



TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

ASPR TRACIE's Healthcare Coalition Resources

Why ASPR TRACIE?

ASPR TRACIE was developed as a healthcare emergency preparedness information gateway to address the need for:

- Enhanced technical assistance
- A comprehensive, one-stop, national knowledge center for healthcare system preparedness
- Multiple ways to efficiently share and receive information between various entities, including peer-to-peer
- A way to leverage and better integrate support (force multiplier)

ASPR TRACIE STATS



VISITORS
TO WEBSITE

TECHNICAL ASSISTANCE
REQUESTS



>3,400

Types of professionals requesting TA:

- Healthcare Professional
- Federal, State, Local, Tribal Government
- Hospital
- Healthcare Coalition
- Healthcare Association
- Academia



NUMBER
OF SUBJECT MATTER
EXPERT CADRE MEMBERS:
>500

**~57 TOPIC
COLLECTIONS**

COMPREHENSIVELY
DEVELOPED:

53

Most frequently viewed topic collections:

- Hazard Vulnerability Assessment
- EOP/EMP
- Long-Term Care Facilities
- Explosives/Mass Shootings
- Healthcare Facility Evac/Shelter
- Natural Disasters

>4,500 **INFORMATION**
EXCHANGE MEMBERS:



ASPR TRACIE
DISTRIBUTION
LIST REACH: **~150,000**

ASPR TRACIE: Three Domains



- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed “Topic Collections”
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences



- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)



- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials

ASPR TRACIE Stakeholders



Completed Topic Collections

1. Access and Functional Needs*
2. Alternate Care Sites
3. Ambulatory Care and Federally Qualified Health Centers
4. Burns
5. Coalition Administrative Issues
6. Coalition Models and Functions
7. Coalition Response Operations
8. Communication Systems
9. Continuity of Operations/ Failure Plan
10. Crisis Standards of Care
11. Cybersecurity
12. Dialysis Centers
13. Disaster Ethics
14. Electronic Health Records
15. Emergency Operations Plans/ Emergency Management Program
16. Emergency Public Information and Warning/ Risk Communication
17. Epidemic/ Pandemic Flu
18. Exercise Program
19. Explosives and Mass Shooting*
20. Family Reunification and Support
21. Fatality Management
22. Hazard Vulnerability/ Risk Assessment
23. Healthcare Facility Evacuation/ Sheltering
24. Healthcare Related Disaster Legal/ Regulatory/ Federal Policy
25. Homecare and Hospice
26. Hospital Surge Capacity/IBA*
27. Hospital Victim Decontamination
28. Incident Management
29. Information Sharing
30. Long-term Care Facilities
31. Mass Gathering/ Special Events
32. Mental/Behavioral Health (non-responders)*
33. Natural Disasters
34. On-scene Mass Casualty Triage and Trauma Care
35. Patient Movement and Tracking
36. Pediatric
37. Pharmacy
38. Pre-Hospital
39. Pre-Hospital Victim Decontamination
40. Radiological and Nuclear
41. Recovery Planning
42. Responder Safety and Health
43. Rural Disaster Health
44. SARS/MERS
45. Social Media in Emergency Response
46. Training and Workforce Development
47. Utility Failures
48. Veterinary Issues/ Topics*
49. VHF/Ebola*
50. Virtual Medical Care
51. Volunteer Management
52. Workplace Violence
53. Zika*

*TCs that have been refreshed

Topic Collections To Be Developed*

1. Bioterrorism
2. Blood and Blood Products
3. Chemical
4. Medical Countermeasures

* Topic Collections will be incrementally completed and refreshed through 2018

Topic Collection: Natural Disasters

Technical Resources / Specific Hazards / Patient Care Topics / Natural Disasters

Natural disasters and their consequences (e.g., flooding, injuries experienced during clean up) can wreak havoc on healthcare facilities and the communities they serve. It is important for emergency planners to enroll in alert systems, monitor weather forecasts and have a solid natural disaster or all hazards facility response plan that complements their jurisdiction's plan. The resources in this Topic Collection highlight lessons learned from recent events, communication tools and information, and checklists, plans, tools, and templates that can be modified to suit specific threats and needs. Articles in this Topic Collection address specific natural disasters and hazards and elements of their planning, but do not address all-hazard planning or specifics of clinical care which may be found in other topic collections.

Each resource in this Topic Collection is placed into one or more of the following categories (click on the category name to be taken directly to that set of resources). Resources marked with an asterisk (*) appear in more than one category.

Topic Collection (PDF - 429.4 KB)

Must Reads

Alerts, Warnings, and Communications

At-Risk Populations

Education and Training

General Hazard Mitigation and Utilities Failure

Lessons Learned: Earthquakes

Lessons Learned: Extreme Heat

Lessons Learned: Extreme Cold

Lessons Learned: Fire/Wildfire

Lessons Learned: Floods and Landslides

Lessons Learned: Hurricanes

Lessons Learned: Tornadoes

Lessons Learned: Tsunamis

Mitigation

Plans, Tools, and Templates: Earthquakes

Plans, Tools, and Templates: Excessive Cold

Plans, Tools, and Templates: Excessive Heat

Plans, Tools, and Templates: Fires and Wildfires

Plans, Tools, and Templates: Floods and Landslides

Plans, Tools, and Templates: Hurricanes

Plans, Tools, and Templates: Tornadoes

Plans, Tools, and Templates: Tsunamis

Agencies and Organizations

Agency for Healthcare Research and Quality. (2011). Public Health Emergency Preparedness Archive Tools and Resources.

This list of tools includes many items useful for healthcare emergency management including pediatrics and surge capacity sections.

Add this Article to Your Favorites 

This Article is not Rated. Add Your Rating: ☆☆☆☆☆

Comments 2

Enter a Comment (500 character limit)

Submit

Bridget Kanawati Thank you for your comment. Although the resource is archived, some of the links provided are being updated regularly. AHRQ was "housing" them, and now they archived their pages.

We try to include resources that are in the past 10 years in our Topic Collections. However, on a case by case basis there may be older resources as they may be considered "classics" or still have relevant information.

10/17/2016 12:24:34 PM

Brian Barhorst This page is listed as an archive, and thus may not be up-to-date.

