Supplies, Logistics and Support Services Planning & Assessment Tool: A Healthcare Guide for Pandemic Flu Planning

PLANNING TODAY FOR A PANDEMIC TOMORROW PUBLICATION SERIES

Prepared by the New Jersey Hospital Association

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Introduction

Through the use of a detailed assessment and planning tool, hospitals can review existing policies and procedures, identify gaps, adopt new policies and procedures and generate a pandemic influenza plan that will facilitate a more effective response during a crisis. This tool will assist hospitals in developing and adopting new policies that will be required to protect employees, patients and the hospital itself. The planning and assessment tool identifies critical elements within each module related to hospital operations during an emergency situation. In addition, the tool provides a variety of sample policies and procedures that facilities may elect to use in their planning process.

Critical areas to address when planning for a pandemic include:

Clinical Care Leadership
Communication Legal/Regulatory
Ethics Operations
Finance Psycho-Social

Human Resources Supplies/Logistics/Support Services

How to Use This Module

Hospitals should form multi-disciplinary work teams to develop policies and procedures relating to each of the critical areas identified above. Diverse perspectives will help ensure that all issues or concerns that may be raised during a pandemic can be brought to the table while in the planning process.

The modules are to be used as a guide to facilitate discussion and to ensure that key points related to a topic such as human resources are identified and addressed in the planning process. Sample policies and/or procedures are provided; these policies and procedures are by no means all inclusive, and hospitals should not interpret the sample policies as what <u>must</u> be adopted. Sample policies are provided to assist a hospital in developing a policy that is consistent with the culture and values of the organization. Hospitals are not required to adopt any of the sample policies and procedures; they are intended simply to serve as a resource and guide in the planning process. *They are <u>not</u> reflective of a standard of care.*

Upon completion of the 10 modules reflected in <u>Planning Today for a Pandemic Tomorrow</u>, a "cross-walk" will be developed. This cross-walk will provide guidance for other module areas that should be referenced when developing policies and procedures. For example, when examining a Human Resources policy, the Legal and Regulatory module may need to be reviewed.

And finally, the information reflected in the planning and assessment tool modules is intended to be used as a fluid and flexible resource in dealing with the problems associated with a pandemic influenza outbreak. It is based on existing information, therefore hospitals should routinely review their plan to ensure new information is incorporated into policies and procedures as necessary.



SUPPLIES, LOGISTICS AND SUPPORT SERVICES MODULE

During a pandemic influenza crisis, it is likely that the medical supply, equipment and support chain will be interrupted and workforce shortages will occur. While there may be some discussion as to when and where the supply chain would break down, and what level of workforce absenteeism would occur, it is essential that all facilities plan for disruptions – both inside and outside of the hospital atmosphere. For example, it is critical to consider the effect pandemic influenza would have on trucking, transportation and other vendors responsible for the fulfillment of supply and medication orders.

In the sections that follow, a series of preparation tasks are broken down by essential departments. It is up to each facility to decide what constitutes local essential services or departments and tailor their needs accordingly. Department planning tasks include:

- A. Medical Supplies
- B. Pharmaceuticals
- C. Surgical Supplies
- D. Patient Comfort Supplies
- E. Laundry
- F. Food Service
- G. Housekeeping
- H. Morgue
- I. Transportation Services
- J. Laboratory
- K. Radiology
- L. Respiratory Support and Care
- M. Waste Removal
- N. Central Sterilization

Associated with each section are appendices that offer additional details and/or further explanation of important issues for each task. These are noted as "A1," "A2," etc. on the task checklists.

Careful planning in these areas will help ensure that medical providers have the necessary supplies and support to provide quality patient care under the extreme conditions of an influenza pandemic. The tasks reflected in this module are to serve as a resource and guide in the planning process. *They are not reflective of a standard of care.*

The numbering that appears in the following chart does not reflect prioritization of tasks. It will be utilized when developing the crosswalk of all modules.



A. MEDICAL SUPPLIES

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Perform assessment of medical supplies for use during an influenza patient surge (hereafter referred to as "influenza-related medical supplies"). List quantities of each item needed for a 6-8 week crisis. A1					
2	Perform inventory of influenza-related medical supplies on hand across facility (includes storerooms, clinical areas, offsite warehouses).					
3	Identify primary vendors of influenza-related medical supplies and obtain 24-hour emergency contact information. <u>A2</u>					
4	Perform assessment of expected supply levels from vendors based on previous ordering patterns and/or other vendor criteria. Understand vendors' plans for fulfilling orders during a product shortage. A3					
5	Identify 2-3 secondary vendors for each influenza-related medical supply item, obtain credit approval, and enter vendors into purchasing and accounts payable systems. Obtain 24-hour emergency contact information for vendors. A2					



A. MEDICAL SUPPLIES, CONTINUED

ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
Develop plans with primary and secondary vendors to pick up product in the event of a trucking shortage and/or delivery difficulties (e.g., utilization of hospital vehicle(s) to pick up supplies from distribution centers, warehouses, etc.).					
Develop set of emergency purchase orders that may be quickly implemented (or activated with the vendor directly via phone) and file with vendors. Determine who has the authority to implement emergency orders and trigger points. A5					
Develop emergency backup procedures to expedite purchasing of critical supplies should normal purchasing procedures be interrupted or delayed. Determine who has the authority to implement emergency procedures and trigger points.					
Develop plan with local Office of Emergency Management (OEM) to request needed supplies from the government should the normal supply chain be interrupted. A4					



A. MEDICAL SUPPLIES, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
10	Develop storage plan for 6-8 weeks worth of influenza- related and other medical supplies. Include procedures to enable quick access to supplies.					
11	Develop plan to track and maintain adequate levels of all medical supplies in the event of a workforce reduction, including cross training and/or "just-in-time" training for staff (e.g., inventory functions, ordering functions, nursing unit replenishment, par level assessment, product receipt and storage, etc.).					
12	Develop plan to assure ongoing internal distribution of influenza-related medical supplies in the event of a workforce reduction (i.e., how would supplies be distributed throughout facility to patient units, patient surge areas, and alternate care sites if there was a severe staffing shortage and no transporters).					



A. MEDICAL SUPPLIES, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
13	Address the increased risk of theft or diversion of critical medical supplies if a shortage occurs (e.g., hoarding, increased supply costs, potential black market situation).					
14	Identify alternate but functionally equivalent items to fill in shortages that may occur in influenza-related medical supplies (e.g., triangular bandages used in place of Kling bandage, industrial garbage bags used in place of body bags, etc.).					
15	Develop written protocols to safely extend the use of disposable medical supplies (e.g., dressings changed less frequently). A6					
16	Develop policy to address ethical and legal issues related to the allocation of scarce resources and have it vetted by ethical, religious and medical leadership.					
17	Develop regional plan to share resources with neighboring facilities, if necessary.					
18	Perform evaluation of facility's current medical supply tracking system to determine whether it can detect and respond to rapid consumption.					

B. PHARMACEUTICALS

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Perform assessment of medications that would be in increased demand during an influenza pandemic, including antiviral medications, (hereafter referred to as "influenza-related medications"). List quantities of each medication needed for a 6-8 week crisis. <u>B1</u>					
2	Perform inventory of influenza-related medications on hand across facility (includes storerooms, clinical areas, offsite warehouses).					
3	Identify therapeutically-equivalent, non-formulary medications in the event that formulary medications are not available. Consider alternate medications for supply shortages. B2					
4	Identify primary pharmaceutical vendors and obtain 24-hour emergency contact information. <u>B3</u>					
5	Speak with pharmaceutical vendors to determine whether high-demand medications will be allocated based on past ordering patterns and/or other vendor criteria. Understand vendors' plans for fulfilling orders during a product shortage.					



	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
ć	Identify primary vendors for non-formulary medications and obtain 24-hour emergency contact information (if different from usual vendors). B3					
7	Identify 2-3 secondary vendors for all influenza-related medications, obtain credit approval, and enter vendors into purchasing and accounts payable systems. Obtain 24-hour emergency contact information for vendors. B3					
8	Develop plan with local Office of Emergency Management (OEM) and/or Strategic National Stockpile (SNS) to request needed medications from the government should the normal supply chain be interrupted.					
Ç	Develop plans with primary and secondary vendors to pick up pharmaceuticals in the event of a trucking shortage and/or delivery difficulties (e.g., utilization of hospital vehicle(s) to pick up supplies from distribution centers, warehouses, etc.). Plans should include both controlled and non-controlled substances, and should specify who has authority to implement the plan.					



	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
10	Develop set of emergency purchase orders that may be quickly implemented (or activated with the vendor directly via phone) and file with vendors. Determine who has the authority to implement emergency orders and trigger points.					
11	Develop storage plan for 6-8 weeks worth of influenza- related and other pharmaceuticals. Include procedures to enable quick access to supplies.					
12	Perform safety assessment and develop policy to utilize critical medications that have passed their expiration dates. Ethical, legal and regulatory considerations may require guidance from state or federal agencies, the drug manufacturer, and/or the Legal and Ethics Modules of this toolkit.					
13	Develop emergency backup procedures to expedite purchasing of critical medications should normal purchasing procedures be interrupted or delayed. Determine who has the authority to implement emergency procedures and trigger points.					

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
14	Develop plan to assure ongoing medication distribution in the event of a pharmacy workforce reduction.					
15	Review current plans (or develop a new infection control plan) to minimize or prevent the spread of influenza during medication distribution.					
16	Ensure standing orders are in place that would allow critical medication dispensing in the event of a physician shortage. Review legal and regulatory requirements (e.g., necessary health department waivers, etc.).					
17	Develop policy to allow non-traditional medical providers to administer influenza vaccines or antiviral medications (e.g., paramedics or pharmacists). Review legal and regulatory requirements for this policy.					
18	Evaluate outsourced pharmacy service providers for their ability to continue services (e.g., TPN solutions, cardioplegia solutions, other specialty services).					
19	Develop limited formulary and medication use system for internal and external patient surge areas (ordering, storage, dispensing, administration and documentation).					

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
20	Allow relaxed pharmacy policies regarding certain medication use restrictions; non-formulary medication use restrictions; or automatic stop of certain medications without infectious disease approval time limits. Involve pharmacy and therapeutics committee in plan development.					
21	Develop policy to allow relaxed legal requirements for packaging, labeling and dispensing medications. Legal department and state agencies should be consulted during development.					
22	Develop policy to address ethical and legal issues related to short-supply medication allocation to patients and staff (see Legal and Ethics Modules in this toolkit).					
23	Develop policy to address short-supply vaccine candidate priorities if clear guidance is not available from local health department or the CDC.					
24	Develop policy on the utilization of antiviral medications (prophylaxis vs. treatment; staff and/or patients). <u>B4</u>					

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
25	Address operating room pharmacy services and potential for alternate processes for controlled substance management and supply in the event of a pharmacy staffing shortage.					
26	Assess pharmacy services that may be consolidated (e.g., supplies and personnel may be conserved by closing the outpatient pharmacy or a cancer center infusion pharmacy, etc.).					
27	Develop plan to assure security and protection of short- supply critical medications (e.g., anti-viral medications) and pharmacy or other health care workers involved in medication distribution and dispensing.					
28	Develop and test plan for mass distribution of antiviral medications and/or vaccinations to employees and possibly family members (see HR Module) and/or the public, depending on local protocols. Include all necessary forms for rapid screening and medication instructions.					
29	Develop plan for the receipt of medications from state stockpile or federal resources from Strategic National Stockpile (SNS). <u>B5</u>					



C. SURGICAL SUPPLIES

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Review current policies (or develop new policies) to allow patients to utilize their own medications as inpatients.					
2	Perform assessment of surgical procedures to be continued during an influenza pandemic and estimate volumes. Determine volume of elective surgeries, which may be postponed, and for how long. C1					
3	Develop minimum-required list of surgical supplies for each procedure and estimate quantity needed for a 6-8 week period. Determine which surgical supplies will not be needed based on volume and type of postponed cases.					
4	Perform inventory of required surgical supplies on hand across facility (includes storerooms, clinical areas, offsite warehouses).					
5	Develop list of 2-3 therapeutically-equivalent surgical items for each required item.					
6	Review current policies (or develop new policies) to safely reutilize single-use items (e.g., repackage and resterilize items opened but not used).					

