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ADAP
Emergency and Service Disruption Preparedness Resource Guide

APRIL 2022

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Purpose Statement

This Emergency and Service Disruption Preparedness Guide is intended to assist state and territorial Ryan White HIV/AIDS Program (RWHAP) AIDS Drug Assistance Programs (ADAPs) with preparing emergency plans for major events, including natural and man-made disasters and other hazards, that may cause disruption in client medication access. The guide's provisions are intended to ensure continued access to HIV medications for individuals served by ADAP.

In response to the impact of coronavirus disease 2019 (COVID-19), this guide has been updated to include lessons learned from ADAPs that faced administrative, operations, and capacity challenges associated with the pandemic and the resulting public health response, including stay-at-home orders.

The guide should be used in collaboration with existing emergency plans of state health departments or broader state governmental agencies. This guide may also assist in developing and implementing interstate planning and response efforts for a disaster occurring in a neighboring state.

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

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Emergency and Service Disruption
Planning Rationale for ADAPs

Emergencies such as natural and man-made disasters can disrupt the public health infrastructure, potentially interrupting medication delivery services to RWHAP Part B ADAP clients and access to health care. For these reasons, people with HIV are extremely vulnerable during and after emergencies. It is important for ADAP staff to be well-informed and positioned to respond to issues that result from disasters or other major events that may interfere with ADAP operations.

This guide summarizes and outlines key steps to support ADAP emergency and service disruption preparedness, including disease outbreak and pandemic response planning (with examples from the COVID-19 pandemic; Appendix 1), federal and state shutdowns (Appendix 2), and cybersecurity considerations (Appendix 3). It includes a compilation of state and federal resources, as well as examples gathered from jurisdictions, and is intended to provide ADAP administrators with resources and considerations to assist in developing or updating existing emergency plans for ADAP and other program services. However, **each jurisdiction should work with their health department legal team to ensure adherence to federal, state and local regulations**.

An ADAP emergency preparedness plan needs to dovetail with the disaster response coordinated through the state emergency management department. An ADAP emergency preparedness plan should focus on details specific to its programs and clients, understanding that local, state, and federal emergency response teams will have responsibility for broader disaster or hazard concerns (e.g., shelter, food, water). **It is important that ADAP personnel work in concert with state and local officials to ensure that the critical ADAP functions are included in the jurisdiction's emergency preparedness efforts**.

While the vocabulary and framework utilized in this Emergency and Service Disruption Preparedness Guide may be unfamiliar to ADAP staff, an effective response to emergent disasters and disruptive events requires a basic understanding of federal and state emergency response plans. The National Response Plan (NRP) may

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Emergency and Service Disruption Planning Rationale for ADAPs cont.

serve as a helpful resource to broaden ADAPs understanding of the role of national coordination efforts during an emergency. ADAP program administrators should participate in state emergency management pre-events and dialogues and actively advocate on behalf of their clients to ensure that access to medications and care are considered priorities.

There is no one-size-fits-all approach to developing an ADAP emergency preparedness plan or a Continuity of Operations Plan (COOP). Risks and hazards change and evolve, as was made evident by the COVID-19 pandemic. All parties engaged in emergency planning should routinely review and revise, if necessary, the emergency preparedness plan and COOP. Links to key documents have been included throughout this guide to aid programs in the event of a disaster and other emergency situations that can result in service disruptions. Please visit the sites regularly, as updated information may be available.

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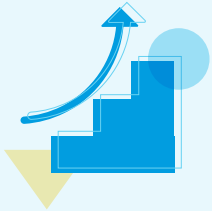
Phases of

Emergency and Service Disruption Preparedness

There are four critical and interconnected phases of emergency and service disruption preparedness: **mitigation**, **planning**, **response**, and **recovery**. Focused effort during the planning phase will help ensure the response and recovery phases occur in a timely and efficient manner. A brief description of each phase is listed below:

Mitigation	Planning	Response	Recovery
Actions taken to reduce the cause, impact, and consequences of an emergency. Examples of mitigation strategies include identifying risks and evaluating hazards.	Pre-event activities that take place to respond to an emergency that cannot be mitigated. Creating a COOP is essential to the planning phase.	The event phase of an emergency. Federal and state officials oversee emergency response. ADAP clients must be designated as vulnerable, or "medically fragile."	Restoring the affected areas and public health infrastructure.

This document will focus on the second phase, planning, the most critical phase of emergency preparedness. Please note, emergency preparedness plans should consider local factors, and be revisited and revised regularly.

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Phases of Emergency and Service Disruption Preparedness cont.

Planning Phase of Emergency and Service Disruption Preparedness

There are six major components of the Planning Phase for Emergency and Service Disruption Preparedness. Following each section is a brief listing of considerations and associated resources.

1. **Conduct a risk assessment: To create a strong plan, ADAP administrators should determine what types of hazards pose the greatest risks for ADAP disruptions in their state and regional areas.**

   RISK ASSESSMENT CONSIDERATIONS:

   Identify the hazard(s) most likely to impact your program's operations

Environmental	Biological	Violent Threat	Other
Hurricane Flooding Blizzard Wildfires Earthquake Tornado Structural hazards Power Outage	Pandemic Influenzas Biological Agent (e.g. Anthrax) Radiological Agent (e.g. dirty bomb) Chemical Plant Accident Nuclear Plant Meltdown Chemical Agent (e.g. Sarin)	Bombing or bomb threat Public Safety Threat Riots Shooting (active shooter)	Public Events (e.g., events that close off government buildings for staff access, such as a funeral of dignitary, VIP speech, etc.) Protests Transportation Accident Medical Emergency Cyberattack Local and state government shutdowns

   CONSIDERATIONS

   - Consider the length of time of disruption. Some may be for a few hours or a few days; some may be weeks or months.
   - Determine program vulnerabilities. Since ADAP service delivery is generally dependent on local (e.g., health department), statewide (e.g., network pharmacies, service providers), and national (e.g., pharmacy benefit managers, insurance benefit managers) system components that can be impacted by emergencies and other hazards, these should be risk assessment considerations.
   - Develop preliminary contingency plans or back-up response to address vulnerabilities.
   - Prioritize Primary Mission Essential Functions of the ADAP.

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Phases of Emergency and Service Disruption Preparedness cont.

