

Maryland Region V Emergency Preparedness Coalition

Region V Resource Management Plan

VERSION 4.0



University of Maryland Center for Health and Homeland Security
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Introduction

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) defines Maryland Region V (herein, also referred to as “The Region”) as Calvert, Charles, Montgomery, Prince George’s, and St. Mary’s Counties. Healthcare partners, governmental agencies, and other partners in those jurisdictions have formed the Region V Emergency Preparedness Coalition (EPC) as a mechanism to encourage regional collaboration in the area of emergency preparedness and response. The Region V EPC has collectively utilized funding to purchase equipment and supplies for the benefit of the region. These purchases were made through funding from the Urban Area Security Initiative (UASI) grant, Hospital Preparedness Program (HPP), and other sources.

Resource allocation, tracking and deployment are essential elements of effective emergency preparedness. As such, the Region V EPC contracted with the University of Maryland Center for Health and Homeland Security to develop a Regional Resource Management Plan (RMP). This plan aims to incorporate the following elements:

- Identifying and locating available regional supplies;
- Requesting, approving, and deploying regionally maintained equipment and supplies as identified by the regional partners utilizing a common process for requesting asset deployment;
- Identifying persons or entities responsible for tracking, maintaining, and restocking equipment and materials during times of peace and disaster; and
- Addressing the responsibilities of facilities receiving equipment and materials from the Region V resource caches, as well as the responsibilities of facilities storing these resources.

Additionally, the plan will summarize the operational elements of each regional resource to allow for rapid requests and deployment during emergency responses and identify the triggers that will initiate regional resource availability. The RMP will optimize efficiency by utilizing capabilities already present within the Region while delineating the appropriate vertical and horizontal communication pathways for equipment mobilization.

Governing Policies

This section aims to summarize the existing policies, regulations, and agreements that affect resource management, disposition, and utilization. For the purposes of this plan, the same regulations covering procurement and purchase are not addressed.

Guiding Principles

There are several layers of existing policy that relate to and drive process around regional resource allocation and other interactions between healthcare partners in Region V. This RMP operates under the following basic assumptions:

- All organizations, agencies, and partners will operate according to the adopted authorities and regulations for their respective institutions;
- The RMP is not intended to nor should it supplant any existing State or Local policies, procedures, or laws governing appropriate and necessary actions during an emergency response;
- The regional healthcare partners have entered into a Memorandum of Understanding (MOU) that defines the roles and responsibilities around their cooperation in emergency preparedness and response;
- Federal law, including sections 44 and 45 of the Code of Federal Regulations (CFR), establishes regulations and requirements around the use of federal funding to procure, allocate, and utilize resources; and
- Prior to requesting regional assistance, any singular organization must exhaust its internal means or provide sufficient rationale as to suggest that their internal resources will be insufficient to manage an incident PRIOR to requesting assets through regional partners, their local jurisdictions, or the State of Maryland.

All-Source Resource Rules and Regulations

When equipment/supplies that were purchased with funds from the federal government are concerned, the applicable sections of the CFR still apply. In particular, facilities must continue to adhere to the following policies, though this list is not exhaustive:

General

- The grantee shall not use the equipment to provide services to non-Federal organizations for a fee less than private companies charge for equivalent services, unless specifically authorized by Federal statute;
- If the equipment is owned by the Federal government, use on other activities not sponsored by the Federal government shall be permissible if authorized by the Department of Health and Human Services (HHS) or Department Homeland Security (DHS) awarding agency;
- The grantee shall use the equipment in the project or program for which it was acquired as long as needed, and when no longer needed the recipient shall use the equipment in connection with its other federally-sponsored activities; and
- The grantee shall make the equipment available for use on other projects or programs if such other use will not interfere with the work on the program, project, or activity for which the equipment was originally acquired.

Equipment Management

- Equipment records shall be maintained accurately consisting of the pertinent information listed in 45 CFR 74.34;
- Equipment owned by the Federal government shall be identified as such;
- The grantee shall take a physical inventory of equipment and the results reconciled with the equipment records at least once every two years;
- The grantee shall maintain a control system to insure adequate safeguards to prevent loss, damage, or theft of the equipment;
- The grantee shall implement adequate maintenance procedures to keep the equipment in good condition;
- All grantees shall establish written procurement procedures;

- The grantee shall maintain a contract administration system to ensure performance with the terms, conditions, and specifications of their contracts or purchase orders;
- The grantee shall maintain a written code of standards of conduct;
- The grantee shall provide for a review of proposed procurements to avoid purchasing unnecessary items;
- The grantee shall maintain records sufficient to detail the significant history of procurement for at least three years after disposal;
- The grantee will have procedures in place to handle and resolve disputes relating to their procurements and shall in all instances disclose information regarding the protest to the awarding agency; and
- The recipient shall take a physical inventory of equipment and the results reconciled with the equipment records at least once every two years. **Proposed change: annually, conducted by the Region V Coordinator and/or Logistics Planner.**

Equipment Disposition

- When original or replacement equipment acquired under a grant or subgrant is no longer needed for the original project or program or for other activities currently or previously supported by a Federal agency, disposition of the equipment will be made as follows:
 - i.* Items of equipment with a current per-unit fair market value of less than \$5,000 may be retained, sold, or otherwise disposed of with no further obligation to the awarding agency;
 - ii.* Items of equipment with a current per unit fair market value in excess of \$5,000 may be retained or sold, and the awarding agency shall have a right to an amount calculated by multiplying the current market value or proceeds from sale by the awarding agency's share of the equipment;and

- iii.* In cases where a grantee or subgrantee fails to take appropriate disposition actions, the awarding agency may direct the grantee or subgrantee to take excess and disposition actions.

Supplies

- If there is a residual inventory of unused supplies exceeding \$5,000 in total aggregate value upon termination or completion of a project or program and the supplies are not needed for any other federally-sponsored project or program, the recipient shall retain the supplies for use on non-Federally sponsored activities or sell them, but shall, in either case, compensate the Federal Government for its share.
- The recipient shall not use supplies acquired with Federal funds to provide services to non-Federal organizations for a fee that is less than private companies charge for equivalent services, unless specifically authorized by Federal statute as long as the Federal Government retains an interest in the supplies.
- If the supplies are owned by the Federal Government, use on other activities not sponsored by the Federal Government shall be permissible if authorized by the HHS awarding agency.
- User charges shall be treated as program income, in keeping with the provisions of 45 CFR 74.24.