C. SURGICAL SUPPLIES, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
7	Identify primary suppliers of surgical items and obtain 24-hour emergency contact information. <u>C2</u>					
8	Discuss with vendors how much of each type of required surgical supplies may be received during a 6-8 week pandemic crisis. Ensure vendors have plan in place.					
9	Identify 2-3 secondary vendors for all required surgical supplies, obtain credit approval, and enter vendors into purchasing and accounts payable systems. Obtain 24-hour emergency contact information for vendors. C2					
10	Develop plans with primary and secondary suppliers to pick up product in the event of a trucking shortage or other delivery difficulties (e.g., utilize hospital vehicles or alternate shippers to pick up supplies from distribution center).					
11	Develop set of emergency purchase orders that may be quickly implemented (or activated with the vendor directly via phone) and file with vendors. Determine who has the authority to implement emergency orders and trigger points. A5					

C. SURGICAL SUPPLIES, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
12	Develop emergency backup procedures to expedite purchasing of critical supplies should normal purchasing procedures be interrupted or delayed. Determine who has the authority to implement emergency procedures and trigger points.					
13	Develop plan with your local Office of Emergency Management (OEM) to request required surgical supplies from the government should the normal supply chain be interrupted.					
14	Develop storage plan for 6-8 weeks worth of surgical supplies. Include procedures to enable quick access to supplies.					
15	Develop policy to address ethical and legal issues related to allocation of surgical services to patients or staff during a resource shortage (see Ethics and Legal Modules).					
16	Develop regional plan to share resources with neighboring facilities, if necessary.					



D. PATIENT COMFORT SUPPLIES

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Develop basic patient admission kit to be used during a patient surge. D1					
2	Identify alternate sources for kit components (e.g., Wal-Mart, Home Depot, etc.) and have agreements in place with retailers.					
3	Develop instruction sheets for rapid assembly of patient kits and design a "just-in-time" training module.					
4	Develop plan to safely reuse pre-identified, single-use patient comfort items in the event of a shortage.					
5	Develop policy for utilizing patient-provided comfort supplies (e.g., blankets, pillows, linens, basins, etc. from home).					
6	Develop infection control policy to limit or prevent the spread of influenza from use of patient-provided blankets, pillows and other comfort items.					



E. LAUNDRY

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Perform assessment of current average pounds of laundry used per patient day.					
2	Develop policy to significantly reduce linen use during a patient surge (i.e., modify how often linen is changed, use disposable linen when available).					
3	Develop plan to increase in-house laundry capacity to meet increased demand (e.g., utilizing workers from outside community resources such as hotels, cleaners, laundromats and resorts to augment laundry staff; utilizing machines in outside community resources; etc.).					
4	Develop plan to utilize community resources to clean laundry and obtain agreements in the event outside vendors have service difficulties. <u>E2</u>					
5	Perform assessment of outside vendors' pandemic preparation plans. If vendor has insufficient reserve capacity, identify secondary vendors. <u>E1</u>					



E. LAUNDRY, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
6	Develop plans with primary and secondary vendors to pick up and deliver laundry in the event of a trucking shortage and/or delivery difficulties (e.g., utilization of hospital vehicle(s), etc.).					
7	Develop infection control plan to limit or prevent the spread of influenza or other infectious diseases during the transport or handling of linen, garments or other laundry.					
8	Develop plan to assure the continued availability of linen and other items from laundry in the event of a workforce shortage.					
9	Develop plans to obtain linens and other laundry supplies from local retailers or big-box stores (e.g., Wal-Mart, Costco, Bed Bath and Beyond, Linens and Things, etc.) should a shortage develop; have agreements in place with retailers.					

F. FOOD SERVICE

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Identify groups to be fed during a pandemic crisis (e.g., patients (include influenza and non-influenza patients), patients' families and/or visitors, staff, staff families, local police, local fire, local EMS).					
2	Develop menu templates that maximize ease of preparation and minimize use of items requiring refrigeration. Menus should take into account that non-food-service employees may be involved in food preparation.					
3	Develop infection control plan to minimize or prevent the spread of influenza during food distribution in private patient rooms and self-service cafeteria environments (e.g., open bins of utensils should be replaced with prepackaged utensils; use of disposable plates, bowls and utensils).					
4	For facilities with in-house food service, identify primary food suppliers and obtain 24-hour emergency contact numbers. F1					
5	Identify alternate sources of food in the community (e.g., Costco, supermarket chains, Wal-Mart, etc.) and obtain agreements to acquire foodstuffs and service items during a pandemic crisis.					



F. FOOD SERVICE, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
6	Identify secondary vendors who normally supply venues not open during a pandemic crisis (e.g., schools, restaurants, sporting arenas, etc.). Develop agreements with vendors to provide food, if necessary.					
7	Perform assessment of potable water needs and identify alternate sources of potable water should municipal supply become unavailable.					
8	Develop agreements with vendors who can provide water, ice and dry ice. Ensure emergency purchase orders are in place and identify trigger points. A5					
9	Develop set of emergency purchase orders that may be quickly implemented (or activated with the vendor directly via phone) and file with food vendors. Determine who has the authority to implement emergency orders and trigger points. <u>A5</u> . These orders should emphasize non-perishable items.					
10	Identify storage areas for food stockpiles that are secure and temperature controlled.					
11	Perform an inventory of average amount of food on hand across facility.					
12	Develop plan for utilizing non-food-service workers in food service should there be a workforce reduction (see HR Module),					



F. FOOD SERVICE, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
13	Develop plan with outside food service vendors to assure the continued provision of food services should there be a workforce shortage.					
14	Ensure understanding of food service vendors plans for obtaining foodstuffs during a pandemic crisis, including vendors' ability to reallocate food from less critical venues (e.g., college cafeterias, schools, sports venues, etc.) to support hospital facility.					
15	Develop plan to enable an in-house food service should the external vendor become unable to provide service. Develop a "just-in-time" training program for non-food- service staff that may function in the food service.					
16	Develop plan for safe transport and delivery of food to isolated individuals within facility.					
17	Develop policy to facilitate use and cleaning of plates and silverware provided by patients and their families.					

G. HOUSEKEEPING

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
18	Develop minimal basic set of housekeeping tasks for a 6-8 week pandemic crisis (e.g., what areas may be ignored or greatly reduced in service).					
19	Develop template for housekeeping tasks to be performed at various staffing levels.					
20	Perform assessment of weekly housekeeping supplies needed for each staffing level.					
21	Perform inventory of average housekeeping supplies on hand across facility.					
22	Identify 2-3 secondary vendors for housekeeping supplies, obtain credit approval, and enter vendors into purchasing and accounts payable systems. Obtain 24-hour emergency contact information for vendors. G1					
23	Identify primary vendors of housekeeping supplies and obtain 24-hour emergency contact information. G1					
24	Develop infection control plan to limit or prevent the spread of influenza during housekeeping tasks. Develop a "just-in-time" training program to train non-housekeeping employees to safely perform housekeeping tasks.					



G. HOUSEKEEPING, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
25	Develop set of emergency purchase orders that may be quickly implemented (or activated with the vendor directly via phone) and file with vendors. Determine who has the authority to implement emergency orders and trigger points. A5					
26	Develop plan to increase number of available sharps containers deployed in facility, including all unconventional or patient surge areas.					
27	Develop plan to increase number of medical waste disposal cans/bags deployed in facility, including all unconventional and patient surge areas.					
28	Develop infection control and storage plan to handle medical waste and sharps should hospital be unable to dispose of these items for a prolonged period.					

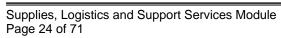
H. MORGUE

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Perform assessment of current capacity and surge capacity of the morgue within existing morgue structure.					
2	Perform current inventory of morgue kits (adult and pediatric).					
3	Identify primary vendors of morgue supplies and obtain 24-hour emergency contact information. <u>H1</u>					
4	Identify 2-3 secondary vendors for morgue supplies, obtain credit approval, and enter vendors into purchasing and accounts payable systems. Obtain 24-hour emergency contact information for vendors. H1					
5	Develop set of emergency purchase orders that may be quickly implemented (or activated with the vendor directly via phone) and file with vendors. Determine who has the authority to implement emergency orders and trigger points. A5					
6	Identify list of alternative but functional morgue supplies and identify local retailers to provide supplies (e.g., local hardware stores, Wal-Mart, Home Depot, etc. for large industrial garbage bags to replace body bags) and have supply agreements in place with selected retailers.					



H. MORGUE, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
7	Identify temporary morgue facilities to increase morgue capacity. Assess refrigeration needs and alternatives (e.g., ice rinks, air conditioned warehouse areas, or outside secure area in colder environments).					
8	Identify suppliers of refrigerator trucks and trailers, develop agreements, and obtain 24-hour emergency contact information. Ensure electrical and fuel needs have been anticipated and planned. H2					
9	Develop security needs plan for temporary morgues (see Security Module).					
10	Develop infection control plan to safely handle excess dead bodies.					
11	Develop plan to easily wrap and tag bodies using alternate supplies when normal supplies are exhausted.					
12	Develop plan to facilitate removal and disposition of dead bodies during a surge and/or workforce reduction.					
13	Develop agreements with local morticians to facilitate rapid removal and disposition of bodies.					
14	Develop plan with local coroner to ensure rapid removal and disposition of bodies.					
15	Develop protocols for safe handling of dead bodies that respect the cultural and religious beliefs of families and the community.					





H. MORGUE, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
16	Develop plan with local Office of Emergency Management (OEM) to ensure regulatory issues concerning use of unlicensed vehicles to transport dead bodies, as well as procedure to request needed morgue supplies from the government should normal supply chain be interrupted.					
17	Develop list of local funeral homes and crematoriums; obtain 24-hour emergency contact information. H3					

I. TRANSPORTATION SERVICES

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Perform inventory of all facility vehicles including department assignment for each vehicle, who has keys for each vehicle, and emergency contact information for each key holder.					
2	Develop agreement with local repair shop for emergency repairs during a pandemic.					
3	Identify several sources for gasoline and diesel; develop agreements to assure adequate fuel supply.					
4	Develop policies addressing who is allowed to drive facility vehicles during a crisis. Check insurance coverage and policies.					
5	Develop policy assigning all vehicles to the incident commander during a crisis. Incident commander (or designee) will be ultimately responsible for vehicle assignments.					
6	Develop plans for the safe and legal transport of dead bodies, supplies, pharmaceuticals (both controlled and non-controlled), lab samples, food, personnel and other items. Determine which items will require police escort or additional security and have those agreements, permits and/or documents in place.					



I. TRANSPORTATION SERVICES, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
7	Develop infection control policies to minimize or prevent the spread of influenza during the transport of infectious materials or personnel.					
8	Develop plan for cleaning contaminated vehicles. Obtain cleaning supplies and solutions to meet expected need.					
9	Develop protocol addressing when to remove a vehicle from service to maintain safety.					

J. LABORATORY

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Perform assessment of essential laboratory functions to be maintained during a 6-8 week pandemic crisis.					
2	Perform current inventory of supplies related to essential laboratory functions.					
3	Identify primary vendors of lab supplies and obtain 24-hour emergency contact information <u>J1</u>					
4	Identify 2-3 secondary vendors for lab supplies, obtain credit approval, and enter vendors into purchasing and accounts payable systems. Obtain 24-hour emergency contact information for vendors.					
5	Develop set of emergency purchase orders that may be quickly implemented (or activated with the vendor directly via phone) and file with vendors. Determine who has the authority to implement emergency orders and trigger points. <u>A5</u>					
6	Determine which laboratory services will be maintained; develop plan to ensure service continuity should there be a workforce reduction.					



