none"> If applicable to HCC location and topography, determine if and where high-water vehicles or boats are available to supply chain <i>partners</i> (e.g., <i>during Hurricane Harvey, responders used duck boats</i>) and how those assets are coordinated. If applicable to the geography of HCC, determine options to deliver limited supplies via helicopter if roads are not accessible (e.g., due to earthquake or flooding). 		Distributors; Providers; Coalitions	

Activities	Alliance/ Coalition Assessment (0-5)	Relevant Supply Chain Component	Alliance/Coalition Work to Date & Remaining Work Needed
<ul style="list-style-type: none"> If applicable, determine alternate vehicles' availability if roads are compromised by snow or ice (e.g., snowmobile, four-wheel drive, all-terrain vehicle). 			
<p>2.12 Understand distributor storage and warehousing capacity in the region and adjacent regions to gauge regional capacity and delivery timelines.</p> <ul style="list-style-type: none"> This may help the facilities and coalition determine priorities for stocking and potentially regional caches in Section 3. 		Providers; Distributors; Coalitions; Recipient	

Resources

- [*ASPR. Coalition Emergency Management Program*](#)
- [*ASPR. The Healthcare Coalition in Emergency Response and Recovery*](#)
- [*ASPR TRACIE Healthcare Coalition Resource and Gap Analysis Tool*](#)
- [*ASPR TRACIE Topic Collection: Coalition Models and Functions*](#)
- [*ASPR TRACIE Topic Collection: Healthcare Coalition Development and Organization*](#)
- [*ASPR TRACIE Topic Collection: Information Sharing*](#)
- [*Crisis Event Response and Recovery Access \(CERRA\) Framework*](#)
- [*FEMA. Supply Chain Resilience Guide*](#)
- [*Health Industry Distributors Association \(HIDA\)*](#)
- [*Healthcare Distribution Alliance \(HAD\)*](#)
- [*Healthcare Ready. Access Denied: Delivery of Critical Healthcare Products and Personnel to Disaster Sites*](#)

3. Planning

This set of activities are 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	Alliance/Coalition Assessment (0-5)	Relevant Supply Chain Component	Alliance/Coalition Work to Date & Remaining Work Needed
3.1 Determine alternate delivery processes should an event limit road transport <ul style="list-style-type: none">Consider developing and sharing key planning questions that coalition members can share with distributors on this topic as well as potential solutions (e.g., alternate delivery methods or routes for specific at-risk healthcare facilities).		Distributors; Providers	
3.2 Consider changes to the frequency of deliveries and resupply. <ul style="list-style-type: none">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. <ul style="list-style-type: none">Examples include paper-based ordering plans, protocols for submitting orders via phone, etc.Discuss how to utilize coalition members' corporate support structures where applicable.		Distributors; Providers; Coalitions	

Activities	Alliance/ Coalition Assessment (0-5)	Relevant Supply Chain Component	Alliance/Coalition Work to Date & Remaining Work Needed
3.4 Establish a coalition-wide process for developing and implementing guidance for Crisis Standards of Care (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.		Providers; Coalitions	
3.5 Determine if an increase in par levels or caching of certain medications and supplies is warranted at the provider, state, and/or coalition levels. <ul style="list-style-type: none"> Regional caches should prioritize critical supplies with long shelf lives to minimize rotation. Distributor-managed caches may be an option. Policy on request, allocation, distribution, use, and a replacement must be in place for any regional assets. 		Providers; Coalition	
3.6 Transportation of medical material: If the movement of coalition cache materials is required, HCCs and recipients should determine how transportation of medical materials will occur, put necessary agreements in place and gain pre-approvals as necessary. <ul style="list-style-type: none"> HPP grant funds can (with prior approval) be used to lease vehicles for the movement of materials, supplies, and equipment by HCC members. HPP grant funds can (with prior approval) be used for HCCs to make transportation agreements with commercial carriers for movement of HCC materials, 		Coalitions; Recipient	

Activities	Alliance/ Coalition Assessment (0-5)	Relevant Supply Chain Component	Alliance/Coalition Work to Date & Remaining Work Needed
<p>supplies and equipment. Establish a written process for initiating transportation agreements (e.g., contracts, memoranda of understanding, formal written agreements, and/or other letters of agreement).</p> <p>Transportation agreements should include, at a minimum, the following elements (per ASPR HPP 2019 Funding Opportunity Announcement):</p> <ul style="list-style-type: none"> ▪ 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 ▪ Vendor's ability to maintain a cold chain, if necessary, to the incident <p>This relationship may be demonstrated by a signed transportation agreement or documentation of transportation planning meetings with the designated vendor. All documentation should be available to the FPO for review if requested.</p>			
<p>3.7 Facilities may wish to work with distributors to establish a "push list" of critical medications or supplies likely to need</p>		Distributors; Providers; Coalition	

Activities	Alliance/ Coalition Assessment (0-5)	Relevant Supply Chain Component	Alliance/Coalition Work to Date & Remaining Work Needed
<p>replenishing early in a disaster or in anticipation of a specific incident, and a process to request these supplies.</p> <ul style="list-style-type: none"> Common elements may be standardized across multiple facilities within a coalition for simplicity. 			
<p>3.8 Work with distributors to ensure understanding of restocking/return/rotating options.</p>		Distributors; Providers; Coalition	
<p>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).</p>		Manufacturers; Distributors; Providers; Coalitions	
<p>3.10 Request members share established distributor memoranda of understanding (MOU) related to emergency operations to understand the region's status of agreements better.</p> <ul style="list-style-type: none"> 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 meet the needs of all fully. 		Distributors; Providers; Coalitions	