10/17/2016 10:44:44 AM

ASPR TRACIE Products



Products Developed
in Response to an Event

No-Notice Events: Las Vegas

Webinar, 8 Tip Sheets,
Select Mass Violence
Resources Page

Seasonal Patient Surge

Considerations for the Use
of Temporary Surge Sites
for Managing Seasonal
Patient Surge

Hurricanes

Hurricane Resources
at Your Fingertips

Drug Shortages

Clinicians and Coalitions:
A Conversation about
Finding Solutions for
Medication Shortages

Oakland Warehouse Fire

Disaster Behavioral Health:
Resources at Your
Fingertips

Zika

Zika: Resources
at Your Fingertips

Midwest Flooding

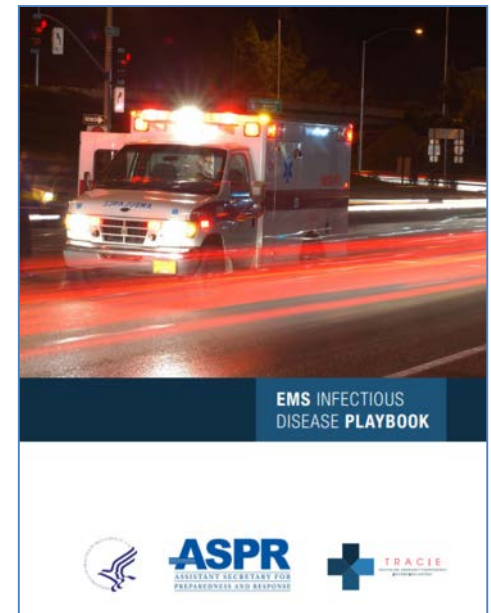
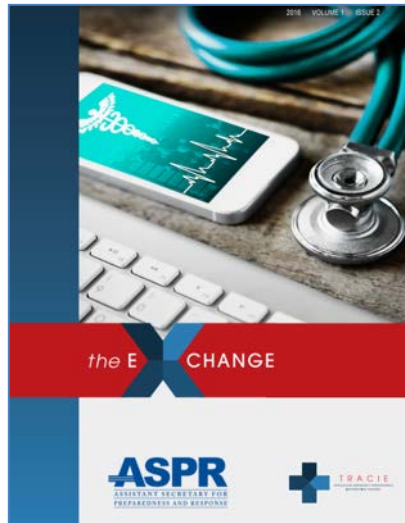
After the Flood:
Mold-Specific Resources



TR

TECHNICAL
RESOURCES

ASPR TRACIE Products Developed in Anticipation of an Event



CMS and Disasters: Resources at Your Fingertips

Published October 18, 2016
Updated January 24, 2018

Introduction

This document provides information and resources for Centers for Medicare and Medicaid Services (CMS) disaster and emergency related programs.

NOTICE: ASPR TRACIE developed this Resources at Your Fingertips document to provide easy to understand information and quick references for those affected by the CMS Emergency Preparedness Rule and other CMS disaster and emergency related issues. This document is not meant to be an exhaustive list of requirements nor should it serve as a substitute for the regulatory text, the interpretive guidance, the State Operations Manual, or consultation with State Survey Agencies and CMS.

This document will be updated regularly as new information and resources are developed.

CMS Emergency Preparedness Rule

CMS issued the [Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule](#) to establish consistent emergency preparedness requirements for healthcare providers participating in Medicare and Medicaid, increase patient safety during emergencies, and establish a more coordinated response to natural and human-caused disasters. The U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR) worked closely with CMS in the development of the rule. This document provides links to numerous related resources applicable to a variety of providers and suppliers.

The rule was published on September 16, 2016 and is effective as of November 15, 2016. The

Tips for Retaining and Caring for Staff after a Disaster

September 19, 2016

When disasters strike, the ripple effects are significant. Survivors may be injured or displaced, or may have loved ones in similar situations. The emotional, physical, and financial tolls can be jarring, and no one in the community is immune. Healthcare providers and staff who maintain facility operations are no exception, and yet they are a critical component of the response phase and expected to care not only for their own loved ones, but community members and the facility, too. Leadership plays a vital role in ensuring staff feel cared for and safe.¹ Remind your team that their jobs are important and secure. Provide regular and clear communication regarding how leadership is working to continue and restore operations.

This tip sheet assumes that a facility is operational after an event and that certain pre-planning and continuity of operations considerations are already in place. Here we share *general* promising practices—categorized by immediate and short-term needs—for facility executives to consider when trying to retain and care for staff after a disaster.

Immediate Needs

It will be easier to encourage employees to return to work if they know that certain immediate needs will be met. First, try to help your employees (and their loved ones if applicable) receive access to any medical care necessary to address injuries incurred as a result of the incident. Next, try to be as flexible as possible with scheduling just after an event. Consider providing a “concierge service”—the ability for staff to meet with one person in one convenient place who can help employees meet the following immediate needs:

Immediate Needs

- Shelter
- Transportation
- Food, water, hygiene
- Care for loved ones
- Behavioral health care
- Funding
- Communication/charging stations
- Flexible schedules

- **Shelter.** If staff have lost their homes or their residences are uninhabitable, consider providing them with shelter within or close to the facility. Nearby schools, hotels, houses of worship, and other local stakeholders may be willing to donate space and/or materials. Make sure employees have access to a current list of local shelters as soon as it is available.² After Hurricane Sandy, one health system (comprised of 16 hospitals) placed 62 employees’ families into temporary housing.³
- **Transportation.** It may be difficult for displaced staff to get to and from work after a significant flood or other disaster. Consider partnering with churches or schools to use buses and drivers to

Working Draft - Second Edition

Major Hurricanes: Potential Public Health and Medical Implications

Originally published September 7, 2017
Updated October 11, 2017

This ASPR TRACIE resource was developed to provide a short overview of the potential significant public health and medical response and recovery needs facing hurricane- and severe storm-affected areas, based on past experience and lessons learned from Hurricanes Katrina, Sandy, Harvey, and others.

The list of considerations is not exhaustive, but does reflect a thorough environmental scan of publications and resources available on past storm response and anecdotal information from first responders who were on scene. The intent of the document is to aid the “ESF-8 Family” in thinking through the different potential problems that may present as Requests for Assistance and unmet needs. Our hope is that this document can aid readers in anticipating some of these potential issues to either avoid them or be ready to respond to them as needed. Those faced with leading the response and recovery from a hurricane may use this document as a reference, while simultaneously focusing on the actual assessments and issues specific to their communities and the unmet needs as they develop.

This document is a working draft. It has been reviewed by ASPR staff and members of the ASPR TRACIE Subject Matter Expert Cadre, but additions, revisions, and comments are still welcome. Please submit any suggestions to askasprtracie@hhs.gov.