J. LABORATORY, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
7	Determine which laboratory services may experience increased volume; develop plan to ensure the timely service delivery.					
8	Develop point-of-care testing plan to lessen the laboratory load.					
9	Develop storage plan for 6-8 weeks worth of lab supplies. Include procedures to enable quick access to supplies.					
10	Obtain 24-hour emergency contact information for repair and maintenance personnel for each essential piece of lab equipment. J2					
11	Develop plan to obtain outside lab services, if needed (e.g., local private labs, neighboring facilities, national labs). Ensure HIPPA regulations are addressed in agreements.					
12	Develop transportation plan to move lab samples or supplies to outside facilities, if necessary. Review specific type of packaging required by each sample type.					

J. LABORATORY, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
13	Develop infection control plan and "just-in-time" training for staff to limit or prevent the spread of infectious disease during lab samples transport. Include cross-training on procedures for packing and shipping infectious materials.					
14	Develop plan to obtain non-essential lab services on an <i>ad hoc</i> basis (i.e., if a test has been deemed generally non-essential but is critical for a particular patient, are there agreements in place to obtain the test from an outside lab, or may lab service be quickly turned back on for that patient).					
15	Develop plan to maintain compliance with reportable diseases requirements during a workforce reduction.					
16	Develop plan to manage increased space requirements for clerical, technical and other tasks within the lab.					

K. RADIOLOGY

IN YOUR PLAN YOU MAY WANT TO EVALUATE WHETHER YOU NEED TO:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Determine which radiology services will be maintained during a 6-8 week pandemic crisis; develop plan to ensure service continuity should there be a workforce reduction.					
2	Perform inventory of supplies related to essential radiology functions.					
3	Identify primary vendors of radiology supplies and obtain 24-hour emergency contact information. K1					
4	Identify 2-3 secondary vendors for radiology supplies, obtain credit approval, and enter vendors into purchasing and accounts payable systems. Obtain 24-hour emergency contact information for vendors.					
5	Develop set of emergency purchase orders that may be quickly implemented (or activated with the vendor directly via phone) and file with vendors. Determine who has the authority to implement emergency orders and trigger points. A5					
6	Determine which radiology services may experience increased volume; develop plan to ensure timely service delivery.					



K. RADIOLOGY, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
7	Develop storage plan for 6-8 weeks worth of radiology supplies. Include procedures to enable quick access to supplies.					
8	Obtain 24-hour emergency contact information for repair and maintenance personnel for each essential piece of radiology equipment. <u>K2</u>					
9	Develop plan to assure the availability of radiologists to read films during workforce reduction (e.g., offsite teleradiology, Picture Archiving and Communication Systems [PACS]).					
10	Develop technological solutions plan to allow radiologists to read and report films from isolated, remote site.					

L. RESPIRATORY THERAPY AND CARE

IN YOUR PLAN YOU MAY WANT TO EVALUATE WHETHER YOU NEED TO:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Determine which respiratory care functions will be maintained during a 6-8 week pandemic crisis; develop plan to ensure service continuity should there be a workforce reduction.					
2	Perform inventory of equipment used for high-demand services.					
3	Develop list of older but functional respiratory support equipment. Perform necessary tubing assessment. Ensure detailed usage instructions are printed and readily available for unfamiliar equipment; design "just-in-time" training program.					
4	Perform inventory of portable oxygen and medical air cylinders on hand across facility (includes storerooms, clinical areas, offsite warehouses).					
5	Develop plan to facilitate non-traditional worker or family ventilatory support in case of severe workforce reduction and/or equipment shortages (see Clinical Care Module). Include "just-in-time" training and detailed instructions for layperson use in common local languages.					



L. RESPIRATORY THERAPY AND CARE, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
6	Develop infection control plan to limit or prevent the spread of influenza in mass care setting during respiratory procedures.					
7	Identify primary vendors of ventilators and tubing and obtain 24-hour emergency contact information. <u>L1</u>					
8	Perform assessment of expected supply levels from vendors based on previous ordering patterns and/or other vendor criteria. Understand vendors' plans for fulfilling orders during a product shortage. A3					
9	Develop plan with local Office of Emergency Management (OEM) to request needed supplies from the government should the normal supply chain be interrupted. Ensure OEM staff is familiar with what type of ventilatory equipment may be requested.					
10	Identify 2-3 secondary vendors for each influenza- related medical supply item, obtain credit approval, and enter vendors into purchasing and accounts payable systems. Obtain 24-hour emergency contact information for vendors. <u>L1</u>					
11	Develop plan to accept and rapidly deploy ventilators from state and federal Strategic National Stockpiles (SNS), or alternate vendors. <u>L2</u>					



L. RESPIRATORY THERAPY AND CARE, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
12	Develop infection control plan to facilitate ventilators and other respiratory support equipment cleaning and rapid service return.					
13	Develop pediatric ventilatory support plan.					
14	Identify primary and secondary vendors of portable medical gas cylinders; obtain 24-hour emergency contact information. <u>L1</u>					
15	Identify personnel responsible for suction maintenance; obtain 24-hour emergency contact information.					
16	Identify primary and secondary liquid oxygen vendors; obtain 24-hour emergency contact information. <u>L1</u>					
17	Develop plan to obtain portable handheld suction units should primary suction fail, or if needed in non-traditional patient surge areas.					
18	Develop ventilator use priority plan, including policy to address ethical and legal issues related to the ventilators allocation during a shortage. Obtain input from medical, ethical and legal leadership (see Ethics and Legal Modules). L3					



M. WASTE REMOVAL

IN YOUR PLAN YOU MAY WANT TO EVALUATE WHETHER YOU NEED TO:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Develop plan to increase medical and non-medical waste storage and removal during a trucking shortage, including review of regulatory and legal issues.					
2	Perform assessment of cubic yards of waste (medical and non-medical) that would be generated during a 6-8 week pandemic crisis.					
3	Identify 2-3 large dumpsters vendors. Develop agreements to allow for dumpsters delivery on short notice, obtain credit approval, and enter vendors into purchasing and accounts payable systems. Obtain 24-hour emergency contact information for vendors.					
4	Develop set of emergency purchase orders that may be quickly implemented (or activated with the vendor directly via phone) and file with vendors. Determine who has the authority to implement emergency orders and trigger points.					
5	Identify space that is safe and secure to house dumpsters and excess waste.					



M. WASTE REMOVAL, CONTINUED

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
6	Develop infection control plan to allow safe handling of excess waste.					
7	Develop plan to screen excess medical waste for radiological contamination.					
8	Identify safe, secure space to store excess filled sharps containers.					
9	Identify primary incinerator service vendor; obtain 24-hour emergency contact information. M1					
10	Identify 2-3 secondary incinerator service vendors; develop agreements to utilize secondary vendors as needed. Obtain 24-hour contact information.					
11	Develop plan with local Office of Emergency Management (OEM) and regulators to address medical waste transportation issues, including utilizing licensed and unlicensed vehicles.					

N. CENTRAL STERILIZATION

IN YOUR PLAN YOU MAY WANT TO EVALUATE WHETHER YOU NEED TO:

	ASSIGNMENT	COMPLETED	IN PROGRESS	NOT STARTED	DATE TO BE COMPLETED	LEAD STAFF MEMBER
1	Develop plan to increase central sterilization capacity during patient surge.					
2	Perform assessment of which single-use essential supplies may be cleaned, repackaged and sterilized for reuse.					
3	Develop plan to assure the continued availability of central sterilization services during a workforce reduction.					
4	Perform inventory of available sterilization gas (e.g., ethylene oxide, etc.).					
5	Identify primary vendors of central sterilization supplies and obtain 24-hour emergency contact information. N1					
6	Identify 2-3 secondary vendors for central sterilization supplies, obtain credit approval, and enter vendors into purchasing and accounts payable systems. Obtain 24-hour emergency contact information for vendors. N1					
7	Develop infection control plan to handle excess contaminated equipment.					
8	Develop plan to obtain increased amount of sterilization gas as needed during 6-8 week patient surge.					



APPENDICES

Influenza Specific Supplies

INFLUENZA SPECIFIC SUPPLIES

Examples of items needed in increased amounts for influenza-specific care¹:

- Hand hygiene supplies (antimicrobial soap; alcohol-based, waterless hand hygiene products and dispensers)
- Disposable N-95 masks; surgical and procedural masks
- Face shields (disposable or reusable)
- Gowns
- Gloves (latex and nitrile)
- Facial tissues
- Central line kits
- I.V. tubing, connectors, Tegaderm, Opsite, tape, etc.
- Morgue packs
- Ventilators and associated tubing
- Respiratory care equipment (e.g., suction catheters, ET tubes, connecting tubing, nasal cannulae, ventimasks, non-rebreather masks, etc.)
- Beds
- I.V. pumps, tubing, I.V. catheters, etc.

¹ HHS pandemic influenza plan, supplement 3: health care planning. U.S. Department of Health and Human Services Web site. http://www.hhs.gov/pandemicflu/plan/sup3.html .



24-HOUR EMERGENCY CONTACT FORM

MEDICAL SUPPLIES

A2.	Date Completed:	
	•	(to be done annually)

24-HOUR EMERGENCY CONTACT FORM MEDICAL SUPPLIES

Primary Vendors:	
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-hours contact number	Secondary After-Hours Contact and Number
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
**************************************	***************************************
occondary vendors.	
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
**************************************	***************************************
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number



SEEKING INFORMATION FROM VENDORS

A3.

SEEKING INFORMATION FROM VENDORS

Contract:

- Is our contract current?
- Does our contract stipulate a specific level of required pandemic flu preparedness?
- Does our contract allow us to audit vendor preparedness compliance?
- Is there a procedure that would allow orders to be placed if an official purchase order could not be generated?

Purchasing Tier:

- What level client do the vendor consider our facility to be within its business (e.g., primary, secondary, intermittent, new)?
- What priority, if any, are health care facilities given during a pandemic?

Order Fulfillment:

- Is there a standing emergency purchase order(s) on file for our facility?
- If on file, do these purchase orders expire? When?
- Have the emergency purchase orders been customized for our facility?
- Does the vendor require several levels of purchasing actions? If so, please explain these actions.
- What trigger points will activate the different levels of purchasing activity?
- If there is a shortage, how does the vendor determine what supplies in the emergency purchase order will be provided to our facility? Are there any minimum guarantees?
- Absent of placing an order, will our facility continue to receive regular deliveries if this is how routine business has been conducted?

Vendor Operations:

- In the case of a crisis, what are the names and telephone numbers (including cell phone numbers) of key vendor employees that may be contacted 24 hours a day with questions or concerns regarding supplies?
- Does the vendor have incident management and business continuity plans that will be in place during a pandemic? If so, will they share them with us?
- What are the trigger points for certain actions in the vendor's pandemic plan (e.g., actions tied to the WHO pandemic phases; U.S. Government pandemic stages; etc.)?
- If a pandemic plan is implemented, what significant vendor actions may impact our facility's supply chain?
- How does the vendor prioritize customer orders fulfillment?
- If the vendor's primary supply sources are interrupted, what plans are in place to ensure our facility receives the supplies we need in a timely fashion?



GOVERNMENT ASSISTANCE WITH SUPPLIES

A4.

GOVERNMENT ASSISTANCE WITH SUPPLIES

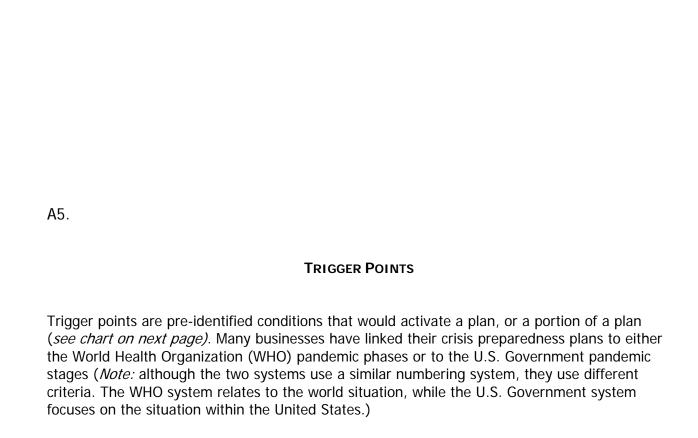
The Office of Emergency Management (OEM), or similar organization in your region, is the governmental entity with primary responsibility for managing a crisis in your community. This planning and management body may exist in a local town or city government, at the county or parish level, or it may be organized at the state level. Within OEM, there is a person responsible for health care logistics and supplies. It is important to have a detailed discussion and set a proactive plan in place with OEM to ascertain what assistance you can expect from the government during a pandemic.

