

APPLICANT PROFILE



GOVERNMENT OF
THE DISTRICT OF
COLUMBIA

APPLICANT PROFILE

FY 2005 Homeland Security Grant Program: Urban Areas Security Initiative	
PROJECT TITLE:	Hospital Surge Capacity
EMERGENCY SUPPORT FUNCTION:	Emergency Support Function - 8 (Health)
PROJECT PERIOD:	October 1, 2004 to January 31, 2007
PROJECT SYNOPSIS:	To meet the currently unsatisfied federal mandate which requires 500 surge beds per 1 million of regional population, the acute, rehabilitation, psychiatric, and specialty hospitals in the National Capital Region will add 2556 hospital surge beds, including associated medical equipment.
IMPLEMENTING JURISDICTION:	National Capital Region: Virginia, Maryland, and the District of Columbia
AGENCY:	District of Columbia Hospital Association
ADDRESS:	1250 Eye St., NW Suite 700 Washington, DC 20005
AUTHORIZATION OFFICIAL	
NAME:	Robert A. Malson, Esq.
TITLE:	President, DCHA
ADDRESS:	1250 Eye St. Washington, DC 20005
TEL:	202-289-4926
FAX:	202-371-8151
EMAIL:	rmalson@dcha.org
PROJECT DIRECTOR	
NAME:	Jeffrey A. Elting, M.D., M.P.H.
TITLE:	Medical Director, DCHA
ADDRESS:	1250 Eye St. Washington, DC 20005
TEL:	202-289-4927
FAX:	202-371-8151
EMAIL:	jelting@dcha.org
FINANCIAL OFFICER	
NAME:	Vonda Dickson
TITLE:	Vice President Finance
ADDRESS:	1250 Eye St. Washington, DC 20005
TEL:	202-682-1581
FAX:	202-371-8151
EMAIL:	vdickson@dcha.org
Signature of Authorized Official	Date

URBAN AREA SECURITY INITIATIVE

NATIONAL CAPITAL REGION

HOSPITAL BED SURGE PROPOSAL

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PROPOSAL SUMMARY

1. This proposal summary describes the statement of need and how the project supports NCR/UAHSS goals and objectives, the NCR Eight Commitments to Action, and National Initiatives. It describes the project, services to be provided, and goals and objectives. Finally, it will outline key points of management, financial management and evaluation. The remainder of this proposal application will be detailed in subsequent sections.

Statement of Need

2. The 33 hospitals (Appendix i. – Hospital Operating Beds for the National Capital Region) in the NCR have a federal mandate to provide hospital surge capacity in the form of 3,000 “beds” beyond their normal staffed bed capacity. Federal guidelines dictate that hospitals must provide 500 beds per 1,000,000 people in the population. During the business week, the NCR has an estimated daytime population of 6 million people. The resultant NCR target for total number of surge beds is 3,000. 2004 UASI funding of \$3 million enabled establishment of only 444, or 16 percent of the NCR’s target. Additional funding is required to achieve the remaining portion of that target, 2556 beds.

3. The term “bed” is a unit of measurement, which reflects, not only the bed, but also the supplies, equipment and pharmaceuticals that accompany that bed. Department of Defense calculations are that a fully outfitted medical/surgical “bed” costs an average \$6,000 to accommodate one patient for 72 hours. However, the type of affliction the patient has endured and the degree of his/her injuries or illness can cause the range of costs to fluctuate from \$1,000 to \$20,000. The resultant cost for the mandated 2556 beds is \$15,336,000.00. Though the region needs funding for the addition of all 2556 beds, the region’s hospitals are prepared to add surge beds in phases that could be funded in increments of \$5,000,000.00.

4. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), National Bioterrorism Continuation Guidance, 2004, assigns surge bed capacity targets of 500 beds per million people in the population. In addition, HRSA guidance specifically prescribes that normal hospital capacity created by cancellation of procedures or early discharge of patients does not count as surge capacity. True surge capacity is that beyond normally staffed beds.

5. In 2004, hospitals indicated they had virtually zero surge bed capacity. Costs, space limitations, and staffing precluded the maintenance of beds and related support materials over beds used for normal daily hospital operations. Hospitals advised that they could not pay for hospital surge beds out of operating funds. Therefore, they applied for and received \$3,000,000.00 to begin purchasing beds, supplies and equipment to move toward their federal target.

6. This proposal supports Goals 1 and 4 of NCR/UAHSS Goals.

a. Goal 1. It ensures hospital preparedness planning efforts across the NCR, which defines hospitals' roles, relationships, processes and actions with deadlines. The hospitals in concert with the Public Health community are developing an NCR-wide surge capacity plan, which emphasizes hospital surge capacity as a top priority. The plan has defined hospital surge capacity, how to achieve it, when and how to deploy it, and considerations for staffing.

b. Goal 4. Capitalizing on the regional nature of the grant, it facilitates acquisition, allocation, standardization and management of equipment and supplies to enhance hospital preparedness, response and recovery efforts in the NCR. Multidisciplinary committees of physicians, nurses, pharmacists, materials managers and administrators have developed recommended lists (Appendix ii. – Equipment/Supply List) for hospital use in procuring common equipment, supplies and pharmaceuticals to take care of a wide range of illnesses, injuries and contaminating agents.

