NASTAD

ADAP Emergency Preparedness Resource Guide

for AIDS Drug Assistance Programs

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Purpose Statement

This guide is intended to assist state and territorial Ryan White HIV/AIDS Program (RWHAP) AIDS Drug Assistance Programs (ADAPs) with preparing emergency plans in response to possible disasters; in particular, the guide's provisions are intended to ensure continued access to HIV medications for individuals served by ADAP. The guide should be used in collaboration with existing emergency plans of state health departments or broader state governmental agencies.This guide may also assist in the event of launching cross-state planning and response efforts as a result of a disaster occurring in a neighboring state.

ADAPs are funded through Part B of the RWHAP and provide life-saving HIV treatments to low income, uninsured, and underinsured individuals living with HIV in all 50 states, the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, Federated States of Micronesia, Guam, the Northern Mariana Islands, Republic of the Marshall Islands, the Republic of Palau, and the U.S. Virgin Islands.

NASTAD is funded under the Health Resources and Services Administration (HRSA) Cooperative Agreement U69HA26846 to provide states, the District of Columbia and U.S. Pacific Island Jurisdictions with technical assistance on RWHAP Part B and ADAP administration. RWHAP Part B recipients and ADAPs may also obtain technical assistance through their HRSA HIV/AIDS Bureau (HAB) project officer.

Emergency Planning Rationale for ADAP Program Administrators

Unplanned events such as natural and man-made disasters can disrupt the public health infrastructure, potentially interrupting medication delivery services to RWHAP AIDS Drug Assistance Program (ADAP) clients, and access to healthcare. For these reasons, individuals living with HIV are extremely vulnerable during and after disasters. It is important for ADAP staff to be well-informed and positioned to respond to issues that result from natural disasters or other events that may interfere with daily ADAP operations. This document summarizes and outlines key steps to ensure continued services, if feasible.

This document includes a compilation of state and federal resources, as well as examples gathered from jurisdictions. State ADAPs may benefit from these resources in one document since establishing and maintaining emergency preparedness processes and procedures is critical to the continuation of access to life-sustaining medications and medical services.

Disasters are hazards, either natural or human made, intentional or unintentional—or a combination of both—whose impact on a community can cause injury (morbidity) and death (mortality). Disasters by definition are public health emergencies (e.g., Zika virus disease outbreak, pandemic influenza) since the entire community is at risk and the interventions considered are made on a population basis rather than an individual one (i.e., evacution from one's home to find safety, or sheltering in place).

This ADAP Emergency Preparedness Resource Guide is intended to provide ADAP administrators with resources and considerations to assist in developing or bolstering existing emergency plans for ADAP and other program services. This ADAP Emergency Preparedness

Resource Guide provides an overview of key factors to consider when developing an emergency preparedness plan or Continuation of Operating Procedures (COOP). The document provides general guidance that is relevant in the event of an emergency; however, **each jurisdiction should work with their health department legal team to ensure adherence to local and state regulations.**

Most disaster response events are managed at the local level and coordinated through the state emergency management department. While the vocabulary and framework utilized in the Guide may be unfamiliar to ADAP staff, an effective response to emergent disasters requires a basic understanding of federal and state disaster response plans.

An ADAP emergency preparedness plan should focus on details specific to its programs and clients, understanding that local, state, and federal emergency response teams will have responsibility for broader disaster concerns (e.g., shelter, food, water). **It is important that ADAP personnel work in concert with state and local officials to ensure that the critical ADAP functions are included in the jurisdiction's emergency preparedness efforts.** The National Response Plan (NRP) may serve as a helpful resource to broaden ADAPs understanding of the role of national coordination efforts during an emergency. ADAP program administrators should participate in state emergency management pre-events and dialogues and actively advocate on behalf of their clients to ensure that access to medications and care are considered priorities.

There is no one-size fits all approach to developing an ADAP emergency preparedness plan or COOP. Risks and hazards change and evolve. State, local, and federal emergency response and regulations are frequently updated; therefore, all parties should expect to routinely review and revise, if necessary, the emergency preparedness plan and COOP. Since resources and guidance is ever-changing, links to key documents have been included throughout the Guide aide programs in the event of a disaster. Please visit the sites regularly, as updated information may be available.