Following are discussion items to explore with OEM:

- If the normal supply chain is interrupted, can OEM help procure life-saving medical supplies? Can OEM access the Strategic National Stockpile (SNS)? If the answer is yes to either question, what supplies may be relied upon in during a pandemic and in what quantities?
- Can OEM obtain specialized items to maintain critical support functions for our facility (e.g., portable generators, potable water, ice, temporary HVAC systems, external shelters, radios, fuel, propane, medical gasses, etc.)?
- How should our facility request items from OEM? Are there forms that must be used or procedures that must be followed?
- How does OEM track requests and give feedback to our facility? What is a reasonable timeframe in which our facility should expect replies from OEM?
- If local OEM cannot fulfill a request, how may we escalate our request to the next level (e.g., FEMA, etc.)?
- What is the emergency management hierarchy within our state/region/county/town? Who are our main contacts and emergency backup contacts?



TRIGGER POINTS



It is important to note that the progression from one phase to the next may be rapid and unpredictable.

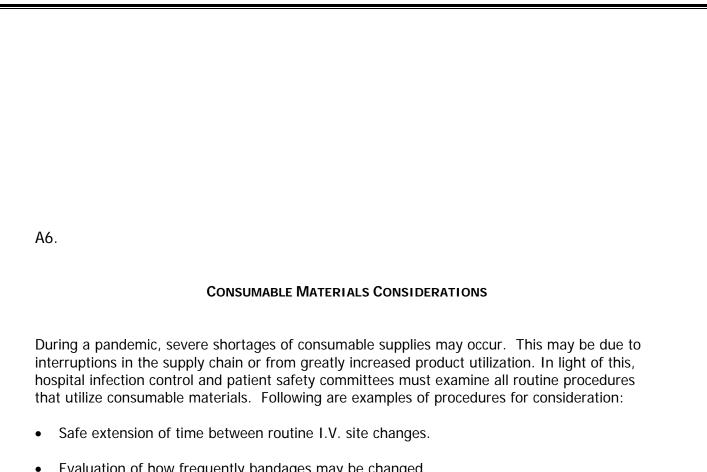
You may choose to use the WHO or US Government systems, or determine triggers of your own. Once triggers have been determined, specific actions should be tied to the trigger points. For example, you may have a trigger point tied to an emergency supplemental purchase order to automatically implement the purchase of certain supplies when USG Response Stage 3 is reached, anticipating that it would take several weeks for pandemic influenza to reach the U.S.



WHO Phases	U.S. Government (USG) Stages
INTER-PAND	EMIC PERIOD
No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If presenting in animals, the risk of human disease is considered to be low.	O New domestic animal outbreak in at-risk country.
No new influenza virus subtypes have been detected in humans; however, a circulating animal influenza subtype poses a substantial risk of human disease.	LERT PERIOD
3	0
Human infection(s) with a new subtype, but no human-to-human spread or, at most, rare instances of spread to close contacts.	New domestic animal outbreak in at-risk country.
oomada.	Suspected human outbreak overseas.
Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting the virus is not well adapted to humans. 5 Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk). PANDEMI	2 Confirmed human outbreak overseas. C PERIOD
_	
Increased and sustained transmission in general population.	3 Widespread human outbreaks in multiple locations overseas. 4 First human case in North America. 5
	Spread throughout the United States. 6 Recovery and preparations for subsequent waves.



CONSUMABLE MATERIALS CONSIDERATIONS



Evaluation of how frequently bandages may be changed.

• When disposable gloves should be used and changed and who should use them (e.g., may non-clinical areas use heavier non-disposable gloves?).

How long masks may be worn and who should wear them.

• How to safely reuse single-use items (e.g., masks under certain circumstances).



PHARMACEUTICAL CONSIDERATIONS

B1.				
	Pharmaci	EUTICAL CONSIDERAT	ONS	
influenza. In ad	ald anticipate increased a dition, since facility occup on use will be greatly inc plan.	oancy will be greatly i	ncreased during a pa	ındemic,



PHARMACEUTICAL POLICY CONSIDERATIONS

B2.

PHARMACEUTICAL POLICY CONSIDERATIONS

Hospital, pharmacy and therapeutics committees should create a list of medications that may require increased use during a pandemic (e.g., antibiotics) and identify alternatives for each medication (e.g., substituting one fluroquinilone antibiotic with a similar one in the same class).

In addition, trigger points should be determined to authorize pharmacy purchaser to substitute formulary drugs with non-formulary, therapeutically-equivalent drugs. Medication fact sheets for newly substituted medications should be designed in advance to accompany each dose of the substituted medication to minimize medication errors.

A policy covering this emergency substitution should be written to include the following:

- The trigger point when a substitution may be made.
- Authority by which pharmacy purchaser can order non-formulary medications.
- Process by which new medication information sheets are distributed to clinical areas.
- Process by which pharmacists will watch for medication errors, contraindications, patient allergies concerning substituted medication, etc.

A substitution list for medications needed in increased amounts during a pandemic crisis, as well as other routine medications, should be developed. Supply chain problems may delay receipt of pharmacy orders and should be considered as part of the plan.



24-HOUR EMERGENCY CONTACT FORM

PHARMACEUTICAL SUPPLIES

B3.	Date Completed: _	
	·	(to be done annually)

24-HOUR EMERGENCY CONTACT FORM PHARMACEUTICAL SUPPLIES

<u>Primary Vendors</u> :		
Company Name	Contact Name	
	Day Phone	
Cell	Date Purchase Order Submitted	
After-Hours Contact Number	Secondary After-Hours Contact and Number	
Company Name	Contact Name	
Title	Day Phone	
Cell	Date Purchase Order Submitted	
After-Hours Contact Number	Secondary After-Hours Contact and Number	
**************************************	***************************************	
Company Name	Contact Name	
	Day Phone	
Cell	Date Purchase Order Submitted	
After-Hours Contact Number	Secondary After-Hours Contact and Number	
**************************************	***************************************	
Company Name	Contact Name	
Title	Day Phone	
Cell	Date Purchase Order Submitted	
After-Hours Contact Number	Secondary After-Hours Contact and Number	



ANTIVIRAL MEDICATIONS

B4.

ANTIVIRAL MEDICATIONS

Antiviral medications are a class of medications that currently have activity against avian influenza, H5N1 type; however, as the virus evolves, this could change. There have been scattered cases of antiviral resistance reported to date, but WHO has not changed its recommendations on the use of antiviral medications. During widespread antiviral use in a pandemic, most experts agree that resistance will emerge as the virus adapts to the medication.

There are two antiviral medications that are commonly cited for use in a pandemic crisis with H5N1 avian influenza. These are *Tamiflu*, which is available in a pill form; and *Relenza*, which is inhaled.

There are two ways of utilizing these antiviral medications. One way is to treat an ill person. The other way is to prevent infection. Under the current recommendations for Tamiflu, for example, the dose for treatment is 1 pill, twice a day for 5 days (10 pills total); the dose for prophylaxis (prevention) is 1 pill daily for the entire flu pandemic wave (may be 56 pills in an 8 week wave). Clearly, there is a large difference in the amount of medication required for treatment vs. prophylaxis; however, the current dosing recommendations are under constant review and preliminary evidence suggests that higher dosing may be required. Please check the WHO or CDC websites for the latest dosing recommendations.

An additional decision to be made is who will be treated with the facility's antiviral stockpile. Some facilities are opting to treat only their employees with their stockpile and plan to use government-provided medication for patients. Other facilities have devised a ratio of how much will be used for patients and how much for staff. Other factors involved in this decision include whether family members or other individuals that reside in the same household as staff or patients will be treated; how many 5-day courses will be given to each employee; when will the stockpile be released; etc. An important issue to remember when determining your facility's plan is that influenza usually comes in waves. If all antiviral medication is used during the first wave, there may be none left for subsequent waves.



STRATEGIC NATIONAL STOCKPILE

B5.

STRATEGIC NATIONAL STOCKPILE

The Strategic National Stockpile (SNS) has large quantities of medicine and medical supplies to protect the American public if there is a public health emergency (e.g., terrorist attack, flu outbreak, earthquake) severe enough to cause local supplies to run out. Once federal and local authorities agree that the SNS is needed, medicines will be delivered to any state in the U.S. within 12 hours. Each state has plans to receive and distribute SNS medicine and medical supplies to local communities as quickly as possible.¹

It is important to discuss with your state and local authorities how they will obtain and distribute supplies from the SNS, should shortages of medicines occur in your area.

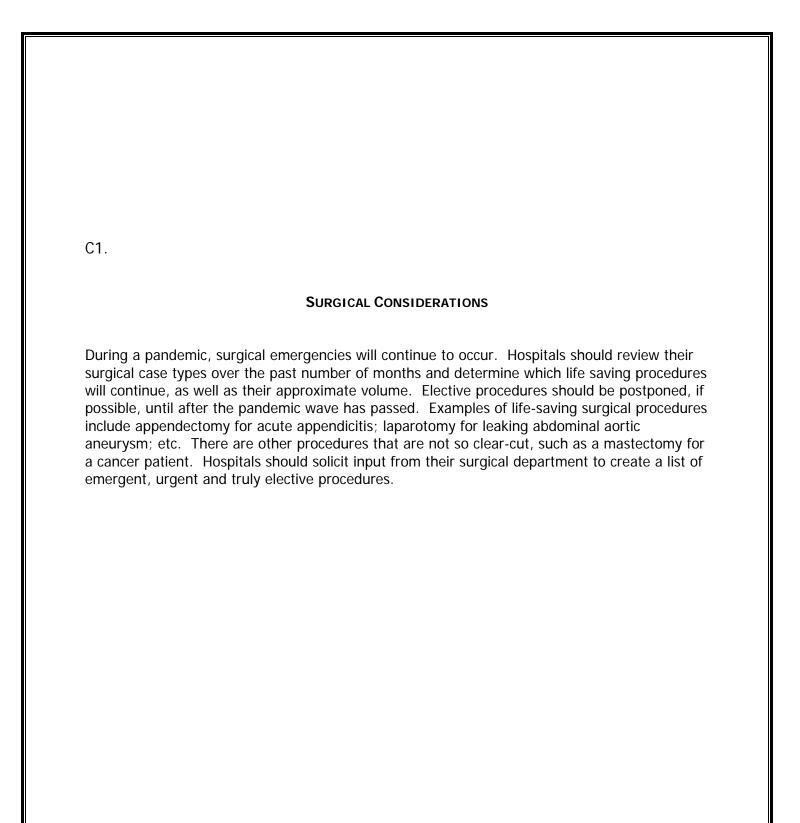
In addition, some states have acquired their own "state" stockpile; it is important to discuss the distribution of this stockpile with your state authorities.

It is also important to note that, during pandemic influenza, all communities may be affected, simultaneously limiting the usefulness of the SNS. This consideration should be part of your pandemic supply plan.

¹ Strategic national stockpile. Centers for Disease Control Web site. http://www.bt.cdc.gov/stockpile/ . Accessed July, 2007.