7. The proposal supports Commitment Number 4 of the NCR Eight Commitments to Action--Emergency Protective Procedures. The 33 hospitals have worked in partnership with fire, police, emergency medical services and public health communities to define and develop a common set of emergency protective measures to protect the health and safety of citizens and responders during a major disaster event. In addition to beds and supplies for hospital surge capacity, they have procured personal protective equipment, decontamination equipment, inter-hospital communications systems and staff prophylaxis pharmaceuticals to manage and protect these resources.

8. The proposal supports the National Initiatives; specifically, National Initiative G, Catastrophic Incident Planning. The Catastrophic Incident Response Annex (CIRA) to the National Response Plan includes activities required to develop surge capacity.

Services to be Provided

9. Services to Be Provided. Each hospital is planning on accommodating at least minimal numbers of all types of patients. One NCR estimate is that of 100 patients, 60 will be minimally afflicted, 30 will be moderately to severely afflicted and 10 will be seriously afflicted. It is difficult to predict exactly which type of mass casualty incident might occur in the NCR. It is predicted that the most probable event would include a massive explosion. However, biological, chemical and radioactive events are considered in hospital surge planning. Also, hospitals that normally do not accommodate burn or severe trauma patients have considered that they may have to keep these patients for longer than desired due to the queuing of patients for burn or trauma centers. Hospital types in the NCR range from general acute care, Level 1 trauma centers, psychiatric, rehabilitation, and burn centers. All types of hospital services may be required in a crisis, regardless of a hospital's main workload. Therefore, hospitals are planning on stocking surge capacity to the degrees described above.

Goals and Objectives

10. The goal is to achieve the maximum number of hospital beds, equipment, supplies and pharmaceuticals to provide top quality medical care to the percentage of patients

equal to funding toward the federally mandated NCR goal of 3,000 beds. There are four objectives.

- a. Objective: Identify the requirements for beds, supplies, equipment and pharmaceuticals and their related costs by June 2004. Achieved.
- b. Objective: Identify the spaces to be used in each hospital for surge capacity by June 2004. Achieved.
- c. Objective: Establish the administrative, management and financial structures and controls necessary to manage the grant (Achieved); Fully procure required materials and reimburse hospitals by May 31, 2005.
- d. Objective: Apply for a continuation of UASI funds by March 1, 2005, to continue increasing hospital surge capacity.

Management Overview

11. Hospitals received \$3 Million in 2004. Management goals, objectives and tasks were established and are being executed exactly as prescribed by grant management guidance. Grant managers were established for the NCR sub regions of Maryland, Virginia and the District of Columbia. They are exactly on timelines for expenditure of these funds by the deadline of May 31, 2005. Considering that concentrating all surge beds in a single location may place them at high risk for incapacitation during a terrorist event, the hospital beds under this proposal will be added to all participating hospitals in the region in proportion to their current number of operating beds (per the 2004 American Hospital Association Guide data, when available). If a participating hospital should lose accreditation or licensure or should decide not to participate, funds allotted for their surge beds will be proportionally redistributed among the remaining grant-participating accredited and licensed hospitals in the region.

Financial Management

12. Certified public accountants, financial managers, and project managers have been hired or assigned in each region to separate accounting and procurement decisions. People have been assigned to be accountable for grant purchases in each hospital. Purchases are on a reimbursement basis. Hospitals must show proof of purchase and proof of item receipt before they are reimbursed. Final reports will be submitted before the deadlines. Hospitals have been purchasing their equipment and pharmaceuticals and a schedule of audits has been established.

Evaluation

13. Evaluation can be achieved through review of management descriptions required to be provided by the subgrant awardees to the grant manager. Management descriptions must include key milestones and performance measures. Specifically, hospitals should be able to add 16 percent of surge bed capacity per \$1 Million of UASI funding per year. Hospitals should be able to show procurement actions, items received and proof of

purchase with applications for reimbursement. On-site audits by subgrant awardees should account for all items and related documentation. All should be accomplished by the grant deadline.