Activities	Alliance/ Coalition Assessment (0-5)	Relevant Supply Chain Component	Alliance/Coalition Work to Date & Remaining Work Needed
<p>3.11 Consider and plan for patients' diverse needs related to the supply chain– from acute care needs to chronic conditions to unique demands from different demographics like pediatrics. Examples include:</p> <ul style="list-style-type: none"> ▪ Limitations on filling prescriptions by insurers ▪ Identify and plan for critical healthcare equipment delivery and maintenance ▪ Information on and access to open facilities (e.g., Rx Open) ▪ Knowledge of waivers and sources of information (e.g., insurance hotlines) ▪ Transitioning care and services to a new or temporary facility ▪ Partnerships with regional or national organizations to collect and disseminate patient-level guidance, which can be used and amplified by the HCCs 		Providers; Coalitions; Patients	
<p>3.12 Determine alternate delivery processes should an event limit road transport.</p> <ul style="list-style-type: none"> ▪ Consider developing and sharing key planning questions that coalition members can share with distributors on this topic as well as potential solutions (e.g., alternate delivery methods or routes for specific at-risk healthcare facilities). 		Distributors; Providers	

Resources

- [*ASPR. 2017-2022 Health Care Preparedness and Response Capabilities*](#)
- [*ASPR HPP 2019 Funding Opportunity Announcement*](#)
- [*ASPR TRACIE Coalition Emergency Operations Plan*](#)
- [*ASPR TRACIE Health Care Coalition Response Plan*](#)
- [*ASPR TRACIE Topic Collection: Coalition Response Operations \(Including Mutual Aid\)*](#)
- [*ASPR TRACIE Topic Collection: Continuity of Operations \(COOP\) / Failure Plan*](#)
- [*ASPR TRACIE Topic Collection: Information Sharing*](#)
- [*CDC. Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health \(updated 2019\)*](#)
- [*FEMA. Business Continuity Plan*](#)
- [*FEMA. Developing and Maintaining Emergency Operations Plans*](#)
- [*Rx Open*](#)

Florida Region 3 Healthcare Coalition Alliance

Appendix B: Disaster Supplies for Consideration

The lists provided in this appendix are intended to serve as a reference point only. Healthcare Coalitions are not expected to develop or maintain lists to this degree of specificity. Similar lists are available from partners in the field.

Pharmacies

Consider the use of the [ASPR TRACIE Hospital Pharmacy Disaster Calculator](#) for facility-level predictions. Note that this list does NOT include medications such as anti-hypertensive agents that may be needed to support patients with chronic conditions during a prolonged event or one that damages infrastructure.

Analgesia

- ☐ Narcotic- IV (e.g., Morphine)
- ☐ Narcotic- Oral (e.g., Oxycodone)
- ☐ Non-narcotic- Oral (e.g., Ibuprofen, Acetaminophen)

Anesthetic

- ☐ Local- Inject (e.g., Lidocaine, Bupivivaine)
- ☐ Local- Ocular (e.g., Proparacaine)
- ☐ General- IV (e.g., Propofol)

Antibiotic

- ☐ Narrow spectrum- IV (e.g., Cefazolin, Vancomycin)
- ☐ Broad spectrum- IV (e.g., Expanded Spectrum Penicillin, Carbapenem)
- ☐ Narrow spectrum- Oral (e.g., Cephalexin)
- ☐ Broad spectrum- Oral (e.g., Expanded Spectrum Penicillin, Quinolone)
- ☐ Broad spectrum- Topical (e.g., Bacitracin- particularly for burn patients)
- ☐ Broad spectrum- Ocular (e.g., Polymixin/Trimethoprim)

Antiemetic

- ☐ IV (e.g., Ondansetron)
- ☐ Oral (e.g., Ondansetron)

Antiepileptic

- ☐ IV (e.g., Ondansetron)
- ☐ Oral (e.g., Ondansetron)

Antipsychotic

- ☐ IV (e.g., Olanzapine, Haloperidol)
- ☐ Oral (e.g., Olanzapine, Haloperidol)

Anti-viral

- ☐ Oral (e.g., Oseltamivir)

Atropine

- ☐ IV/IM (e.g., Consider USP grade crystalline, autoinjector in Chem-pack)

Bronchodilator

- ☐ Beta₂ agonist- Inhaled (e.g., Albuterol)

Buffer

- ☐ IV (e.g., Sodium Bicarbonate)

Calcium

- ☐ IV (e.g., Calcium Chloride, Calcium Gluconate)

Dextrose

- ☐ IV (e.g., D50)

Insulin

- ☐ Regular- IV/SQ (e.g., Aspart)
- ☐ Long-acting- SQ (e.g., Glargine)

IV Fluids

- ☐ Hypertonic- IV (e.g., 3%, 5%)
- ☐ Normal Saline- IV (e.g., 100mL, 1000mL)
- ☐ Lactated Ringers- IV (e.g., 1000mL)
- ☐ D5 ½ NS- IV (e.g., 1000mL)