ASPR TRACIE has developed two general reference resources for hurricanes and flooding:
[Hurricane Resources at Your Fingertips](#)
[Natural Disasters Topic Collection](#)

Potential Considerations

The following considerations are listed under four headings, based on phases of the response/recovery: overarching considerations (these apply throughout the duration of the disaster response and recovery cycle) and three time-specific categories (immediate, short

Working Draft as of February 22, 2018

Considerations for the Use of Temporary Surge Sites for Managing Seasonal Patient Surge

Created February 2018

In the U.S., fall and winter are typically the seasons that result in increased viral illness. Influenza activity tends to peak from [December through February](#), but could occur as early as [October](#) or run as late as [May](#). In addition to flu, [other illnesses](#) tend to be more prevalent in the fall and winter, such as respiratory syncytial virus (RSV), croup, pneumonia, strep throat, norovirus, and the common cold. Many of these illnesses have common symptoms and differentiating between them is difficult for patients and providers. The surge in these illnesses can lead to increased patient volume in private practices, urgent care centers, and emergency departments across the country.

The [2017-2018 influenza season](#) is severe. Coupled with increases in other upper respiratory infections, many hospitals have surpassed routine surge management measures and have initiated temporary surge solutions. These solutions include the use of non-patient care areas (e.g., waiting rooms), the use of tents, and the use of other mobile facilities, like trailers placed adjacent to their emergency departments, to triage and/or treat patients.

This ASPR TRACIE fact sheet describes the major considerations healthcare facility emergency planners should take into account when developing patient surge management solutions for longer-duration events, such as weeks to months of managing seasonal illness surge. These considerations are different than those of planning to handle surge from a no-notice, short duration event.

Even if your healthcare facility is not considering such options at this time, this document provides an opportunity to review your plans and procedures to ensure readiness for potential

ASPR TRACIE–Developed Resources

Since ASPR TRACIE’s launch in 2015, our staff and Subject Matter Expert Cadre have developed resources to support healthcare system preparedness, public health preparedness, and disaster clinical professionals plan for, respond to, and recover from all hazards disasters and emergencies. This page provides a comprehensive list with hyperlinks to all ASPR TRACIE-developed materials.

Administrative/General

[Completed Topic Collections](#)
[Resources at Your Fingertips](#)
[Tip Sheets and Fact Sheets](#)
[The Exchange](#)
[The Express](#)
[Tools and Templates](#)
[Webinars and Videos](#)
[Website Tutorials](#)

Administrative/General

[ASPR TRACIE Fact Sheet](#)
[CMS Resource Page](#)
[Full List of Topic Collections](#)
[Select Health Care Coalition Resources](#)
[Select Hurricane-Related Resources](#)
[Select Infectious Disease Resources](#)
[Select Mass Violence Resources](#)
[Select Materials on Drug Shortages and Scarce Resources](#)
[Summary of TA Requests](#)

Completed Topic Collections

[Access and Functional Needs Topic Collection](#)
[Alternate Care Sites \(including shelter medical care\)](#)
[Ambulatory Care and Federally Qualified Health Centers Topic Collection](#)
[Burn](#)
[Coalition Administrative Issues](#)

Tools and Templates

[EMS Infectious Disease Playbook](#)
[Health Care Coalition Pandemic Checklist](#)
[Health Care Coalition Preparedness Plan](#)
[Health Care Coalition Resource and Gap Analysis Tool](#)
[Healthcare Coalition Resource and Gap Analysis Aggregator](#)
[Health Care Coalition Response Plan](#)
[Health Care Coalition Surge Test Tool](#)
[Hospital Pharmacy Disaster Calculator](#)

Website Tutorials

[ASPR TRACIE Assistance Center](#)
[ASPR TRACIE Rating, Commenting On, and Saving Resources](#)
[ASPR TRACIE Technical Resources](#)
[ASPR TRACIE User Experience and Dashboard](#)
[Tips for Navigating the Information Exchange](#)

ASPR TRACIE Select Resources Pages

- CMS EP Rule
- Health Care Coalition
- Hurricane
- Infectious Disease
- Mass Violence
- Drug Shortages and Scarce Resources

Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers

This page provides links to resources that can help provider and suppliers comply with the recently released Centers for Medicare & Medicaid Emergency Preparedness Rule.

ASPR TRACIE has compiled a [Resources at Your Fingertips](#) document that can help facilitate compliance with the four core elements of the CMS rule:

1. Emergency Plan;
2. Policies and Procedures;
3. Communication Plan; and
4. Training and Testing.

We have also developed Topic Collections and provider- and supplier-specific resources that can help organizations involved in implementing these requirements. Check back often as we update and expand our offerings.

General Emergency Management Resources (alphabetically)

[Access and Functional Needs Topic Collection](#)
[ASPR TRACIE Evaluation of Hazard Vulnerability Assessment](#)
[CMS and Disasters: Resources at Your Fingertips](#)
[CMS Emergency Preparedness Rule General Briefing Slides](#)
[CMS Emergency Preparedness Rule Toolkits](#)
[Communication Systems Topic Collection](#)
[Continuity of Operations \(COOP\)/Failure Plan Topic Collection](#)
[Crisis Standards of Care Topic Collection](#)
[Emergency Operations Plans/Emergency Management Program Exercise Program Topic Collection](#)
[Hazard Vulnerability/Risk Assessment Topic Collection](#)

Select Hurricane-Related Resources

This page highlights resources ASPR TRACIE developed to help our stakeholders prepare for, respond to, and recover from hurricanes and flooding. We would like to thank our Subject Matter Expert Cadre members who assist with the development and review of all of our resources. [Click here for a full list of ASPR TRACIE-developed resources.](#)

[ASPR TRACIE General Hurricane Resources](#)
[ASPR TRACIE Topic Collections](#)

ASPR TRACIE General Hurricane Resources

[After the Flood: Mold-Specific Resources](#)
[CMS and Disasters: Resources at Your Fingertips](#)
[Disaster Behavioral Health: Resources at Your Fingertips](#)
[Emergency Prescription Assistance Program \(EPAP\): Overview Fact Sheet](#)
[Federal Patient Movement: Overview Fact Sheet](#)
[Health and Social Services Recovery Lessons Learned from the 2016 Louisiana Flooding](#)
[Healthcare System Recovery Timeline: A White Paper for Texas](#)
[Hurricane Resources at Your Fingertips](#)
[Major Hurricanes: Potential Public Health and Medical Implications](#)
[Post-Disaster Lessons Learned: Dialysis Patient Management](#)
[Tips for Retaining and Caring for Staff after a Disaster](#)