PROJECT GOALS, OBJECTIVES, AND IMPLEMENTATION STEPS

Goal

14. The goal is to achieve federally mandated NCR hospital surge bed capacity target of 3,000 beds and related materials by the end of the grant period, January 31, 2007.

a. **Benefit.** Healthcare workers have been defined as first responders, and hospitals are where the sick and injured go for care during a crisis. Therefore, adding 3,000 hospital surge beds directly supports the Homeland Security Strategy (HSS). In accordance with HSS Goal #4, it provides a regional hospital surge bed capacity program that augments NCR jurisdiction programs so that the area responders have necessary equipment to protect the region. It promotes regional cooperation in the public and private healthcare sectors and contributes assets to regional mass casualty training and exercises. Finally, it addresses the emergency health protection, infrastructure, and mutual aid objectives of the NCR's Eight Commitments to Action.

b. **Timeframe.** With full funding, the target surge bed levels will be in place by the end of the grant period. If surge beds are added in phases because of incremental funding, the timeframe must be expanded in keeping with the funding, for the hospitals to attain their full complement of required surge beds.

c. **Milestones.** Essential efforts have already been accomplished since funding was received in 2004. Included are: identification of bed surge targets per hospital based on size, space, and hospital type; measurement of space; establishment of a management and financial mechanism to oversee the project. Procurement of additional beds and materials are the essential efforts of the 2005 UASI.

d. **Deliverable.** The 3,000 beds and materials to achieve the federal mandate.

Objectives

15. Objectives and implementation steps continue from the 2004 project.

a. **Objective 1**—Continue from the 2004 effort the refinement of surge bed capacity targets of each NCR hospital to identify the location, space, and support of 100 percent of all beds.

- 1) Implementation Step 1.1. Assess space, support equipment and location.
- 2) Implementation Step 1.2. Identify staffing to support increased beds.

b. **Objective 2**—Procure 100 percent of funded beds, supplies, and equipment to meet the overall goal by January 31, 2007, with the goal of satisfying this objective sooner, if possible.

c. **Objective 3**—Complete 100 percent of all grant administrative and financial

requirements by January 31, 2007.

PROJECT DESCRIPTION

Activities That Justify The Project To Be Implemented

16. This project is driven by several federal and state initiatives as well as community need.

a. Department of HHS/HRSA, National Bioterrorism Continuation Guidance, 2004, assigns surge bed capacity targets of 500 beds per million people in the population, for a total of 3,000.

b. This proposal supports Goals 1 and 4 of NCR/UAHSS Goals by ensuring hospital preparedness planning efforts across the NCR, which define hospitals' roles, relationships, processes and actions with deadlines.

c. It supports the National Initiatives, specifically, National Initiative G, Catastrophic Incident Planning. The Catastrophic Incident Response Annex (CIRA) to the National Response Plan includes activities required to develop surge capacity.

Specific Steps Taken To Address Critical RFA Guidance

17. The 2004 UASI grant allowed the NCR hospitals to accomplish many of the objectives required by federal guidelines.

a. Establish/enhance public-private emergency preparedness programs.

1) Definition of Hospital Surge Capacity. Working in concert with state and community public health departments, the 33 hospitals reached unanimous agreement on this complex subject.

2) Recommended Lists of Supplies, Equipment and Pharmaceuticals (Appendix ii.). Hospital and Public Health representatives met multiple times to produce lists which identify materials to augment actual physical beds, thereby, promoting uniformity across the region.

3) Conducted floor space analyses of hospital facilities: Available space may include areas such as lobbies, hallways, cafeterias in the hospital or other alternate facilities. Contiguous space places less demand on staffing. Use of on-site facilities takes advantage of already existing supplies, equipment and staff.

4) Identified three levels of surge beds: Triage/ED; Med/Surge; Critical Care Beds.

5) Identified infrastructure improvements, which are required to optimize the use of space and bed assets.

Management Overview

18. The District of Columbia Hospital Association, the Northern Virginia Hospital Alliance, and the Prince Georges Department of Health (principle for the suburban Maryland coalition of hospitals) will provide oversight management. Subgrantee

agreements between these representative organizations and the region's hospitals, as used with the 2004 UASI Hospital Surge Bed program, will be completed.

Fiscal Management and Evaluation

19. Hospitals will submit quarterly reports to their respective jurisdictional representative organizations. Quarterly reports should include a Project Expenditure Report and a Programmatic Report. When a hospital has completed acquiring all of their surge beds, the hospital will notify the jurisdictional representative organization and request an inspection of their surge beds. At the time of inspection, hospitals will display all of their purchases, and will provide a Property Inventory Report including all receipts. After passing the surge bed inspection, hospitals may request reimbursement. Hospitals must maintain full documentation of expenditures in accordance with standard accounting practices and the hospitals must obtain an independent audit, A-133 if required.

ORGANIZATION, EXPERIENCE, AND QUALIFICATIONS OF THE APPLICANT

20. The hospitals of the NCR are Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredited health care facilities that provide high quality acute, trauma, psychiatric, and/or specialty inpatient healthcare for the residents of the NCR. For the purpose of the UASI and other emergency preparedness grants, the District of Columbia Hospital Association, the Northern Virginia Hospital Alliance, and the Coalition of Suburban Maryland Hospitals and the Prince Georges County Department of Health, either non-profit or government entities, serve as the recognized representatives of the UASI grant participating hospitals in the NCR. These organizations and the NCR hospitals have a long-standing track record of performance including project management under the 2004 UASI program. Proof of on-profit registration is at Appendix iii.