RESOURCES

FEMA Risk Assessment Form

HAZUS Risk Assessment Software

American Red Cross Ready Rating

2. **Identify Key Partnerships: Solidify working relationships and agreements with key organizations and stakeholders before an emergency or service disruption.**

CONSIDERATIONS

Ensure all relevant ADAP system components are included in planning:

- Pharmacy wholesaler(s) and other distributors
- Pharmacy Benefits Manager (PBM)
- Pharmacy provider network
- State pharmacy
- Insurance Benefit Manager (IBM)
- Non-traditional partners for emergency assistance for program clients
- Strategic National Stockpile (SNS)
- Drug manufacturer patient assistance programs (PAPs)

Engage all HIV service providers in planning

- In-state partnerships, such as Ryan White HIV/AIDS Program Part A, B, C and/or D recipients and other HIV service providers
- Interstate partnerships (e.g., communicating with bordering states about possible collaboration/Emergency Management Assistance Compacts [EMACs; see below] regarding ADAP coverage in emergency situations)
- Federal partners

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Phases of Emergency and Service Disruption Preparedness cont.

Engage/involve clients and community leaders to prepare for a coordinated effort and to elicit feedback related to planning efforts.

3. **Assess differences in evacuation vs. shelter-in-place: ADAP program administrators should determine how the plan needs to address any differences between an evacuation and shelter-in-place situations.**

EVACUATION VS. SHELTER-IN-PLACE CONSIDERATIONS

For evacuation:

- Plan for medication distribution by ensuring an up-to-date registry of clients with accurate medication history can be accessed by pre-determined Point of Distribution (POD) sites and/or other states.
- Allow for pharmacy network exceptions for individuals who many not have access to their regular pharmacy or pharmacy within the ADAP's current network.
- Consider establishing an EMAC with neighboring states to address ADAP needs of emergency evacuees.

For shelter-in-place:

- Include a plan to deliver medications to client homes in the event of shelter-in-place requirement.

> **Evacuation**
> Organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.
>
> **Shelter-in-Place**
> The use of a structure to temporarily separate individuals from a hazard or threat.

For both evacuation and shelter-in-place situations:

- Include policies that allow for early refills and/or dispensing limit overrides (e.g., 60- or 90-day fill allowances) when potential emergencies are anticipated.
- Streamline and/or create virtual program recertification and renewal processes.
- Plan for continued monitoring and tracking through hotlines.
- Distribute communication flyers through local social service organizations, AIDS service organizations, or FEMA Disaster Recovery Centers.
- Provide HIV education and materials to state and federal "special needs" or "medically fragile" shelters in advance of an emergency.

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Phases of Emergency and Service Disruption Preparedness cont.

RESOURCES

Homeland Security Evacuation and Shelter-in-Place Guidance

4. **Develop an emergency plan for staff (individuals and families):**

CONSIDERATIONS

Consider and discuss the emergencies most likely to affect your community and/or state operations.

Complete a comprehensive emergency plan for evacuation and facilitate evacuation exercises with staff.

- Determine how emergency alert/warning systems and signals can be monitored, and when emergency plans should be activated.
- Review the organization's overall emergency plans with staff; make sure they are familiar with roles and confirm they can carry out assigned responsibilities.
- Facilitate exercises to practice the plan and identify any gaps or deficiencies in the plan.

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

RESOURCES

American Red Cross Types of Emergencies

American Red Cross How to Prepare for Emergencies

5. **Assist clients with emergency planning:**

EVACUATION VS. SHELTER-IN-PLACE CONSIDERATIONS

For evacuation:

Before an emergency, assist clients in identifying and planning for their specific needs during an emergency.

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Phases of Emergency and Service Disruption Preparedness cont.

- Provide clients with emergency planning resources (e.g., printed one-page guide). Information may be included as a medication insert with prescriptions and/or staff can share information at standing planning meetings, with client groups, or during program certification and recertification processes.

Educate clients to:

- Have a current prescription for all medications and keep at least a 14-day supply of medications on hand.
- Keep a list of all medications and emergency contacts.
- Keep at least three days of non-perishable food items that meet the energy, protein, fat, and micronutrient requirements for medication and health needs.
- Store at least one gallon of water per person per day. As a minimum, have three days' worth of water on hand.

For shelter-in-place:

Educate clients to have the following additional supplies:

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

RESOURCES:

Homeland Security Evacuation and Shelter-in-Place Guidance

ASTHO Public Health Preparedness

ADA Guide to Local Governments

6. **Create and Maintain a Continuity of Operations Plan (COOP): As reviewed in the next section, the creation, implementation, and maintenance of a COOP is integral to operationalizing the necessary measures to maintain or restore the ADAP functions that provide clients access to medications during an emergency situation. The COOP should be based on the specific risks and hazards identified for the ADAP and shared with all stakeholders. All parties should know the role they have in implementing the COOP.**

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Continuity of
Operations Planning

Continuity of operations planning is a federal initiative to ensure that Primary Mission Essential Functions (PMEFs) continue to be performed by agencies and departments during a wide range of emergencies and major events anticipated to cause service disruptions. The primary goal of establishing a Continuity of Operations Plan (COOP) is for agencies and departments to identify their PMEFs and establish procedures so their essential functions can be continued throughout, or resumed rapidly after, a disruption of normal activities.

An ADAP COOP should meet all of the following criteria:

- Can be implemented within 12 hours of an emergency situation
- Is integrated with the jurisdiction's emergency plan
- Ensures the continuous performance of ADAPs essential daily functions during an emergency
- Protects essential equipment and vital records
- Facilitates decision-making during an emergency by establishing an identified chain of command of appropriate staff with pre-assigned duties and authority
- Achieves a timely and orderly recovery from an emergency so full services can be resumed for clients.

A checklist for creating and maintaining a COOP can be found in Appendix 4.

COOP Development and Maintenance Considerations

1. Key Considerations for ADAP Emergency Preparedness Planning

- Establish priorities/PMEFs and identify resources needed to re-establish these functions.
- Develop a staffing plan response that includes key ADAP staff as well as alternative staffing options in the event that key staff are not able to be immediately located.

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Continuity of Operations Planning cont.