Paralytic

- ☐ IV (e.g., Rocuronium, Atracurium)

Pressor

- ☐ IV (e.g., Epinephrine, Norepinephrine, Vasopressin)

Sedative

- ☐ IV (e.g., Lorazepam, Midazolam, Ketamine)
- ☐ Oral (e.g., Lorazepam)

SSKI

- ☐ Oral

Steroid

- ☐ IV (e.g., Methylprednisolone, Dexamethasone)
- ☐ Oral (e.g., Prednisone, Dexamethasone)

Tetanus Vaccine

- ☐ IM (e.g., Tdap)

Tranexamic Acid

- ☐ IV

Medical Supplies

This list was assembled from a variety of sources (e.g., Subject Matter Experts, Association for Health Care Resource & Materials Management (AHRMM), Health Industry Group Purchasing Association (HIGPA), and the U.S. Department of Commerce). It is specific to critical equipment only and is not comprehensive, but provides a starting point. It is critical to also plan for pediatric patients (those eight years of age and younger will require dedicated sizes of equipment) in relation to community resources / hospital role in the community.

Medication and Fluid Administration

- ☐ IV start kits
- ☐ IV catheters – 24, 22, 20, 18, 16
- ☐ Intraosseous needles / connector sets / drill
- ☐ Needles – draw 18/21gauge
- ☐ Needle – blunt
- ☐ Needle – injection – 23/25/27gauge
- ☐ Syringe – saline 10mL preloaded
- ☐ Syringe – 1, 3, 10, 35, 60mL
- ☐ Insulin syringe with needle
- ☐ Piggyback IV set
- ☐ IV tubing microdrip
- ☐ IV tubing standard drip
- ☐ Blood tubing
- ☐ IV Pump sets
- ☐ Pressure bags
- ☐ Central line kits
- ☐ Buretrol / syringe pumps (if used)
- ☐ Arm boards - pediatric

Airway / Breathing

- ☐ Nasal airways (assorted)
- ☐ Oral airways (assorted – pediatric to adult)

- ☐ Laryngoscope / blades (ideally video with direct back up and multiple blades)
- ☐ Supraglottic airway (e.g. King, LMA) – pediatric to adult
- ☐ Surgical airway tray / supplies
- ☐ BVM – pediatric and adult sets
- ☐ Endotracheal tubes
- ☐ Tube holders / twill
- ☐ NG/OG tubes – pediatric to adult
- ☐ Nasal cannula
- ☐ Oxygen supply tubing
- ☐ Non-rebreather masks
- ☐ Nebulizer set / nebulizer masks
- ☐ Chest decompression needle (e.g. Cook, SPIDER)
- ☐ Suction tubing
- ☐ Flexible suction catheters
- ☐ Yankauer / large bore rigid suction tip
- ☐ Syringe cath tip 60mL
- ☐ Ventilators

Diagnostics

- ☐ BP cuffs (pediatric to adult)
- ☐ Oximetry probes (re-usable, disposable, pediatric)

- ☐ Arterial line kits and monitoring sets
- ☐ Electrodes (ECG leads)
- ☐ End-tidal capnography circuits

Laboratory

- ☐ Venous sample tubes (Vacutainer)
- ☐ Butterfly needles 21/23/25
- ☐ Luer to Vacutainer adapter

Urology / Gyn

- ☐ Foley catheters – pediatric and adult
- ☐ Collection bags

General patient care

- ☐ Pillowcases, sheets, blankets
- ☐ Gowns
- ☐ Towels, washcloths
- ☐ Soap
- ☐ Emesis bags
- ☐ Urinal
- ☐ Bedpans
- ☐ Facial tissues
- ☐ Disinfectant wipes
- ☐ Belongings bags
- ☐ Garbage bags – construction grade, opaque (for garbage, contaminated clothing, or temporary redress)

- ☐ Diapers
- ☐ Formula / nipples
- ☐ Oral hydration solution / packets

Surgical care

- ☐ Tourniquets – e.g. CAT
- ☐ Chest tube tray
- ☐ Chest tubes – 8-28 sizes
- ☐ Suture – per surgical preference
- ☐ Scalpels – particularly 11 and 25 blades
- ☐ Major procedure (laparotomy) tray (as applicable to facility)
- ☐ Vascular tray / bleeder tray (as applicable to facility)
- ☐ Trauma packs (prep, drape, cautery, other disposables to accompany trauma case) (as applicable to facility)
- ☐ Chest drainage set

Wound care

- ☐ Bandage scissor
- ☐ Sterile towels
- ☐ Roller gauze (e.g. Kerlix)
- ☐ Trauma shears
- ☐ Chlorhexidine prep
- ☐ Suture trays
- ☐ Suture – nylon (5-0 to 0)
- ☐ Suture – absorbable (5-0, 3-0)
- ☐ Irrigation fluid (may substitute clean tap water)
- ☐ 2x2 gauze
- ☐ 4x4 gauze

- ☐ Non-adherent dressing (e.g. Tegaderm, petrolatum gauze)