STAFFING PLAN

21. This plan does not have any staffing requirements.

PROJECT BUDGET AND BUDGET JUSTIFICATION

22. All funds will be used to procure surge beds and related equipment and supplies. The total budget for the addition of 2556 hospital surge beds, based upon a cost of \$6000.00 per surge bed, is \$15,336,000.00. Cost estimates are based upon the requirements identified by the 2004 UASI hospital surge bed grant and Department of Defense tables of supplies and equipment. The funds for surge beds under this proposal will be allocated in proportion to the current number of operating beds (per the 2004 American Hospital Association Guide data, when available) of each participating hospital in the region. The budget and number of hospital surge beds may be proportionally adjusted if the level of funding for this proposal is decreased or increased from the requested \$15,336,000.00. Though the region needs funding for the addition of all 2556 beds, the region's hospitals are prepared to add surge beds in phases that could be funded

in increments of \$5,000,000.00. If a participating hospital should lose accreditation or licensure or should decide not to participate, funds allotted for their surge beds will be proportionally redistributed among the remaining accredited and licensed hospitals in the region in accordance with the aforementioned fund allocation plan.

CERTIFICATIONS AND ASSURANCES

**Proposed Equipment/Supply List for 100 Bed Surge Capacity
50 Triage/ED Beds; 50 Critical Care Beds**

National Capital Region Hospitals		
Bed Types		
Triage/ED Beds	Medical-Surgical Beds	Critical Care Beds
<p>This bed type is for the rapid assessment and initiation of all emergency care, life-saving treatments, and decontamination procedures.</p>	<p>This bed type is for patients having a lower mortality risk but requires hospitalization, physician and nursing care. May require ongoing and intermittent interventions such as vital signs, IVs, EKGs, and Pulse-Ox monitoring.</p>	<p>This bed type will allow for the care of patients with instability to one or more vital organ systems. May require continuous cardiac, respiratory, and invasive monitoring, as well as intensive nursing care and physician intervention.</p>
<p>Equipment</p> <p>The equipment listed is intended as a supplement to existing emergency room supplies. The following list provides equipment necessary for emergency department, triage, decontamination, and life-saving procedures. Due to the high cost associated with these items, the quantities will be determined according to funding.</p> <p>Trays:</p> <p>Arterial Line Trays</p> <p>Burn Trays</p>	<p>Supplies</p> <p>All supplies and equipment have been calculated within the Critical Care bed category. This will allow for an upward or downward adjustment based on the acuity of illness.</p>	<p>Equipment</p> <p>The equipment list is intended as a supplement to existing critical care supplies. The following list provides equipment needs for critical care procedures. Due to the high cost associated with these items, the quantities will be determined according to funding.</p> <p>Trays:</p> <p>Arterial Line Trays</p> <p>Burn Trays</p> <p>Cardiac Arrest Trays</p>

