



INSTITUTE FOR HOMELAND SECURITY



**Sam Houston
State University**

**TEXAS CRITICAL INFRASTRUCTURE
HEALTHCARE SUPPLY CHAIN PROTECTION**

**Institute for Homeland Security
Sam Houston State University**

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INTRODUCTION

The Homeland Security Institute of Sam Houston State University commissioned this paper as part of a series of papers regarding marketing the need for Supply Chain *Preparation, Response, Resilience and Recovery* to the four Texas Critical Industries (Health Care, Energy, Chemical and Transportation).

Supply chain disruptions will occur – it is not a question of “if” but “when.” They may come from natural disasters, industrial accidents, internal or external attackers, but they will come. Preparing for them is the best way to help Texas Critical Infrastructure stay online, in business and prepared to serve the people of the state. Providing recommendations on how to gain the ear of the businesses making up the Texas health care industry is what this paper will attempt to provide.

This specific paper discusses:

- 1) What Health Care sectors are most important to protect in the event of a supply chain disruption, and approximately how many health care businesses of various sizes exist in Texas.
- 2) Healthcare supply chain requirements, especially for Trauma and Long-Term Care facilities.
- 3) Potential supply chain threats affecting health care (focused around critical infrastructure).
- 4) Healthcare community responses to Supply Chain Disruptions
- 5) Existing resources available to the Health Care industry for supply chain protection.

Note that this document does not include facility susceptibility electronic vulnerability. While that is an extremely critical concern, it is beyond the scope of this document.

HEALTHCARE SECTORS DESIGNATED AS “CRITICAL INDUSTRIES”

This section defines what Texas businesses can be classified approximates as Healthcare Critical Industry businesses. It also provides an approximation of their numbers and sizes.

Most “critical and vulnerable” healthcare sectors

For the purposes of this paper, not all healthcare sectors were considered “most” critical and vulnerable. Selected health care areas were because:

1. They are essential in saving lives in an emergency.
 - a. This includes trauma centers and regular hospitals.
2. Losing them would cause loss of life, whether in an acute or long-term condition.
 - a. The “long-term” description is intended to add in rehabilitation centers, convalescent hospitals, long-term care and assisted living facilities.
3. Their loss would affect other necessary infrastructure.
 - a. With respect to healthcare, this is primarily envision conditions where the inability to treat would result in large numbers of people not being able to perform their own work (examples: Covid-driven isolation and its effect on the supply chain, blood banks, or healthcare staff availability).
4. Their loss would have a psychological effect on the people of the state leading to panic, hoarding or other undesirable events.
 - a. “Psychological effects” are multi-faceted. They can range from hoarding (an example being toilet paper in the early days of Covid), to the effect on patients not having access to psychiatric care or medications.

Functionally, this paper defines Healthcare “Critical Industries” as hospitals, walk-in surgical centers, medical laboratories, ambulance services, Long Term Care (LTC) facilities, and assisted living facilities.

Defining Critical and Non-Critical Sectors - NAICS Codes

This paper uses North American Industry Classification System (NAICS) codes to approximate the number of businesses of each type in Texas. NAICS codes are a standardized method used to define business types. As they are used by the US Census bureau in gathering data, they also allow approximation of the number of businesses of each category for each US state and county.

Table 1 below uses US Census 2017 Annual Business Survey data to estimate the number of businesses of each type which fall under Healthcare CI, and should benefit for SCD planning.

Note that the part of Table 1 containing “621xxx” NAICS codes does not include all business types that exist under that category. They are listing as “Non-CI Businesses” in Table 2.

Healthcare NAICS Codes Considered as Critical “Industries”

The following table shows the number of businesses of each NAICS category, and what portion of that category is a “small” (less than 100 employees) or a “large” (more than 100 employees) business.