Orthopedic care

- ☐ Cervical collars (pediatric and universal)
- ☐ Slings
- ☐ Pre-formed splints
- ☐ Knee immobilizers
- ☐ Crutches
- ☐ Canes
- ☐ Walkers
- ☐ Walking boot (e.g. Cam walker)
- ☐ Fiberglass splinting rolls – various sizes
- ☐ Plaster splints – various sizes (but especially 5x30 inch and 4x15 inch)
- ☐ Plaster rolls – various sizes (but especially 4 inch)
- ☐ Webril / cotton padding – various sizes (but especially 4 inch)
- ☐ Elastic bandages – various sizes (but especially 4 inch)
- ☐ Coban – 3 inch

Burn care

- ☐ Petrolatum gauze 5x9
 - ☐ Sterile sheets
 - ☐ Silver-impregnated dressings
- (Note – large amounts of IV fluids and analgesia will be needed per patient – e.g. roughly 250mg equivalents of morphine/24h in addition to at minimum stretchable roller gauze (e.g. Kerlix) and petrolatum / Bacitracin- dressings)*

Miscellaneous

- ☐ Tape – adhesive, foam, surgical, paper
- ☐ Restraints – foam and leather (or equivalent)
- ☐ Stuffed animals
- ☐ Small dry erase boards and markers
- ☐ Large permanent markers
- ☐ Pediatric dosing guide (e.g. Handtevy, Broselow)
- ☐ Alcohol-based hand cleanser
- ☐ Liquid soap

Provider PPE

- ☐ Simple mask (fabric, flexible)
- ☐ N95 respirator
- ☐ PAPR (may be specific for infection control or combined HAZMAT/infection control)
- ☐ Waterproof suits for HAZMAT (may be used for EVD/VHF patient assessment/care)
- ☐ Isolation gowns (water resistant)
- ☐ Waterproof boots/booties
- ☐ Butyl gloves (overgloves for decontamination)
- ☐ Nitrile gloves (S-XL) for patient care
- ☐ Faceshields
- ☐ Headcovers (for EVD/VHF care as appropriate)

Scenarios to Consider (for facility and coalition supply planning)

Determine how many casualties is reasonable to plan for given the facility (and its role in the community – e.g., is it a pediatric center or trauma center), surrounding community hazards, and other healthcare resources available in the area:

1. Mass casualty incident – penetrating trauma/blast
 - Primary supply challenges – airway supplies, surgical supplies, blood products, medications (analgesia, sedation, intubation)
2. Mass casualty incident – pediatric
 - Primary supply challenges – age-appropriate intravenous supplies, airway supplies, medications may vary from adults
3. Mass burn incident
 - Primary supply challenges – analgesia, intravenous fluids, dressings, possibly airway supplies
4. HAZMAT – chlorine
 - Primary supply challenges – provider PPE, redress/gowns, possibly airway equipment
5. HAZMAT – organophosphate
 - Primary supply challenges – provider PPE, antidotes – atropine/pralidoxime, airway equipment, pharmaceuticals (e.g. benzodiazepines)
6. Pandemic
 - Primary supply challenges – provider PPE, critical care supplies and medications, antivirals, antibiotics, sedation/analgesia, airway supplies, general patient care supplies
7. Ebola Virus disease/VHF suspect case
 - Primary supply challenges – specialty provider PPE, waste containment

Florida Region 3 Healthcare Coalition Alliance

Appendix C: Key Federal and State of Florida Programs and Agencies

Federal Resources:

Although the healthcare supply chain is primarily owned and operated by the private sector, several federal offices and agencies have a role in supporting the continuity of supply chain operations during emergencies and events that could impact healthcare operations and have established partnerships with key components of the supply chain to accomplish this. Below is a brief overview (not-exhaustive) of some of the critical federal partners involved in healthcare supply chain issues.

- **The U.S. Department of Health and Human Services (HHS)**, Office of the Assistant Secretary for Preparedness and Response (ASPR), Division of [Strategic National Stockpile \(SNS\)](#) partners with industry, particularly distributors, to ensure timely delivery of select medicines and medical products in the event of a large-scale public health emergency. The SNS works to quickly distribute and deliver assets in the stockpile by leveraging commercial supply chain operations in place through contracts and memoranda of understanding (MOUs). The SNS also works with manufacturers and distributors to understand the additional capacity in the system and how that might be used during a disaster and anticipate and help mitigate barriers to rapid delivery that benefit all supply chain participants. For examples of SNS response activities, [click here](#).
- **ASPR's Division of Critical Infrastructure Protection (CIP)** engages national-level public and private sector partners to identify supply chain threats and collaborate on solutions. CIP facilitates the Healthcare and Public Health Sector on behalf of HHS as the lead agency responsible for protecting our Nation's health critical infrastructure. This includes convening forums to advance the sector's understanding of emergency-response supply chain concerns and how to mitigate these issues proactively. CIP works with an advisory group of federal and private sector representatives to advance bidirectional communication and problem-solving in steady-state and response situations. CIP also works to identify potential and current threats to the supply chain to gather relevant information and determine approaches to reduce or eliminate the disaster's impact.
 - ASPR CIP also leads a public-private partnership, the [Healthcare and Public Health Sector Critical Infrastructure Security and Resilience Partnership](#). This partnership supports information sharing and coordination during emergency events and comprises the Government Coordinating Council (GCC) and Sector Coordinating Council (SCC.) The GCC represents government interests and perspectives and includes ASPR, U.S. Department of Homeland Security, and the U.S. Food and Drug Administration in its membership. The SCC represents private sector interests and perspectives and includes supply chain trade associations and companies' membership.