- Conduct a hazard vulnerability assessment (see link in resources).
- Identify Alternative Worksites:
  - **Primary Backup Site** – The ADAP will function from this primary site until full operations can return to the original office/location or until another location is identified.
  - **Secondary Backup Site** – A secondary site should be identified in the event that the primary backup site is affected by an emergency situation.
- Create logistics supplies/to-go kits to establish a mini operations center with relative ease in the event of an emergency (see text box).
- Develop internal/external communications strategy if landline phones, cellular phones and email are unavailable. Determine specific alternate resources until normal communications are reestablished (e.g., satellite phones).
- Develop and maintain a cyber network that fully integrates and supports secure remote/virtual operations that includes communication and file sharing capability.

ADAP COOP TO-GO KITS

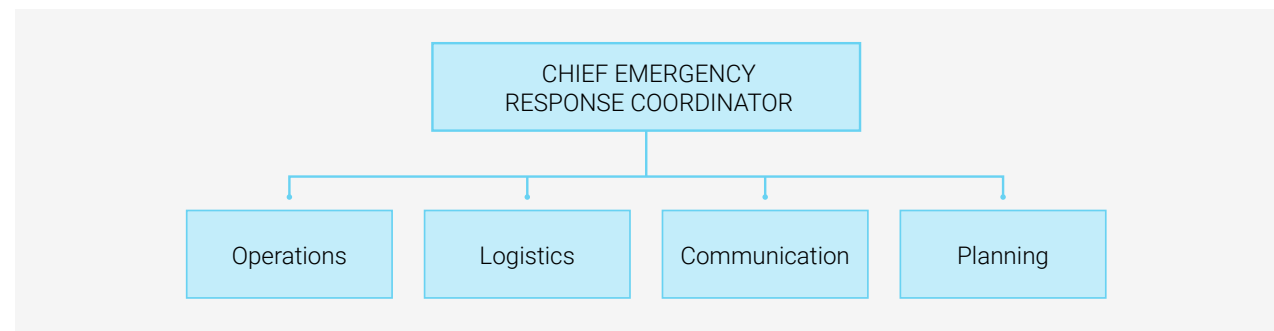To-go kits should be kept OFF-SITE and contain at a minimum:

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

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Continuity of Operations Planning cont.

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

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

   - **Operations:** responsible for maintaining contact with the wholesaler, Pharmacy Benefits Manager (PBM), and/or area pharmacies, including sharing data.

   - **Logistics:** coordinates services between ADAP and HIV care service providers (including RWHAP grantees and subgrantees) throughout the state and assists the Chief Emergency Response Coordinator.

   - **Communication:** ensures that clients and key stakeholders have current information on accessing medications from existing central or network pharmacies, expanded network pharmacies, or via an ADAP in a neighboring state, as well as any relevant changes to early refill or 60- or 90-day fill policies, while simultaneously ensuring the confidentiality of client records.

   - **Planning:** maintains and updates the ADAP's emergency response plan, ensuring that lessons-learned are incorporated into the plan in a timely manner.

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                  ┌─────────────────────────┐
                  │    CHIEF EMERGENCY       │
                  │  RESPONSE COORDINATOR    │
                  └─────────────────────────┘
         ┌────────────┬──────────┴──────────┬────────────┐
   ┌──────────┐  ┌──────────┐        ┌──────────────┐  ┌──────────┐
   │Operations│  │ Logistics│        │Communication │  │ Planning │
   └──────────┘  └──────────┘        └──────────────┘  └──────────┘
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Continuity of Operations Planning cont.

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

   - Develop plan to ensure continuity of ADAP drug acquisition, implementing a short-term plan to allow extended supplies or early refills of medications, including coordination with key vendors (e.g., wholesalers and PBMs).

   - Develop alternative distribution methods including local health departments, hospital, or community-based distribution systems.

   - Ensure that back-up data and computer file servers are stored off-site, if possible. In the event of a power outage, it may be beneficial to implement a paper backup system and print off relevant program data on a weekly or biweekly basis during an emergency.

   - Ensure there is a plan to make payments to contractors.

   - Establish how new clients will be determined eligible and subsequently enrolled, and how existing clients will be recertified.
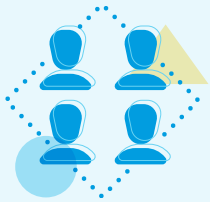
ADAP Emergency Preparedness and Service Disruption State Examples

The following are links to examples of emergency preparedness and service disruption plans established by ADAPs in two states.

North Carolina Emergency Preparedness Plan

Louisiana Emergency Preparedness Guide

Louisiana Continuity of Operations Plan

Emergency Preparedness
Websites & Resources

Federal

AIDSInfo Guidance for Non-HIV-Specialized Providers Caring for Persons with HIV Who Have been Displaced by Disasters (such as a Hurricane)

American Red Cross Ready Rating

American Red Cross Disaster Services

An ADA Guide for Local Governments

CDC Emergency Preparedness and Response

CDC Managing HIV/HCV Outbreaks Among People Who Inject Drugs: A Guide for State and Local Health Departments

FEMA Disaster Center Locator

FEMA State Offices and Agencies of Emergency Management

HHS COVID-19 Workforce Virtual Toolkit

HOPWA COVID-19 Resources and Guidance

OSHA Evacuation Planning Matrix

Ready Campaign

Supply Chain Disaster Preparedness Manual

CDC Workplace, School and Home Guidance

CMS COVID-19 Partner Toolkit

Cyber Essentials | CISA

Cybersecurity and Infrastructure Security

Disaster Information Management Research Center

FEMA Are You Ready: An In-Depth Guide to Citizen Preparedness

FEMA Risk Assessment Tools

HAZUS Risk Assessment Software

HHS Telehealth Toolkit

HRSA Emergency Preparedness & Continuation of Operations

Disaster Preparedness and Recovery Resources

340B Flexibilities During Disasters

Pandemic Flu

Rural Communities | COVID-19 | CDC

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Emergency Preparedness Websites & Resources

Non-Federal

Examining the Americans with Disabilities Act in Emergency Response (ASTHO)

Emergency Management Assist Compact

Expanding Vaccination Site Accessibility: Insights from the Field

National Alliance for Radiation Readiness Radiation Training Modules for Public Health

Protecting the Vulnerable: How Public Health Can Better Serve People with Disabilities (ASTHO)

Website Accessibility: Enhancing Access to COVID-19 Vaccine Registration and Beyond

Public Health Emergency Preparedness (NACCHO)

RWHAP Eligibility Toolkit (NASTAD)

Planning for 2020…and Beyond: Emergency Response Planning for ADAPs Webinar (NASTAD)

Online Preparedness and Information for Opioid-using Individuals in Disaster Situations (ASTHO)

Rural Response to COVID-19 (RHIhub)

Who Are the Vaccinators? A Look at the Vaccination Workforce (ASTHO)

Please contact Jennifer Flannagan with questions.

