



Disaster Preparedness and Resource Allocation Assessment Template

Purpose: This template is intended for use at the local level to describe the available resources, communications and infrastructure plans that would be drawn upon for allocating resources in a particular disaster. The disaster type is deliberately not specified to allow flexibility in considering how access to resources might differ based on context. From the information gathered, gaps can be identified and targeted. The focus is on core resources for surgical and critical care, as many of these must be shared between clinical areas (ED, OR, ICU), carrying implications for allocation management.

Healthcare Organization (HCO): _____

State/Region: _____

Organizational Logistics and Partnerships

<p>What organizations are relevant in your area for planning/decision-making in the event of disasters (including public health crises)?</p> <p>Examples:</p> <ul style="list-style-type: none">• Cooperative agreements among health systems, local/state health departments, or non-profits; example: https://nwhrn.org/• Federal resource information available from https://aspr.hhs.gov/	<p>How are those organizations structured and what are the areas of focus?</p> <p>How does your HCO interact with these?</p>

Disaster Response Coordination – Local HCO

<p>Does your HCO use an incident command system? When is this activated?</p>	<p>How is HCO emergency response plan structured?</p> <p>Example:</p> <ul style="list-style-type: none">• National Incident Management System standards



Disaster Response Coordination – Region/State

<p>How/where is regional disaster response coordinated? <i>Example:</i></p> <ul style="list-style-type: none"> Regional disaster medical coordination centers 	<p>For what types of disaster would these response systems be activated? <i>Examples:</i></p> <ul style="list-style-type: none"> Mass casualty Natural disaster Infectious disease Chemical/biological/radiation

Stockpiled Resources

What resources are in reserve at each level? Could be expressed as absolute quantity or days of stores at [variable] percentage occupancy. How are quantities determined (shelf life, cost, anticipated scenario for “most likely” need)?				
Resource Type	HCO-level	Regional	State	Federal
<p>Personal protective equipment (PPE):</p> <ul style="list-style-type: none"> Surgical masks Respirators Gowns Gloves Eye protection 				
<p>Ventilators and supplies</p> <ul style="list-style-type: none"> Circuits ET tubes 				
<p>IV fluids and supplies:</p> <ul style="list-style-type: none"> Crystalloid IV catheters and tubing Syringes/needles 				
<p>Drugs:</p> <ul style="list-style-type: none"> Local anesthetics Anesthetics (IV + inhaled) Sedatives Antibiotics Analgesics NMBDs Nerve agent antidotes 				
<p>Sterile procedure supplies:</p> <ul style="list-style-type: none"> Gowns/gloves Surgical drapes Dressings Chest tubes Urinary catheters 				
<p>Other:</p> <ul style="list-style-type: none"> 2-way radios Backup power systems 				

HCO Supply Chain and Determining Resource Needs

<p>How does your HCO determine ongoing supply needs for routine operations?</p> <ul style="list-style-type: none">• Model for inventory management?• # of days on hand for certain % occupancy?	<p>Does disaster plan specify modifications to these methods?</p> <ul style="list-style-type: none">• Methods for calculating supply needs based on disaster type and scope?• Criteria to request emergency allocation of supplies from other sources?

Allocation of Stockpiled Resources

<p>How does your HCO manage allocation of supplies between different clinical areas in disaster circumstances?</p> <ul style="list-style-type: none">• ED• OR• ICU• Acute care	<p>How often are ongoing supply needs assessed during a disaster response?</p>