ASPR TRACIE Topic Collections

[Click here for a full list of comprehensively developed Topic Collections.](#)
[Access and Functional Needs Topic Collection](#)
[Alternate Care Sites \(including shelter medical care\)](#)
[Continuity of Operations \(COOP\)/Failure Plan Topic Collection](#)
[Crisis Standards of Care Topic Collection](#)
[Disaster Ethics](#)
[Emergency Public Information and Warning/Risk Communications](#)
[Family Reunification and Support](#)

Assistance Center

From this page, you can submit requests for training and technical assistance (TTA) on a range of areas, such as:

- ✓ Navigating the database/researching materials
- ✓ Identifying a subject matter expert for telephone or on-site consultation, subject to ASPR approval
- ✓ Selecting resources to support training and exercises
- ✓ Locating or identifying available or upcoming training and exercises

You can contact a Technical Assistance Specialist or submit a request/question via telephone, email, or electronically. The ASPR TRACIE Assistance Center hours are Monday-Friday, 9am-5pm (Eastern), excluding federal holidays. All requests for training and technical assistance are subject to approval and prioritization by ASPR.

Types of Technical Assistance

We have responded to numerous and diverse TTA requests from a variety of sources (e.g., Hospital Preparedness Program grantees, healthcare coalition members, and hospital and other healthcare professionals). Requests range from providing individuals with topic-specific resources (e.g., hazard vulnerability assessments) to connecting them with a subject matter expert.

Technical Assistance Responses

Click [here](#) for a summary of available TTA requests. The available (redacted) TTA responses can be found in the [Information Exchange](#).

How to Request Training and Technical Assistance



Contact Us Online



1-844-5-TRACIE
(587-2243)



askasprtracie@hhs.gov

Assistance Center

Become an ASPR TRACIE Subject Matter Expert.

Click below to provide us with your name and email address and we will email you an application.

Apply Now

Assistance Center



Top Technical Assistance Request Topics



*This category overlaps with a variety of technical assistance topics (e.g., emergency and communications planning, evacuation, and exercises).



Who Requests Technical Assistance

Federal Government	Private Healthcare Entity	HCC/Other	State/HPP Awardee	Local Government
36%	23%	20%	14%	7%



Our Subject Matter Experts

Healthcare	Federal	S&L Govt.	Private/Non-Profit	EM/First Responder	Academia
37%	35%	15%	6%	4%	3%

Information Exchange

Information Exchange Discussion Board

Log in
Apply for Access

[Forgot Password](#)

Information Exchange Discussion Board

RECENT ACTIVITY
CATEGORIES

Recent Activity

Below Are The Threads That Have Been Posted Recently

Hospital Supplemental Bulk Water Supply Methods

Category [ASPR TRACIE Selected Technical Assistance Responses](#)

| Topic [Selected Technical Assistance Responses 2017](#) | Created on [3/1/2018](#) | Updated on [3/1/2018](#)

| Posts [1](#)

CMS Emergency Preparedness Rule: Healthcare Coalition Recruiting Materials

Category [ASPR TRACIE Selected Technical Assistance Responses](#)

| Topic [Selected Technical Assistance Responses 2018](#) | Created on [2/13/2018](#) | Updated on [2/13/2018](#)

| Posts [1](#)

Survey for Emergency Nurses Regarding Crisis Standards of Care

Per request to ASPR TRACIE we are passing along this request on their behalf (data is not collected or shared with ASPR TRACIE): Dan Nadvoorny, RN, MCN, Clinical Director of Operations, Emergency Department & Chestnut Hill Urgent Care Center, Beth Israel Deaconess Medical Center, is requesting input on a short survey with the goal of understanding the current knowledge and preparation of emergency nurses related to crisis standards of care. Please click on the link [HERE](#) for the survey: <http://j.mp/2BRvu2Z>.

Category [Ask Your Peers](#) | Topic [Knowledge and Preparation of Emergency Nurses: Crisis Standards of Care](#)

| Created on [1/30/2018](#) | Updated on [1/30/2018](#) | Posts [0](#)

Healthcare Facility Emergency and Disaster Incident Repository

Per request to ASPR TRACIE, we are passing along this request (data is not collected or shared with ASPR TRACIE): The Intermountain Center for Disaster Preparedness is creating a repository of healthcare facility emergency and disaster incidents and lessons learned. Once created, the repository will be an information source for healthcare emergency managers to access lessons learned from other facilities. The repository will include the seventeen facility types identified in the CMS emergency preparedness rule. Please consider contributing your lessons learned to help other healthcare emergency managers learn from one another by taking a few minutes to complete this short form (<https://www.surveymonkey.com/r/JSJWD9J>). Additionally, the ICDP would like constructive feedback on usability of the survey collection tool. This information will help the ICDP improve the overall process. For more information contact the Intermountain Center for Disaster Preparedness at intermountaincdp@gmail.org. To learn more about the ICDP visit www.intermountaincdp.org.

Category [Ask Your Peers](#) | Topic [Healthcare Facility Emergency and Disaster Incident Repository](#)

| Created on [1/30/2018](#) | Updated on [1/30/2018](#) | Posts [0](#)

STATISTICS

Categories [16](#)

Topics [153](#)

Threads [266](#)

Members [4363](#)

RECENT THREADS

Hospital Supplemental Bulk Water Supply Methods

CMS Emergency Preparedness Rule: Healthcare Coalition Recruiting Materials

Survey for Emergency Nurses Regarding Crisis Standards of Care

Healthcare Facility Emergency and Disaster Incident Repository

What's Next for ASPR TRACIE?

- Improved user experience
 - Dashboard
 - User friendly features in the IE
- Enhanced search features
- Exploring new media platforms



TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

New Resources to Support the National Healthcare
Preparedness Programs (NHPP)

Select Healthcare Coalition Resources

ASPR TRACIE is pleased to serve as a platform for developing and sharing resources that support the National Hospital Preparedness Program (NHPP) and its efforts to foster coalition development and operational readiness through the [Health Care Preparedness and Response Capabilities](#). The resources below originate from a variety of sources including NHPP, external entities, or were developed by ASPR TRACIE at the request of NHPP or in response to stakeholder requests and needs. If you are unable to find what you are looking for, or if you would like to submit a resource for possible inclusion, contact our [Assistance Center](#).