<p>Cardiac Arrest Trays</p> <p>Central Line Trays</p> <p>Cut-down trays</p> <p>Drainage Holder</p> <p>Intracranial Pressure Trays</p> <p>Lumbar Puncture Trays</p> <p>Suture Trays</p> <p>Thoracentesis Trays/ Pleurevac</p> <p>Thoracotomy Trays</p> <p>Tracheotomy Trays</p> <p>Monitors:</p> <p>Arterial Line monitors</p> <p>Cardiac monitors</p> <p>Continuous O2/Pulse-Ox Monitors</p> <p>Pulmonary artery monitors</p> <p>Swan Ganz/CVP monitors</p> <p>Temperature probe</p> <p>Respiratory Equipment:</p> <p>Bronchoscope</p>		<p>Central Line Trays</p> <p>Cut-down trays</p> <p>Drainage Holder</p> <p>Intracranial Pressure Trays</p> <p>Lumbar Puncture Trays</p> <p>Suture Trays</p> <p>Thoracentesis Trays</p> <p>Thoracotomy Trays</p> <p>Tracheotomy Trays</p> <p>Monitors:</p> <p>Arterial Line monitors</p> <p>Cardiac monitors</p> <p>Continuous O2/Pulse-Ox Monitors</p> <p>Pulmonary artery monitors</p> <p>Swan Ganz/CVP monitors</p> <p>Temperature probe</p> <p>Respiratory Equipment:</p> <p>Bronchoscope</p> <p>Cascade gauge for oxygen cylinders</p>
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<p>Cascade gauge for oxygen cylinders</p> <p>Cylinder holders for E Cylinder oxygen tanks</p> <p>ET Tube Exchanger</p> <p>Gas Jet insufflator</p> <p>Regulator, Oxygen (Flow meter)</p> <p>Suction unit - Collection System</p> <p>Suction unit – Portable</p> <p>Suction unit Battery</p> <p>Tank, Oxygen E cylinder (700 L O2)</p> <p>Tank, Oxygen H cylinder (7000 L O2)</p> <p>Ventilators</p> <p>Wrench, Oxygen Tanks</p> <p>Other Equipment:</p> <p>Auto Blood Tranfuser</p> <p>Automated Blood Pressure Cuffs</p> <p>Bear Hugger Hypothermia machine</p> <p>CO2 Detector</p> <p>Crash Carts w/defibrillator/external pacer- Adults and Peds (2)</p> <p>Dermabond wound-closing glue (30)</p>		<p>Cylinder holders for E Cylinder oxygen tanks</p> <p>ET Tube Exchanger</p> <p>Gas Jet insufflator</p> <p>Regulator, Oxygen (Flow meter)</p> <p>Suction unit - Collection System</p> <p>Suction unit – Portable</p> <p>Suction unit Battery</p> <p>Tank, Oxygen E cylinder (700 L O2)</p> <p>Tank, Oxygen H cylinder (7000 L O2)</p> <p>Ventilators</p> <p>Wrench, Oxygen Tanks</p> <p>Other Equipment:</p> <p>Auto Blood Tranfuser</p> <p>Automated Blood Pressure Cuffs</p> <p>Bear Hugger Hypothermia machine</p> <p>CO2 Detector</p> <p>Crash Carts w/defibrillator/external pacer- Adults and Peds (2)</p> <p>Dialysis Capability</p> <p>EKG Machine</p>
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<p>Dialysis Capability</p> <p>EKG Machine</p> <p>Electrical Outlets</p> <p>Hypo/Hyperthermia Blanket</p> <p>IV Pumps</p> <p>Otoscope/Ophthalmoscope</p> <p>PCA pumps</p> <p>Peripheral Nerve Stimulator</p> <p>Pulse-Ox</p> <p>Rapid Blood/Volume Infusers</p> <p>Sliding transport board</p> <p>Staplers, wound (4)</p> <p>Suction apparatus</p> <p>Transport Stretchers</p> <p>Venodyne Doppler</p> <p>Wheelchairs</p> <p>Supplies</p> <p>ABD bandage pads, sterile (50)</p> <p>Alcohol pads (50)</p>		<p>Electrical Outlets</p> <p>Hypo/Hyperthermia Blanket</p> <p>IV Pumps</p> <p>Otoscope/Ophthalmoscope</p> <p>PCA pumps</p> <p>Peripheral Nerve Stimulator</p> <p>Pulse-Ox</p> <p>Rapid Blood/Volume Infusers</p> <p>Sliding transport board</p> <p>Suction apparatus</p> <p>Transport Stretchers</p> <p>Venodyne Doppler</p> <p>Wheelchairs</p> <p>Supplies</p> <p>ABD bandage pads, sterile (50)</p> <p>Alcohol pads (50)</p> <p>Applicator, cotton tipped (85)</p> <p>Bag, Ambu (adult) Disposable (2)</p> <p>Bag, Ambu (infant) Disposable (2)</p>