Phases of Disaster Management and Emergency Preparedness

There are three critical and interconnected phases of disaster preparedness: planning, response, and recovery. Focused effort during the planning phase will assist greatly to ensure that the response and recovery phases occur in a timely and efficient manner. A brief description of each phase is listed below:

PLANNING:	RESPONSE:	RECOVERY:
• Pre-event activities that take place in order to respond to an emergency or disaster. • The most critical phase of emergency preparedness planning. • Creating a COOP is essential to the planning phase.	• The event phase of a disaster. • Federal and state officials oversee disaster response. • ADAP clients must be designated as vulnerable, "special needs" or "medically fragile".	• This phase refers to restoring the affected areas and public health infrastructure.

This Guide focuses on the **planning** phase of disaster management. It is important to note that emergency planning is typically detail-oriented and influenced by local factors, and the plan should be regularly revisited and revised as needed.

Planning Phase of Disaster Management

There are six major components of the Planning Phase for Disaster Management. Following each section is a brief listing of considerations and associated resources.

1. CONDUCT A RISK ASSESSMENT: To create a strong plan, ADAP program administrators should determine what types of hazards pose the greatest risks for ADAP disruptions in their state and regional areas.

RISK ASSESSMENT CONSIDERATIONS:

- Identify the hazard(s) most likely to impact your community and/or state operations

  Some hazards to consider are:

  - Hurricane
  - Earthquake
  - Chemical Plant Accident
  - Flooding
  - Tornado
  - Nuclear Plant Meltdown
  - Blizzard
  - Bombing/shooting
  - Transportation Accident
  - Wildfires
  - Power Outage
  - Chemical Agent (e.g. Sarin)
  - Pandemic Influenza
  - Radiological Agent (e.g. dirty bomb)
  - Biological Agent (e.g. Anthrax)

- Determine program vulnerabilities
- Develop preliminary contingency plans or back-up response to address vulnerabilities
- Prioritize "mission critical" ADAP functions

RESOURCES

- FEMA Risk Assessment Form
- HAZUS Risk Assessment Software
- American Red Cross Readiness Quotient Test

2. IDENTIFY KEY PARTNERSHIPS: Solidifying working relationships and agreements with key organizations and stakeholders is much easier to accomplish before an emergency than during one.

IDENTIFYING KEY PARTNERSHIPS CONSIDERATIONS:

- Ensure that pharmacy system components are included in planning
  - Pharmacy wholesaler, Pharmacy Benefits Manager (PBM), Pharmacy Provider Network
- Engage all HIV service providers in planning
  - In-state partnerships
  - Federal partners
- Communicate with bordering state programs for possible collaboration/ memoranda of agreement
  - Interstate partnerships (other states and their ADAPs)
- Engage non-traditional partners for emergency assistance for program clients.
  - Strategic National Stockpile (SNS)

3. ASSESS DIFFERENCES IN EVACUATION VS. SHELTER-IN-PLACE: ADAP program administrators should determine how the plan needs to address any differences between an evacuation situation and a shelter-in-place situation.

EVACUATION VS. SHELTER-IN-PLACE CONSIDERATIONS

- For Evacuation:
  - Plan for medication distribution by ensuring an up-to-date registry of clients with accurate medication history can be accessed by pre-determined Point of Distribution (POD) sites and/ or other states.
  - Consider establishing an Emergency Management Assistance Compact (EMAC) with neighboring states to address ADAP needs of disaster evacuees.
- For Shelter-in-place:
  - Include a plan to deliver medications to client homes in the event of shelter-in-place requirement.
- For both evacuation and shelter-in-place situations:
  - Include policies that allow for early refills and/or a surge supply of medications (30 days or greater) when potential emergencies are anticipated.
  - Plan for continued monitoring and tracking through hotlines.
  - Distribute communication flyers through local social service organizations, AIDS service organizations, or FEMA Disaster Recovery Centers.
  - Provide HIV education and materials to state and federal "special needs" or "medically fragile" shelters in advance of an emergency.