- [ASPR NHPP-Developed Resources](#)
- [ASPR TRACIE-Developed Tools and Templates](#)
- [Topic Collections](#)
- [Webinars](#)
- [State and Local Plans, Tools, and Templates](#)

ASPR NHPP-Developed Resources

- [Hospital Preparedness Program](#)
- [Hospital Resource Vulnerability Assessment](#)
- [The Role that Health Care Coalitions Play in Support of Mass Casualty Response](#)

ASPR TRACIE-Developed Tools and Templates

Click [here](#) for a full list of ASPR TRACIE-developed resources

- [General Overview of Healthcare Coalitions](#)
- [Healthcare Coalition Fiscal Models](#)
- [Health Care Coalition Preparedness Plan](#)
- [Health Care Coalition Resource and Gap Analysis Tool](#)
- [Healthcare Coalition Resource and Gap Analysis Aggregator](#)
- [Health Care Coalition Response Plan](#)
- [Health Care Coalition Pandemic Checklist](#)
- [ASPR TRACIE Hospital Disaster Pharmacy Calculator](#)

State and Local Plans, Tools, and Templates

In early 2017, ASPR TRACIE and ASPR's National Healthcare Preparedness Program (NHPP) solicited various tools and resources from HCCs across the country to share with their colleagues. We received over 150 plans, tools, and templates that then went through a multi-tier review process with select ASPR TRACIE SME Cadre members. After three tiers of reviews, the resources below were identified as being an excellent example of a particular topic area (e.g., emergency operations plan, strategic plan, etc.) and are shared below (also available on the [ASPR TRACIE Resource Library](#) and used as examples for ASPR TRACIE-developed resources).

HCC Administrative Topics

- [DC Emergency Healthcare Coalition Enhanced Hazard Vulnerability Analysis \(HVA\)](#)
 - [DC Emergency Healthcare Coalition APPENDIX F: Step 5 of Enhanced HVA](#)
- [Eastern Virginia Healthcare Coalition Charter-Bylaws](#)
- [Maryland Department of Health and Mental Hygiene: Framework for Development of Healthcare Preparedness Coalitions](#)
- [Midlands Regional HVA 2016 \(SC\)](#)
- [MOU for Hospitals in the District of Columbia](#)
- [NW Oregon Health Preparedness Organization Memorandum of Understanding: Hospital/ Health System Facility Emergency Mutual Aid](#)
- [Santa Barbara County Disaster Healthcare Partners Coalition Governance Document](#)
- [Southeast Minnesota Disaster Health Coalition "Our Coalition" webpage](#)
- [Southeast Minnesota Disaster Health Coalition "Our Partners" webpage](#)
- [Utah Basin Region Healthcare Preparedness Coalition: Inter-Healthcare Provider Master Mutual Aid Agreement](#)

HCC Preparedness Plan Topics

- [Central Florida Disaster Medical Coalition Strategic Plan 2016-2018](#)
- [Central Maine Regional Health Care Coalition All Hazards Emergency Operations Plan](#)
- [Delmarva Regional Healthcare Mutual Aid Group: Emergency Operations Standard Operating Guideline](#)
- [Eastern Virginia Healthcare Coalition Emergency Operations Guide](#)
- [Emerald Coast Health Care Coalition Strategic Plan \(FL\)](#)

Health Care Coalition Preparedness Plan

Both the 2017-2022 Health Care Preparedness and Response Capabilities and HPP-PHEP Cooperative Agreement Funding Opportunity Announcement (FOA) requires Health Care Coalitions (HCCs) to develop a preparedness plan. This template provides general headers and descriptions for a sample HCC Preparedness Plan Template. The resources used to develop this template includes sample HCC plans and the Health Care Preparedness and Response Capabilities. This document is organized as such:

- Sample plan headings/sub-headings;
- Applicable Health Care Preparedness and Response Capability if available (shown as: capability.objective.activity);
- Description and considerations (where appropriate, language from the Health Care Preparedness and Response Capabilities is used; refer to the full text of the capabilities for additional detail/information); and
- Sample resources/plans that may provide guidance or a template for HCCs to assist in their planning efforts. There is no guarantee the resource(s) listed will fully comply with the capability. A sample plan outline is provided in Appendix A of this document. Appendix B includes a full list of resources referenced in this template.

According to the [Health Care Preparedness and Response Capabilities](#) (Capability 1, Objective 3), "the HCC preparedness plan enhances preparedness and risk mitigation through cooperative activities based on common priorities and objectives. In collaboration with the ESF-8 lead agency, the HCC should develop a preparedness plan that includes information collected on hazard vulnerabilities and risks, resources, gaps, needs, and legal and regulatory considerations. The HCC preparedness plan should emphasize strategies and tactics that promote communications, information sharing, resource coordination, and operational response and recovery planning with HCC members and other stakeholders. The HCC should develop its preparedness plan to include core HCC members and additional HCC members so that, at a minimum, hospitals, EMS, emergency management organizations, and public health agencies are represented. The plan can be presented in various formats (e.g., a subset of strategic documents, annexes, or a portion of the HCC's concept of operations plans [CONOPS])."

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TRACIE

Health Care Coalition Response Plan

Both the 2017-2022 Health Care Preparedness and Response Capabilities and HPP-PHEP Cooperative Agreement Funding Opportunity Announcement (FOA) require Health Care Coalitions (HCCs) to develop a response plan. This template provides general headers and descriptions for a sample HCC Response Plan Template. The resources used to develop this template includes sample HCC plans and the Health Care Preparedness and Response Capabilities. This document is organized as such:

- Sample plan headings/sub-headings;
- Applicable Health Care Preparedness and Response Capability if available (shown as: capability.objective.activity);
- Description and considerations (where appropriate, language from the Health Care Preparedness and Response Capabilities is used; refer to the full text of the capabilities for additional detail/information); and
- Sample resources/plans that may assist with more information on that particular section. A sample plan outline is provided in Appendix A of this document. Appendix B includes a full list of resources referenced in this template.

According to the [2017-2022 Health Care Preparedness and Response Capabilities](#), "the HCC, in collaboration with the ESF-8 lead agency, should have a collective response plan that is informed by its members' individual plans. In cases where the HCC serves as the ESF-8 lead agency, the HCC response plan may be the same as the ESF-8 response plan. Regardless of the HCC structure, the HCC response plan should describe HCC operations, information sharing, and resource management. The plan should also describe the integration of these functions with the ESF-8 lead agency to ensure information is provided to local officials and to effectively communicate and address resource and other needs requiring ESF-8 assistance." The 2017-2022 Funding Opportunity Announcement for the Hospital Preparedness Program further defines the requirements to ensure that at a minimum, the response plan includes the actions of hospitals, EMS, emergency management organizations, and public health agencies represented in the HCC.

