



ESF-8 Resource Assessment and Supply Chain Evaluation Procedures

Overview

The Hospital Preparedness Program (HPP) grant in Louisiana funds a network of partners to assist with planning and response. In addition to funding a network of regional ESF-8 coordinators, the HPP grant funds are used to procure or maintain modest caches of supplies and equipment to support ESF-8 readiness. This document outlines the methods used to assess resources needed, identify potential gaps, and processes to anticipate shortfalls based on high probability scenarios outlined in hazard vulnerability assessments (HVA) and after-action reviews (AAR) from real events.

Resources Assessment

State and regional ESF-8 and Healthcare Coalition (HCC) partners maintain visibility of beds by type along with critical supplies of HCC members using the following methods.

- ESF-8 Portal, Resource Management screen – [HCC Resources Guide/Protocol](#)
- ESF-8 Portal, during large scale and prolonged response activities has capability to be further built out to capture specialized supplies – i.e., COVID-19 pandemic resources screens
- MSTAT – provides visibility of medical gas and fuel suppliers to hospitals
- Survey Monkey or other just-in-time survey platforms

Attachment A outlines the summary of the statewide resource assessment.

Supply Chain Evaluation

Every three years an assessment of additional supply chains will be conducted at an HCC level to provide more awareness of vendors or external supply chains relied upon by Hospitals. The intent of this assessment will be to explore potential redundancies in vendors/suppliers, identify alternatives, and attempt to mitigate potential shortfalls during future events. Types of supplies and vendors to assess include:

- Blood and blood product supplies
- Biomedical waste vendors
- Durable Medical Equipment suppliers
- PPE vendors
- Oxygen suppliers
- Pharmaceutical vendors

Attachment B outlines the vendors predominantly used by hospitals as reported during the 2022 Supply Chain Assessment survey. During events where access to an area is compromised or supply chain is disrupted, this list may be shared among state and regional ESF-8 response partners to assist impacted facilities with sourcing through alternative methods.

Hospitals are encouraged to utilize tools to assist in evaluating the disaster supplies needed in response to real events. The [Disaster Available Supplies in Hospital \(DASH\)](#) tool was launched in 2022 through the federal Healthcare Ready Program. The tool will suggest par levels of supplies that a hospital should maintain on hand to respond to a surge event.

Regional Procurement of Resources

A finite amount of HPP grant funds are dedicated to each of the nine regions to carry out projects to support identified training, education or procurement of equipment and supplies. The HCC leads collaborate with their core members along with hospitals and EMS agencies to identify projects that will advance readiness of the region for medical surge events based on the results of HVAs and AARs.

Hospitals typically volunteer to accept and expend the nominal amount of HPP funds on behalf of the region, using their existing contracts and purchasing agents. The HCC lead, also referred to as the Administrative Designated Regional Coordinator (ADRC) works with the hospitals “hosting” the regional project to ensure proper equipment/supply tracking – internal and external to the facility. Hospitals utilize inventory management programs to assist with tracking, rotation, and disposal of expired materials. The HPP grant team along with the ADRCs communicate federally mandated requirements pertaining to grant procured equipment and work to ensure hospitals follow these rules. Hospitals maintain internal procedures for the deployment and activation of resources used during disasters. The HPP team along with ADRCs may help provide guidance on the activation and deployment procedures applicable to HPP equipment based on state and/or LHAREF HPP Grant policies.

While HCCs, through individual hospitals, procure and maintain small caches of resources, they are not formalized entities with purchasing mechanisms for large quantities of supplies. Louisiana HCCs serves primarily as conduits for assisting with coordination for sharing existing resources, communicating potential alternatives identified, and making formal requests for any state or federally available supply caches such as the Federal SNS.

ESF8 and HPP Partner Resources

Louisiana HPP collaborates closely with ESF-8 response partners to assist with procurement of equipment and asset management based on the scope of their business and everyday operations. This section outlines some of the key partners leveraged and the methods each uses to manage HPP assets.

Louisiana Rural Ambulance Alliance (LRAA)

The Louisiana Hospital Association Foundation (LHAF) and Louisiana Department of Health (LDH) contract with the Louisiana Rural Ambulance Alliance for asset management. The LRAA provides, insures, and maintains equipment purchased with HHS Grant Funds, in support of emergency medical services, HHS planning functions including drills, exercises, and medical surge response as needed. Equipment shall be made available to meet local, regional, and state needs, and may be used for training, drills, and medical surge response activities related to Mass Casualty Incidents (MCIs) and other local, regional and/or state requests. The LRAA asset catalog shall be provided to HPP staff annually as well as posted online for access by EMS providers among other ESF-8 network partners.