SURGICAL CONSIDERATIONS





24-HOUR EMERGENCY CONTACT FORM

SURGICAL SUPPLIES

C2.	Date Completed: _	
	•	(to be done annually)

24-HOUR EMERGENCY CONTACT FORM SURGICAL SUPPLIES

Primary vendors:		
Company Name	Contact Name	
Title	Day Phone	
Cell	Date Purchase Order Submitted	
After-Hours Contact Number	Secondary After-Hours Contact and Number:	
Company Name	Contact Name	
Title	Day Phone	
Cell	Date Purchase Order Submitted	
After-Hours Contact Number	Secondary After-Hours Contact and Number	
**************************************	***************************************	
Company Name	Contact Name	
Title	Day Phone	
Cell	Date Purchase Order Submitted	
After-Hours Contact Number	Secondary After-Hours Contact and Number	
**************************************	***************************************	
Company Name	Contact Name	
Title	Day Phone	
Cell	Date Purchase Order Submitted	
After-Hours Contact Number	Secondary After-Hours Contact and Number	



PATIENT ADMISSION KIT DURING SURGE

D1.						
		PATIENT ADM	ISSION KIT D	JRING SURGE		
wash basir influenza, items shou Styrofoam	ndard operations i, comb, toothbru hese items may ld be given to all cup that is labele ne addition of an	ish, toothpaston become in sho admissions wed with the pa	e, etc. During ort supply. Ho hile supplies la tient's name a	a patient surg spitals should ast. This may nd a bottle of	e due to pand determine who include simply water. For voi	emic at minimum a large



OUTSIDE LAUNDRY VENDOR CONSIDERATIONS

E1.

OUTSIDE LAUNDRY VENDOR CONSIDERATIONS

- Has the vendor developed a plan to handle a significant (possibly 50 percent) staff absenteeism rate? Will they share this and other pandemic preparation plans with your facility?
- Will the vendor give service priority to health care facilities during a pandemic?
- Does the vendor have a plan to suspend service to non-critical facilities during a pandemic?
- If the supply chain is interrupted, how many days of laundry supplies does the vendor have onsite?
- Can the vendor ramp up to increase service capacity by 300-400 percent for your facility?
- Does the vendor have extra linen that your facility can utilize during a pandemic?
- Does the vendor have linens from less-utilized facilities (e.g., hotels, school dormitories, etc.) that could be diverted to your facility during a pandemic?
- Does the vendor have a hiring and training plan to utilize idle workers from other industries to fill in workforce gaps (e.g., staff from unused local hotels, restaurants, clothing stores)?
- Does the vendor have an infection control plan in place for its staff during a pandemic?



SUPPLEMENTAL LAUNDRY RESOURCES

E2.
SUPPLEMENTAL LAUNDRY RESOURCES
For facilities that use an outside vendor for laundry, there may be resources in the community that could be used if the laundry vendor is unable to meet laundry needs. Some resources for exploration include large local hotels that have in-house laundry; retail dry cleaners' laundry plants; a network of large local laundromats (<i>Note:</i> Regulations regarding washing contaminated linens must be considered with this potential secondary vendors.).

SUPPLIES, LOGISTICS AND SUPPORT SERVICES MODULE

THE POLICIES AND PROCEDURES INCLUDED HEREIN ARE NOT REFLECTIVE OF A STANDARD OF CARE.

INJHA

FOOD SERVICE SUPPLIES

F1.	Date Completed: _	
	•	(to be done annually)

24-HOUR EMERGENCY CONTACT FORM FOOD SERVICE SUPPLIES

Primary Vendors:	
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number:
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
**************************************	***************************************
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
**************************************	***************************************
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number



HOUSEKEEPING SUPPLIES

G1.	Date Completed:	
	·	(to be done annually)

24-HOUR EMERGENCY CONTACT FORM HOUSEKEEPING SUPPLIES

<u>Primary Vendors</u> :	
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number:
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
**************************************	***************************************
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
**************************************	***************************************
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number



MORGUE SUPPLIES

H1.	Date Completed:	
	•	(to be done annually)

24-HOUR EMERGENCY CONTACT FORM MORGUE SUPPLIES

Primary Vendors:	
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number:
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
**************************************	***************************************
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
**************************************	***************************************
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number



REFRIGERATED TRUCK CONSIDERATIONS

H2.

REFRIGERATED TRUCK CONSIDERATIONS

If significant mortality occurs during a pandemic, there will be an excess of fatalities that must be stored until the disposal plan has been implemented. If the crisis occurs during cold weather, dead bodies could be stored outside in uninsulated trailers. If the temperature is above 40°F, refrigeration is required until burial or cremation occurs. Bodies should be stored at 2-4° C (35-40° F)¹. To accomplish this, refrigerator trucks or trailers may be utilized.

If at all possible, bodies should not be stacked on top of each other. The use of metal shelving or tables will increase the storage capacity of a trailer and avoid stacking bodies; however, there may come a time when stacking of bodies becomes unavoidable. This should be discussed in advance with your local coroner and/or local Office of Emergency Management (OEM).

To calculate the number of bodies that can be placed in a trailer, assume that each body is 2 feet wide. Therefore, in a 40-foot trailer, you may place an average of 20 bodies side-by-side, also leaving an access aisle. If you use shelving, this amount may be doubled or tripled.

Following is an example of a planning grid for refrigerator trucks:

Truck/Trailer	Length	Shelving Used (Y/N)	# of Bodies that can be held	Fuel needs/day	Electrical needs	Location
Trailer	40′	Y – 3 high	20 x 3 = 60	1 gal diesel/hour	None	Next to loading dock

1. Morgan O, et.al. *Management of Dead Bodies After Natural Disasters: A Field Manual for First Responders.* Washington, DC: Pan-American Health Organization (PAHO); 2005.



FUNERAL HOMES/CREMATORIUMS

H3.	Date Completed:(to be done annually	
	EMERGENCY CONTACT FORM AL HOMES/CREMATORIUMS	
Company Name	Contact During An Emergency	
Contact Name	Work Phone	
Phone	Cell Phone	
Cell Phone	Secondary After-Hours Contact and Number	
After-Hours Contact Number		
Able to Cremate ☐ Yes ☐ No	Capacity:	
Other Information		
***********************************	**************************************	
Company Name	Contact During An Emergency	
Contact Name	Work Phone	
Phone	Cell Phone	
Cell Phone	Secondary After-Hours Contact and Number	
After-Hours Contact Number		
Able to Cremate ☐ Yes ☐ No	Capacity:	
Other Information		
*********************************	**************************************	
Company Name	Contact During An Emergency	
Contact Name	Work Phone	
Phone	Cell Phone	
Cell Phone	Secondary After-Hours Contact and Number	
After-Hours Contact Number		



Capacity:

Able to Cremate ☐ Yes ☐ No

Other Information

LABORATORY SERVICES

1

Date Completed: _	
-	(to be done annually)

24-HOUR EMERGENCY CONTACT FORM LABORATORY SUPPLIES

<u>Primary Vendors</u> :	
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
**************************************	***************************************
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
**************************************	**********************************
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number



REPAIR AND MAINTENANCE - LABORATORY

Date Completed: _	
•	(to be done annually

24-HOUR EMERGENCY CONTACT FORM REPAIR AND MAINTENANCE - LABORATORY

_aboratory Machine Name	Model Number
Service Company Name	Contact Name
Fitle	Day Phone
Cell	Date Emergency Repair Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
_aboratory Machine Name	Model Number
Service Company Name	Contact Name
Fitle	Day Phone
Cell	Date Emergency Repair Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
_aboratory Machine Name	Model Number
Service Company Name	Contact Name
Fitle	Day Phone
Cell	Date Emergency Repair Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number



RADIOLOGY SUPPLIES

K1.	Date Completed:	
	·	(to be done annually)

24-HOUR EMERGENCY CONTACT FORM RADIOLOGY SUPPLIES

<u>Primary Vendors</u> :	
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
**************************************	***************************************
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
**************************************	***************************************
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number



REPAIR AND MAINTENANCE - RADIOLOGY

K2.	Date Completed: _	
	•	(to be done annually

24-HOUR EMERGENCY CONTACT FORM REPAIR AND MAINTENANCE - RADIOLOGY

Laboratory Machine Name	Model Number
Service Company Name	Contact Name
Title	Day Phone
Cell	Date Emergency Repair Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
***************************************	***************************************
Laboratory Machine Name	Model Number
Service Company Name	Contact Name
Title	Day Phone
Cell	Date Emergency Repair Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
**********************************	***************************************
Laboratory Machine Name	Model Number
Service Company Name	Contact Name
Title	Day Phone
Cell	Date Emergency Repair Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number



RESPIRATORY SUPPLIES

L1.	Date Completed:	
	•	(to be done annually)

24-HOUR EMERGENCY CONTACT FORM RESPIRATORY SUPPLIES

Primary Vendors Of Consumable Supplies (tubing, etc.): **Company Name Contact Name** Title **Day Phone Date Purchase Order Submitted** Cell **After-Hours Contact Number Secondary After-Hours Contact and Number Contact Name Company Name** Title **Day Phone** Cell **Date Purchase Order Submitted After-Hours Contact Number Secondary After-Hours Contact and Number Secondary Vendors Of Consumable Supplies:**

Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
ventilator Vendors/Rental Companies:	***************************************

Contact Name

Contact Name

Secondary After-Hours Contact and Number

Title Day Phone

Cell Date Purchase Order Submitted



Company Name

Company Name

After-Hours Contact Number

Ventilator Vendors/Rental Companies Continued:	
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
<u>Liquid Oxygen Suppliers</u> :	***************************************
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
**************************************	***************************************
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number



Medical Gas Suppliers Continued:	
Company Name	Contact Name
Title	Day Phone
Title Cell	Day Phone Date Purchase Order Submitted



VENTILATOR SUPPLY CONSIDERATIONS



VENTILATOR SUPPLY CONSIDERATIONS

In many locales, the same companies are used by all area health care facilities to rent ventilators. This has the potential of creating a severe shortage of ventilators during a pandemic. The federal government, and perhaps some state governments, has a stockpile of ventilators that may be accessed during a shortage. Facilities should discuss this scenario with their Office of Emergency Management (OEM) or local health department to ascertain access procedures for additional ventilators.

In addition, it may be possible to use anesthesia machines as ventilators, especially if many surgical cases are cancelled.

Should additional ventilators arrive that are unfamiliar to your staff, a "just-in-time" training must be deployed to allow for the safe use of the new machines. Facilities must also be able to obtain proper associated tubing and hookup to allow these machines to be safely utilized. Once a hospital ascertains additional ventilators available in the area, educational materials from the manufacturer should be obtained and placed in a known location. In addition, some hospitals may have older machines in storage. If these machines can be brought back into service, staff will require another "just-in-time" training to use these machines safely.



VENTILATOR ALLOCATION

VENTILATOR ALLOCATION

Prioritizing ventilator use during a pandemic may be very challenging. Large numbers of previously healthy people may present requiring ventilatory support. This could overwhelm the facility and result in a severe shortage of available ventilators. Recently, several groups have worked on this challenging problem. Five relevant research abstracts are presented below.

Medical leadership should devise a priority plan of assigning ventilators in advance of a pandemic, as this will be exceedingly difficult once a facility is presented with a patient surge.

Hick JL, O'Laughlin DT. Concept of operations for triage of mechanical ventilation in an epidemic. *Acad Emerg Med.* 2006; 13(2):195-8.

The recent outbreak of severe acute respiratory syndrome and the growing potential of an influenza pandemic force us to consider the fact that, despite great advances in critical care medicine, we lack the capacity to provide intensive care to the large number of patients that may be generated in an epidemic or multisite bioterrorism event. Because many epidemic and bioterrorist agent illnesses involve respiratory failure, mechanical ventilation is a frequently required intervention, but one that is in limited supply. In advance of such an event, we must develop triage criteria that depend on clinical indicators of survivability and resource utilization to allocate scarce health care resources to those who are most likely to benefit. These criteria must be tiered, flexible and implemented regionally, rather than institutionally, with the backing of public health agencies and relief of liability. This report provides a sample concept of operations for triage of mechanical ventilation in epidemic situations, and discusses some of the ethical principles and pitfalls of such systems.