Stephen Lee, Executive Director
April 2022

Appendix 1

Disease Outbreak & Pandemic Response Planning

In addition to natural and man-made disasters, health departments also play a critical role in responding to disease outbreaks and pandemics. The Centers for Disease Control and Prevention (CDC) provides guidance and support to jurisdictions during such events. Examples include state and local government planning resources in the event of disease outbreaks.

Several resources related to COVID- 19 and pandemic influenza responses are located on CDC's website. Additionally, the CDC has released Managing HIV and HCV Outbreaks among People Who Inject Drugs: A Guide for State and Local Health Departments. This document includes 19 chapters to assist state and local health departments in preparing for and responding to HIV and/or HCV outbreaks among people who inject drugs. The guide also includes a checklist of considerations for disease outbreak management.

ADAPs have an important role in supporting continued access to HIV treatment and other essential medications where disease outbreaks and pandemics – and public health responses to outbreaks and pandemics – can disrupt typical administrative functions of the program and access to pharmacy services. ADAP structures typically include large networks of pharmacies or medication distribution points strategically located across the jurisdictions they serve. These network infrastructures can provide efficient methods for distributing medications to large segments of the population, or to targeted areas impacted by a particular outbreak.

At the start of the COVID-19 pandemic, NASTAD created a website dedicated to the pandemic and released several resources to "help ensure the continuity of essential programming and the protection of people living with and vulnerable to HIV infection and viral hepatitis."

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UPDATES

Appendix 1 | Disease Outbreak & Pandemic Response Planning

COVID-19 Considerations

Impact on ADAP Administrative Structures, Operations, and Capacity

The COVID-19 pandemic affected daily operations for many ADAPs, and several programs implemented policies and procedures to protect client health and limit disease spread. Changes included:

- Reorganizing programs due to reassignment of staff critical to emergency response operations, surveillance, and contact tracing;
- Implementing simplified application process and procedures, including temporary acceptance of e-signatures in lieu of "wet" signatures;
- Creating emergency recertification processes;
- Discontinuing program disenrollment protocols;
- Reducing requirements around laboratory reporting criteria (e.g., waiving current CD4 and viral load status);
- Reassessing income documentation policies (e.g., non-inclusion of COVID-19 economic stimulus payments and additional unemployment stimulus payments in Federal Poverty Level calculations for program eligibility); and
- Implementing 90-day medication fills and mail/courier delivery of medications.

> **State Examples of operations and policy changes implemented during COVID-19 pandemic:**
>
> **Louisiana:** Lifted all prescription fill restrictions for the first three months of the COVID-19 pandemic. ADAP reached out by phone instead of via fax/mail. Relaxed policies around documentation submission when/if clients could not access certain documents (ex., Medicaid/Social Security determinations, etc.)
>
> **North Carolina (NC HMAP):** To fully coordinate with providers that were providing telehealth appointments with HMAP clients, HMAP received support from HRSA to allow client and clinician verbal consent on HMAP applications in lieu of written signatures. Staff permitted to work remotely were issued laptops and had established VPN to connect directly to the secure NC DHHS server. The office staggered in-office and remote work while practicing social distancing and wearing masks.

Return to Office Consideration

The process for determining when ADAP staff will return to the office will vary from state to state and may include assessing staff readiness to return to the office, limited or staggered building access for essential personal, and other considerations. Please visit CDC Workplace, School and Home Guidance and HHS COVID-19 Workforce Virtual Toolkit for additional information

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Appendix 1 | Disease Outbreak & Pandemic Response Planning

Data Privacy Considerations in a Working-from-Home Environment

It is critical for ADAPs to have mechanisms in place to maintain data privacy when handling protected health information working offsite.

The HHS COVID-19 Workforce Virtual Toolkit provides a multitude of COVID-19-related resources, templates, and resources for public health professionals. *Each jurisdiction should work with their health department human resources management team to obtain current virtual telework agreements, confidentiality statements, and information around secure file transfer protocols.*

Questions for consideration:

- Is your eligibility/delivery system virtual or are you still using paper/fax machines?
- Can HIPAA be maintained away from office setting?
- Do staff have laptops and an established VPN to connect directly to your secure server?

Medication Access Considerations

Prescription drug supply and distribution chains essential to ADAP client medication access depend on a number of key entities (e.g., active pharmaceutical ingredient [API] producers, manufacturers, wholesalers, and pharmacies) that can be affected by disasters and other hazards, including pandemics. These entities – or the movement of products between the entities – are also subject to their own emergency preparedness plans or COOPs, which can affect access to antiretrovirals and other important medications.

In early 2020, many ADAPs moved to allow early refills and/or 60- or 90-day fills for full-pay medication program clients, in support of stay-at-home recommendations and heightened safety precautions surrounding potential COVID-19 morbidity and mortality risks among people with HIV. Many insurance programs, including Medicaid and commercial insurance carriers, also implemented prescription fill/refill flexibilities in support of quarantine and social distancing recommendations.

There were concurrent concerns regarding medications shortages due to the potential impact of COVID-19 infection and stay-at-home recommendations on drug manufacturing, as well as sharp increases in demand for prescription drugs required to treat COVID-19. Additionally, many wholesalers implemented "fair share" allocation processes to manage prescription drug inventories. To ensure that all pharmacies and direct purchasers, including ADAPs, received their usual allocations to meet their average monthly dispenses, wholesalers limited fulfillment of additional orders and many pharmacies experienced challenges meeting early refill and 60- or 90-day fill demands.

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Appendix 1 | Disease Outbreak & Pandemic Response Planning

Individual pharmacies within an ADAP's network can also be affected by disasters and other hazards, which requires ADAPs to be prepared for client medication access challenges at the local level.