Bureau of Community Preparedness (BCP)

The LDH has an Interagency Agreement in place with BCP, Emergency Preparedness & Response program. BCP shall be responsible for the maintenance, upkeep and storage of surge response trailers medical equipment, medical supplies to support medical operations and mitigate the surge of Treatment Centers during a declared emergency. Reference **Attachment C.** and the BCP managed assets slide set for complete lists and descriptions.

Acadian Ambulance Service (AAS)

Acadian Ambulance Service (AAS) is one of the largest EMS agencies serving Louisiana and neighboring states, including Texas. The LHAREF will occasionally coordinate with AAS to carry out special projects. These projects have included COVID-19 and Burn Wound Care Push Pack subcontracts. AAS is responsible for the management and maintenance of larger pieces of equipment and coordinates closely with the HPP team to assist with inventory management of smaller caches of medical supplies. The HPP master inventory spreadsheet captures special project equipment procured and accompanying documents such as the Burn Push Pack Protocol outlines specific management procedures followed.

LHA Foundation – Hospital Preparedness Program

The HPP staff has a limited number of loaner radio kits available. The loaner kit includes a 700 MHz radio, charger, and extra battery. Radio Loan Agreement forms are used to track distributed HPP acquired radios. All loaned and available radios are maintained in an internal HPP inventory management system – **Attachment D**. Other supplies or equipment procured through LHAF HPP for special projects will be tracked based on applicability and in accordance with HPP Grant Policies and Procedures.

HCC Regional Caches

ADRCs assist the HPP team with tracking regional grant funded supplies and equipment that may be available to other regions and the state upon request of LDH/ESF-8. **Attachment E** includes both HPP acquired regional resources as well as non-HPP caches and supplies that may be available to ESF-8 partners during response.

Requesting Resources

During real events, resources may be shared between and among HCC regions and between ESF8 partner entities. Some key considerations should be factored when requesting resources:

- Accessing the resource(s)
- Wrap around needs for the resource(s)
- Status – in use vs. in storage; in working condition
- Loan/lease agreement or transfer of ownership process – if applicable
- Potential costs incurred to use the resource

Assets requiring additional resources to become useful, whether it's fuel, relocation resources, or will serve as a major component of response which may involve federal reimbursement, incurring costs should be captured at the front-end. Formal request for assistance with deploying the resource or additional wrap around service needs should be requested through WebEOC. In situations where resources can be loaned/shared/borrowed through internal or regional arrangements and little backend financial compensation is anticipated, DRCs and partner agencies should follow existing processes to share resources. **Attachment F**.

The network of DRCs and other ESF-8 partners primary function is to assist during surge incidents by identifying available beds and transportation resources. The ESF-8 Network Coalition Response Plan along with regional HCC Preparedness and Response plans outline the steps and systems used for managing and coordinating resources, including hospital beds by type and transportation resources.

During large-scale or **national level disruptions** in supply chain availability, ESF-8 will take the following steps to support hospitals and healthcare coalitions.

- Disseminate messaging on alternative products/formularies, shelf-life extensions granted, or other FDA, CDC or HHS suggested mitigation strategies.

- Make formal requests for Strategic National Stockpile (SNS) resources, if applicable and available.
- Request state level acquisition procedures be established through the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP).
- Coordinate information sharing calls with CEOs and CMOs to discuss the impacts of shortages and strategies to be explored to alleviate challenges.

References

ESF-8 Network Coalition Response Plan – [LHAF Website](#)

ESF8 Portal Resource Management Screen – [Hospital Resource Reporting Protocol](#)

HHS Grant Frequently Asked Questions (FAQ)* (on file)

[HHS Grant Policies and Procedures](#)

Burn Wound Care Push Pack Protocol - [LHAF Website](#)

Louisiana SNS Plan – available upon Request

Disaster Available Supplies in Hospitals (DASH) Tool – [dashtool.org](#)

BCP Managed Assets – PPT Slides, May 2022 (on file)

Louisiana Rural Ambulance Alliance – [LRAA Assets Catalog](#)

Attachments

Attachment A. ESF-8 Portal Resource Assessment Summary

Attachment B. Supply Chain Summary

Attachment C. BCP Warehouse and Trailer Supplies

*Attachment D. HPP Inventory spreadsheet – comms equipment (on file)

*Attachment E. HPP Inventory spreadsheet – Regional Supplies and Caches (on file)

Attachment F. HPP Resource Request Process

* These documents are maintained on file with HPP staff and updated routinely; they may be shared upon request as well as on an annual basis.