Hospital Preparedness Grant (HPP) Requirements

In addition to the All-Source Resource Rules and Regulations, resources purchased with funding made available through the HPP must follow the following regulations:

- The MDH/HPP guidelines must be adhered to with regards to expenditures/purchases.
- The grantee will perform activities that coordinate, integrate, prioritize, and sustain improvements in healthcare preparedness.
- The materials shall only be used in the event of a hospital emergency or public health event.
- The grantee agrees to maintain all 14 National Incident Management System (NIMS) elements and self-authorize compliance.
- The grantee agrees to demonstrate successful completion and/or proof of Fatality Management Planning and Hospital Evacuation Planning.
- The grantee shall not use HPP funds to:
 - Make payments directly to recipients of services, except for reimbursement of reasonable and allowable out-of-pocket expenses associated with consumer participation in State or consortia activities.
 - Support legal services.
 - Provide direct maintenance expenses of privately owned vehicles or any other costs associated with a vehicle.
 - Purchase or improve land or any building, other than minor remodeling.
 - Purchase Mark I kits or DuoDote kits.
- The grantee shall comply with all MDH and the Assistant Secretary for Preparedness and Response (ASPR) fiscal requirements for timely submission of detailed budgets, budget modifications, and not less than bi-annual expenditure projections on the required MDH forms.

- The grantee shall return any unused funds to MDH and provide necessary documentation.
- Equipment with HPP funds may be recalled or requested to support local, regional, or statewide emergency response efforts and must be catalogued for future reference and review.

Situation

Emergency/Disaster Conditions and Hazards

A disaster is defined as an overwhelming incident that exceeds the effective response capability of the impacted healthcare facility or facilities. These disasters can have a wide-ranging impact on local resources depending on the type and size of the disaster. The effects are also largely dependent on the size and capability of the impacted facility. Because these effects could occur immediately, it is imperative that prompt identification, procurement, and allocation of resources occurs in order to ensure an appropriate and effective response. It is also important to note that a severe emergency may limit access to the resource infrastructure.

Planning Assumptions

- Each organization has an established system for managing their resources.
- All responding resources will be used under the Incident Command System (ICS).
- The type of the emergencies for which this plan will be activated will overwhelm local mutual aid capabilities.
- Standard communication forms may be interrupted, especially during the initial phases of the emergency response.
- Transportation to effected areas may be impeded due to damaged roads, bridges, or various means of transportation.
- This plan addresses shared resources between Regional partners, and does not include management issues that may surround requesting or utilizing resources from a state or federal level.
- Resource inventories will vary and maintaining current resource lists will be most effectively managed at the city, agency, and organizational level first.

- Donating facilities may charge a “standardized rate” or “contractor force rate” for resources and services provided, or they may charge the actual cost of providing the resource or service.

Emergency Support Function 8 (ESF-8)

ESF-8 is comprised of the public and private partners responsible for managing public health and medical response operations. ESF-8 provides the mechanism for coordinated response and assistance at the local, state and federal level. At the local level, the ESF-8 lead agency is the county health department. All Region V hospitals are cooperating organizations in their county ESF-8 groups. Maryland Department of Health is the lead agency for coordinating ESF-8 at the state level. When an incident occurs that requires assistance to or from public health and medical organizations, the local ESF-8 lead agency will support documenting, communicating, and coordinating resource requests to the appropriate agency, organization, or other ESF which may be able to provide support.

ESF-8 requests for assistance may include a wide range of resources, including, but not limited to:

- Specialized or general medical care personnel;
- Health/medical/veterinary equipment and supplies;
- Patient care;
- Blood and blood products;
- Public health and medical information;
- Vector control;
- Potable water/wastewater;
- Mass fatality management;
- Patient or staff movement assets; and
- Power or other utility support.

ESF-8 (Health and Medical) resource requests generally occurs as follows:

1. Healthcare facility requests resources from an internal system partner facility (i.e. within Medstar).
2. Healthcare facility requests resources from a nearby external partner included in a joint mutual aid agreement.
3. Healthcare facility requests resources through the local ESF-8 Lead.
4. In attempting to support ESF-8 resource requests, the local health department may coordinate support from local or regional partners including other ESFs. If local or regional resources are unlikely to meet needs, local ESF-8 will coordinate requests for assistance to state and federal partners.

Regardless of which path a requesting facility chooses to take, it is important to include the local ESF-8 lead in situational awareness of the incident that requires assistance.

Concept of Operations

The Concept of Operations (CONOPS) section is intended to provide the operational details of regional resource management, maintenance, record-keeping, requests, and reimbursement. This CONOPS is not intended to supersede, negate, or otherwise interfere with any existing federal or state regulations.

Resource Management & Tracking

Key Definitions

Maintaining Facility/Organization (MFO) is the facility (i.e., hospital) or organization (i.e., government agency) that houses, maintains, or stores resources contained within this plan during all periods other than when they are provided to a requestor. While in some cases, the MFO may not own the asset in all cases (i.e., Regional Alternate Care Site Trailers), they still must be engaged to access those regional assets securely stored on their property or in their facilities.

Requesting Facility/Organization (RFO) is the facility or organization that is requesting regional support in response to a catastrophic emergency.

Resource Tracking (Pre-Event)

- The MFO is responsible for recordkeeping for the assets that they manage, house, and/or maintain during periods of non-activation.
- The MFO produces a Resource Tracking Report (Appendix A-2), starting within 1 year of resource procurement, to the primary grantee under which the equipment was purchased (if other than the MFO) or the party who maintains the Region V Resource Management Plan.
- Resource Tracking Reports shall include:
 - The resource's current location;

- The point of contact;
 - Any special considerations for storage (i.e., refrigeration);
 - Maintenance records for the asset; and
 - Any Resource Accounting Records (HICS 257) provided by the RFO.
- The MFO will provide an updated Resource Tracking Report (Appendix A-2) within ninety days of changes to the above outlined parameters.

Resource Tracking (Response)

- The RFO is responsible for resource tracking from the period of time it receives an asset until it is returned to the MFO.
- At the time of receiving the asset, the RFO will provide the point of contact for the received asset to the MFO.
- Within two weeks of returning a regional asset to an MFO, the RFO will provide all relevant HICS 257 forms related to the resource(s) and an Asset Utilization Report that includes a summary of:
 - Hours of usage for equipment (if durable medical equipment);
 - Number utilized from a supply (if expendable resource);
 - Any maintenance completed on the device; and,
 - Any damage incurred by utilization.

Changes in Resource Status Reporting

- Whenever the disposition of equipment or supplies changes, the MFO is responsible for promptly notifying the Region V EPC.
- Changes in disposition can include, but are not limited to:
 - Expiration of supplies;
 - Repairs of equipment that exceed one week;
 - Deployment; or
 - Equipment awaiting service or supplies requiring restock following deployments.