- [This blog](#) by ASPR CIP describes how gas manufactures, healthcare facilities, and the federal and territorial government closely coordinated to help patients and manufacturers of critical medical devices receive the gas they needed after Hurricane Maria. They note four critical partners for facilities to be: local HCC, the healthcare, and public health partnership, ASPR TRACIE, and the [FEMA National Business Emergency Operations Center \(NBOEC\)](#). During an incident, the NBOEC shares updates on interdependent lifeline sectors such as transportation, communication, water, and power outages and restoration.
- Sector-based **Information Sharing and Analysis Centers (ISACs)** collaborate and share information within and across the DHS-designated 16 critical infrastructure sectors. ISACs are trusted entities established by critical infrastructure owners and operators to foster information sharing and best practices about physical and cyber threats and mitigation. They provide incident response coordination and share information during emergency events. The Healthcare and Public Health Sector designated two organizations as the Sector's ISACs: Healthcare Ready and the Health ISAC, or H-ISAC.
- **ASPR's Hospital Preparedness Program** set forth the [2017-2022 Health Care Preparedness and Response Capabilities](#) which outlines high-level objectives that the Nation's health care delivery system, including HCC's and healthcare organizations, should undertake to prepare for, respond to, and recover from emergencies. Within the continuity of health service delivery capability objectives, healthcare organizations (with support from their local HCC's) are encouraged to identify essential functions for health care delivery, including supply chain management, and assess its supply chain vulnerabilities.
- The **Centers for Disease Control and Prevention (CDC)** outlines the [Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health](#) (2018) which outlines the capability for (and associated functions) for medical material management and distribution. CDC's Public Health Emergency Preparedness (PHEP) cooperative agreement program is administered by the Division of State and Local Readiness and provides eligible recipients guidance and funding to help build and operationalize public health response capability and consideration strategies. CDC also develops guidance and policies related to personal protective equipment (PPE) and outlines fundamental principles to help healthcare supply chain managers prepare for disasters by highlighting the advantages and ways to achieve a whole-community, coordinated effort.
- The **Food and Drug Administration (FDA)** is responsible for protecting public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices. FDA also plays a significant role in the Nation's counterterrorism capability. The FDA fulfills this responsibility by ensuring the food supply's security and fostering medical products' development to respond to deliberate and naturally emerging public health threats.

State of Florida Resources:

- **Florida Department of Health:** The Florida Department of Health (FDOH) was established by the Florida Legislature in 1996; however, public health has its roots in Florida dating back to 1888 with the creation of the Florida State Board of Health. In 2007, the first-ever State Surgeon General was established to spearhead the efforts of FDOH, thereby designating a health officer to oversee all matters of public health. The Surgeon General's role is to be the state's leading advocate for wellness and disease prevention.

<http://www.floridahealth.gov/about/index.html>

850-245-4444

health@flhealth.gov

Mailing Address

Florida Department of Health
4052 Bald Cypress Way
Tallahassee, FL 32399

- **Florida Department of Health: Immunization Section:** The Immunization Section is a part of the Florida Department of Health, Division of Disease Control and Health Protection, Bureau of Epidemiology. The Immunization Section focuses on increasing immunization levels in Florida and decreasing vaccine-preventable diseases.

<http://www.floridahealth.gov/programs-and-services/immunization/about-immunization.html>

- **Florida Department of Health: Healthcare System Preparedness:** Healthcare system preparedness ensures that there is capacity and capability to provide critical public health and medical services to reduce the potential for adverse health outcomes during an event.

<http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/healthcare-system-preparedness/index.html>

- **Florida Department of Health: Disaster Behavioral Health** - All people involved in a disaster are affected in some way, from emergency response workers to disaster survivors (including family members and friends) and the public at large. Persons affected by disaster events may experience varying levels of stress and anxiety. They may also display other physical and psychological symptoms that could adversely affect their ability to respond and function. Outreach, early psychological first aid, and referrals can help disaster survivors meet new challenges and offer support in their recovery process to return them to pre-disaster performance and functioning levels.

<http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/healthcare-system-preparedness/disaster-behavioral-health/index.html>

- **Florida Department of Health: Florida's Strategic National Stockpile** Program - The Strategic National Stockpile (SNS) is a federal program developed to provide large quantities of essential medical supplies to states and communities who have exhausted local or regional supplies during an emergency. Florida's SNS Program prepares (through planning, implementation, training, exercise, and evaluation) to receive and distribute medical countermeasures and provide technical assistance to the counties in their preparations for mass dispensing campaigns. The SNS program's goal is to minimize the loss of lives during a catastrophic public health emergency by providing needed medicines and medical supplies to 100% of the population within 48 hours.

<http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/disaster-response-resources/strategic-national-stockpile/index.html> For technical assistance and questions, please email BPRCHDPreparedness@flhealth.gov

- **Florida Department of Health: FLHealthSystems** - When a public health incident or emergency threatens Florida's residents and visitors, the ability to collect precise, detailed situational awareness, share data, and receive and deliver fast, accurate and consistent communications can save lives.