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<p>Applicator, cotton tipped (85)</p> <p>Bag, Ambu (adult) Disposable (2)</p> <p>Bag, Ambu (infant) Disposable (2)</p> <p>Bag, disposable Plastic (20)</p> <p>Bag, Disposable, Biohazard (20)</p> <p>Bag-Valve-Mask w/adult and peds masks - adult 1600 ml reservoir (1)</p> <p>BandAids (50)</p> <p>Basins, bath (50)</p> <p>Bathing supply, prepackaged (e.g. Bath in a Bag (TM)) (50)</p> <p>Batteries, AA for flashlights (6)</p> <p>Bed Pan (20)</p> <p>Blanket, infant cotton (30)</p> <p>Blanket, poly (50)</p> <p>Blanket, thermal (24)</p> <p>Blood Pressure Device Adult including sphygmomometer (8)</p> <p>Blood Pressure Device Child including sphygmomometer (4)</p> <p>Blood Pressure Infuser Bags (25)</p>		<p>Bag, disposable Plastic (20)</p> <p>Bag, Disposable, Biohazard (20)</p> <p>Bag-Valve-Mask w/adult and peds masks - adult 1600 ml reservoir (1)</p> <p>BandAids (50)</p> <p>Basins, bath (50)</p> <p>Bathing supply, prepackaged (e.g. Bath in a Bag (TM)) (50)</p> <p>Batteries, AA for flashlights (6)</p> <p>Bed Pan (20)</p> <p>Blanket, infant cotton (30)</p> <p>Blanket, poly (50)</p> <p>Blanket, thermal (24)</p> <p>Blood Pressure Device Adult including sphygmomometer (20)</p> <p>Blood Pressure Device Child including sphygmomometer (4)</p> <p>Blood Pressure Infuser Bags (25)</p> <p>Bracelets, Medical ID Adult vinyl band (50)</p> <p>Bracelets, Medical ID Pediatric vinyl band (30)</p> <p>Bungy Cords 20 pc assortment (10)</p>
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<p>Bracelets, Medical ID Adult vinyl band (50)</p> <p>Bracelets, Medical ID Pediatric vinyl band (30)</p> <p>Bungy Cords 20 pc assortment (10)</p> <p>Carafes - 1 liter (30)</p> <p>Cart, supply (3)</p> <p>Catheters, intraosseous module blue (pediatric use) (1)</p> <p>Catheters, suction (20)</p> <p>Chair, Folding (5)</p> <p>Chest Tubes, varied sizes 12 to 36F</p> <p>Chux protective pads (1200)</p> <p>Clip Boards (50)</p> <p>Commode (2)</p> <p>Connector, 5 in 1 (8)</p> <p>Cots, Portable Collapsible (50)</p> <p>Curtains, privacy (wheeled) (25)</p> <p>Diapers, disposable (38)</p> <p>Diapers, disposable, latexfree Ad (17)</p> <p>Disinfectants/detergent</p> <p>Disposable plastic BP covers (200)</p>		<p>Carafes - 1 liter (30)</p> <p>Cart, supply (3)</p> <p>Catheters, intraosseous module blue (pediatric use) (1)</p> <p>Catheters, suction (20)</p> <p>Chair, Folding (5)</p> <p>Chest Tubes, varied sizes 12 to 36F</p> <p>Chux protective pads (1200)</p> <p>Clip Boards (50)</p> <p>Commode (2)</p> <p>Connector, 5 in 1 (8)</p> <p>Cots-Stretchers/Beds (50)</p> <p>Curtains, privacy (wheeled) (25)</p> <p>Diapers, disposable (38)</p> <p>Diapers, disposable, latexfree Ad (17)</p> <p>Disinfectants/detergent</p> <p>Disposable plastic BP covers (200)</p> <p>Drinking cups (50)</p> <p>Emesis Basin (40)</p> <p>Facial tissue, individual ptnt bx (50)</p>
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<p>Drinking cups (50)</p> <p>EKG Electrodes (50)</p> <p>Emesis Basin (40)</p> <p>Facial tissue, individual ptnt bx (50)</p> <p>Feeding tubes, pediatric</p> <p>- 5 French (5)</p> <p>- 8 French (5)</p> <p>Foley Catheters - Kits, varied sizes 14 to 22F (includes drainage bag) (50)</p> <p>Form, Laboratory, Diagnostic (100)</p> <p>Form, Triage (100)</p> <p>Gauze pads, non-sterile, 4x4 (400)</p> <p>Gloves Large, powder free (100)</p> <p>Gloves Medium, powder free (250)</p> <p>Glucometer (1)</p> <p>Glucometer test strips (2)</p> <p>Gown, Patient, disposable Adult (50)</p> <p>Gown, Patient, disposable Peds (30)</p> <p>Gown, Provider Open back, Lrg (30)</p> <p>Gown, Provider Open back, Med (21)</p>		<p>Feeding tubes, pediatric</p> <p>- 5 French (5)</p> <p>- 8 French (5)</p> <p>Foley Catheters - Kits, varied sizes 14 to 22F (includes drainage bag) (50)</p> <p>Form, Laboratory, Diagnostic (50)</p> <p>Gauze pads, non-sterile, 4x4 (400)</p> <p>Gloves Large, powder free (100)</p> <p>Gloves Medium, powder free (250)</p> <p>Glucometer (1)</p> <p>Glucometer test strips (2)</p> <p>Gown, Patient, disposable Adult (50)</p> <p>Gown, Patient, disposable Peds (30)</p> <p>Gown, Provider Open back, Lrg (30)</p> <p>Gown, Provider Open back, Med (21)</p> <p>Hamper, Soiled Linen w/ Holder (3)</p> <p>Hand Cleaner (waterless) (2)</p> <p>Intermittent IV access device (lock) (50)</p> <p>Intubation equipment with oral airways/ET tubes; adult & peds 40 to 100mm (2 sets)</p>