4. DEVELOP AN EMERGENCY PLAN FOR STAFF (INDIVIDUALS AND FAMILIES):

STAFF PLANNING CONSIDERATIONS

- Consider the most likely disaster risks.
  - Discuss what types of disasters might happen in your area.
- Complete a comprehensive emergency plan for evacuation and facilitate evacuation exercises.
  - Determine how emergency alert/warning systems and signals can be monitored and when emergency plans are to be activated.
  - Review the organization's overall emergency plan with staff to familiarize them with roles and confirm they can carry out assigned responsibilities.

- Facilitate exercises to practice the plan, familiarize personnel with the plan and identify any gaps or deficiencies in the plan.

- Collect and assemble three disaster supply kits (home, work, and vehicle).

RESOURCES:

- American Red Cross Types of Emergencies
- American Red Cross How to Prepare for Emergencies

5. ASSIST CLIENTS WITH EMERGENCY PLANNING:

EVACUATION VS. SHELTER-IN-PLACE CONSIDERATIONS

For evacuation:

- Before an emergency, assist clients in identifying and planning for their specific needs during an emergency.
  - Provide clients with emergency planning resources (e.g., printed one-page guide); information may be included as a medication insert with prescriptions and/or staff can share information at standing planning meetings or client groups.
- Educate clients to:
  - Have a current prescription for all medications and keep at least a 14-day supply of medications on hand.
  - Keep a list of all medications and emergency contacts.
  - Keep a at least three days of non-perishable food items that meet the energy, protein, fat, and micronutrient requirements for medication and health needs.
  - Store at least one gallon of water per person per day. As a minimum, have three-day's worth of water on hand.

For shelter-in-place:

- Educate clients to have the following additional supplies:
  - Alternative telephone service (cordless or wireless phone if possible).
  - Plastic sheeting, duct tape, and scissors to cover doors or windows, mirrors, etc.
  - A radio with extra batteries.
  - Toilet tissue, hygiene products, trash bags, and a bucket (the bucket can be used for a toilet).

RESOURCES:

- ASTHO Public Health Preparedness
- ADA Guide to Local Governments

6. CREATE A CONTINUITY OF OPERATIONS PLAN (COOP): The COOP should operationalize the necessary measures to restore the ADAP functions that provide clients access to medications during an emergency or disaster. The COOP should be based on the specific risks and hazards identified for ADAP and shared with all stakeholders. All parties should know the role they have in implementing the COOP.

An ADAP COOP should be created with the following objectives in mind:

- Be capable of implementation within 12 hours of a state-declared disaster and maintained for a minimum of 12 weeks.
- Be integrated with the jurisdiction's disaster plan.
- Ensure the continuous performance of ADAP's essential functions/operations during a disaster or public health emergency.
- Protect essential equipment and vital records.
- Facilitate decision-making during an emergency by establishing an identified chain of command of appropriate staff with pre-assigned duties and authority.
- Achieve a timely and orderly recovery from an emergency and resumption of full services to clients.

Steps for Creating an ADAP COOP

The following are steps that can be followed to create an ADAP COOP.

1. Identify a core ADAP Disaster Preparedness Committee comprised of four critical personnel with significant knowledge of ADAP administrative operations and at least one member with an in-depth knowledge of the state preparedness plan.
2. Obtain and review the state health disaster response plan for its structure and chain of command. Begin discussion to develop an ADAP-specific chain of command incident management reporting structure.
3. Define the essential functions necessary for ADAP to continue providing antiretroviral medications and ADAP services during an emergency.
4. Create personnel roster of key staff as well as backup personnel. Create a key personnel call list.
5. Create a list of equipment and resources that are essential for personnel to function.
6. Review a hazard vulnerability analysis of your state specific ADAP and distribution locations and prioritize the most likely threats. Create a disaster preparedness "to go" bag that includes critically necessary equipment.
7. Identify and draft policies regarding medication distribution strategies. These may include using established point of distribution sites.
8. Review the disaster planning guide with the state health department's emergency planning division. Consider drills and exercises in conjunction with the overall state health department to test the plan and make improvements to the plan if needed.