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TRACIE

[Health Care Coalition Preparedness Plan](#) [Health Care Coalition Response Plan](#)

1. Introduction

Note: For coalitions using a preparedness plan consisting of multiple documents, consider including an Administrative Procedures section in each of your documents to provide the purpose and scope of the document and timeline/process for review.

Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources
1.1 Purpose of Plan	N/A	An HCC preparedness plan should document the organization and process of the Coalition and how it prioritizes and works collectively to develop and test operational capabilities that promote communication, information sharing, resource coordination, and operational response and recovery.	ASPR TRACIE Coalition Administration/ Bylaws Topic Collection ASPR TRACIE Emergency Operations Plans/ Emergency Management Program Topic Collection Central Maine Regional Health Care Coalition All Hazards Emergency Operations Plan Delmarva Regional Healthcare Mutual Aid Group: Emergency Operations Standard Operating Guidelines (MO)

Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
1.2 Scope	N/A	This section should include the timeframe covered by the plan, define the involved coalition and jurisdictions, and offer any necessary disclaimers about the plan — not superseding authorities of the participating entities, etc. It may also describe elements not addressed in the plan and refer the reader to the relevant organization document.	Eastern Virginia Healthcare Coalition Emergency Operations Guide
1.3 Administrative Support	1.3 2.1.2	<p>HCC members should approve the initial plan and maintain involvement in regular reviews. Some HCCs may choose to obtain official approvals from core members and acknowledgement/ secondary approvals from additional members. Following reviews, the HCC should update the plan as necessary after exercises and planned and real world incidents. The review should include identifying gaps in the preparedness plan and working with HCC members and external partners to define strategies to address the gaps.</p> <p>This section should include a schedule to review and update the preparedness plan, and staff and other support for the plan.</p>	Emergency Operation Plan for the DC Emergency Healthcare Coalition (Washington DC) FEMA Developing and Maintaining Emergency Operations Plans, Comprehensive Preparedness Guide (CPG) 101, Version 2.0 Louisiana ESF-8 Health and Medical Preparedness and Response Coalition

1. Introduction

This section provides a high level description of the plan, how it was developed, and how it should be maintained.

Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources
1.1 Purpose of Plan	2.1.2	<p>This section describes what the plan will address and what goals and objectives of the coalition are met with the plan.</p> <p>Sample language:</p> <p>The goal of the HCC is to:</p> <p>This plan supports the goal by:</p> <p>Or</p> <p>The purpose of this plan is to provide general guidelines for response to natural and manmade events that endanger the patients, visitors, staff, and family members of medical healthcare facilities within the region.</p> <p>Or</p> <p>The purpose of this plan is to provide general guidance for preparation, response, and recovery to all hazards events that threaten the healthcare system that result in illness or injury to the population within the coalition's boundaries and the healthcare system.</p>	<p>ASPR TRACIE Emergency Operations Plans/ Emergency Management Program Topic Collection</p> <p>Central Maine Regional Health Care Coalition All Hazards Emergency Operations Plan</p> <p>Delmarva Regional Healthcare Mutual Aid Group: Emergency Operations Standard Operating Guidelines (MD)</p> <p>Eastern Virginia Healthcare Coalition Emergency Operations Guide</p> <p>Emergency Operation Plan for the DC Emergency Healthcare Coalition (Washington DC)</p>

Section Headers/ Subheadings	Applicable Health Care Preparedness and Response Capability	Description and Considerations	Sample Resources Cont'd.
1.2 Scope		<p>This section describes what organizations are covered by the plan and under what circumstances the plan is activated. This is also the place where memoranda of agreement or relevant statutes and authorities are listed.</p> <p>Sample language:</p> <p>The HCC authority is limited to those compacts and other documents signed by the members and does not supersede jurisdictional or agency responsibilities, etc.</p>	<p>FEMA Developing and Maintaining Emergency Operations Plans, Comprehensive Preparedness Guide (CPG) 101, Version 2.0</p> <p>Louisiana ESF-8 Health and Medical Preparedness and Response Coalition</p> <p>NW Oregon Health Preparedness Organization: Health/ Medical Multi-Agency Coordination (MAC) Group Handbook</p> <p>Medical Surge Capacity and Capability: The Healthcare Coalition in Emergency Response and Recovery (HHS ASPR)</p>

Health Care Coalition Influenza Pandemic Checklist

Introduction

This planning tool is intended to assist health care coalitions and their partners in assessing their preparedness for an influenza pandemic. It may also be used to orient the response as a pandemic begins. The tool is not comprehensive, and jurisdictional and coalition differences in composition, resources, and response will result in significantly different priorities and depth of engagement in many of these activities. The coalition should have already conducted a gap and resource analysis that may have identified issues common to this document (See [ASPR TRACIE Coalition Gap and Resource Analysis Tool](#)). Coalitions may use this tool to identify potential gaps in influenza pandemic planning and drive cross-discipline discussions.

This document assumes that the following all-hazards basics are already in place through planning, exercise, and response activities:

- Incident management structures and principles at the facility, agency, and coalition level
- Basic information sharing capabilities between coalition partners (e.g., radio, web-based, telephone) and a process for information sharing during an incident
- Emergency medical services (EMS) mutual aid and disaster response plans
- Hospital disaster and surge capacity plans
- Emergency contact/notification list for all partners

Some additional assumptions that are important to consider:

- The pandemic will occur in waves, and will not have a consistent time or impact profile across the United States. Coalition partners should have mechanisms in place to maintain awareness of current conditions in the community and adjust resources as needed.
- Understanding of the virus, infection control, risk factors, clinical care, and patient outcomes will be in rapid evolution. Monitoring multiple sources of information and adapting to changing circumstances is critical to response success.
- The response will be longer than, and require the most integration of, any incident that coalition partners may face. Use of incident management processes and integration of leadership and subject matter experts to provide consistent, transparent input and guidance is critical to a successful response.

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Process

Coalition leadership should use this tool as a discussion document between and among coalition members. Within each discipline, multiple agencies or facilities may need to engage in dialogue to reach an overall conclusion and rate the current state of preparedness for the listed function within the coalition. This rating is a general impression of the work needing to be done to achieve preparedness. Because preparedness may be variable among members within the coalition, the rating should be an approximation of the overall perceived remaining work in that area. For example, alternate care system plans may be very complete in one jurisdiction and lacking in another, so an approximate value may be used, but the specific areas of deficit should be tracked to assure there is a plan to address them.