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<p>Hamper, Soiled Linen w/ Holder (3)</p> <p>Hand Cleaner (waterless) (3)</p> <p>Intermittent IV access device (lock) (50)</p> <p>Intubation equipment with oral airways/ET tubes; adult & peds, 40 to 100mm (2 sets)</p> <p>IV catheters, 18g with protectocath guard (50)</p> <p>IV catheters, 20g with protectocath guard (50)</p> <p>IV catheters, 22g with protectocath guard (25)</p> <p>IV catheters, 24g with protectocath guard (25)</p> <p>IV fluid bags, D5 1/2NS, 1000cc (required by 40% of patients) (30L)</p> <p>IV fluid bags, NS, 1000cc (required by 60% of patients) (75L)</p> <p>IV fluid bags, lactated ringers, 1000 cc</p> <p>IV Set Selectable drop chamber (24)</p> <p>IV start kits (50)</p> <p>IV tubing w/ Buretrol drip set for peds (25)</p> <p>IV tubing w/ standard macrodrip for adults (50)</p> <p>Laboratory blood tubes, lavender, gold, green, pink (2 pks. of each)</p> <p>Lab vacutainers and adapters</p>		<p>IV catheters, 18g with protectocath guard (50)</p> <p>IV catheters, 20g with protectocath guard (50)</p> <p>IV catheters, 22g with protectocath guard (25)</p> <p>IV catheters, 24g with protectocath guard (25)</p> <p>IV fluid bags, D5 1/2NS, 1000cc (required by 40% of patients) (30L)</p> <p>IV fluid bags, NS, 1000cc (required by 60% of patients) (75L)</p> <p>IV Set Selectable drop chamber (24)</p> <p>IV start kits (50)</p> <p>IV tubing w/ Buretrol drip set for peds (25)</p> <p>IV tubing w/ standard macrodrip for adults (50)</p> <p>Laboratory blood tubes, lavender, gold, green, pink (2 pks. of each)</p> <p>Lab vacutainers and adapters</p> <p>Light, Flashlight (2)</p> <p>Light, Headlamp (1)</p> <p>Light, pen (7)</p> <p>Linens (sheets, towels, pillowcases) (50)</p> <p>Lubricant, Water soluble (50)</p> <p>Mask, N-95 particulate respirators w/cool flow valve</p>
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<p>Light, Flashlight (3)</p> <p>Light, Headlamp (1)</p> <p>Light, pen (8)</p> <p>Linens (sheets, towels, pillowcases) (50)</p> <p>Lubricant, Water soluble (50)</p> <p>Mask, N-95 particulate respirators w/cool flow valve (200)</p> <p>Mask, oxygen - nonrebreather, adult (20)</p> <p>Mask, oxygen - nonrebreather, pediatric (10)</p> <p>Mask, Oxygen, Adult Simple Mask w/7' tubing (10)</p> <p>Mask, Oxygen, Pediatric Simple Mask w/7' tubing (5)</p> <p>Mattress Pads, Crib disposable (5)</p> <p>Medicine cups, 30ml, plastic (100)</p> <p>Morgue Kits, body bags (50)</p> <p>Name Badge & Holder (20)</p> <p>Nasal cannula, adult (40)</p> <p>Nasal cannula, pediatric (10)</p> <p>Nasogastric tubes - 18F (25)</p> <p>Needles, Butterfly, 23g (25)</p> <p>Needles, Butterfly, 25g (25)</p>		<p>(200)</p> <p>Mask, oxygen - nonrebreather, adult (20)</p> <p>Mask, oxygen - nonrebreather, pediatric (10)</p> <p>Mask, Oxygen, Adult Simple Mask w/7' tubing (10)</p> <p>Mask, Oxygen, Pediatric Simple Mask w/7' tubing (5)</p> <p>Mattress Pads, Crib disposable (5)</p> <p>Medicine cups, 30ml, plastic (100)</p> <p>Morgue Kits, bodybags (50)</p> <p>Name Badge & Holder (20)</p> <p>Nasal cannula, adult (40)</p> <p>Nasal cannula, pediatric (10)</p> <p>Nasogastric tubes - 18F (25)</p> <p>Needles, Butterfly, 23g (25)</p> <p>Needles, Butterfly, 25g (25)</p> <p>Needles, sterile 18g (100)</p> <p>Needles, sterile 21g (100)</p> <p>Needles, sterile 25g (100)</p> <p>Notepads White, 100 pages (5)</p> <p>OB Kits (1)</p> <p>Pack, Ice Col-Press 1st Aid Kt Sz (5)</p>