<http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/disaster-response-resources/fl-health-systems/index.html> This page provides links to and information on the Department's online data systems used to maximize health situational awareness and support crucial preparedness, response, and recovery activities. For more information on these key systems, contact the Help Center at FLHealthSystems@flhealth.gov

- **Florida Public Health Risk Assessment Tool (FPHRAT)** - The FPHRAT captures information in a residual risk matrix that produces a risk, capability and resources gap analysis for each hazard by county. Access is managed to allow county planner(s) to rank capability functions, resources, and hazards. This tool requires a login password to protect the integrity of the data.

[fphrat-user-guide-2014.pdf \(floridahealth.gov\)](#)

- **Agency for Health Care Administration:** Their mission is "Better Health Care for All Floridians." As champions of that mission, they are responsible for administering the Florida Medicaid program, licensure and regulation of Florida's health facilities, and providing information to Floridians about the quality of care they receive. This Agency was statutorily created by Chapter 20, Florida Statutes as the state's chief health policy and planning entity. They are primarily responsible for the state's estimated \$25.2 billion Medicaid program that will serve a projected 4.27 million Floridians in SFY 2016-17, the licensure of the state's 48,500 health care facilities, and the sharing of health care data through the Florida Center for Health Information and Policy Analysis.

<https://ahca.myflorida.com/>

- **Florida Hospital Association:** Founded in 1927, the Florida Hospital Association (FHA) is Florida's hospital community's voice. Through representation and advocacy, education, and informational services, we support members' missions to provide the highest quality of care to the patients we serve. <http://www.fha.org/about-fha.aspx>
- **Florida Health Care Association:** Florida Health Care Association (FHCA) has a strong history of leadership and advocacy that dates back to 1954. The founding members were passionate about improving care for elder Floridians and recognized that their ability to shape public policy would be greatly enhanced by creating a statewide organization that brought together like-minded individuals. Today, FHCA is a federation representing over 82% of the state's 690 nursing centers. Membership includes more than 1,000 individuals and nearly 600 long-term care centers that provide skilled nursing, post-acute and sub-acute care, short-term rehabilitation, assisted living, and other services to the frail elderly and individuals with disabilities in Florida. FHCA also has more than 400 associate members/companies that provide valuable products and services to long-term care providers.
https://www.fhca.org/facility_operations/emergency_preparedness
- **Florida Agency For Persons with Disabilities:** The Agency Supports Persons with Developmental Disabilities in Living, Learning, and Working in their Communities. APD serves Floridians with developmental disabilities as defined in Florida Statutes, Chapter 393. This includes individuals with: Autism, Cerebral palsy, Spina bifida, Intellectual disabilities, Down syndrome, Prader-Willi syndrome, Phelan McDermid syndrome and Children aged 3-5 who are at a high risk of a developmental disability. APD works with local communities and private providers to support people who have developmental disabilities and their families in living, learning, and working in their communities; provides assistance in identifying the service needs of people with developmental disabilities; and educates the public on disability issues while focusing attention on employment for people with disabilities.

State Office
Agency for Persons with Disabilities
4030 Esplanade Way, Suite 380
Tallahassee, FL 32399-0950

Phone: (850) 488-4257
Toll-Free: 1-866-APD-CARES (1-866-273-2273)
8 a.m. - 5 p.m. ET
Fax: (850) 922-6456
Email: APD.info@apdcare.org

CDC+ Program Toll-Free Customer Service:

1-866-761-7043

CDC+ Program Toll-Free Fax: 1-888-329-2731

Florida Relay Service:

Individuals who make calls using the Florida Relay Service should dial 7-1-1 or use the appropriate toll-free numbers:

- 1-800-955-8771 (TTY)
- 1-800-955-8770 (Voice)
- 1-800-955-1339 (ASCII)
- 1-877-955-8260 (VCO-Direct)
- 1-877-955-5334 (STS)
- 1-877-955-8773 (Spanish)
- 1-877-955-8707 (French Cr)

- APD Resource Directory: [Florida APD Resource Directory - Index of Resources for People with Developmental and Intellectual Disabilities \(myflorida.com\)](https://myflorida.com)
- **Florida Division of Emergency Management:** The Division of Emergency Management plans for and responds to natural, man-made and technological disasters. These range from floods and hurricanes to incidents involving hazardous materials or nuclear power. The division prepares and implements a statewide Comprehensive Emergency Management Plan and routinely conducts extensive exercises to test state and county emergency response capabilities.
 - The division is the state's liaison with federal and local agencies on emergencies of all kinds. Division staff members provide technical assistance to local governments as they prepare emergency plans and procedures. They also conduct emergency operations training for state and local governmental agencies.
 - After a disaster, the division conducts damage assessment surveys and advises the Governor on whether to declare an emergency and seek federal relief funds. The division maintains a primary Emergency Operations Center (EOC) in Tallahassee. The EOC serves as the communications and command center for reporting emergencies and coordinating state response activities. The division also operates the State Warning Point, a state emergency communications center staffed 24 hours each day. The center maintains statewide communications with county emergency officials.

