

**Alternate Care Site
Supply Plan**

SECTION 4: SUPPLY

A. Purpose

The purpose of this policy is to establish procedures to support the medical/health care at an Alternate Care Site.

B. Policy

1. ACS HICS Structure

- a. The ACS shall utilize the modified Hospital Incident Command System (HICS) organization structure and Job Action Sheets.
- b. The ACS Management Team shall appoint an ACS Supply Unit Leader and Food Services Unit Leader to assist in developing a plan to supply needed resources to effectively operate the ACS for at least 96 hours.

2. Assessment of Resources

- a. The ACS Management Team, in cooperation with the MHOAC, shall determine the appropriate sources for obtaining needed equipment and supplies. Consider utilizing the following:
 - i. Local Resource Caches
 - ii. Resources from Local Health Facilities (MOU)
 - iii. Regional/State/Federal Caches
 - iv. Local Vendors
 - v. Medical / Health Mutual-Aid System
- b. The ACS Supply Unit Leader shall determine the number and type of resources needed, utilizing the ACS Equipment/Supply Matrix.

3. Inventory Management

- a. The MHOAC shall develop and maintain the Placer County Medical/Health Equipment & Supply Inventory, which shall be annually updated.
- b. The ACS inventory shall be managed so the supplies can be effective when used. Therefore, there shall be a process to monitor expiration dates, storage dates, and a process for rotating stock from a cache into the general inventory to minimize supplies that may expire.
- c. All movement of equipment and supplies shall be tracked, utilizing the HICS Form 256

4. Board of Pharmacy Waiver

- a. In the event of a declared disaster or emergency, the California Board of Pharmacy expects to utilize its authority under the California Business and Professions Code, including section 4062, subdivision (b) thereof, to encourage and permit emergency provision of care to affected patients and areas, including by waiver

of requirements that it may be implausible to meet under these circumstances, such as prescription requirements, record-keeping requirements, labeling requirements, employee ratio requirements, consultation requirements, or other standard pharmacy practices and duties that may interfere with the most efficient response to those affected.

- b. The board encourages its licensees to assist, and follow directions from, local, state, and national health officials. The board expects licensees to apply their judgment and training to providing medication to patients in the best interests of the patients, with circumstances on the ground dictating the extent to which regulatory requirements can be met in affected areas. The board further expects that during such emergency, the highest standard of care possible will be provided, and that once the emergency has dissipated, its licensees will return to practices conforming to state and federal requirements.

C. Procedure

1. Resource Requests

- a. The ACS Supply Unit Leader and Food Services Unit Leader shall determine the available inventory of the following, based on the type of event (see Equipment/Supply Matrix). This may include, but is not limited to:
 - i. IV Fluids
 - ii. Bandages and Wound Management
 - iii. Airway Intervention and Management
 - iv. Immobilization
 - v. Patient Bedding, Gowns, Cots, Misc.
 - vi. Healthcare Provider Personal Protective Equipment (PPE)
 - vii. Exam Supplies
 - viii. General Supplies
 - ix. Defibrillators and Associated Supplies
- b. Complete a status report and a formal request for assistance, utilizing the Medical Resource Request Form.
- c. This formal request should be submitted to the MHOAC and should be specific and quantifiable.
- d. Ensure that when acknowledgement of the request is received, it is saved and used to track request status. The acknowledgement should contain:
 - i. Confirmation of the specific request that was made.
 - ii. The anticipated response time.
 - iii. Any additional information on the scope and impact of the disaster and its effect on mutual aid requests.

- e. Prepare to reconfirm a response time of request if the request is not fulfilled as anticipated.
- 2. Inventory Management
 - a. Establish the process for the rotation of stock and inventory (control management).
 - b. Clarify the process for how materials get delivered.
 - c. Identify where materials will be delivered so there are one or more specific locations that delivery is expected.
- 3. Resource Tracking
 - a. All movement of equipment and supplies shall be tracked, utilizing the HICS Form 256.
 - b. Closely monitor equipment, supply, and pharmaceutical usage.
 - c. Ensure a process for security and control of medications, equipment, and supplies, as needed.
- 4. Demobilization of Resources
Work with the Planning Section Chief or Demobilization Unit Leader to develop and coordinate an Incident Demobilization Plan that includes specific instructions for all resources that will require demobilization.

D. Attachments:

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| 1. ACS Equipment Supply Matrix..... | Appendix H |
| 2. Medical Resource Request Form..... | Appendix F |
| 3. HICS Form 256 Resource Tracking | Appendix C |