Resource Maintenance (Pre-Event)

- The MFO is responsible for providing day-to-day maintenance, security, and care for equipment and supplies located at their respective facilities.
- The MFO will ensure compliance with all local, state, and federal regulations pursuant to grant-purchased equipment and supplies as noted in the Code of Federal Regulations (principally 44 and 45 CFR) and as summarized in *Section II: Governing Policies* of this RMP.
- The MFO will ensure that all manufacturer requirements pursuant to safe and effective storage of supplies and equipment are met. This may include, but is not limited to:
 - Temperature & Humidity;
 - Prevention of improper handling; and,
 - Theft prevention.
- The MFO shall make available to approved, requesting partners all regional assets 24 hours a day, 7 days a week, and 365 days a year.

Resource Maintenance (Response)

- During an active deployment, the RFO is responsible for providing maintenance, security, and care for equipment and supplies being utilized at their respective facilities.
- The RFO will ensure compliance with all local, state, and federal regulations pursuant to grant-purchased equipment and supplies as noted in the Code of Federal Regulations (principally 44 and 45 CFR) and as summarized in *Section II: Governing Policies* of this RMP while resource are deployed within their respective facilities.
- The RFO will ensure that all manufacturer recommendations and reasonable accommodations pursuant to safe and effective storage of supplies and equipment are met during deployment. This may include, but is not limited to:
 - Temperature & Humidity;
 - Prevention of improper handling; and,
 - Theft prevention.

Resource Requesting and Deployment

Resource Requests

- Each facility or organization utilizing the RMP shall designate a primary and alternate representative to act on behalf of the facility/organization to request, offer, or provide assistance under the parameters of the RMP.
- When supplies or equipment are needed, the initial request for transfer may be made verbally to allow the MFO appropriate time to ensure access to equipment. However, a verbal request must be followed-up with a formal Regional Resource Request Form (R3 Form – Appendix A-1) submitted within no more than ten (10) days of the verbal request.
- The RFO shall notify the following when a request is made:
 - The Region V Coordinator (For further information, see Appendix C).
 - The local health department using the MDH Emergency Medical Material Request Form (Appendix B-4).
- If duplicate requests are identified by the Region V Coordinator or local health department, he/she will contact the associated RFOs and the MFO in an effort to adjudicate the duplicate requests.
- If partners to a duplicate, simultaneous request are unable to settle on an equitable utilization strategy, the Region V EPC chair(s) (or other governance structure) shall make a final decision on allocation.
- **From local ESF-8 entity (county health department)**
 - When supplies are needed, the initial request for transferred may be made verbally or electronically based on established, and agreed upon parameters between the facility and the local health department.
- **From corporate partners**
 - When supplies are needed, the initial request for transferred may be made verbally or electronically based on established,

and agreed upon parameters between the facility and the parent corporate partners.

Movement of Resources

- The RFO is responsible for coordinating the transportation of materials both to and from the MFO.
- If requested by the RFO, the MFO may assist in deployment of the asset to the RFO, but the RFO may be asked to reimburse any transportation/delivery costs incurred by the MFO.
- If there is a known or imminent threat, resources may be pre-positioned in coordination with the potential RFOs, but resource tracking documentation be maintained.
- At the completion of a resource deployment, the RFO must return the resource to the MFO. However, if the assets are being deployed to a secondary RFO, that secondary RFO is responsible for transportation from the facility of the primary RFO.
- From local ESF-8 entity (county health department)
 - When supplies are needed, the coordination and transportation may be made verbally or electronically based on established, and agreed upon parameters between the facility and the local health department.
- From corporate partners
 - When supplies are needed, the coordination and transportation may be made verbally or electronically based on established, and agreed upon parameters between the facility and corporate partners (where applicable).

Resource Utilization

- Resources will only be used in a manner consistent with all federal, state, and local laws and regulations.

- At the time of deployment, the RFO may request, and the MFO should provide, a copy of the most current Resource Tracking Report to ensure that all equipment has been properly maintained prior to utilization.
- Resources may be utilized for an indefinite amount of time, unless or until:
 - They are recalled for redeployment to another facility in greater need;
 - The condition or significant occurrence necessitating their use has been relieved; or
 - The RFO has had sufficient time to procure or acquire a long-term replacement.
- RFO will need to arrange transportation for resources to and from MFO.

Resource Demobilization

- The RFO is responsible for returning all equipment and unused supplies to the MFO in a condition comparable to its state when the resource was requested.
- The RFO will ensure that the MFO is available to safely receive the asset before it is returned.
- The MFO will make all reasonable accommodations to receive the returned resources in a timely fashion.
- The MFO will verify that equipment is in a condition consistent with when it was lent. It will cite any changes in the condition of the resource on the Annual Resource Report.

Resource Reimbursement

- The RFO is responsible for returning and restoring any utilized asset to a comparable condition to when it was utilized. This includes, but is not limited to:
 - Refueling;
 - Restocking supplies;
 - Repairing any damage incurred by utilization; and,
 - Replacing any lost, stolen, or missing resources or parts as identified in the Resource Summary Sheets (Section V).

- The RFO will replace any supply or restore any equipment as rapidly as possible. If the replacement period for any supply or equipment is to exceed ninety days after demobilization, the RFO will submit, in writing, a formal rationale for the delay and suggest a reasonable timeline for completion of the process to the Region V EPC.
- Alternatively, the RFO and MFO may agree upon a purchase and financial reimbursement strategy that allows for replacement of the assets to the individual facility/organizational or regional cache. Any such secondary agreement should be consistent with the ninety-day reimbursement timeline (as outlined above) and shall be conveyed to the Region V EPC.
- In the case of maintenance for equipment, the RFO may financially reimburse the MFO for the necessary maintenance, if the MFO maintains the equipment's standard maintenance contracts.

Alternative Sources of Emergency Resources

Strategic National Stockpile (SNS)

The Strategic National Stockpile (SNS) is a federally-owned cache of pharmaceuticals and other medical supplies for use in a “public health emergency severe enough to cause local supplies to run out.” The SNS is administered by the Centers for Disease Control and may be requested by state and local governments. Generally, SNS resources are received and delivered to the local health departments and then distributed to healthcare facilities and the public. Individual healthcare facilities within the Coalition should not request directly from the SNS; all requests for resources from SNS should go through the local health department and/or the State.

Plan Maintenance

- The terms, grant provisions, legal requirements, and planning assumptions will be modified as necessary, no less than once every three years.

- Resource sheets and appendices will be updated as changes are recognized, but will be reviewed by a member facility on a rotating basis no less than once a year to verify accuracy of contact sheets and resources.
- Following deployments, any issues of tracking, transfer, resource management, or resource reimbursement/replenishment shall be noted by the involved parties and proposed corrective action shall be noted in writing to the Region V EPC.
- Proposed addition: Plan should be reviewed and assessed for changes by the Region annually.