Questions for consideration:

- In the absence of existing early refill and/or 60- or 90-day medication fill/refill allowances, does your program have contingency policies or plans to allow these?
- Is your pharmacy network sufficient to meet the needs of clients in the event of local disasters or other hazards that can disrupt access to essential medications?
- Can your contract pharmacy(ies) operate from alternative locations if compromised?
- Has your (or your pharmacies') wholesaler(s) implemented "fair share" allocation procedures in response to spikes in demand?
- Can your contract pharmacy/pharmacies provide shipping or courier delivery of medications?
- In the event of statewide emergencies or disasters, can you coordinate with ADAPs in surrounding states to provide information, streamline program eligibility verifications or provide emergency medication access to evacuees?

Rural Considerations and Impact of Resources

Ensuring there are mechanisms in place to sustain continuity of services for clients in rural areas is critical. These services include telehealth, remote pharmacy access, and implementation of electronic communication methods (email or text message), if clients do not have access to a computer or email.

The following resources can help jurisdictions explore or expand the current telehealth plan workflow and prepare clients for virtual appointments. These include webinar recordings and toolkits for healthcare workers as well as rural, Spanish speaking, faith-based, older adult, and racial and ethnic minority communities

- CMS COVID-19 Partner Resources
- HHS Telehealth Toolkit
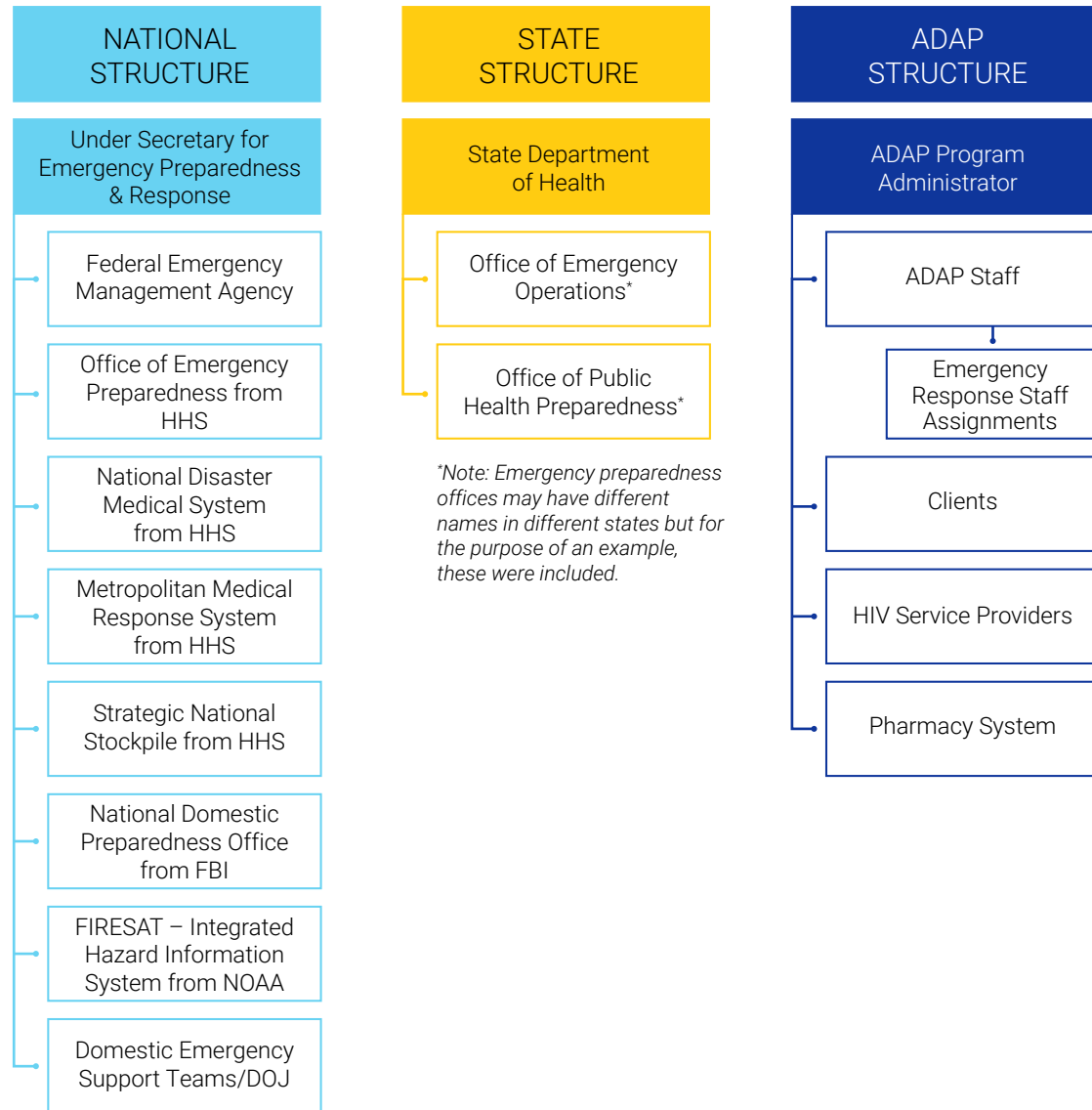- RHIhub Rural Response to COVID-19

Appendix 2

Federal & State Shutdowns

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

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

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Appendix 2 | Federal & State Shutdowns

NATIONAL STRUCTURE	STATE STRUCTURE	ADAP STRUCTURE
Under Secretary for Emergency Preparedness & Response	State Department of Health	ADAP Program Administrator

NATIONAL STRUCTURE
- Under Secretary for Emergency Preparedness & Response
  - Federal Emergency Management Agency
  - Office of Emergency Preparedness from HHS
  - National Disaster Medical System from HHS
  - Metropolitan Medical Response System from HHS
  - Strategic National Stockpile from HHS
  - National Domestic Preparedness Office from FBI
  - FIRESAT – Integrated Hazard Information System from NOAA
  - Domestic Emergency Support Teams/DOJ

STATE STRUCTURE
- State Department of Health
  - Office of Emergency Operations*
  - Office of Public Health Preparedness*

Note: Emergency preparedness offices may have different names in different states but for the purpose of an example, these were included.

