

## Supply Shortage Evaluation Process

The intent of this section is to provide the healthcare facility with specific decision points to assist in the evaluation/monitoring of supplies, impact of flu on healthcare facility, and requesting of state and federal assets. It is not the intent of OHA to direct the decision of the healthcare facility, but merely to provide them with tools and information that will help direct their decisions. The final decision as to how facilities response and the type of supplies utilized lies solely with the facility.

Supply shortage at this point of the H1N1 response appears to be N95 respirators, however, each facility should evaluate and plan for shortages in all supply utilized to respond to H1N1. This document will provide you with discussion points to help monitor your supplies and a decision tool to provide authorization to your local health department in requesting the Strategic National Stockpile (SNS). Each facility should utilize existing committees to lead the evaluation process. This could be your Infection Control Committee, Quality Committee, Environment of Care Committee or any other committee with similar responsibilities. The team approach will ensure a coordinated process with each involved department providing vital information to the decision process.

### Prioritized Respirator Use During Supply Shortage

The Centers for Disease Control and Prevention (CDC), the Ohio Department of Health (ODH) and individual healthcare facilities recognizes that some facilities are currently experiencing shortages of respiratory protection equipment and that further shortages are anticipated. While the exact total supply in the public and private sector is not known, a large gap between supply and demand is being felt across Ohio. In the past month CDC issued *Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel* that updated interim guidance on infection control measures. The updated guidance applies specifically to the special circumstances of the current H1N1 pandemic. It provides general guidance for all healthcare facilities and emphasizes that successful prevention of transmission requires a comprehensive approach. It is recommended that all healthcare facilities review the guidance and determine the best process for their facility.

Ohio Department of Health (ODH) has issued guidance for preventing the transmission of novel H1N1 and seasonal influenza in healthcare and non-healthcare environments. While the document follows recommendations from CDC it goes a step further and recommends that use of N95 respirators be limited to instances of direct airway manipulation when exposure to respiratory secretions is more likely (e.g., bronchoscopy, intubation, nasopharyngeal suction). Following this guidance will assist with the respirator protection equipment shortage. It is also necessary to recognize that the guidance does not negate the necessity for healthcare facilities to prioritize respirator use during this H1N1 pandemic.

While the above mentioned guidance documents provide direction and recommendations for respiratory protection it is imperative that each healthcare facility review them and determine the



best process for their facility. It has been identified that healthcare facilities will have different consumption rates as it relates to supplies; however, the decision and discussion process should be the same for all. Listed below are recommended decision points to consider as you evaluate your response and supply needs.

#### Supply Planning Discussion Points

- Monitor supply of respirators (N-95, N-100, etc.) within your facility
- Monitor supply of alternative facemasks (i.e. surgical masks) within your facility
- Evaluate need to declare a “Code Yellow” (hospital disaster) for your facility
- Evaluate type(s) and model(s) of respirator protection to be used within your facility and what level of protection healthcare workers will be issued. Utilize guidance document to assist with discussion.
- Ensure that personnel education is provided to all staff on decisions made regarding use of masks or respirators

#### Facility Impact Planning Discussion Points

- Monitor usage and available amounts of antiviral medications (Relenza and Tamiflu)
- Monitor requests for H1N1 vaccine (amount and dosages) and allotments received
- Monitor supplies utilized to administer vaccine (i.e. needles, syringes, etc.)
- Monitor number of healthcare workers receiving H1N1 monovalent vaccine
- Monitor number of patients receiving the H1N1 monovalent vaccine
- Monitor number of admission for Influenza Like Illness (ILI)
- Monitor number of ICU admission for Influenza Like Illness (ILI)
- Monitor staff illness and shortages

For easy of monitoring we have updated SurgeNet Resource Section to include many of the above points. Please update SurgeNet numbers weekly.



## Critical Supply Shortage Actions

Continuous monitoring of supplies is imperative as noted above; however, when you reach a critical shortage different actions need to be implemented. Critical shortage should be defined as the time when your supply levels will be exhausted within a 3-4 week timeframe. The following actions should be taken by the healthcare facility. Specific actions for shortage of N95 respirators will be identified to assist with current critical shortages in some facilities, however, the below process may be utilized for any type of supply.

- Identify the supply(s) that are in critical shortage (i.e. 3-4 week supply)
- Report those shortages to your county Emergency Management Agency as an FYI and your regional hospital coordinator. Continuous monitoring of the Facility Impact Points will assist with verification of shortages
- Work with regional hospital coordinator and local EMA to determine availability of regional caches and feasibility of receiving supplies
- Request supplies from regional caches consistent with your regional plan.
- Once commercial supplies, local supplies and regional supplies are exhausted, contact your county EMA to request supplies from the State. This includes requests that may be met from the Strategic National Stockpile (SNS). Note that these requests may not be filled in the time needed to address your critical shortage
- After notification has been provided continue to monitor usage and reserve supplies

## Specific to N95 Respirators

- Discuss guidance documents and determine changes needed to assist with critical shortage.
- Evaluate potential of contacting vendors outside of your current contracts Determine how exclusivity clauses with current vendors apply during shortages.
- Work with regional hospital coordinator to determine if other facilities could provide respirators that would be replenished when your supply arrives
- Evaluate and discuss extensively the need to purchase only NIOSH approved respirators and the policy that full face shield would be used over the masks
- Evaluate and discuss extensively the receipt of different respirators and the need to conduct physical examination and fit testing for appropriate personnel