For each function, the activity should be rated on a 1-5 scale depending on the level of effort required to attain adequate operational function:

- 5 – No plan or asset currently exists
- 4 – Inadequate plan or assets
- 3 – Possibly adequate plans or assets, but have not been evaluated, tested, and/or incomplete training
- 2 – Adequate plans or assets requiring minor modifications based on exercises, events, or other evaluation
- 1 – No work remaining – plans or assets have been tested in exercises and real-world events and currently require no further modification

This rating may assist coalitions determining priorities for influenza pandemic response planning.

1. Coalition Activities

Activities	Applicable Health Care Preparedness and Response Capability	Coalition Rating (1-5)	Remaining Work Needed
1.1 Identify and document the roles and responsibilities for coalition members in pandemic planning and response, including identifying a lead agency when necessary (e.g., for alternate care site operation, distribution of personal protective equipment [PPE], points of dispensing [POD] activities).	Cap 1, Obj 1		

2. Safety/Infection Control Activities

Activities	Applicable Health Care Preparedness and Response Capability	Coalition Rating (1-5)	Remaining Work Needed
2.1 Develop a coalition-level pandemic safety plan and appoint a safety officer to modify as required.	Cap 4, Obj 1		

3. EMS Activities

Coordination/Regulatory Activities	Applicable Health Care Preparedness and Response Capability	Coalition Rating (1-5)	Remaining Work Needed
3.1 Determine coordination mechanisms, scope, and likely authorities between coalition EMS agencies including information sharing, resource monitoring/assistance, and policy coordination. Work with local intelligence fusion centers to assist with information sharing and coordination.	Cap 4, Obj 1		

4. Hospitals and Health Care Activities

Coordination/Regulatory Activities	Applicable Health Care Preparedness and Response Capability	Coalition Rating (1-5)	Remaining Work Needed
4.1 Determine coordination mechanisms, scope, and likely authorities between coalition hospitals and health care systems including information sharing, resource monitoring/assistance, and policy coordination. This should include the role of the coalition to engage with vendors of PPE, pharmaceuticals, and other medical supplies that may be in shortage. Conduct a coordination conference call with healthcare facilities to ensure awareness and consistency.	Cap 2, Obj 3		

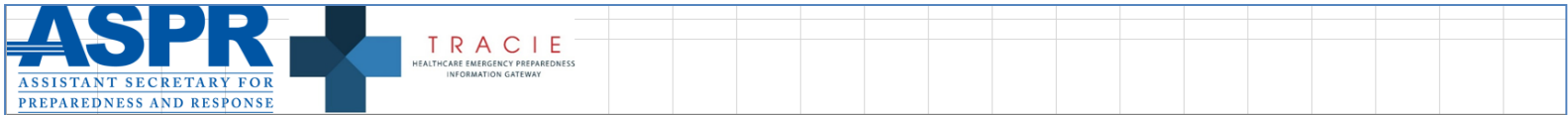
5. Public Health Activities

Coordination/Regulatory Activities	Applicable Health Care Preparedness and Response Capability	Coalition Rating (1-5)	Remaining Work Needed
5.1 Determine coordination mechanisms, scope, and likely authorities between public health agencies in the coalition including information sharing, resource monitoring/assistance, and policy coordination. This should include cooperative planning for population-based interventions to assure regional consistency.	Cap 2, Obj 1)		

6. Emergency Management Activities

Activities	Applicable Health Care Preparedness and Response Capability	Coalition Rating (1-5)	Remaining Work Needed
6.1 Define the emergency orders and actions that the local jurisdiction and state may invoke to support the pandemic response.	Cap 1, Obj 2		

Hospital Disaster Pharmacy Calculator





ASPR TRACIE Hospital Disaster Pharmacy Calculator	
Purpose	This calculator allows hospitals to estimate whether they have adequate supplies of medications for a disaster in their hospital stock.
Scope	The tool estimates the number of patients that should be planned for based on the size of the emergency department of the hospital and its role in the community. Other factors may be included such as burn beds and potential isolation of the facility for long periods of time. Based on the medication category and type, the calculator compares the amount of medications available to an estimate of that needed for 48 hours per patient and provides an assessment of surplus or deficit in that category (for example, injectable analgesia). This tool was designed to have broad applicability and thus may not meet the needs of all facilities, particularly specialty hospitals (e.g. pediatric centers).
Process	<p>There are three sections to the tool. The hospital enters the facility details in the <i>assessment</i> section. This creates the baseline numbers of patients to be planned for. The <i>targets</i> section will show the total target medications by category (e.g. oral antibiotics) based on the hospital data. The hospital pharmacy enters the amount on hand of the specific medications in the <i>inventory</i> section. The calculator illustrates the difference between the quantities on hand and the estimated preparedness threshold value so that the hospital can determine if additional stocking may be advisable. For further information please see detailed information about each section below.</p> <p>Go to https://asprtracie.hhs.gov/hcc-resources for a list of select HCC resources. For a 508 compliant version of this tool, copy and paste this link into your browser: https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-hospital-disaster-pharmacy-calculator-pdf.pdf.</p> <p>Hospitals are encouraged to modify this tool to reflect their needs. For questions, comments, or assistance with this spreadsheet, contact ASPR TRACIE at asprtracie.hhs.gov or 1-844-5-TRACIE (587-2243).</p>
Suggested Actions/Next Steps	<p>Once the calculations are complete, the hospital can determine reasonable stock levels for the medications in common use to maintain. Hospitals may choose to have stock (par) levels for certain medications significantly in excess of recommended based on their ability to rotate stock. During an ongoing incident or anticipated event (e.g., hurricane, special event planning), the hospital may wish to use the medication list as a quick resource to predict needs based on the incident type and demand and proactively place medication orders (this is separate from an automatic vendor pull discussed below).</p> <p>At the coalition level, the tool may be used to assure a standard level of pharmacy stock for disasters and assure at least a degree of parity of preparedness across the participating facilities.</p> <p>The tool results should make sense to maintain the provided medication when the hospital rec</p>