COOP Planning Considerations

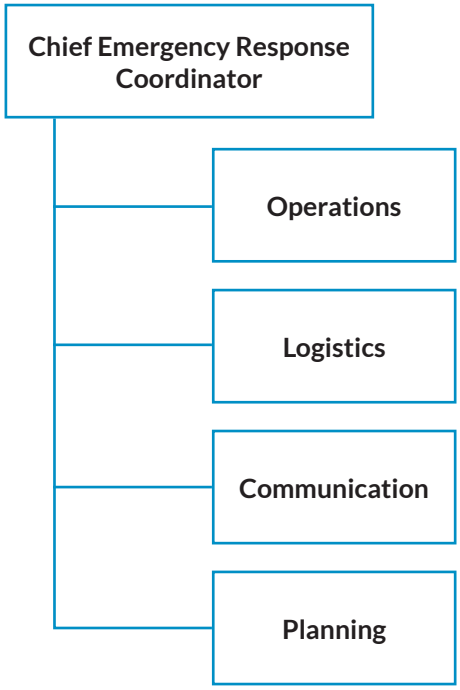
1. **Key Considerations for ADAP Emergency Preparedness Planning**

- Establish priorities/mission critical functions and identify resources needed to re-establish these functions.
- Develop a staffing plan response that includes key ADAP staff as well as alternative staffing options in the event that key staff are not able to be immediately located.
- Conduct a hazard vulnerability assessment (link in resources).
- Identify Alternative Worksites:
  - **Primary Backup Site-** The ADAP will function from this primary site until full operations can return to the original office/location or until another location is identified.
  - **Secondary Backup Site** - A secondary site should be identified in the event that the primary backup site is affected by a disaster/emergency. The secondary back-up site should be at least a four-hour drive away from the primary work and back-up sites.
- Create logistics supplies/to-go kits to establish a mini operations center with relative ease in the event of an emergency. See details on page 13.
- Develop internal/external communications strategy if landline phones, cellular phones and email are unavailable. Determine specific alternate resources until normal communications are reestablished (e.g., satellite phones).

2. **Identify chain of command that integrates with jurisdiction plan.** A COOP plan should include the following staff roles/responsibilities:

- **Chief Emergency Response Coordinator:** responsible for the ADAP specific plan to continue care and communication with ADAP clients. The ADAP administrator or their designee should fill this role for the program and would be responsible for activation and implementation of the ADAP emergency response plan.

- **Operations:** responsible for maintaining contact with the Pharmacy Benefits Manager (PBM), medication distribution center, and/or area pharmacies including sharing data.
- **Logistics:** coordinates services between the health department and AIDS service organizations/ subrecipients throughout the state and assists the Chief Emergency Response Coordinator.
- **Communication:** ensures that clients and key stakeholders have up-to-date information on accessing medications from pharmacies, confirming eligibility with the PBM, medication distribution center, and/or area pharmacies, while simultaneously ensuring the confidentiality of client records.
- **Planning:** maintains and updates the ADAP's emergency response plan, ensuring that lessons-learned are incorporated into the plan in a timely manner.



3. **Prioritize essential functions for an ADAP**

- Develop plan to ensure continuity of drug acquisition, implementing a short-term plan to allow extended supplies or early refills of medications.
- Develop alternative distribution methods including local health departments, hospital, or community-based distribution systems.
- Ensure that back-up data and computer file servers are stored off-site, if possible. In the event of a power outage, it may be beneficial to implement a paper backup system and print off relevant program data on a weekly or biweekly basis.
- Ensure there is a plan to make payments to contractors.
- Determine how new clients will be determined eligible and subsequently enrolled.