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Appendix A – Local Health Department Contact List

Member Name	Facility/Agency Name	Business Address	Email	Office Number	Cell	24 Hour Contact Phone Number
Donna Thomas	Charles County Public Health	4545 Crain Highway P.O. Box 1050 White Plains, MD, 20695	Donnaj.thomas@maryland.gov	301-609-6761	240-299-4274	240-299-4274
Terry Pronchow	St Mary's County Health Department	21580 Peabody Street Leonardtwn MD 20650	terry.pronchow@maryland.gov	301-475-4319	240-298-1020	301-475-8016
Matthew Jones	Region V Coordinator	1720 McCormick Drive, Suite 120 Upper Marlboro, MD 20774	Mpjones72@comcast.net	774-329-1089		
Richard Goddard	Prince George's County Health Department	1720 McCormick Drive, Suite 120, Upper Marlboro, MD 20774	Rpgoddard@co.pg.md.us	301-883-7699	240-691-7894	240-691-7894
Sean O'Donnell	Montgomery County DHHS, PHEP Program	2000 Dennis Ave, Suite 16, Silver Spring, MD 20902	Sean.ODonnell@montgomerycountymd.gov	240-777-1240	202-489-1877	202-489-1877
Rebecca Hazel	Calvert County Health Department	975 N. Solomon's Island Road, Prince Frederick, MD 20678	rebecca.hazel@maryland.gov	410-535-5400 x 434	443-771-5152	443-829-6588

Appendix B – Forms and Documents

Appendix B-1 – Region V Regional Resource Request (R3) Form

Appendix B-2 – Region V Resource Tracking Report

Appendix B-3 – Region V Resource Post-Utilization Report

Appendix B-4 – MDH Emergency Medical Material Request Form

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Maryland Region V Regional Resource Request (R3) Form

REQUESTOR			
Requesting Facility/Organization (RFO)		Time/Date of Request	
RFO Representative		Proposed Time/Date of Request Pick-up	
RFO Phone #		RFO E-mail	

RESOURCE			
Name of Resource Requested		Resource Code (RMP)	
Type/Kind of Resource		Quantity Requested	

NEED	
Describe the Need (Current status of hospital, level of requested supply, ability to obtain the resource elsewhere)	

Signature of RFO Representative

Date

Maryland Region V Resource Tracking Report

Record Start Date		Record End Date	
-------------------	--	-----------------	--

RESOURCE

Resource		Resource Code (RMP)	
----------	--	---------------------	--

Maintained Quantity		Current Quantity	
---------------------	--	------------------	--

Storage Location			
------------------	--	--	--

Point of Contact			
------------------	--	--	--

POC Phone #		POC Email	
-------------	--	-----------	--

MAINTENANCE HISTORY

DATE	TYPE OF MAINTENANCE	DATE	TYPE OF MAINTENANCE

<u>DEPLOYMENT LOG</u>			
Deployment #	1		
Quantity Deployed		Quantity Returned	
RFO		Quantity Reimbursed	
Outstanding Issues (Damage, Reimbursement)			
Deployment #	2		
Quantity Deployed		Quantity Returned	
RFO		Quantity Reimbursed	
Outstanding Issues (Damage, Reimbursement)			
Deployment #	3		
Quantity Deployed		Quantity Returned	
RFO		Quantity Reimbursed	
Outstanding Issues (Damage, Reimbursement)			

Maryland Region V Resource Post-Utilization Report

RESOURCE			
Name of Resource Transferred		Resource Code (RMP)	
Type/Kind of Resource		Quantity Transferred	

RFO			
Requesting Facility/Organization (RFO)		Time/Date of Transfer	
RFO Representative			
RFO Phone #		RFO E-mail	

RESOURCE MANAGEMENT			
Total Hours Utilized (if applicable)		Total Amount Consumed (if supply)	
Maintenance Done on Resource			
Describe Any Damage to Equipment			

Signature of RFO Representative Upon Return
Date

Signature of MFO Representative Upon Return
Date

Appendix B-4 – MDH Emergency Medical Material Request Form

**Maryland Department of Health
Office of Preparedness & Response
EMERGENCY MEDICAL MATERIAL REQUEST FORM**

Type or legibly print (in black or blue ink) all known information that is asked for on this form. Ensure that the sections of the form that apply to you are filled out in their entirety. A separate form must be filled out for each delivery address. Items needed, that are not described on the inventory list can be requested by filling in the blank rows at the end of the inventory list.

To BE COMPLETED BY THE REQUESTING FACILITY	
1. DATE: _____	2. TIME: _____
3. REQUESTING FACILITY NAME: _____	
4. DELIVERY ADDRESS: _____ _____	
5. POC PHONE NUMBER: () -- _____	
6. SPECIFIC DELIVERY INSTRUCTIONS / DIRECTIONS UPON ARRIVAL: _____ _____ _____	
To BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT	
1. COUNTY: _____	2. DOC PHONE #: () -- _____
3. REVIEWED BY: _____ (NAME)	
4. APPROVED BY: _____ (NAME)	
5. TIME SENT TO THE MDH DEPARTMENTAL OPERATIONS CENTER (MILITARY TIME): _____	
To BE COMPLETED BY THE MDH DEPARTMENTAL OPERATIONS CENTER	
1. REVIEWED BY: _____ (NAME)	