ADAP STRUCTURE
- ADAP Program Administrator
  - ADAP Staff
    - Emergency Response Staff Assignments
  - Clients
  - HIV Service Providers
  - Pharmacy System

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Appendix 3

Cybersecurity Preparedness

According to the Cybersecurity and Infrastructure Security Agency (CISA), cybersecurity is the art of protecting networks, devices, and data from unauthorized access or criminal use and the practice of ensuring confidentiality, integrity, and availability of information. This section provides general guidance around data security and data privacy topics and perspectives from ADAPs. However, **each jurisdiction should work with their health department IT team to ensure your agency is well protected from cyberattacks.**

Definitions:

Data security: Data security protects digital information from unauthorized access, corruption, external attackers, and malicious insiders.

Data privacy: Data privacy governs how data is collected, shared, and used.

Social engineering: According to USA Kaspersky, social engineering is a technique used to gain private information, access, or valuables. In cybercrime, these "human hacking" scams lure unsuspecting users into exposing data, spreading malware infections, or giving access to restricted systems. Common methods used by social engineering attackers include phishing attacks.

Phishing: Phishing attackers pretend to be a trusted institution or individual in an attempt to persuade you to expose personal data and other valuables. Attacks using phishing are targeted in one of two ways:

1. **Spam phishing** -is a widespread attack aimed at many users.
2. **Spear phishing** -uses personalized information to target particular users.

There are *numerous* examples of social engineering techniques, and it **is strongly encouraged to work with your health department IT team to ensure that your agency is well protected from phishing attacks.**

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Appendix 3 | Cybersecurity Preparedness

Ransomware: According to CISA, ransomware is an ever-evolving form of malware designed to encrypt files on a device, rendering any files and the systems that rely on them unusable. Malicious actors then demand ransom in exchange for decryption. For more information about this growing cyberthreat, please visit the Joint Ransomware Guide, which includes best practices and a response checklist (Page 11) that can serve as a ransomware- specific addendum to an organization's cyber incident response plans.

> **State Example**
>
> In November 2019, several state offices in a jurisdiction, including the state health department, experienced a ransomware attack. The impact to ADAP included a complete loss of phone, email, fax, internal network drives, and internet capabilities for two to three days plus intermittent access to these services over the next two to three weeks.

Cybersecurity Preparedness Considerations and Questions to Ask

NASTAD recognizes the crucial need to highlight technological vulnerabilities to health departments and the impact on daily operations and clients' personal health information if there is a cyberattack. **We encourage ADAPs to work with your State IT department to help ensure any cybersecurity breaches or attacks are minimized.**

Recommendation and considerations from ADAPs polled regarding their cybersecrity concerns.

- Is the existing system in place secure enough to protect against a hack, ransomware?
- Can staff access the Agency's virtual private network (VPN) easily?
- Do you have enough equipment (laptops, MiFi's, etc.) for all staff?
- Would you consider moving all client data to secure jProg sponsored cloud versus on local server(s) using an MOU and Business Associate Agreement (BAA)? Examples include computer suite software or cloud web services. Please keep in mind with cloud software, the contingency is more reliant on the cloud software service levels. This tends to minimize contingency plans as follows:
    - *Essential Mission and Business Functions -* List of agency critical functions
    - *Recovery Objectives for all IT applications -* Falls under three different categories:
        1. Maximum Tolerable Downtime (MTD) is the time after which the process being unavailable creates irreversible consequences.
        2. Recovery Time Objective (RTO) is a metric that helps to calculate how quickly IT recovers applications and infrastructure services following an emergency in order to maintain business continuity.
        3. Recovery Point Objective (RPO) is a measurement of the maximum tolerable amount of data to lose. RPO is helpful in determining how often to perform data back-ups.

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Appendix 4

Creating and Maintaining a COOP: Checklist for ADAPs

☐ Identify, establish, and maintain regularly (e.g., annually) a core ADAP Emergency Preparedness Committee comprised of four critical personnel with significant knowledge of ADAP administrative operations and at least one member with an in-depth knowledge of the state preparedness plan.

☐ Obtain and review the state health emergency response plan for its structure and chain of command. Develop and maintain an ADAP-specific chain of command incident management reporting structure.

☐ Define the essential functions necessary for ADAP to continue providing antiretroviral medications and ADAP services during an emergency.

☐ Create personnel roster of key staff as well as backup personnel. Create a key personnel contact list.

☐ Create a list of equipment and resources that are essential for personnel to function.

☐ Review a hazard vulnerability analysis of your state specific ADAP and distribution locations and prioritize the most likely threats. Create an emergency preparedness "to go" bag that includes critically necessary equipment.

☐ Identify and draft policies regarding medication distribution strategies. These may include using established point of distribution sites.

☐ Review the emergency planning guide with the state health department's emergency planning division. Consider drills and exercises in conjunction with the overall state health department to test the plan and make improvements to the plan if needed.

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Appendix 5

RWHAP ADAP Emergency Preparedness Request for Information Results

In April 2021, NASTAD conducted a Request for Information (RFI) to update existing emergency preparedness guidance, templates, and resources to share with state and territorial RWHAP ADAPs. NASTAD anticipates these findings will be useful to jurisdictions considering developing or updating existing emergency preparedness resources. NASTAD expresses sincere gratitude for jurisdictions that took the time to complete the RFI and shared additional resources.

RWHAP/ADAP Part B health department staff were asked to provide information around the type of emergency preparedness plan(s) their jurisdictions have in place, focus areas the plan addresses, and frequency of updates to the emergency preparedness plan or COOP. The RFI also inquired about RWHAP Part B/ADAP-related policies and protocols around COVID-19, ADAP eligibility and recertification, client communication letters, medication access policies, and other resources. Additionally, the RFI inquired about jurisdiction pandemic planning, stay-at-home orders, and the impact on ADAP daily operations.

Please see the summary of findings and lessons learned below.