4. **Develop a checklist of essential functions, key personnel, and necessary equipment.** Some recommendations include:

- Vendors
- Vital Records and Databases
- Intake enrollment
- Ordering / Receiving
- Support of database
- Pharmacy Dispenser
- Procurement
- Shipping

5. **Develop an Employee Roster.** See sample below:

Name
Title/ Position
COOP Role
Work #
Cell #
Emergency Contact

Positions:

- ADAP COOP Planning Coordinator
- Plan Maintenance Coordinator
- Legal Compliance Council
- Public Relations Officer
- ADAP COOP Administration
- ADAP COOP Financial Operations Officer

TO-GO KITS SHOULD BE KEPT OFF-SITE AND CONTAIN AT A MINIMUM:

- A copy of the ADAP COOP.
- Accident and injury forms, and other vital reporting forms.
- Program phone lists and emergency phone trees for both staff and community (i.e., ADAP staff, health department staff, and necessary stakeholders). Phone trees should include alternate contact numbers for key staff and stakeholders. In addition, alternate email addresses may be useful when departmental email is not working or in trying to locate individuals who have been forced to evacuate.
- Office supplies (e.g., pens, pencils, paper, tape, stapler, markers, masking tape, clipboard).
- Backup files and documents needed to continue operations.
- Maps, policies, procedures or instructions.
- Telephone, flashlight, and battery-operated radio.
- Extra batteries, extension cords, and car jack charger/adaptors for cell phone.

Disease Outbreak and Pandemic Response Planning

In addition to weather-related emergencies, health departments also play a critical role in responding to disease outbreaks and pandemics. The Centers for Disease Control and Prevention (CDC) provides guidance and support to jurisdictionsduring such events. Examples include state and local government planning resources in the event of pandemic influenza and hepatitis C (HCV) outbreaks. Several resources related to Pandemic Influenza responses are located on the CDC's website. Additionally, the CDC has released Managing HIV and HCV Outbreaks among People Who Inject Drugs: A Guide for State and Local Health Departments. This document includes 19 chapters to assist health departments in preparing for and responding to outbreaks of HIV and/or HCV among people who inject drugs. The guide also includes a checklist of considerations for disease outbreak management.

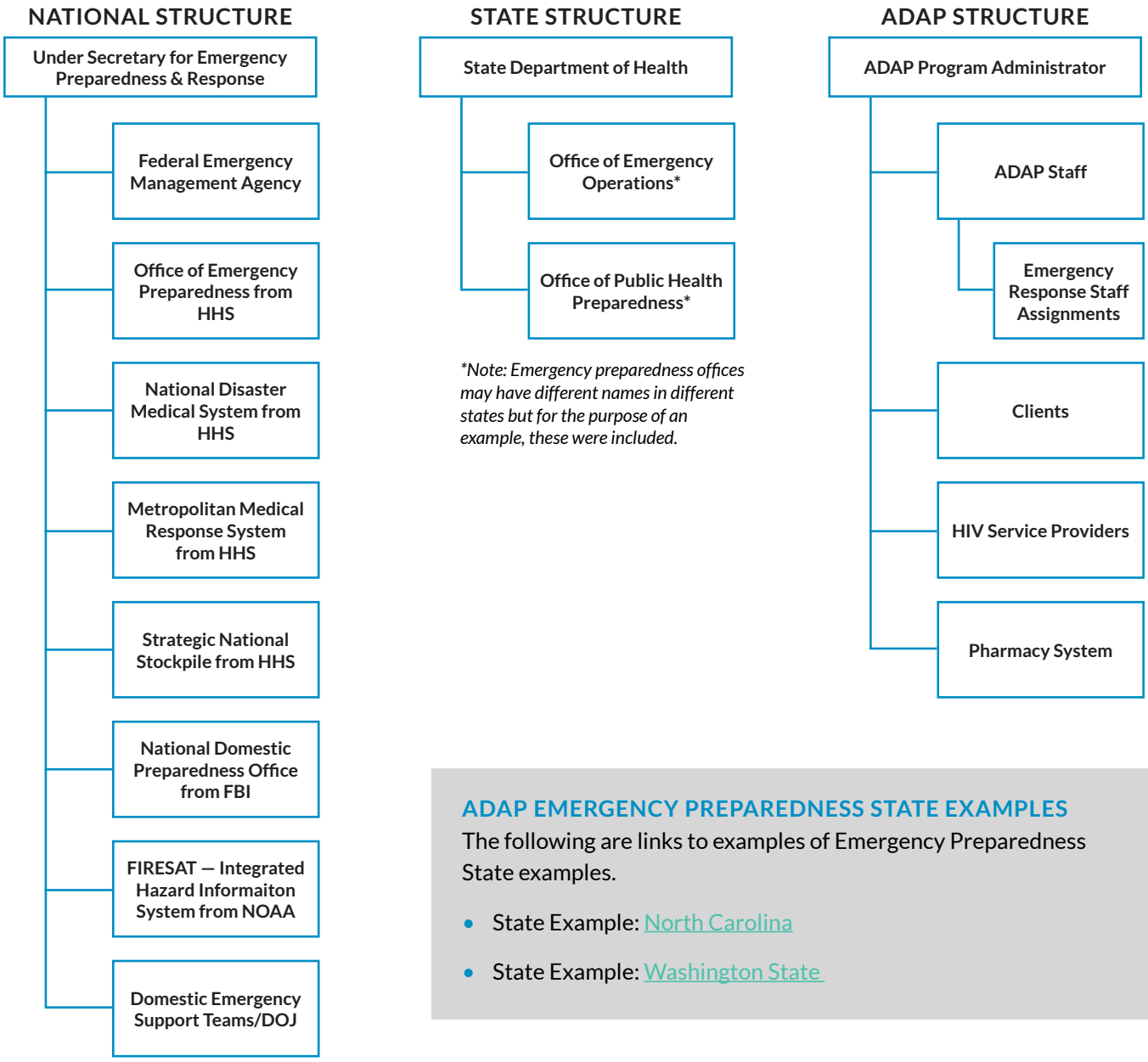
ADAPs have an important role in supporting responses to disease outbreaks that are responsive to medication treatments. ADAP structures typically include large networks of pharmacies or medication distribution points strategically located across the jurisdictions they serve. These network infrastructures can provide efficient methods for distributing medications to large segments of the population, or to targeted areas impacted by a particular outbreak.