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<p>Needles, sterile 18g (100)</p> <p>Needles, sterile 21g (100)</p> <p>Needles, sterile 25g (100)</p> <p>Notepads White, 100 pages (5)</p> <p>OB Kits (1)</p> <p>Pack Ice Col-Press 1st Aid Kt Sz (15)</p> <p>Pack, Warm Solar-Pack (8)</p> <p>Paper Towels (25)</p> <p>Peds Cribs/Cots (5)</p> <p>Pens, Standard Bic round Stick (20)</p> <p>Pillows, disposable (50)</p> <p>Providone-iodine bottles, 12 oz (3)</p> <p>Providone-iodine prep pads</p> <p>Providone-iodine spray</p> <p>Privacy Screen, folding (1)</p> <p>Restraints, Extremity, soft - adult (25)</p> <p>Saline for injection 10cc bottle (50)</p> <p>Sanitary pads (OB pads) (25)</p> <p>Scalpels #11 (20)</p>		<p>Pack, Warm Solar-Pack (2)</p> <p>Paper Towels (25)</p> <p>Peds Cribs/Beds (5)</p> <p>Pens, Standard Bic round Stick (20)</p> <p>Pillows, disposable (50)</p> <p>Providone-iodine bottles, 12 oz (3)</p> <p>Providone-iodine prep pads</p> <p>Providone-iodine spray</p> <p>Privacy Screen, folding (1)</p> <p>Restraints, Extremity, soft - adult (25)</p> <p>Saline for injection 10cc bottle (50)</p> <p>Sanitary pads (OB pads) (25)</p> <p>Scissors, Lister bandage 7 1/4" (1)</p> <p>Sharps Containers, Biohazard 2 gal. Transportable (5)</p> <p>Sheets, Stretcher tissue poly (50)</p> <p>Single Use Shielded Lancets (25)</p> <p>Soap, Liquid Metrex, Vionex, antimicrobial, bag in box (1)</p> <p>Spectacles, Eye Protective clear, wraparound (10)</p> <p>Stand, IV 4 leg (20)</p>
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<p>Scalpels #15 (20)</p> <p>Scissors, Lister bandage 7 1/4" (4)</p> <p>Sharps Containers, Biohazard 2 gal. Transportable (5)</p> <p>Sheets, Stretcher tissue poly (50)</p> <p>Single Use Shielded Lancets (25)</p> <p>Soap, Liquid Metrex, Vionex, antimicrobial, bag in box (2)</p> <p>Spectacles, Eye Protective clear, wraparound (10)</p> <p>Splints (wrist, collar, arm)</p> <p>Stand, IV 4 leg (20)</p> <p>Stethoscope, disposable, single-head Dark Blue, Adult (3)</p> <p>Syringes, 20cc, luer lock (50)</p> <p>Syringes, 10cc, luer lock (50)</p> <p>Syringes, 3cc, luer lock, w/ 21g 1.5" needle (200)</p> <p>Syringes, catheter tip 60cc (25)</p> <p>Syringes, Insulin (15)</p> <p>Syringes, TB (25)</p> <p>Table, Folding Gray (1)</p> <p><i>1.1 Tape, Duct (1)</i></p>		<p>Stethoscope, disposable, single-head Dark Blue, Adult (3)</p> <p>Syringes, 20cc, luer lock (50)</p> <p>Syringes, 10cc, luer lock (50)</p> <p>Syringes, 3cc, luer lock, w/ 21g 1.5" needle (200)</p> <p>Syringes, catheter tip 60cc (25)</p> <p>Syringes, Insulin (15)</p> <p>Syringes, TB (25)</p> <p>Table, Folding Gray (1)</p> <p>Tape, Duct (1)</p> <p>Tape, Medical hypoallergenic cloth tape (2)</p> <p>Tape, silk - 1 inch (14)</p> <p>Tape, silk - 2 inch (8)</p> <p>Thermometer, Disposable Strips oral/axillary (250)</p> <p>Toilet Paper (25)</p> <p>Tongue depressor (120)</p> <p>Tourniquet latex free (5)</p> <p>Tubex [TM] pre-filled syringe holders (10)</p> <p>Tubing – suction, connector (10)</p> <p>Tubing, oxygen – with connector (40)</p>
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<p>Tape, Medical hypoallergenic cloth tape (2)</p> <p>Tape, silk - 1 inch (14)</p> <p>Tape, silk - 2 inch (8)</p> <p>Thermometer, Disposable Strips oral/axillary (50)</p> <p>Toilet Paper (25)</p> <p>Tongue depressor (120)</p> <p>Tourniquet latex free (5)</p> <p>Trailer Well Cargo cargo trailer (1)</p> <p>Tubes, gastro/Salem sumps (20)</p> <p>Tubex [TM] pre-filled syringe holders (10)</p> <p>Tubing – suction, connector (10)</p> <p>Tubing, oxygen – with connector (40)</p> <p>Tubing, suction, 10F (10)</p> <p>Urinal, female Plastic (2)</p> <p>Urinal, male Plastic (3)</p> <p>Washcloths, disposable (500)</p> <p>Water container, 1 gallon potable (125)</p> <p>Water, bottled 1 liter (for mixing ORT) (50)</p> <p>Yankaur Suction Catheter (10)</p>		<p>Tubing, suction, 10F (10)</p> <p>Urinal, female Plastic (2)</p> <p>Urinal, male Plastic (3)</p> <p>Washcloths, disposable (500)</p> <p>Water container, 1 gallon potable (125)</p> <p>Water, bottled 1 liter (for mixing ORT) (50)</p> <p>Wrench, Oxygen tank (2)</p> <p>Yankaur Suction Catheter (10)</p>
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APPENDIX i. HOSPITAL OPERATING BEDS DATA FOR THE NATIONAL CAPITAL REGION

APPENDIX ii. – EQUIPMENT/SUPPLY LISTS

APPENDIX iii. – PROOF OF NON-PROFIT STATUS