<https://www.floridadisaster.org/>

2555 Shumard Oak Blvd. Tallahassee, Florida 32399-2100

Phone: 850-815-4000

For Florida Relay Service:

Dial 711 (TDD/TTY)

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Appendix D: Supply Chain Risks and Recommendations

The modern supply chain faces a variety of risks, including:

- **Supplier failure:** When a vendor goes out of business, clients must find a suitable replacement in a short amount of time. Depending on the complexity of the product being sourced, this may be extremely difficult.
- **Supply chain interruption:** Natural disasters, political strife, and other outside forces can bring supply chains to a halt. Note that your supplier may rely upon other vendors for raw materials, and their businesses' interruptions can have a cascading effect.
- **Compliance and regulatory violations:** There are many laws and agreements governing supply chain practices. These include anti-corruption statutes, labor regulations, and prohibitions on human trafficking. Vendors who run afoul of these norms can face stiff penalties and/or prosecution.
- **Reputational Damage:** Bad behavior by vendors throughout your supply chain could come back to haunt you. No business wants to find out that a supplier has been using child labor, putting staff at risk with unsafe working conditions, or violating other important laws.

It's important to re-emphasize that the risks posed by your vendors' suppliers can affect your business. The failure of an upstream vendor may put pressure on your own supplier. Likewise, political unrest in a far-flung locale can quickly become relevant to your company's day-to-day operations. In short, you may have unwittingly built a global supply chain, exposing the company to a number of risks.

Transforming Supply Chains

Businesses and organizations should move away from having rigid, linear supply chains to operating within agile, networked ecosystems by focusing on five key areas:

1. **Assessment and strategy.** Conduct an end-to-end supply chain risk assessment to stress test the supply chain, identify critical risk scenarios and define potential responses.
2. **Capability build-out.** Invest in key supply chain capabilities, including visibility and monitoring, alternative business operating models, alternative supplier sourcing strategies, network flexibility, and agile planning.
3. **Intelligence monitoring.** Implement risk monitoring and reporting tools and an early warning system that enables a rapid early response to risks or disruptions. Undertake new product risk assessments and look for changes in demand and supply. Conduct ongoing risk and controls assessments, including systems and facility risk and cyber reviews.
4. **Operating procedures.** Put in place a Plan B for disruptive events, covering operating procedures and responses to predefined supply disruption triggers, such as a natural disaster or terrorist attack. Work to ensure there is clear delegation of authority and decision-making and that external and internal communication protocols are in place.

5. **Major crisis management.** Put in place a crisis management framework for major events where predefined responses will be inadequate. This should be accompanied by governance procedures, a desired operating model, and standard ways of working.

No one can predict the entire social and economic impact of the COVID-19 outbreak – or, indeed, of any event with global impact. Nevertheless, it has served as a reminder to businesses that the risk of an unexpected disruptive event is ever-present, and if they want to continue to serve their customers and communities during a period of disruption, they need to be proactive in their planning.

These are steps companies can take now to help ensure their supply chains are transformed in ways that help them function effectively, even when stressed and stretched by unexpected global events. It's not simply about protecting profits. The resilience of supply chains is critical to securing people's health and well-being all over the world.

Recommendations Moving Forward

1. To successfully improve a supply chain, healthcare executives should also use effective technologies, which also need to be supported by strong analytics. Implementing data analytics and automation tools can help make supply chain management a less difficult process.
2. Establish an N95/APR/PAPR fit test protocol and PPE donning and doffing training for all staff. Personal protective equipment (PPE) is critical for frontline healthcare workers to effectively treat and prevent the coronavirus. All stakeholders must work to help appropriately anticipate needs and preserve PPE and other critical products for healthcare providers to help avoid disruption. Group purchasing organizations (GPOs) are working alongside hospitals and other providers to provide critical support and equip them to prepare for surge needs in response efforts.
3. Improve order accuracy and order cycle times to lower costs. Healthcare providers sometimes struggle with a large error rate associated with ordering processes. When the wrong products are ordered, revenue is lost, and sometimes facilities don't have the products they need to deliver services. Ordering errors can also lead to medication errors. This can lead to poor health outcomes.
4. Develop effective inventory management. The lack of a sound capital equipment management system can add significant costs—causing underutilization of existing equipment or over-ordering.
 - a. Determine normal "burn rates," as well as forecast emergency "burn rates" for resources.
 - b. Establish "par levels" for both routine and critical resources as well as trigger points for reordering.
 - c. Maintain an emergency cache of PPE packaged in kits, on-site for emergency outbreaks
5. Manage contracts carefully. For many providers, it's easy to let supply chain contracts fall through the cracks once they hand the contracting processes over to group purchasing organizations (GPO)ⁱ. Most hospitals use GPOs to take care of contracts.
 - a. Organizations need to have pre-awarded contingency contracts for all types of resources to support normal and emergency operations.
 - b. Always maintain primary, secondary and tertiary vendors in each resource category.
 - c. Vendor-managed inventories are desirable but difficult always to negotiate or have vendors agree to terms. Most vendors will request a "retainer."