Federal and State Shutdowns

Occasionally, a lack of approval on the federal budget for an upcoming fiscal year may result in a "government shutdown," when nonessential offices of the government cease operations. The Office of Management and Budget (OMB) is responsible for ensuring that agency contingency plans are in place in the event of a government shutdown. The OMB maintains a website of Agency Contingency Plans describing how operations will proceed for each federally funded agency.

State and local governments may experience similar shutdowns if budgets are not approved, with contingency plans guided by state and local laws and policies. ADAPs should be familiar with how program funding is impacted by federal, state, and local shutdowns, and include planned responses in the COOP.

Federal and State Emergency Structure Example with a Proposed ADAP Structure



ADAP EMERGENCY PREPAREDNESS STATE EXAMPLES

The following are links to examples of Emergency Preparedness State examples.

- State Example: North Carolina
- State Example: Washington State

Emergency Preparedness Websites and Resources

- An ADA Guide for Local Governments
- AIDSInfo Guidance for Non-HIV-Specialized Providers Caring for Persons with HIV Who Have been Displaced by Disasters (such as a Hurricane)
- American Medical Association CitizenReady Guide
- American Red Cross Disaster Services
- American Red Cross Readiness Quotient Test
- ASTHO Preparedness
- CDC Emergency Preparedness and Response
- CDC Managing HIV/HCV Outbreaks Among People Who Inject Drugs: A Guide for State and Local Health Departments
- Emergency Management Assist Compact
- FEMA Are You Ready: An In Depth Guide to Citizen Preparedness
- FEMA Disaster Center Locator
- FEMA Preparedness Presentation
- FEMA Risk Assessment Tools
- FEMA State Offices and Agencies of Emergency Management
- HAZUS Risk Assessment Software
- HRSA Emergency Preparedness & Continuation of Operations
- Disaster Preparedness and Recovery Resources
- 340B Flexibilities During Disasters
- NACCHO Public Health Emergency Preparedness
- OSHA Evacuation Planning Matrix
- Pandemic Flu
- Ready America: Prepare, Plan and Stay Informed
- Ready America Business
- Ready America Kids

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