New York State Taskforce on Life and the Law. Allocation of ventilators in an influenza pandemic. New York State Department of Health Web site. http://www.health.state.ny.us/diseases/communicable/influenza/pandemic/ventilators/docs/ventilator_quidance.pdf.

In March 2006, the New York State Task Force on Life and the Law, at the request of NYSDOH, convened a workgroup to consider clinical and ethical issues in the allocation of mechanical ventilators in an influenza pandemic. The group brought together experts in law, medicine, policymaking and ethics with representatives from medical facilities and city, county, and state government to address necessary alterations in the standard of care in an emergency. Several published allocation methods were reviewed, and the group created a hybrid approach to this problem based on a clinically- and ethically-sound decision-making process.

Rubinson L, et al. Augmentation of hospital critical care capacity after bioterrorist attacks or epidemics: recommendations of the Working Group on Emergency Mass Critical Care. *Crit Care Med.* 2005, 33(10):E2393.



The Working Group on Emergency Mass Critical Care was convened by the Center for Biosecurity of the University of Pittsburgh Medical Center and the Society of Critical Care Medicine to provide recommendations to hospital and clinical leaders regarding the delivery of critical care services in the wake of a bioterrorist attack resulting in hundreds or thousands of critically ill patients. In these conditions, traditional hospital and clinical care standards in general, and critical care standards in particular, likely could no longer be maintained, and clinical guidelines for U.S. hospitals facing these situations have not been developed. The Working Group offers recommendations for this situation.

Talmor D, et al. Simple triage scoring system predicting death and the need for critical care resources for use during epidemics. *Crit Care Med.* 2007;35(5):1251-1256.

In the event of pandemic influenza, the number of critically ill victims will likely overwhelm critical care capacity. To date, no standardized method exists for allocating scarce resources when the number of patients in need far exceeds capacity. We sought to derive and validate such a triage scheme.

Christian M, et al. Development of a triage protocol for critical care during an influenza pandemic. *Can Med Assoc J.* 2006;175(11):1377-1381.

The recent outbreaks of avian influenza (H5N1) have placed a renewed emphasis on preparing for pandemic influenza in humans. Of particular concern in this planning is the allocation of resources, such as ventilators and antiviral medications, which will likely become scarce during a pandemic. We applied a collaborative process using best evidence, expert panels, stakeholder consultations and ethical principles to develop a triage protocol for prioritizing access to critical care resources, including mechanical ventilation, during a pandemic. The triage protocol uses the Sequential Organ Failure Assessment score and has 4 main components: inclusion criteria, exclusion criteria, minimum qualifications for survival and a prioritization tool. This protocol is intended to provide guidance for making triage decisions during the initial days to weeks of an influenza pandemic if the critical care system becomes overwhelmed. Although we designed this protocol for use during an influenza pandemic, the triage protocol would apply to patients both with and without influenza, since all patients must share a single pool of critical care resources.



WASTE REMOVAL SERVICES

M1.	Date Completed:(to be done annually)
	(to be done annually)
	UR EMERGENCY CONTACT FORM
V	VASTE REMOVAL SERVICES
Primary Incinerator Service:	
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
	Contact Name
Company Name	
Company Name Title	Contact Name
Company Name Title Cell	Contact Name Day Phone
Company Name Title Cell After-Hours Contact Number	Contact Name Day Phone Date Purchase Order Submitted Secondary After-Hours Contact and Number
Company Name Title Cell After-Hours Contact Number	Contact Name Day Phone Date Purchase Order Submitted Secondary After-Hours Contact and Number
Company Name Title Cell After-Hours Contact Number Primary Non-Medical Waste Service:	Contact Name Day Phone Date Purchase Order Submitted Secondary After-Hours Contact and Number
Primary Medical Waste Service: Company Name Title Cell After-Hours Contact Number Primary Non-Medical Waste Service: Company Name Title	Day Phone Date Purchase Order Submitted Secondary After-Hours Contact and Number



Secondary After-Hours Contact and Number

After-Hours Contact Number

Secondary Medical Waste Services:		
Company Name	Contact Name	
Title	Day Phone	
Cell	Date Purchase Order Submitted	
After-Hours Contact Number	Secondary After-Hours Contact and Number	
**************************************	***************************************	
Company Name	Contact Name	
Title	Day Phone	
Cell	Date Purchase Order Submitted	
After-Hours Contact Number	Secondary After-Hours Contact and Number	

Suppliers of Dumpsters:		
Company Name	Contact Name	
Title	Day Phone	
Cell	Date Purchase Order Submitted	
After-Hours Contact Number	Secondary After-Hours Contact and Number	



24-HOUR EMERGENCY CONTACT FORM

CENTRAL STERILIZATION SUPPLIES

N1.	Date Completed: _	
	·	(to be done annually)

24-HOUR EMERGENCY CONTACT FORM CENTRAL STERILIZATION SUPPLIES

CENTRA	L STERILIZATION SUPPLIES
Primary Vendors:	
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
**************************************	***************************************
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number
**************************************	***************************************
Company Name	Contact Name
Title	Day Phone
Cell	Date Purchase Order Submitted
After-Hours Contact Number	Secondary After-Hours Contact and Number



SUPPLY VENDORS

A Partial Listing of Traditional and Non-Traditional Vendors (not all inclusive)

September 2007



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ALTERNATE SUPPLIERS BY STATE

Distributors in New Jersey

Ameriderm Laboratories Ltd.

(973)-279-5100 13 Kentucky Ave. Paterson, NJ 07503

Amerivac USA Inc.

(877)-851-6600 1207 Pennsylvania Ave Linden, NJ 07036

Ansell Healthcare

(800)-952-9916 Redbank, NJ 07701-6745

BD

(201)-847-5409 1 Becton Dr, MC017 Franklin Lakes, NJ 07417

Bracco Diagnostics Inc.

(609)-514-2383 P.O. Box 5225 Princeton, NJ 08543

Cetylite Industries Inc.

(856)-665-6111 9051 River Rd. Pensauken, NJ 08110

ConvaTec

(908)-904-2409 100 Headquarters Park Drive Skillman, NJ 08558

Derma Sciences

(609)-514-4744 214 Carnegie Center Suite 100 Princeton, NJ 08540

DermaRite Industries LLC

(973)-569-9000 3 E 26th St. Paterson, NJ 08540

Globe Scientific Inc.

(201)-599-1400 610 Winters Ave Paramus, NJ 07652

Hausmann Industries Inc.

(201)-767-0255 130 Union Street Northvale, NJ 07647

Huntleigh Healthcare

(800)-223-1218 40 Christopher Way, Eatontown, NJ 07724

Iverness Medical Innovations Inc.

(609)-627-8032 2 Research Way Princeton, NJ 08540

Medical Nutrition USA Inc.

(800)-221-0308 10 West Forest Avenue Englewood, NJ 07631

Parker Laboratories Inc.

(973)-276-9500 286 Eldridge Road Fairfield, NJ 07004

Pfizer Consumer Healthcare-IPD

(973)- 385-2957 201 Tabor Road Morris Plains, NJ 07950

Sultan Healthcare

(800)-637-8582 85 West Forest Ave. Englewood, NJ 07631

Systems House Inc., The

(973)-777-8050 ext. 641 1033 Route 46 East Clifton, NJ 07013

Terumo Medical Corporation

(732)-302-4900 ext 4243 2101 Cottontail Lane Somerset, NJ 08873

Water-Jel Technologies

(201)-507-8300 50 Broad Street Carlstadt, NJ 07072

Western Medical

(800)-628-8276 64 North Summit Street Tenafly, NJ 13153



Distributors in Pennsylvania

Activant Solutions Inc.

(215)-493-8900 19 West College Ave. Yardley, PA 19067

Aesculap Inc.

(800)-258-1946 3773 Corporate Parkway Center Valley, PA 18034

B. Braun Medical

(610)-997-4629 824 Twelth Ave. Bethlehem, Pa 18018-3524

Miltex Inc.

(800)-645-8000 589 Davies Drive York, PA 17402

Nikomed USA Inc

(215)-230-8455 206 Airport Blvd. Doylestown, PA 18901

Premier Medical Products

(610)-239-6000 1710 Romano Drive Plymouth Meeting, PA 19462

Rapid Pathogen Screening, Inc.

(877)-921-0080 101 Phillips Park Drive South Williamsport, PA 17702

Sanofi Pasteur

(570)-839-5098 Discovery Drive Swiftwater, PA 18370

Sklar Instrument Company

(800)-221-2166 889 South Matlack Street West Chester, PA 19382

Distributors in New York

Dukal Corporation

(631)-656-3800 5 Plant Ave Hauppage NY 11788

Dynarex Corporation

(845)-365-8200 Ten Glen Shaw Street Orangeburg, NY 10962

ES Medical Inc.

(800)-635-1008 4100 1st Ave Brooklyn, NY 11232

Medical Action Industries

(631)-231-4600 800 Prime Place Hauppauge, NY 11788

Medi-Tech International Corp.

(718)-875-4535 26 Court Street Suite 1301 Brooklyn, NY 11242

PDI Professional Disposables International

(845)-365-1700 2 Nice-Pak Park Orangeburg, NY 10962

Tech-Med Services

(631)-582-7320 10 Newton Place Hauppauge, NY 11788



LARGEST PHARMACEUTICAL DISTRIBUTORS

National Distributors with New Jersey Distribution Center

AmerisourceBergen

Corporate Headquarters 1300 Morris Drive Suite 100 Chesterbrook, PA 19087 1-800-829-3132

Cardinal Health

7000 Cardinal Place Dublin, Ohio 43017 (614)-757-5000 (800)-234-8701

McKesson

Corporate Headquarters One Post Street San Francisco, CA 94104 (415)-983-8300

Regional Distributor

H.D. Smith

Corporate Headquarters 3063 Fiat Avenue Springfield, IL 62703 (866)-232-1222

Blood Products Distributors

ASD Specialty Distribution

Corporate Headquarters 3101 Gaylord Parkway Third Floor Frisco, TX 75034 (800)-PHON-ASD (746-6273)

Cardinal Specialty Pharmacy Distribution

305 Tech Park Dr. Suite 113 LaVergne, TN 37086

<u>Blood Products Distributors</u> <u>Continued</u>

FFF Enterprises

Corporate Headquarters 41093 County Center Drive Temecula, CA 92591 (800)-843-7477 (951)-296-2500

National Hospital Specialties

65 Commerce Way Hackensack, NJ 07601 (201)-488-1174



MAJOR MEDICAL SUPPLY DISTRIBUTORS

MMS/Caligor

Gina Marchese (800)-585-8882

Cardinal

Steve Johnson (732)-417-4553

McKesson

Sonny Fitzpatrick (866)-430-9891

Owens & Minor

Mike Tripp (610)-759-7296

Mediq PRN

Ed Reagan (800)-222-5776



SPECIFIC HIGH DEMAND SUPPLY DISTRIBUTORS



Bag Valve Mask Supplier Listings

3M

Saint Paul, MN, US https://wt.mc_id="https

FW Webb

Bedford, MA, US www.fwwebb.com

Emergency Filtration Bandages

Las Vegas, NV, US
Details |
www.respaide.com/glossary.html

IV Administration Kits

BioPULSE

Gulf Breeze, FL, US <u>www.biopulse.net</u> <u>www.MedexSupply.com</u>

Fallbrook Engineering, Inc

www.fallbrook-eng.com/services.htm

Global Healthcare Headquarters

Roswell, GA, US www.globalhealthcare.net/catalog/catalogo.asp

Grogan's Healthcare Supply

Lexington, KY, US
www.grogans.com/servlet/shop?cat2=59&c
md=F

M & I Medical Sales, Inc.