Part 1: Hospital Assessment


Goal:	This worksheet generates overall planning numbers by category of drug that can then be compared to the numbers on the Disaster Inventory to assure adequate on hand. The inventory may be modified by the hospital to suit its usual practices and vendors. The calculations are for seriously injured patients only.	
Step 1:	Enter the number of emergency department beds	
Step 2:	Enter trauma level	
Step 3:	Do all major trauma patients get transferred to another facility?	
Step 4:	Enter the value of designated burn beds	
Step 5:	Is this hospital at high risk to receive disproportionate number of casualties?	
Step 6:	Is the hospital at risk to be isolated by natural disaster / disrupted infrastructure?	
SHEET IS INCOMPLETE		

For other disasters, it may not be necessary to maintain large quantities in stock. Finally, ensure you have enough to finish and augment supplies

HCC Resource and Gap Analysis Tool

 										
ASPR TRACIE Healthcare Coalition Resource and Gap Analysis Tool										
Introduction	<p>This tool was developed by the HHS Assistant Secretary for Preparedness and Response's Technical Resources, Assistance Center, and Information Exchange (ASPR TRACIE) as a template that healthcare coalitions (HCCs) can use as the basis for a resource and gap analysis. Gaps may include inadequate plans or procedures, staffing, equipment and supplies, skills and expertise, services, or any other resources required to respond to an emergency. This tool is complementary and can be used with other tools such as the ASPR Hospital Resource Vulnerability Assessment (https://asprtracie.s3.amazonaws.com/documents/hhs-hospital-rva-final.xlsm) and the HHS ASPR Rapid Infrastructure Assessment Tool (RIST). Go to https://asprtracie.hhs.gov/hcc-resources for a list of select HCC resources. For a 508 compliant version of this tool, copy and paste this link into your browser: https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-healthcarecoalition-resource-and-gap-analysis-pdf.pdf.</p> <p>Coalitions are encouraged to modify this template to reflect their coalition members, resources, and unique community attributes and to use the 'Gaps/Comments' field to enter specific deficits, plans, assets, and other qualifiers specific to their Coalition partners. For questions, comments, or assistance with this spreadsheet, contact ASPR TRACIE at asprtracie.hhs.gov or 1-844-5-TRACIE (587-2243).</p>									
Key Points										
Purpose	<p>This tool is designed to assist healthcare coalition partners develop a common understanding of their resources, existing gaps, and assist in prioritizing activities to close gaps.</p>									
Process	<p>Based on the resources and number of stakeholders a variety of approaches may be taken to complete a gap analysis. Though a gap analysis is part of the HPP 2017-2022 cooperative agreement, there is no federal requirement to use this template. This template is a tool to structure coalition discussions and coalitions may elect to use portions of it as they wish to develop their analysis and priorities. The first time the coalition goes through this process will take the longest and should involve the broadest input. The template is designed as an iterative tool; results from the prior year can be used and updated in subsequent years and the stakeholders will be familiar with the process and outputs. A coalition should determine the best timing of when to conduct this analysis based on their planning process (e.g., some coalitions may find it useful to conduct this analysis after they have completed their hazard vulnerability assessment) and how often to update it.</p>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">▶</td> <td style="background-color: #003366; color: white; text-align: center;">Introduction</td> <td style="text-align: center;">Process</td> <td style="text-align: center;">Coalition Resources</td> <td style="text-align: center;">EMS Resources</td> <td style="text-align: center;">Hospital Resources</td> <td style="text-align: center;">Public Health Resources</td> <td style="text-align: center;">Long Term Care Resources</td> <td style="text-align: center;">Outpatient Care Resources</td> </tr> </table>		▶	Introduction	Process	Coalition Resources	EMS Resources	Hospital Resources	Public Health Resources	Long Term Care Resources	Outpatient Care Resources
▶	Introduction	Process	Coalition Resources	EMS Resources	Hospital Resources	Public Health Resources	Long Term Care Resources	Outpatient Care Resources		

HCC Resource and Gap Analysis Aggregator



ASPR
ASSISTANT SECRETARY FOR
PREPAREDNESS AND RESPONSE

TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

ASPR TRACIE Healthcare Coalition Resource and Gap Analysis Aggregator

Introduction	<p>This tool was developed by the HHS Assistant Secretary for Preparedness and Response's Technical Resources, Assistance Center, and Information Exchange (ASPR TRACIE) as a companion to the Healthcare Coalition Resource and Gap Analysis Tool. This Aggregator Tool is intended to summarize the results from multiple HCC Resource and Gap Analysis Tool workbook files to present an overall picture of a larger geographic area, including an entire state. And, thus may be a valuable tool for Healthcare Coalitions, Health Systems, and States, among others. To access the HCC Resource and Gap Analysis Tool and other select HCC resources, visit https://asprtracie.hhs.gov/hcc-resources.</p> <p>The editable, fillable Excel version of this tool is available at: https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-healthcare-coalition-resource-and-gap-analysis-aggregator.xlsm The 508 compliant, PDF version of this tool is available at: https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-healthcare-coalition-resource-and-gap-analysis-aggregator.pdf</p> <p>ASPR TRACIE welcomes feedback on how to improve this first version of the tool. The intent of releasing this initial version of the tool is to allow jurisdictions to use and test it and provide us with recommendations for enhancements that would provide you with the most helpful results. For questions, comments, or assistance with this tool, contact ASPR TRACIE at askasprtracie.hhs.gov or 1-844-5-TRACIE (587-2243).</p>
Instructions	<p>Note: The tool currently works only in Windows versions of Excel 2003 and later. It will not work on a Mac.</p> <ol style="list-style-type: none"> 1. Place the Resource and Gap Analysis Tool workbook files that you wish to aggregate in a single empty folder (not a zip file). 2. Make sure the file names correspond to the appropriate coalition or organization in some way, or you will not be able to relate the data displayed to the coalition or organization it came from! 3. Note that you may need to click an "Enable Content" button at the top of the excel window of this Aggregator tool to allow it to work. 4. Click the "Aggregate" button on the tool. 5. Select the folder where the workbooks are located. When you open the folder, it may show as empty but simply hit "Ok" and the program will run. 6. A pop up box will appear to notify you that the program is running. Hit "Ok" to proceed. 7. Wait for the program to run. You will see a prompt when it is complete. Hit "Ok" to proceed. 8. View the aggregated results in the "Data" tabs. <ol style="list-style-type: none"> a. 'Data by file name' – this tab shows results sorted alphabetically by the filename (which, as noted above should correspond to the coalition or organization name) to allow viewing of priorities by coalition

Navigation tabs: Introduction | Data - By File Name | Data - By Item | Data - By Priority List | Data - By Priority Score | (+) | : | <

Question & Answer



Contact Us



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