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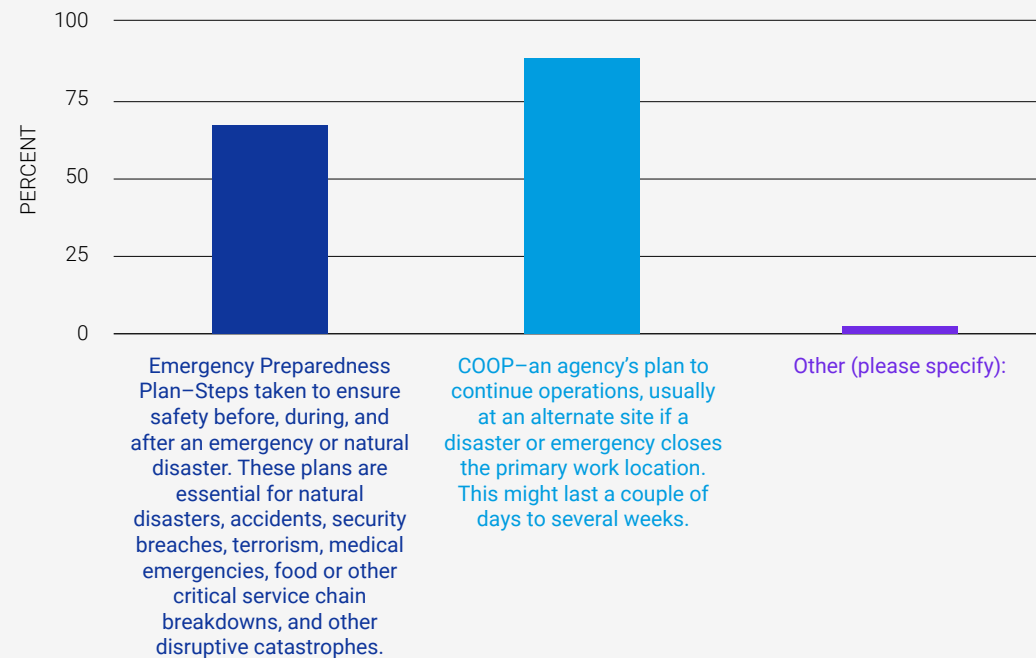**Appendix 5 | RWHAP ADAP Emergency Preparedness Request for Information Results**

Does your RWHAP Part B/ADAP have a Separate Emergency Preparedness Plan or COOP in place?
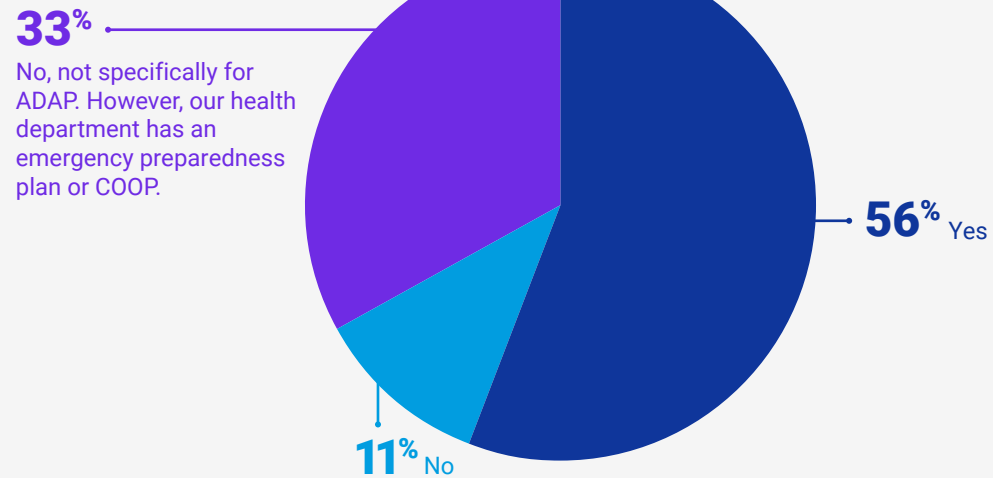
33%
No, not specifically for ADAP. However, our health department has an emergency preparedness plan or COOP.

56% Yes

11% No

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Appendix 5 | RWHAP ADAP Emergency Preparedness Request for Information Results

Please indicate the type of emergency preparedness your jurisdiction has in place (select all that apply)

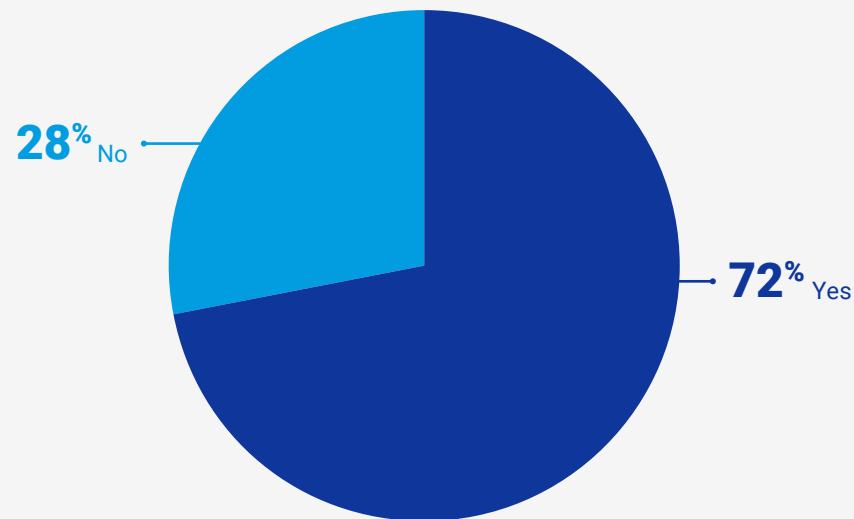**Appendix 5 | RWHAP ADAP Emergency Preparedness Request for Information Results**