Miami, Florida, US www.mimedical.com/products.htm

Research and Manufacturing

Houston, Texas, US www.introgen.com/

SMD Wynne Corporation

Columbus, Ohio, US www.calzuro.com/

Wolf Medical Supply

Sunrise, FL, US 800.335.9653

<u>www.wolfmed.com/products_wolfpak_ivadm</u> <u>insets.htm</u>

B. Braun Medical Inc.

Bethlehem, PA, US www.bbraunusa.com

OPIT Source Book

Tacoma, WA, US www.opitsourcebook.com/alaris.html

RD Medical Manufacturing

PO Box 899 Culebra, Puerto Rico, US www.rdmedical.com/products.htm

Rockwell Medical

Wixom, MI, US www.rockwellmed.com/ancilrys.htm

Technical Data

www.medoroux.net/desktopdefault.aspx?tab
id=242



Respirators

MSC Industrial Direct Co

Melville, NY, US

http://www1.mscdirect.com/CGI/GSDRVSM? PACACHE=000000027001262

AC Healthcare Supply

Farmingdale, NY, US www.achealthcare.com

Apollo Safety, Inc.

Fall River, MA, US www.apollosafety.com

Gallaway Safety & Supply

Eighty Four, PA, US 724-239-3999, Day 412-973-0937, 24/7. www.GallawaySafety.com

LifeLine SecurityMD

www.lifelinesecurity.com

Argus LLC

Elmhurst, IL, US www.askargus.com

Bacou-Dalloz

Smithfield, RI, US www.bacou-dalloz.com

B & G Industrial Rentals

Gardena, CA, US www.bgrentalsinc.com

Gateway Safety, Inc.

Cleveland, OH, US www.gatewaysafety.com

Lifewear Products, LP

Houston, TX, US www.lifewearproducts.com

Select Safety Sales

Clark, NJ, US www.selectsafetysales.com

Wilcox-Slidders Inc.

Fairfield, NJ, US www.wilcox-slidders.com

North Safety

Cranston, RI, US www.northsafety.com



Gloves

Certified Safety Manufacturing

Kansas City, MO, US www.certifiedsafety.com

Clinics Medical

www.saraglove.com

Albahealth LLC

Rockwood, TN, US www.albahealth.com

Angelex Science

Berkeley, CA, US

Balchem Corporation

New Hampton, NY, US www.balchem.com

Comfort Safety Products, Inc.

Lowell, MA, US www.cypressmed.com

Medco School First Aid Co

Tonawanda, NY, US www.medco-school.com

Newton Safety Products

Newton Highlands, Massachusetts, US www.newtonsafety.com

Omni International, LLC.

Bedford, NH, US www.omnigloves.com

Shawmut Corporation

West Bridgewater, MA, US www.shawmutcorporation.com

Spina Dental-Medical

Pittsburgh, PA, US www.spinadental.com

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The Reeves Group, Inc.

Frederick, MD, US www.decon.net

We Care Corporation

Carpinteria, CA, US www.wecarepharmacy.com

All Valley Packaging

Colorado Springs, CO, US www.allvalleypackaging.com

Ansell

Red Bank, NJ, US www.ansellpro.com

Armchem

Fort Lauderdale, FL, US www.armchem.com

Bacou-Dalloz

Smithfield, RI, US www.bacou-dalloz.com

Kimberly-Clark Professional

Roswell, US www.kcprofessional.com

Lifewear Products

Houston, TX, US www.lifewearproducts.com

Rumford Janitorial Supply

Rumford, RI, US www.rumfordjanitorialsupply.com

Uline Shipping Supplies

Lake Forest, CA, US www.uline.com/index.asp?pricode=wh359

QRP Gloves

Tucson, AZ, US www.grpgloves.com



Surgical Masks

Alimed, Inc Dedham, MA, US www.alimed.com

Comfort Safety Products, Inc. Lowell, MA, US

Kimberly-Clark Professional Roswell, US www.kcprofessional.com

Lifewear Products, LP Houston, TX, US www.lifewearproducts.com

Pearson Dental Culver City, CA, US www.pearsondental.com/

Disposable Ventilators

Ashby Medical Irmo, SC, US www.ashbymedical.com/resp_equip.html

First American Medical Equipment LLC Mt. Laurel, NJ, US www.fame-nj.com/products.html

Measured Medicine Cups

Med-Stor St Clair Shores, Michigan, US medstor.com

Able Medical Aids Largo, FL, US www.ablemedical.com

Lumelite Plastics Pawling, NY, US <u>www.lumelite.com</u>

Qosina

Edgewood, NY, US www.gosina.com

Label Makers

Label Makers, Inc Holtsville, NY, US www.labelmakersinc.com

Label Makers, Inc.Pleasant Prairie, WI, US
www.labelmakers.com

Portable Label www.portablelabelmakers.com

Casualty Stretchers

Abigal Press, Inc. Brooklyn, NY, US <u>www.abigal.com</u>

Barton Medical Corporation Austin, TX, US www.bartonmedical.com

Blue Chip Medical Products Suffern, NY, US www.bluechipmedical.com

Cinema World Brooklyn, NY, US www.cinemaworldstudios.com

Diane's DesignEast Petersburg, PA, US
www.dianes-design.com



FrontierSurvival

Ephraim, UT, US www.frontiersurvival.com

GVS-NY

Farmingdale, NY, US www.gvs-ny.com

Hillenbrand Industries, Inc.

Batesville, IN, US www.hillenbrand.com

Magid Glove & Safety Mfg. Co. Chicago, IL. US

www.magidglove.com

Medical Equipment Service, Inc.

Fulton, IL, US

www.medequipserv.com

Medpro Midwest Group

Naperville, IL, US www.medpromidwest.com

Piasonline.Com

Annapolis, MD, US www.piasonline.com

Pinestar Technology, Inc

Somerset, NJ, US www.pinestar.com

Reeves Group, Inc.

Frederick, MD, US www.reevesdecon.com

RETECHWEST

Phoenix, AZ, US www.retechwest.com

Rock-N-Rescue / J. E. Weinel, Inc.

Valencia, PA, US www.drrescue.com

Safety Products, Inc.

Washington, PA, US www.safetyprod.com

The Hurley Stretcher

Roanoke, VA, US www.hurleystretcher.com

The Reeves Group, Inc.

Frederick, MD, US

www.reevesdecon.com

World Medical Equipment, Inc.

Marysville, WA, US

www.worldmedicalequip.com

Scrubs

3M

Saint Paul, MN, US www.amestore.com/index.html?wt.mc_id="https://www.amestore.com/index.html">www.amestore.com/index.html?

Qosina

Edgewood, NY, US Qosina is an ISO 9001:2000 and ISO www.qosina.com

Continental Medical and Emergency Supply, Inc.

Commerce Township, MI, US www.cmesi.com

Corporate Images, Inc.

Denver, CO, US www.ciiapparel.com

Disaster Emergency Kits

Mauldin, SC, US

www.disasteremergencykits.com

Image First Uniforms by Alpine Trading Company, Inc.

Englewood, NJ, US

www.atcuniforms.com

Uniform Essentials

Lauderhill, FI, US

Washington Procurement Supply

Seattle, Washington, US www.waproc.com

Bragard Medical Uniforms

Long Island, NY, US

www.bragardmedical.com



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Four Seasons General Merchandise

Los Angeles, CA, US www.4sgm.com

Kimberly-Clark Professional

Roswell, US

www.kcprofessional.com

Preferred Products

Walled Lake, MI, US www.preferredorderdesk.com

Africa Business Net

US

www.africabusinessnet.com/Medical

Building Products

Mableton, GA, US www.buildingproducts.com/

Gujarat Alloys Cast Pvt

www.qujalloyscast.com

LocalMedical

www.localmedical.com/

Med-Vet International

IL, US

www.shopmedvet.com/product/5521/62

United Distributors

www.unitedonesource.com/

Bandages Plus

Miami, FI, US

www.bandagesplus.com/

CCP Industries

Cleveland, Ohio, US

<u>www.ccpind.com/products/apparel_products</u> .aspx

ClothTech

Cary, NC, US

www.clothtech.com/

Eagle Work Clothes Inc

Union, NJ, US

www.eagleindustrialuniforms.com/dresses2.htm

Legendmicro.com

Buffalo Grove, IL, US

www.legendmicro.com/strategic_links.asp

LogoSportswear

Cheshire, CT, US

www.logosoftwear.com/sitemap.php

McCoy Health Science Supply

Maryland Heights, MO, US

www.mccoymedical.com

National Workwear, Inc.

Lexington, KY, US

www.nationalworkwear.com/

Promopeddler.com

Sherwood, OR, US

www.promopeddler.com/sitemap/cat_map.p hp

QC Supply LLC

Schuyler, NE, US

www.qcsupply.com/SiteMap.aspx

Susan G. Komen Breast Cancer Foundation

San Francisco, CA, US www.scrubs.com/

A2Z Uniforms, Inc.

Southaven, MS, US

www.a2zuniforms.com/shopping_help.htm

BlueGoose Uniforms

City of Commerce, CA, US

www.bluegooseuniforms.com

eGeneral Medical Inc.

Raleigh, N.C, US

www.egeneralmedical.com/anchoc.html

Inexpensive Scrubs

Palmer, MA, US

www.inexpensivescrubs.com/index.htm

Jack L. Marcus

Milwaukee, WI, US

www.marcusuniforms.com



Medical Nursing Uniforms Scrubs

Palmer, MA, US

www.medicalnurseuniformscrubs.com

Nurses Station

Centerbrook, CT, US

www.nursesdirect.com/scrubs

United Distributors, Inc.

Dallas, Texas, US

www.uniteddistributors.com

wearform.com

Houston, Texas, US

www.wearform.com/Flame-Resistant-

Apparel.html

Uniform Favorites

Oakmont, PA, US

www.uniformfavorites.com

www.medical-supplies-4u.net

Patient Gowns

Personal Touch Health Care Apparel

Brooklyn, NY, US

www.lifewearproducts.com

Al Rice

Jeffersonville, IN, US www.alrice.com/

eGeneralMedical

NC. US

www.egeneralmedical.com/patientwear.html

LocalMedical

www.localmedical.com

Aaco.com

Fayetteville, Georgia, US

www.aaco.com/corrections%20product%20list.htm

Atcrehab.com

Chattaroy, WA, US

www.atcrehab.com/items.asp?cat=150

Budget Medical

Port Charlotte, FL, US

www.budgetmedical.com

Consolidated Medical

Newburgh, NY, US

www.consolidatedmedical.net/

Evis Medical Equipment and Respiratory Service

Hartford, CT, US

www.evismedical.com

Kelly's Medical Equipment & Supply

Davenport, IA, US

www.kellysmedical.com

NC Medical Supply

Brainerd, MN, US

www.ncmedicalsupply.com

QuickMedical

Snoqualmie, WA, US

www.quickmedical.com

Russell Medical

Corpus Christi, TX, US

www.russellmedical.com

Salk, Inc.

Boston, MA, US

www.salkcompany.com/healthdri-

cotton.html

Theraquip

Greensboro, NC, US

www.theraquip.com/sitemap.aspx

Admiral Medical Supplies

Millbrae, CA, US

www.admiralmedical.com

Big Sky Linen Supply

Billings, Montana, US

www.bigskylinen.com/Products.html

Brotherston

Bensalem, PA, US

www.brotherstonhomecare.com

eGeneral Medical Inc.

Raleigh, N.C, US

www.egeneralmedical.com/patientwear.html



Imperial Medical

Buffalo, MN, US www.imperialmedical.com

Jackson Medical Equipment

St. Paul, MN, US

www.jacksonmedicalequipment.com

Kirks Medical Service

Olympia, WA, US www.kirksmedical.com

Kom Kare Company

Middletown, Ohio, US

www.komkare.com/product_list/p_list.html

Kristen Uniforms

AMHERST, NEW YORK, US

www.y2kuniforms.com/shop-by-brand.html

Prestige Medical

Northridge, CA, US

www.prestigemedical.com/Subcat11x65.htm

Standris Medical Supply

Coatesville, PA, US

 $\frac{www.stethoscopeswholesale.com/clothing.cf}{m}$

Superior Linen Service, Inc.