2. **APPROVED**
BY: _____ **(NAME)**

3. **TIME SENT TO RSS**
(MILITARY TIME): _____

LINE ITEM	DESCRIPTION	STOCK NUMBER	UNIT OF ISSUE	QUANTITY REQUESTED	QUANTITY SHIPPED
1	Acyclovir, 1000mg/20ml	55390-613-20	PKG of 10		
2	Aero Chamber Plus, w/large mask	58-80710	CS of 10		
3	Aero Chamber Plus, w/o mask	58-79710	CS of 10		
4	Aero Chamber Plus, w/small mask	58-88710	CS		
5	Albuterol Nebulizer Solution, 0.83mg/ml, 3ml	00172-6405-49	PKG of 1		
6	Alcohol pads, isopropyl, 70 1 1/4" x 2 1/2"	MDS090730	CS of 3000		
7	Amoxicillin 400mg/5ml oral suspension, powder, 100ml bottle	63304-970-04	CS of 96		
8	Amoxicillin 500mg oral Capsule unit of use #30 cap bottle	66336-511-30	CS of 40/80/480		
9	Amoxicillin 500mg oral capsules #500 cap bottle	0172-7414-70	CS of 36		
10	Amphotericin B IV 50mg vial	0013-1405-44	PKG of 5		
11	Aspirator, Laerdal	88-00-20	CS of 1		
12	Aspirator, Laerdal, Battery, rechargeable	PN 884301	EA of 1		
13	Aspirator, Medline 601	MIN601	EA of 1		
14	Aspirator, Medline 605	MIN605	KT of 1		
15	Aspirator, Suction canister, disp. 1500cc stem inlet	GMC20080003	CS of 48		
16	Atropen 0.5mg Autoinjector	11704-104-01	EA of 1		
17	Atropen 1mg Autoinjector	11704-105-01	EA of 1		
18	Atropine 0.4mg/ml x 20ml soln. for inj., multi-dose vial	63323-234-20	CS of 100		
19	Bandage, Conforming Gauze 4x4	NON25494	CS of 96		
20	Bandage, Dressing burn, USP type VII gauze 18 x 18	7911	CS of 70		
21	Bandage, abdominal pad, sterile, 8"x 10"	7198	CS of 320		
22	Bandage, dressing, gauze, 4x4, sterile sponge (2 per pack)	NON21424	CS of 1200		
23	Bandage, gauze sterile bulk, 4.5"x147"	NON25865	CS of 100		
24	Calcium-DTPA, Hameln, Licensed	52919-0001-03	CS of 100		
25	Calcium-DTPA, Heyl, IND	4041	BX of 1		
26	Carpject Device	0074-2049-02	CS of 50		
27	Ciprofloxacin 250mg/5ml oral suspension, powder, 100ml bottle	0085-1777-01	CS of 24		
28	Ciprofloxacin 500mg oral tablet #20 tab unit of use bottle	66336-509-20	CS of 100		
29	Ciprofloxacin 500mg oral tablet, 100# tablet bottle	0026-8513-51	CS of 144		
30	Ciprofloxacin soln. for inj., 400mg in D5W 200ml flexi-bag	0026-8554-63	CS of 24		
31	Clindamycin phosphate, 150mg/cc in 6cc vial	0074-4052-01	PKG of 25		
32	Cyanide antidote kit, Akorn	11098-507-01	KT of 1		
33	Dexamethasone 'Sodium Phosphate (Decadron) 10mg/ml 1ml	63323-506-01	PKG of 25		
34	Dextrose 5 NAACL .45Injection 1000ml	0074-7926-09	CS of 12		
35	Diazepam soln. for inj., 5mg/ml x 2ml auto-injector	6505-01-274-0951	CS of 150		
36	Diazepam soln. for inj., 5mg/ml, x 10ml multi-dose vial	0074-3213-02	CS of 25		
37	Doxycycline 100mg oral tablet, #20 tab unit of use	0172-3626-42	CS of 100		
38	Doxycycline 100mg oral tablet, #50 tab unit of use	66336-510-50	CS of 720		
39	Doxycycline 100mg oral tablet, #500 tab bottle	0172-3626-70	CS of 24		
40	Doxycycline 100mg/20ml vial for inj.	63323-130-11	CS of 100		
41	Doxycycline 25mg/5ml oral suspension, powder, 60ml bottle	0069-0970-65	CS of 48		

LINE ITEM	DESCRIPTION	STOCK NUMBER	UNIT OF ISSUE	QUANTITY REQUESTED	QUANTITY SHIPPED
42	Endotracheal tube stylet, 10 FR, adult	1000	BX of 1		
43	Endotracheal tube stylet, 14 FR, adult	5025-07	CS of 20		
44	Endotracheal tube stylet, 6 FR, infant	500	CS of 8		
45	Endotracheal tube stylet, 8 FR, pediatric	750	CS of 8		
46	Endotracheal tube, 3mm ID, uncuffed, infant	5-10406	CS of 10		
47	Endotracheal tube, 4mm ID, uncuffed, infant	5-10408	CS of 10		
48	Endotracheal tube, 5mm ID, uncuffed, pediatric	5-10410	CS of 10		
49	Endotracheal tube, 6.5mm 26 FR	DYND43065	CS of 12		
50	Endotracheal tube, 6mm ID, cuffed pediatric/small adult	5-10312	BX of 10		
51	Endotracheal tube, 7.5mm 30 FR	DYND43070	CS of 12		
52	Endotracheal tube, 7mm ID, cuffed adult	5-10314	CS of 10		
53	Endotracheal tube, 8mm ID, cuffed, adult	5-10316	BX of 10		
54	Epinephrine HCl 1:10000 10ml syringe/needle for injection	0074-4921-34	CS of 5		
55	Epinephrine soln., 0.15mg auto-injector 1:2000	49502-501-01	CS of 12		
56	Epinephrine soln., 0.3mg auto-injector 1:1000	49502-500-01	CS of 12		
57	Fluorescein Dye Strips	17478-400-01	BX of 100		
58	Gentamicin soln. for inj., 40mg/ml x 20ml multi-dose vial	63323-010-20	CS of 100		
59	Gloves, large, non-sterile, powder-free, non-latex	MDS192076	CS of 1000		
60	Gloves, medium, non-sterile, powder free, non-latex	MDS192075	CS of 1000		
61	IV Intermittent injection site, long, with Luer-Lok	2N1198	CS of 200		
62	IV Starter Kit	DYK1163426IV	KT of 1		
63	IV admin set, solution continuous flow 2 inj sites	2C5519	CS of 48		
64	IV admin set, solution continuous flow 3 inj sites	2C5521	CS of 48		
65	IV administration set, 10 drop/ml, unvented	2C5417	CS of 48		
66	IV administration set, 10 drop/ml, vented	2C5419	CS of 48		
67	IV administration set, 60 drop/ml, unvented, 2 y-sites	2C5424	CS of 48		
68	IV catheter/needle, 18G x 1 1/4"	2N1114	CS of 200		
69	IV catheter/needle, 20G x 1 1/4"	2N1115	CS of 200		
70	IV catheter/needle, 20G x 1 1/4" Surfash Teflon	SR-OX2032CA	CS of 200		
71	IV catheter/needle, 24G x 5/8"	2N1117	CS of 200		
72	IV set, Secondary Medication Set with Luer Slip adapter and 18g needle 10gtt/ml, 35" (detached luer) hanger	2C7417	CS of 48		
73	IV site transparent dressing, 2"x3"	MSC2002	CS of 400		
75	Kytril 1mg in 1cc vial	0004-0239-09	EA of 1		
76	Laceration Repair Kit, Sterile (d/c)	DYNDN1005	CS of 16		
77	Lactated Ringers Injection 1000ml	0074-7953-09	CS of 12		
78	Laryngoscope handle/blade, disposable, small Mac 1 1/2	56901	BX of 10		
79	Laryngoscope, Miller Size 1	0048-511-00	CS of 20		
80	Laryngoscope, Miller Size 2	0048-522-00	CS of 20		
81	Laryngoscope, handle, med/standard	008621000	EA of 1		
82	Laryngoscope, handle/blade, disposable, large Mac 3	56903	BX of 10		
83	Levophed, 1mg/ml in 4cc amp	0074-1443-04	PKG of 10		
84	Manual pulmonary resuscitator MPR, Infant, with bag, mask, valve	(3-) K-7245	CS of 12		
85	Manual pulmonary resuscitator MPR, adult, with bag, mask, valve	(3-) K-7521	CS of 12		
86	Manual pulmonary resuscitator MPR, pediatric, with bag, mask, valve	(3-) K-7143	CS of 12		
87	Mark 1 KIT 600mg pralidoxime/2mg atropine auto-injector	6505-01-174-9919	KT of 1		
88	Mask, Aerosol, Adult	AAM20	CS of 50		