Attachment A. – ESF-8 Portal Resources Assessment Summary

Decontamination Tents

There are 110 decontamination tents statewide among Tier 1 hospitals.

Radios

There are approximately 360 700 mhz radios statewide. Each region currently has a radio at most of the hospitals. A DRC can reach out to the HPP cache, OPH, or procure additional radios utilizing HPP regional project funds.

Hazmat PAPRs

There are 809 HAZMAT PAPRs statewide among Tier 1 hospitals.

Food and Pharmaceutical Vendors

Statewide Summary	Food Vendor (T1 and T2)	Pharmaceuticals Vendors	Pharmaceutical cache count
269 hospitals	Top External Wholesalers (national) Reinhart Sysco/Aramark Doerle Morrison’s US Food	Cardinal (28%) McKesson (12%) Amerisource Bergen (9%) Morris Dickson (20%) Other/NA (32%)	<1 % maintain a 4-8 weeks 23% that maintain a 2-4 weeks supply 45% maintain a less than 2 week supply
	Top External Wholesalers, non-healthcare source (local/regional) Piccadilly Ben E. Keith		<i>Of the hospitals that maintain a pharmaceutical cache, the majority maintain a cache for staff and patients.</i>
	External, healthcare sources Multiple healthcare facilities identified		30% don’t maintain a pharmaceutical cache

Attachment B. - Supply Chain Assessment

A resources and supply chain survey was circulated in March 2022 to the Healthcare Coalitions via their HCC lead. There was a 28% response rate among the 269 hospitals surveyed.

Top Medical Supply Vendors	<ol style="list-style-type: none">1) Medline2) Cardinal3) Owens and Minor4) McKesson
Top DME Distributors	<ol style="list-style-type: none">1) US Med2) Cardinal3) Medline4) Southern Medical5) Carmichaels
Top Biomedical Vendors	<ol style="list-style-type: none">1) Biomedical Support Services2) Agiliti3) Crothall Healthcare
Top Medical Gas Suppliers	<ol style="list-style-type: none">1) Air Gas2) Praxair3) Red Ball
Top Blood Suppliers	<ol style="list-style-type: none">1) Lifeshare2) Vitalant (formerly United Blood Services)3) Interfacility suppliers
Top Hazardous Waste Vendor	<ol style="list-style-type: none">1) Southern Textile2) Stericycle3) Waste Management
Top Laundering/Linen Services	<ol style="list-style-type: none">1) Westport Linens2) Southern Textiles3) Crown Laundry

According to the survey, many hospitals are dependent upon the same vendors for Medical Supplies, Linen Services, Medical Gas, DME providers, Blood Bank and Hazardous Waste Removal Services as their primary and secondary means of obtaining goods and services. Some local/regional vendors were listed (i.e. Red Ball Oxygen, Guy and Parker Paper, Davis Products) along with hospitals listed as in house suppliers.

The details of suppliers and vendors can be shared by region to assist DRCs with identifying in-region alternatives as well as suppliers external to the region who may be able to be leveraged.

Attachment C. – BCP Warehouse and Trailer Supplies

Emergency Response Trailers/Warehouses

The state emergency response trailers are used to provide medical equipment and supplies to support medical operations during a disaster. All emergency medical equipment and supplies for emergency response are located at the state's warehouse: North 17th Street located in Baton Rouge.

A. 17th Street Warehouse

- 2.5 acre fenced in lot with warehouse and work trailer.
- Security monitored facilities.
- Serves as pre-staging area for emergency response trailers.
- Serves as primary delivery point of equipment and supplies.
- Provides backfill of emergency response equipment.
- Serves as primary delivery point and central distribution site for O2 cylinders.
- Houses over 1,000 emergency response supplies and equipment.

B. Emergency Response Equipment & Trailers

- Base X tents (wrap around HVAC, Lights and 36 KW generator)-8
- Command Trailers-3
- Mobile Morgue Trailer – 1
- Supply Trailer – 11
- 36 KW Generator on Trailer – 4
- Regional Hospital Decon Trailer – 9
- Stretchers-35
- Back Boards- 326
- Satellite trailers-3
- Cots (700 lb capacity)-50
- Oxygen Cylinders- emergency contracts-LDH Logistics will distribute.
- Oxygen carts:
 - Single cylinder pull cart-71
 - 4 cylinder rack-12
 - 36 cylinder pull cart-5
 - 50 cylinder pull cart-15
 - Steel pallets-24

C. Supplies

- Oxygen tubing
- Regulators
- Oxygen wrenches
- Oxygen Multitators
- Nasal Cannulas
- Non Breather mask
- Ambu Bags
- Body Bags

Attachment E. - HPP Resource Request Process