Please indicate, on average, how often your jurisdiction updates your RWHAP Part B/ADAP emergency preparedness plan or COOP? (select one)
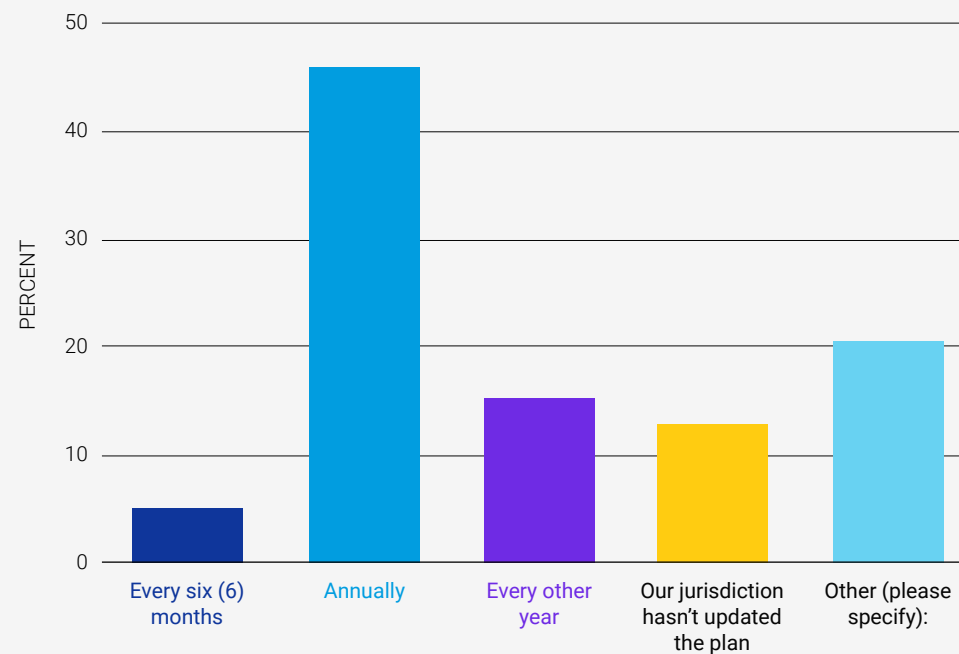
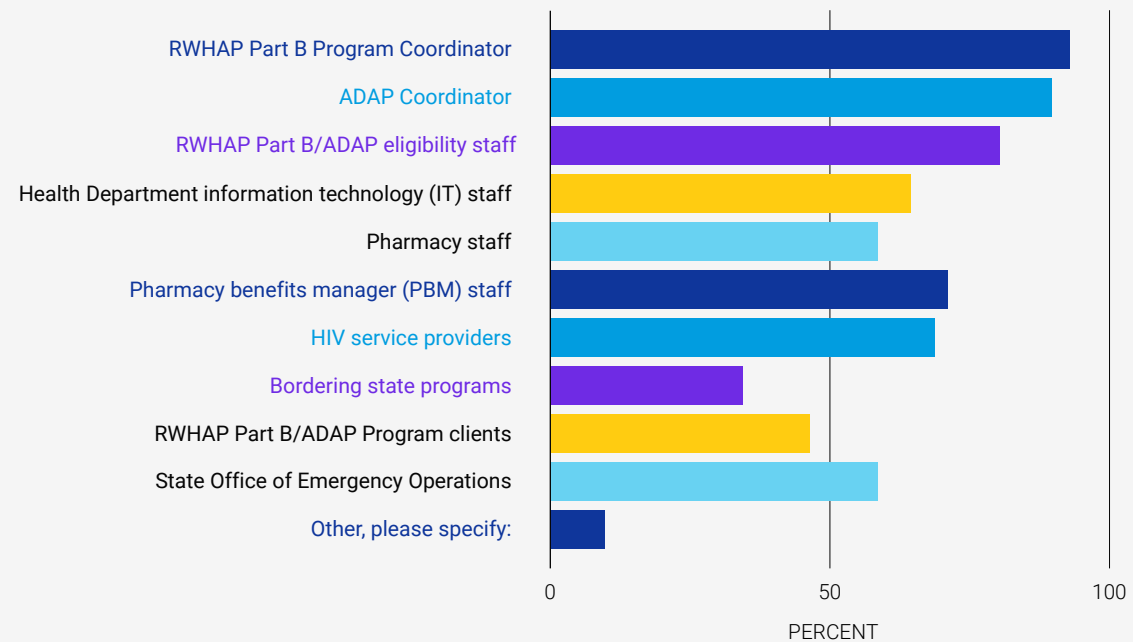**Appendix 5 | RWHAP ADAP Emergency Preparedness Request for Information Results**

Has your jurisdiction updated the existing emergency preparedness plan or COOP in light of the COVID-19 pandemic or other disasters?

28%No

72%Yes

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Appendix 5 | RWHAP ADAP Emergency Preparedness Request for Information Results

In your experience, who are the key players (internal and external) that should be involved in the emergency planning process (select all that apply)?

Appendix 5 | RWHAP ADAP Emergency Preparedness Request for Information Results

Lessons Learned:

- "There are a lot of things that come up that are unexpected, and you have to be as flexible as possible while following regulations."

- "Be flexible. Things haven't always turned out the way we planned them, so we had to revise in the moment and take note of those revisions in our plan."

- "Establish a regular schedule to update it and constantly improve it; it is a living document. Prepare a summarized excel spreadsheet version for ease of review and assignments, always prepare a Go-Folder with everything you need and be specific about who should take it with them. Utilize docking stations for computers so they may be used away from the office seamlessly. Have clear call-forwarding instructions and have them worked into your plan."

- "Our state agency has a procedure for creating and updating these types of plans. The state agency process is helpful but not as detailed as would be most helpful for ADAP continuity planning. Programs should work to expand on agency-wide processes to have the level of detail most helpful for ADAP."

- "Be flexible and willing to adjust the policy. You will not be able to predict everything.

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NASTAD Emergency Preparedness
Planning Webinar

In 2020, NASTAD held a webinar titled, *Planning for 2020…and Beyond: Emergency Response Planning for Ryan White HIV/AIDS Program AIDS Drug Assistance Programs*. The webinar featured staff from North Carolina, Louisiana, and Houston health departments.

NASTAD wanted to ensure that lessons learned, and considerations shared during the webinar were also included in this guide since much of the information gained from the webinar is as valuable today as it was in early 2020 and before the COVID-19 pandemic.

NASTAD extends gratitude to state partners featured on the webinar and anticipates that this information will be beneficial to health department staff in the development or revision of their current emergency preparedness planning resources and tools. The recording of this webinar is included in the resource section.

Webinar Tips and Lessons Learned

- Ask for help and frequently communicate with CDC and HRSA project officers.
- Do your planning during off-peak/down time and don't be afraid to be the squeaky wheel of accountability.
- Establish networks (including working with neighboring states) ahead of time to build solid partnerships and clarify roles.
- Conduct a trial run or drill with staff to see what went well and identify areas of improvement

- Research external laws and policies that might inhibit an effective emergency response (such as state medical licensure requirements & remote work policies)
- Share information relevant on provider operational status to planning groups
- **Every single jurisdiction is vulnerable.**

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