LINE ITEM	DESCRIPTION	STOCK NUMBER	UNIT OF ISSUE	QUANTITY REQUESTED	QUANTITY SHIPPED
89	Mask, Aerosol, Ped	PAM10	CS of 50		
90	Mask, Face Chamber, Green w/ties, latex free, Size Med/Lg (Medline)	NON27382	CS of 6		
91	Mask, N95 Healthcare Respirator/Surgical, Large, NIOSH & FDA certified (Moldex-Metrics 3003)	3003-N95-L	CS of 8		
92	Mask, N95 Healthcare Respirator/Surgical, Med/Lg, NIOSH certified (Moldex 2212)	2212N95-Medium/Large	CS of 12		
93	Mask, N95 Healthcare Respirator/Surgical, Small, NIOSH & FDA certified (Moldex-Metrics 3001)	3001-N95-S	CS of 8		
94	Mask, N95 Healthcare Respirator/Surgical, Small, NIOSH certified (Moldex 2201)	2201N95-SMALL	CS of 12		
95	Mask, N95 Particulate Respirator/Surgical, Med/Lg, NIOSH & FDA certified (3M 1860)	1860	CS of 1		
96	Mask, N95 Particulate Respirator/Surgical, Med/Lg, NIOSH & FDA certified, fluid resistant (Tyco/Kendall 1730)	1730	CS of 12		
97	Mask, N95 Particulate Respirator/Surgical, Med/Lg, NIOSH certified (3M 8000)	8000	CS of 1		
98	Mask, N95 Particulate Respirator/Surgical, Med/Lg, NIOSH certified (3M 8210)	8210	CS of 1		
99	Mask, N95 Particulate Respirator/Surgical, Med/Lg, NIOSH certified (3M 9210)	9210	CS of 1		
100	Mask, N95 Particulate Respirator/Surgical, One Size Fits All, NIOSH & FDA certified flat fold/three panel white (3M 1870)	1870	CS of 120		
101	Mask, N95 Particulate Respirator/Surgical, Reg, duck bill NIOSH & FDA certified fluid resist shield (Kimberly Clark 46727)	46727-17	CS of 210		
102	Mask, N95 Particulate Respirator/Surgical, Small, NIOSH & FDA certified (3M 1860-S)	1860-S	CS of 6		
103	Mask, N95 Particulate Respirator/Surgical, Small, NIOSH & FDA certified (KC 46827)	46827-10	CS of 210		
104	Mask, N95 Particulate Respirator/Surgical, one size, SAS NIOSH certified, dust resist	8611	CS of 120		
105	Mask, N95 Respirator, Med, NIOSH & FDA certified (Moldex-Metrics 3002)	3002N9-M	CS of 8		
106	Mask, Secure Gard Procedure, universal size (Cardinal AT-7511)	AT-7511	CS of 6		
107	Mask, Standard Procedure, Yellow, Pleat style w/Ear Loops. one size fits all, (Kimberly-Clark)	47117	CS of 10		
108	Mask, Surgical Mask, Blue Pleat w/ties, One Size Fits All, (Kimberly Clark)	48100	CS of 6		
109	Methylprednisolone 125mg 2ml powder/diluent vial for inj	0009-0190-16	BX of 1		
110	Morgan Eye Lense	IV-2000	BX of 1		
111	Morphine Sulfate, 10mg/ml, 1ml, LL(luer-loc)	0409-1261-30	CS of 100		
112	Nasal Cannula-Pediatric, w/7' no crush tube	HCS4518	CS of 200		
113	Nasal cannula-Adult, w/7' no crush tube	HCS4514	CS of 50		
115	Nasogastric (Salem Sump) Tube 6 FR	8888-2680-60	CS of 10		
116	Nasogastric (Salem Sump) Tube 8 FR	8888-2680-86	CS of 10		
117	Nasogastric tube, adult, 14 FR	8888-264945	CS of 50		
118	Nasogastric tube, adult, 16 FR	8888-264960	CS of 50		
119	Nasogastric tube, pediatric, 10 FR	8888-264911	CS of 50		
120	Nebulizer, T-mouthpiece, 7' tube	4650D-621	CS of 50		
121	Nebulizer, T-mouthpiece, 7' tube	HCS4482	CS of 1		
122	Oropharyngeal airway, Berman, 100mm adult	DYND60425	BX of 12		
123	Oropharyngeal airway, Berman, 40mm infant	DYND60400	BX of 12		
124	Oropharyngeal airway, Berman, 60mm, pediatric	DYND60410	BX of 12		
125	Oropharyngeal airway, Berman, 80mm, Adult	DYND60415	BX of 12		
126	Oropharyngeal airway, Berman, 90mm, adult	DYND60420	BX of 12		
127	Oxycodone/Acetaminophen 5mg/325mg #500 tabs	0406-0512-05	CS of 6		
128	Oxygen Mask, Non-Rebreather Newborn	3954-98	CS of 50		