6. If organizations do not have ON-SITE, full power emergency generators, they need to award a contingency contract for a 12-hour or less response time.
7. Organizations need to have pre-negotiated MOU's or contract for staff augmentation during emergencies

Group purchasing organizations (GPOs) are playing an important role to support our nation's healthcare providers by leveraging our unique line of sight over the supply chain. This includes helping healthcare providers, hospitals, skilled nursing homes and clinics with the use of:

- Data tracking to help pinpoint key areas of need including surge capacity.
- Supply coordination efforts – across all distribution channels – to help medical teams obtain much needed personal protective equipment (PPE), ventilators, life-saving medications and other critical inpatient and outpatient supplies.
- Safeguards to prevent cybersecurity attacks, price gouging and counterfeit product.
- Public / private partnerships including but not limited to Department of Health and Human Services (HHS); U.S. Food and Drug Administration (FDA); Drug Enforcement Administration (DEA); Assistant Secretary for Preparedness and Response (ASPR); and Federal Emergency Management Agency (FEMA).
- Upstream transparency initiatives to help support all functions of the healthcare delivery system in response to COVID-19.
- Thought leadership to help stakeholders mitigate unintended drug shortages.

Summary

Traditional supply chain structures are optimized for cost and are not equipped to cope with an increasing number of unplanned disruptions effectively. To build resilient supply chains, enterprises should focus on building capabilities to prepare, sense, and respond to future disruptive events.

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Appendix E: Supply Chain and Logistics Project

SOURCE REFERENCE DOCUMENTS

The majority of this project's data came from personal knowledge and experience, industry standards, and algorithms, references and training were developed by 5PL Disaster Consulting LLC in partnership with Critical Integrated Solutions.

- "Logistics Operations Management" Training Course Author: Charles F. Hagan
Training course developed in 2001 for the State of Florida, adopted nationally, in 2006
- "Logistics Capability Assessment Tool" Facilitated Sessions. Author: Charles F. Hagan
Concept recommended to FEMA in 2006 following the hurricanes of 2004 and 2005, including Katrina. Brought on as project advisor consulting for the Federal Emergency Management Agency in 2007 and released in 2008 [Logistics Capability Assessment Tool \(LCAT\) User Guide ...](#)
- "Resource Gap Analysis" A Facilitation training tool. A process conducted over 30 times across Florida for counties and state agencies.
Gap Matrix developer and Course Author: Charles F. Hagan
Developed in 2001 for the State of Florida in preparation for Emergency Management Accreditation Program (EMAP) www.emap.org; NIMS Compliance Assistance Support Tool (NIMSCAST); and federal Target Capabilities List (TCL)

For purposes of upholding continuity with industry and local, state, and federal guidelines, additional open-source reference documents came from

- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (n.d.). CDC Pandemic Tools. *(Multiple source documents)*
 - CDC. Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health (updated 2019)
 - CDC. Supply Chain Disaster Preparedness Manual
- FEMA. Business Continuity Plan
- FEMA. Developing and Maintaining Emergency Operations Plans
- FEMA. Supply Chain Resilience Guide
- State of Florida, Department of Health - Strategic National Stockpile (SNS). Charles F Hagan, Committee Member and Logistics Consultant
- The Association for State and Local Health Officials (ASTHO)
- The 2017-2022 Healthcare Preparedness and Response Capabilities *(Capability 3, Objective 3, Activity 1- Assess Supply Chain Integrity), Page 62.*
- Multiple documents and templates were provided for our use by the Northeast Florida Regional Council.
Office of the Assistant Secretary for Preparedness and Response (ASPR)
Technical Resources, Assistance Center, and Information Exchange (TRACIE)
 - ASPR TRACIE Coalition Gap and Resource Analysis Tool
 - ASPR TRACIE Hospital Pharmacy Disaster Calculator
 - ASPR. RISC Toolkit
 - ASPR TRACIE Topic Collection: Hazard Vulnerability/Risk Assessment

- ASPR TRACIE Topic Collection: Incident Management
- ASPR. Coalition Emergency Management Program
- ASPR. The Healthcare Coalition in Emergency Response and Recovery
- ASPR TRACIE Healthcare Coalition Resource and Gap Analysis Tool
- ASPR TRACIE Topic Collection: Coalition Models and Functions
- ASPR TRACIE Topic Collection: Healthcare Coalition Development and Organization
- ASPR TRACIE Topic Collection: Information Sharing
- U.S. Department of Health and Human Services. (2017). Pandemic Influenza Plan: 2017 Update.
- B2B eCommerce Vendor Managed Inventory program
- Global Supply Chain Disruption and Future Strategies 29 September 2020 Blog
 - Authors: Ann Marie Uetz James R. Kalyvas Vanessa L. Miller Kathleen E. Wegrzyn
 - Published To: Dashboard Insights Health Care Law Today Manufacturing Industry
 - Advisor Renewable Energy Outlook Coronavirus Resource Center
- Kaiser Permanente. Hazard Vulnerability Assessment Tool
- Northern Utah Healthcare Coalition. Resource Management and Sharing Template
- Crisis Event Response and Recovery Access (CERRA) Framework
- Health Industry Distributors Association (HIDA)
- Healthcare Distribution Alliance (HAD)
- Healthcare Ready. Access Denied: Delivery of Critical Healthcare Products and Personnel to Disaster Sites

2021 Atlantic Hurricane Season & Evacuation Zone Changes

Coalition staff will give a presentation on multiple items under this hurricane season update.

- 2021 Atlantic Hurricane Season Forecast (early forecast)
- Statewide Regional Evacuation Study Program Updates
 - New Storm Surge Model for each County
 - New County Evacuation Zones