Muskogee, OK, US

www.super-linen.com/medical.htm

United Linen

Bartlesville, OK, US

<u>www.unitedlinen.com?page=products_healt</u> hcare

Wholesale Linens Supply Inc

St. Louis, MO, US

www.wholesalelinensupply.com/pricelistweb_.htm

American Textile Maintenance

 $\underline{www.medicolinen.com/medicolinen/rentals.h}\\ \underline{tm}$

Harbor Linen

NJ, US

www.harborlinen.com/

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Marina Textiles

<u>www.marinatextiles.com/products_linens.ht</u> ml

New England Linen

www.newenglandlinen.com/medicalservices.html

Superior Linen Service

Springfield, MO, US

www.super-linen.com/medical.htm

Superior Linen Service

Springdale, AR, US

www.super-linen.com/medical.htm

Cots

All But Grown-Ups

Dover, NH, US

www.allbutgrownups.com

All Products Direct.com

Federalsburg, MD, US

www.allproductsdirect.com

Alta Baby

Wyckoff, NJ, US

www.altababyweb.com

American Best Cyber Mart USA.com

River Edge, NJ, US

www.abcmartusa.com

Berg Furniture

Barrington, NJ, US

www.bergfurniture.com

Bonavita/Lajobi

Cranbury, NJ, US

www.bonavita-cribs.com

Byer of Maine

Orono, ME, US

www.byerofmaine.com

C & T International

Palisades Park, NJ, US

www.sorellefurniture.com

CampingStation.com

Ridgewood, NY, US

www.campingstation.net



Childcraft Education Corp.

Lancaster, PA, US www.childcrafteducation.com

Ciccone & Co.

Los Angeles, CA, US www.cicconefurniture.com

Clark & Lee Design

Irwindale, CA, US

www.clarkandleedesign.com

Community Playthings

Chester, NY, US

www.communityplaythings.com

Delta Enterprises

New York, NY, US

www.deltaenterprise.com

Dream On Me

Brooklyn, NY, US

www.dreamonme.com

Ever Win Industrial Co., Ltd

New York, NY, US www.ever-win.com

EXSERO - Vietnam Sourcing Solutions

Washington, DC, US www.exsero.com

Gabler Group

Dallas, TX, US

www.theqablergroup.com

Khoury Furniture

Kingsford, MI, US

www.khouryfurniture.com

McDar, Inc.

Rochester, NY, US

www.mcdar.com

Medco Supply Co., Inc.

Tonawanda, NY, US

www.medcosupply.com

Modern Furniture

Bridgewater, VT, US

www.moderncontemporaryfurniture.com

Moriah International

Miami, FL, US

www.moriahinternational.com

Munire Furniture

Clifton, NJ, US

www.munirefurniture.com

Newport Cottages

Riverside, CA, US

www.newportcottages.com

Offi & Co.

Tiburon, CA, US

www.offi.com

Pacific Rim Woodworking

Eugene, OR, US

www.pacificrimwoodworking.com

Pali

Fairport, NY, US

www.paliitaly.com

Pascal's

Bogart, GA, US

www.pascalfrenchfurniture.com

Performance Textiles, Inc.

Greensboro, NC, US

www.perftex.com

Skip's Sports Equipment, Inc.

Virginia Beach, VA, US

www.skips-sports.com

Sorelle Furniture

Palisades Park, NJ, US

www.sorellefurniture.com

Stanley Furniture

Stanleytown, VA, US

www.stanleyfurniture.com

Stokke

Kennesaw, GA, US

www.stokkeusa.com

Sunset Trading

Londonderry, NH, US

www.sunsettrading.com



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Mosquito Creek Outdoors

Apopka, FL, US
Details | D&B Report |
www.mosquitocreek.com/sitemap.asp

Pharmaceutical and Consumer Products Industries

Englewood, NJ, US

http://www.howardroe.net/ProductSearch/P SLineResults.aspx?DPSV_Id=103476&CATY_ID=163&pF=&pT=&ws=&ASI=&In=



Non-Traditional Vendors

The following is a list of non-traditional vendors for food, pharmaceuticals, linens, and various other necessary supplies. Many of these vendors could significantly and positively impact the ability of your hospital to provide care.

A list of chain names is contained below; in the pages following a listing of store locator websites can be found. Use these websites to find your nearest locations. Alternately, if you are accessing this document electronically, you can click on the name of the store in order to connect to its website. Most will enable you to simply type in your zip code to find the nearest store. Corporate contact information can also be found easily on the website.

The listing of chain names should not preclude you from contacting locally owned retail stores, as they can be just as useful.

It would be best to contact these chain stores individually, as well as their corporate offices, before a pandemic begins to facilitate useful and direct communication. For this reason, a sample "first contact" letter is also attached.

Chain Name	Supplies Available	Chain Name	Supplies Available
A&P	Food/Pharmacy	<u>Safeway</u>	Food/Pharmacy
Albertson's	Food/Pharmacy	Sam's Club	Food/Pharmacy/Linen
Bed, Bath and Beyond	Linen	Sports Authority	Other
<u>BJ's</u>	Food/Pharmacy/Linen	Stop and Shop	Food/Pharmacy
<u>Costco</u>	Food/Pharmacy/Linen	<u>Target</u>	Food/Pharmacy/Linen
<u>Crate and Barrel</u>	Linen	<u>TJ Maxx</u>	Linen
<u>CVS</u>	Pharmacy	<u>Wal-Mart</u>	Food/Pharmacy/Linen
<u>Dick's Sporting Goods</u>	Other	<u>Walgreens</u>	Food/Pharmacy
<u>Duane Reade</u>	Pharmacy	<u>Wegman's</u>	Food/Pharmacy
<u>Food Town</u>	Food/Pharmacy	Whole Foods	Food
Food-4-Less	Food/Pharmacy		
<u>Home Depot</u>	Other/PPE		
<u>HomeGoods</u>	Linen		
<u>Kmart</u>	Food/Pharmacy/Linen		
<u>Kohl's</u>	Linen		
Krauszer's	Food		
<u>Kroger</u>	Food/Pharmacy		
<u>Linens 'n Things</u>	Linen		
<u>Long's Drugs</u>	Pharmacy		
<u>Lowe's</u>	Other/PPE		
Medicine Shoppe	Pharmacy		
Office Depot	Other		
Old Navy	Linen		
<u>Pathmark</u>	Food/Pharmacy		
Piggly Wiggly	Food		
<u>Publix</u>	Food/Pharmacy		
Rite Aid	Pharmacy		



SAMPLE LETTER

To Local Retailer,

As you know, Pandemic Influenza and Avian Flu (or "Bird Flu") have received a lot of media coverage of late. Although there is no Avian flu in North America yet, we take this threat very seriously and have begun serious planning for the next Influenza pandemic so that we might serve our community to the best of our ability.

As part of our planning effort, we are identifying alternate sources of critical supplies (including food, linens, cleaning supplies, toiletries, bandages, etc.) that the hospital would need should our normal supply chain be interrupted. We would be interested in discussing with you the possibility of purchasing these supplies locally in your store during a crisis. Someone from the hospital will contact you shortly with more information, but in the meantime please look over the pamphlet we have attached on pandemic influenza.

Thank you for your time,

Director of Procurement Name of Hospital



STORE LOCATOR WEBSITES

The Following list is composed of the aforementioned stores websites' store locator function. Most will enable you to simply type in your zip code to find the nearest store. Corporate contact information can also be found easily on the website.

A&P

http://www.apsupermarket.com/locations.asp

Albertson's

http://www.albertsons.com/defaultSSL.asp

Bed, Bath, and Beyond

 $\frac{http://www.bedbathandbeyond.com/bedbathandbeyond/PrxInput.aspx?order_num=-1\&MC=\&BRN=\&WRN=\&MT=$

BJ's

http://www.bjs.com/locations/

Costco

 $\frac{\text{http://www.costco.com/Warehouse/locator.aspx?cm_re=1_en-_Top_Right_Nav1-_Top_locations\&topnav=\&whse=BC\&lang=en-US}{\text{Normal Normal Norma$

Crate and Barrel

http://www.crateandbarrel.com/Stores/default.aspx

CVS

http://cvsstore.geoserve.com/scripts/esrimap.dll?Name=L&Com=fo&Db=DLRCvs&Ds=Store

Dick's Sporting Goods

 $\underline{http://www.dickssportinggoods.com/corp/index.jsp?page=storeLocator\&clickid=topnav_locator_t \\ \underline{xt}$

Duane Reade

http://www.duanereade.com/storelocations.htm

FoodTown

http://www.foodtown.com/location.shtml

Food4Less

http://clients.mapquest.com/food4less/mglocator?link=find

HomeDepot

http://www.homedepot.com/webapp/wcs/stores/servlet/StoreFinderView?langId=-1&storeId=10051&catalogId=10053&URL=http%3A//www.homedepot.com/webapp/wcs/stores/servlet/HomePageView%3FstoreId%3D10051%26catalogId%3D10053%26langId%3D-1%26orig_ref%3Dhttp%253A%252F%252Fwww.google.com%252Fsearch%253Fhl%253Den%2526q%253Dhome%252Bdepot

HomeGoods

http://www.homegoods.com/index.asp (scroll to bottom)



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Kmart

http://www.kmart.com/shc/s/StoreLocatorView?storeId=10151&catalogId=10104&langId=-1&adCell=AF

Kohl's

http://www.kohlscorporation.com/maps/html/store_locator.htm

Kroger

http://clients.mapquest.com/kroger/mglocator?link=find

Linens 'n Things

http://www.lnt.com/corp/index.jsp?page=storeLocator&clickid=topnav_storeloc_txt

Long's Drug Stores

http://www.longs.com/cgi-

<u>bin/longs/home/guest.jsp?redirect=/inside/storeLocator.jsp&slHome=Y</u>

Lowe's

http://stores.lowes.com/lowes/cgi/index?design=default&lang=en&mapid=US&svv=true&fname =&snum=&sname=&ci=&zip=&zipid=

Medicine Shoppe

http://www.medicineshoppe.com/ (Left hand side)

Office Depot

http://www.officedepot.com/stores/input.do;jsessionid=00000jfdl5sZQNFEm1udLjSkxvc:10gga53 44

Office Max

http://www.officemax.com/max/solutions/main/locatestore.do

Old Navy

http://www.oldnavy.com/customerService/storeLocator.do?mlink=5151,571094,3&clink=571094

Pathmark

http://www.pathmark.com/locator/

Piggly Wiggly

http://www.pigglywiggly.com/cgi-bin/customize?storelocations.html

Publix

http://store.publix.com/publix/

Rite Aid

http://www.riteaid.com/brooks_eckerd/locator/

Safeway

http://shop.safeway.com/superstore/default.asp?brandid=1&page=corphome (Scroll down to view weekly specials, enter zip code there)

Sam's Club

http://www.samsclub.com/shopping/index.jsp (upper right hand corner)



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Sears

http://www.sears.com/shc/s/StoreLocatorView?storeId=10153&catalogId=12605

Shop Rite

http://shoprite.mywebgrocer.com/storelocator.aspx?f=se&lcfo=4&cc=1&s=10648004&g=8a027d 58-6eb6-416d-8051-410e5bd28e4f&uc=8EE7C1

Sports Authority

http://www.sportsauthority.com/corp/index.jsp?page=storeLocator&clickid=topnav_locator_txt

Stop and Shop

http://www.stopandshop.com/locator.htm

Target

http://sites.target.com/site/en/spot/page.jsp?title=store%5Flocator%5Fnew&ref=nav%5Fstore%5Flocator

TJ Maxx

http://www.tjmaxx.com/index.asp (bottom right hand side)

Wal-Mart

http://www.walmart.com/ (top left hand corner)

Walgreens

http://www.walgreens.com/storelocator/find.jsp

Wegmans

http://www.wegmans.com/about/storeLocator/

Whole Foods

http://www.wholefoodsmarket.com/stores/index.html