LINE ITEM	DESCRIPTION	STOCK NUMBER	UNIT OF ISSUE	QUANTITY REQUESTED	QUANTITY SHIPPED
129	Oxygen mask, non-rebreather, adult	HCS4640	CS of 50		
130	Oxygen mask, non-rebreather, pediatric	HCS4642	EA of 1		
131	Penicillin G Potassium 20MU	0049-0530-28	CS of 25		
132	Polymyxin/bacitracin antibiotic ointment, 0.9gm packet	0168-0021-09	BX of 1		
133	Potassium Iodine Tablets-KI	51803-001-02	CS of 1500		
134	Povidone Iodine swabsticks, 10 triple paks	MDS093902	PKG of 1		
135	Pralidoxime 1gm powder vial for injection	0046-0374-06	CS of 46		
136	Probenecid 500mg 8's tab	11819-282-08	BT of 1		
137	Promethazine Phenergan 25mg/1cc	60977-001-01	CS of 40		
138	Prussian Blue, Heyl	58060-002-01	BT of 1		
139	Prussian Blue, Heyl, IND	IND51,700	BT of 1		
140	Rimantadine, Hcl, 100mg tabs	0258-3711-01	BT of 1		
141	Scalp Vein Set	26078	CS of 1		
142	Silvadene Cream 1% Silver Sulfadiazine	49884-600-40	CS of 6		
143	Sodium Chloride 0.9% 3ml Carpuject IV Flush, Preservative Free	0074-1918-33	CS of 8		
144	Sodium Chloride for inj., 0.9 1000ml flexi-bag	2B1324X	CS of 14		
145	Sodium Chloride for inj., 0.9 100ml flexi-bag	2B1302	CS of 96		
146	Solidifier, safesorb	DYNSDB3000	CS of 96		
147	Stapler, Skin, Disposable	054873	CS of 96		
148	Sterile water for injection, preservative free, 10ml vial	0074-4887-10	PKG of 1		
149	Suction catheter 10 FR	DYND40100	CS of 200		
150	Suction catheter 14 FR	31490	CS of 50		
151	Suction catheter 14 FR, sterile, flexible, with control valve	DYND40102	CS of 50		
152	Suction catheter 8 FR	DYND40908	CS of 200		
153	Suction tip, yankauer, w/control vent bulbous tip sterile	505024	CS of 50		
154	Suction tip, yankauer, w/control vent flanged tip non-sterile	DYND50132	CS of 50		
155	Suture, Dexon/vicryl 4-0 30" p-12 needle	SL-5637	BX of 1		
156	Suture, Dexon/vicryl 5-0 18" p-3/p-13 needle	SL-1687	BX of 1		
157	Suture, Dexon/vicryl 6-0 18" p-3/p-13 needle	SL-1613	BX of 1		
158	Suture, Monosof 4-0 18" black PC-3/PC-11 needle	SN-1964	BX of 1		
159	Suture, Monosof 5-0 18" black p-3/p-13 needle	SN-1698	BX of 1		
160	Suture, Monosof 6-0 18" black p-3/p-13 needle	SN-1696	BX of 1		
161	Syringe 10ml, 20G x 1 1/2" needle	3SS-10L2038	CS of 600		
163	Syringe, oral dosing, calibrated 10ml	8881-907102	CS of 500		
164	Tamiflu 75mg Capsules	0004-0800-08	CS of 48		
165	Tamiflu Oral Suspension 12mg/ml 25ml	0004-0810-95	CS of 18		
166	Tape, cloth, 1" x 10 YD, (Durapore or equivalent)	8333-1538-01	BX of 1		
167	Tape, paper, 2"x 10 YD	NON260002	CS of 48		
168	Tourniquet, latex-free, 3/4" x 18"	18680	EA of 1		
169	Tubing, Oxygen, Green bubble w/bubble every 1/8 x 100	8888-230201	EA of 1		
170	Vancomycin, 1gm Vials	0074-6533-01	CS of 50		
171	Ventilator, 754	IMP754	EA of 1		
172	Ventilator, LP10 Kit	LP-10	KT of 1		
173	Zanamivir (Relenza) 5mg	0173-0681-01	CS of 16		
174	Zinc-DTPA, Hameln, Licensed	52919-0002-03	CS of 100		
175	Zinc-DTPA, Heyl, IND	14603	BX of 1		

TO BE COMPLETED BY MDH RSS PERSONNEL

1. **PICKED**
BY: _____ **TIME:** _____ **DATE:** _____
2. **PACKED**
BY: _____ **TIME:** _____ **DATE:** _____
3. **QA'D BY:** _____ **TIME:** _____ **DATE:** _____

TO BE COMPLETED BY THE RECEIVING FACILITY

1. **RECEIVED BY:** _____ **(NAME)**
2. **RECEIVER'S**
TITLE: _____ **(NAME)**
3. **RECEIVER'S**
SIGNATURE: _____
4. **TIME RECEIVED**
(MILITARY TIME): _____
5. **DATE**
RECEIVED: _____

Appendix C – Responsibilities by Agency or Organization

This appendix is a brief summary of core responsibilities of each described party in this Region V Resource Management Plan. It is not intended to act as a surrogate for the CONOPS section, but rather a brief primer for explaining the plan to appropriate parties. For more detailed information, consult the CONOPS of the plan.

Requesting Facility/Organization (RFO)

The RFO has several responsibilities:

1. Identify Grant Source through which a desired asset was purchased.
2. Provide both verbal and written requests (R3 Form) for assets they are requesting to the appropriate MFO. This requires an appropriate rationale and may only come from the Hospital Incident Commander (or equivalent) or his/her designee. See Figure 1 (page X) for detailed description.
3. Transport both to and from their facility/organization all requested assets.
4. Store, maintain, secure, and safely utilize assets that they receive.
5. Maintain appropriate records utilizing the Region V Resource Post-Utilization Report and return those forms to the MFO after the cessation of a deployment.

Maintaining Facility/Organization (MFO)

The MFO has three core responsibilities:

1. Storing, maintaining, and securing all regionally purchased assets under their control.
2. Maintaining appropriate records of maintenance and utilization as well as up-to-date points of contact and locations for each asset. This includes:
 - a. Verifying condition upon the return of a resource from a deployment;
 - b. Providing up-to-date records to the RFO at the time of deployment; and
 - c. Reporting to the MDH Region V Coordinator whenever the disposition of a piece of equipment significantly changes (i.e., location of storage, expired, out of service for repairs anticipated to take longer than two months)
3. Making a requested resource available in a timely manner.

In addition to those core capabilities, MFOs may also, if reasonable and requested by the RFO, assist in transport of resources to and from the RFO.

Appendix D – Summary of Record-Keeping Requirements for Equipment

Full text: Summary of Record-Keeping Requirements for Equipment purchased through Federal Grant Funds

According to CFR 45 §74.34(1), equipment records shall be maintained accurately and shall include the following information:

- i. A description of the equipment;
- ii. Manufacturer's serial number, model number, Federal stock number, national stock number, or other identification number;
- iii. Source of the equipment, including the award number;
- iv. Whether title vests in the recipient or the Federal Government;
- v. Acquisition date (or date received, if the equipment was furnished by the Federal Government) and cost;
- vi. Information from which one can calculate the percentage of HHS's share in the cost of the equipment (not applicable to equipment furnished by the Federal Government);
- vii. Location and condition of the equipment and the date the information was reported;
- viii. Unit acquisition cost; and,
- ix. Ultimate disposition data, including data of disposal and sales price or the method used to determine current fair market value where a recipient compensates the HHS awarding agency for its share.

