

KEY CONTACTS CHECKLIST

Prior to an emergency event, members should develop a list of contact information for key suppliers. The list should include the name of each supplier and phone numbers where contacts can be reached after-hours and on weekends. The following checklist should be referred to in advance of imminent weather-related emergencies. Ensure that this checklist is distributed to key stakeholders in your facility and is available in the Hospital Incident Command System.



This list should be printed and distributed to key departments in the event of a loss of power

RX AND MED/SURG PRIMARY AND SECONDARY DISTRIBUTOR

Account Manager

Name: _____

Phone number(s): _____

Distribution Center Manager on all shifts

Name: _____

Phone number(s): _____

Receiving or Logistics Manager at distribution center

Name: _____

Phone number(s): _____

Sales VP

Name: _____

Phone number(s): _____

FOOD DISTRIBUTOR

Regional Manager

Name: _____

Phone number(s): _____

Food Distribution Manager on all shifts

Name: _____

Phone number(s): _____

PHARMACY WHOLESALER

Account Manager

Name: _____

Phone number(s): _____



BLOOD SUPPLIER

Name: _____

Phone number(s): _____

MEDICAL GAS SUPPLIER (e.g., portable cylinder and bulk)

Name: _____

Phone number(s): _____

MRO VENDORS (e.g., Grainger, ST Surg for generators)

Name: _____

Phone number(s): _____

PERSONNEL PROTECTION MANUFACTURER (e.g., Halyard, 3M, Ansell, Cardinal Health, Medline)

Name: _____

Phone number(s): _____

FULL-LINE OFFICE PRODUCTS SUPPLIER (e.g., Staples, Office Depot)

Name: _____

Phone number(s): _____

MOBILE SUPPLY DEPOT

Name: _____

Phone number(s): _____

NOTE: Large hospitals or campus-based systems may want to coordinate with Grainger and Staples shortly after the storm passes to have a mobile supply depot or van parked in close proximity with key supplies.

DISINFECTION/ANTIMICROBIAL PRODUCTS SUPPLIER (e.g., GOJO, PDI)

Name: _____

Phone number(s): _____

PATIENT-USE EQUIPMENT RENTAL COMPANY (e.g., Freedom Medical, Universal Hospital Services)

Name: _____

Phone number(s): _____

MANAGED SERVICES OUTSOURCER NATIONAL AND REGIONAL LEADERSHIP (e.g., food, environmental services, transport, biomed)

Name: _____

Phone number(s): _____



THIRD-PARTY RENTAL AGENT

Name: _____

Phone number(s): _____

NOTE: *Develop a list of state and local police contacts to facilitate deliveries and permit emergency vehicles on the roadway. A "To Whom It May Concern" letter with the police captain's name and shield number that gives passage to truck drivers with critical medical supplies will suffice.*

STATE POLICE DEPARTMENT

Name: _____

Phone number(s): _____

CITY/COUNTY POLICE DEPARTMENT/SHERIFF'S OFFICE

Name: _____

Phone number(s): _____

TRANSIT POLICE DEPARTMENT

Name: _____

Phone number(s): _____

BRIDGE, TUNNEL, OR HIGHWAY POLICE DEPARTMENT

Name: _____

Phone number(s): _____