Additionally, the recipient facility shall take a physical inventory of equipment and the results reconciled with the equipment records at least once every two years. Any differences between quantities determined by the physical inspection and those shown in the accounting shall be investigated to determine the causes of the difference. The recipient facility shall, in connection with the inventory, verify the existence, current utilization, and continued need for the equipment. (CFR §74.34(3)).

All recipient facilities shall maintain a control system to insure adequate safeguards to prevent loss, damage, or theft of the equipment. Any loss, damage, or theft of equipment shall be investigated and fully documented; if the equipment was owned by the Federal Government, the recipient shall promptly notify the HHS awarding agency (CFR §74.34(4)) Finally, the recipient facility shall implement adequate maintenance procedures to keep the equipment in good condition. (CFR §74.34(5)).

Appendix E – Terms and Acronyms

- **ASPR** – U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response
- **CFR** – Code of Federal Regulations
- **CONOPS** – Concept of Operations
- **DHS** – U.S. Department of Homeland Security
- **EMRC** – Emergency Medical Resource Center is the communication and information center that has access to the FRED network. The EMRC is operational 24 hours a day. The EMRC does not have any decision-making or supervisory authority.
- **EMS** – Emergency Medical Service
- **EOC** – Emergency Operations Center – the location established to coordinate all aspects of a disaster response
- **EPC** - Emergency Preparedness Coalition
- **FEMA** – Federal Emergency Management Agency
- **FRED** – Facilities Resources Emergency Database is the communication system used by hospitals, healthcare facilities, health departments and state agencies to communicate during an emergency to collect and disseminate information. It is activated according to FRED guidelines.
- **HHS** – U.S. Department of Health and Human Services
- **HICS** – Hospital Incident Command System
- **HPP** – Hospital Preparedness Program
- **IC** – Incident Commander
- **ICS** – Incident Command System
- **MDH** – Maryland Department of Health
- **MEDICAL DISASTER** – an incident that exceeds a healthcare facility’s effective response capability or cannot appropriately be resolved solely by using its own resources
- **MIEMSS** - The Maryland Institute for Emergency Medical Services Systems
- **MFO** – Maintaining Facility/Organization – the facility or entity that routinely stores, maintains, and protects regionally acquired assets prior to their deployment and after completion of their use
- **MMRS** – Metropolitan Medical Response System
- **MOA** – Memorandum of Agreement
- **MOU** – Memorandum of Understanding
- **NIMS** – National Incident Management System
- **RFO** – Requesting Facility/Organization - the healthcare facility or agency directly impacted by an emergency that requires the use of regional assets through the Resource Management
- **RMP** – Resource Management Plan
- **UASI** – Urban Area Security Initiative

Appendix F – General Categories for Region V Resources

Hospital Key:

CALVERT – Calvert Memorial

HCH – Holy Cross Hospital

MMMC – MedStar Montgomery Medical Center

WAH – Washington Adventist Hospital

SUB – Suburban Hospital

ST MARY – MedStar St. Mary’s Hospital

MSM – MedStar Southern Maryland Hospital

SH GROVE – Shady Grove Adventist Hospital

FT WAS – Fort Washington Medical Center

LAUREL – Laurel Regional Hospital

PG – Prince George’s Hospital Center

UM CHAR – University of Maryland Charles Regional Medical Center

DOCTORS – Doctor’s Community Hospital

Resource	CALVERT	HCH	MMMC	WAH	SUB	ST MARY	MSM	SH GROVE	FT WAS	LAUREL	PG	UM CHAR	DOCTORS
			1										
Air Purifier			2										1
Barricades		6	8			12				2			
Body Bags	63		87			10				150			
Burn Kits			5	3		1		3					
Cardiac Monitor	5	1				4				1	1		
Caskets		18								20	20		
Decon Suits			164		72	180				152	135		150
Decon Boots			36							15	37		
Decon Over boots`			24			20				15	17	22	
Decon Gloves			24										
Decon Tents			2			1			1	1	1		

Decon Water Heater			1									
Defibrillators		2										2
ECU's(Env Contain Unit)			2									
Emergency Flood Lights	1		2	75				1	5			1
Evac Kits/Triage Tags			200	2	200	4		100	100			
Evac Slide/Basket -Adult		127	30		33	30		10	20			6
Evac Slide/Basket Ped		1		20								
Evac Slide/Basket Bariatric		2				1						
Fluid Managers				1		2						2
Generators	1		1	1	1			1	1	3		
Headlamps	6		20					30	20	1		
Hospital Tent	1											
Lap Tops	3			1		10				4		3
MRE'S			5000									
Morgue Unit	1		1		6 (racks)							
PAPR'S	43	50	4560	25	44	40		16	20			
Stair Chairs						8		20	10			
Telemetry	1		10		1				1	1		
Vents-portable	6		9	10		1						

Vital Sign Machines			6								1	
Miscellaneous Tents	15		1			10			2	1		

Proposed change: Add/delete items in table to reflect updated like items between facilities and/or add Inventory document in an attachment.

Note: All items listed in table reflect the amounts of the items during facility inventories completed in July, 2019.

DRAFT

Appendix G – Record of Revisions

Nature of Change	Date of Change	Page(s) Affected	Changes Made by (Please Print):	Initials
Font to Times New Roman	9/30/2017	All	Center for Health and Homeland Security	CHHS
DHMH to MDH	9/30/2017	All	Center for Health and Homeland Security	CHHS
Updated Cover Page	9/30/2017	1	Center for Health and Homeland Security	CHHS
Updated TOC	9/30/2017	2-3	Center for Health and Homeland Security	CHHS
Updated RMP plan elements in introduction	9/30/2017	4	Center for Health and Homeland Security	CHHS
Changed “Resources” to “Requirements” in section title	9/30/2017	9	Center for Health and Homeland Security	CHHS
Added section “Alternative Sources of Emergency Resources”	9/30/2017	16	Center for Health and Homeland Security	CHHS
Added subsection Strategic National Stockpile	9/30/2017	16-17	Center for Health and Homeland Security	CHHS
Added subsection Emergency Services Function	9/30/2017	17	Center for Health and Homeland Security	CHHS
Moved Health Department POCs to Appendix A	9/30/2017	20	Center for Health and Homeland Security	CHHS
Added MDH Emergency Medical Material Request Form to Appendix B-4	9/30/2017	26	Center for Health and Homeland Security	CHHS
Updated acronyms	9/30/2017	34	Center for Health and Homeland Security	CHHS
Added Record of Revisions	9/30/2017	37	Center for Health and Homeland Security	CHHS
Updated language and procedures for RESF-8	9/30/2017	11-12	Center for Health and Homeland Security	CHHS
Moved RESF-8 to stand along section following planning assumptions	9/30/2017	11-12	Center for Health and Homeland Security	CHHS