Table 1: Texas CI Businesses and sizes

Outpatient or Home Health Care			
NAICS Code	NAICS Description	<100 Employees	100+ Employees
621420	Outpatient Mental Health and Substance Abuse Centers	349 (73%)	129 (27%)
621492	Kidney Dialysis Centers	51 (7%)	731 (93%)
621493	Freestanding Ambulatory Surgical and Emergency Centers	497 (56%)	396 (44%)
621498	All Other Outpatient Care Centers	587 (58%)	428 (42%)
621511	Medical Laboratories	345 (39%)	538 (61%)
621512	Diagnostic Imaging Centers	447 (67%)	221 (33%)
621610	Home Health Care Services	2,797 (70%)	1,210 (30%)
621910	Ambulance Services	291 (54%)	249 (46%)
621991	Blood and Organ Banks	15 (9%)	160 (91%)
621999	All Other Miscellaneous Ambulatory Health Care Services	341 (80%)	86 (20%)
Sub-Totals:		5,720 (58%)	4,148 (42%)
Hospitals and Related Services			
NAICS Code	NAICS Description	<100 Employees	100+ Employees
622110	General Medical and Surgical Hospitals	45 (10%)	398 (90%)
622210	Psychiatric and Substance Abuse Hospitals	4 (6%)	62 (94%)
622310	Specialty (except Psychiatric and Substance Abuse) Hospitals	10 (8%)	110 (92%)
Sub-Totals:		59 (9%)	570 (91%)
Long-term care and assisted living			
NAICS Code	NAICS Description	<100 Employees	100+ Employees
623110	Nursing Care Facilities (Skilled Nursing Facilities)	572 (36%)	1,000 (64%)
623210	Residential Intellectual and Developmental Disability Facilities	216 (15%)	1,243 (85%)
623220	Residential Mental Health and Substance Abuse Facilities	180 (66%)	93 (34%)
623311	Continuing Care Retirement Communities	200 (61%)	127 (39%)
623312	Assisted Living Facilities for the Elderly	499 (53%)	442 (47%)
623990	Other Residential Care Facilities	135 (61%)	85 (39%)
Sub-Totals:		1,802 (38%)	2,990 (62%)

The significance of this is that it shows the number of smaller businesses in each sector and the percentage of those in each sector which is small vs. large. This will be discussed further in the section on factors affecting supply chain disruptions.

Healthcare NAICS Codes Not Considered as “Critical Industries”

This paper focuses on larger institutions caring for multiple patients within one facility and especially offering life-support functions. Therefore, the business below are omitted from the “Critical Industry” list.

Table 2: Non-CI Businesses and sizes

Non - CI Businesses by NAICS and number of employees

Outpatient or Home Health Care					
NAICS Code	NAICS Description	<100 Employees		100+ Employees	
621111	Offices of Physicians (except Mental Health Specialists)	17,330	(81%)	3,979	(19%)
621112	Offices of Physicians, Mental Health Specialists	870	(99%)	5	(1%)
621210	Offices of Dentists	10,706	(91%)	1,010	(9%)
621310	Offices of Chiropractors	2,409	(100%)	0	(0%)
621320	Offices of Optometrists	2,030	(99%)	28	(1%)
621330	Offices of Mental Health Practitioners (except Physicians)	1,552	(97%)	42	(3%)
621340	Audiologists	1,855	(70%)	777	(30%)
621391	Offices of Podiatrists	421	(100%)	0	(0%)
621399	Offices of All Other Miscellaneous Health Practitioners	1,570	(91%)	147	(9%)
621410	Family Planning Centers	145	(76%)	46	(24%)
		38,888	(87%)	6034	(13%)

HEALTHCARE SUPPLY CHAIN REQUIREMENTS AND VULNERABILITIES

Healthcare Supply Chain Items

Abbreviations used below are:

Item Type	Abbreviation	General Use	Abbreviation
Patient Care	Pt.C.	Consumable	Cons.
Equipment	Equip.	Management Tool	MT

Below is a list of various items used in hospitals and related healthcare facilities, their use and general type, as well as what upstream Texas Critical industries affect their availability. Someone needing items listed on the left would be well advised to be aware of events in the four CIs listed to the right.

Table 3: CI Supply Chain Needs

Required Item In The Supply Chain Use Item Type			Texas Critical Industry Affecting Supply Chains			
			Health care	Energy	Chemical	Transportation
Blood	Pt. Care	Cons.	x	x		x
Food loss / spoilage	Pt. Care	Cons.		x		x
Medications / pharmaceuticals	Pt. Care	Cons.		x	x	x
Medical supplies (consumables and devices for patient treatment)	Pt. Care	Cons.		x	x	x
X-Rays and CT Scanning equipment	Process	Equip.		x		
Medical gases	Pt. Care	Cons.		x	x	x
Immunizations	Pt. Care	Safety	x	x	x	
Inventory distribution	Process	-		x	x	x
Cleaning	Process	Cons.		x	x	
Disinfectants	Process	Cons.			x	x
Oxygen (piped and tanks)	Pt. Care	Cons.		x	x	x
Distributed Refrigeration in (departments)	Process	Equip.		x		
Durable medical devices	Pt. Care	Equip.		x	x	
MRO	Process	Equip.		x	x	x
Electricity loss	Pt. Care	Utility		x	x	
Fuel (heating, sterilization, cleaning)	Process	Utility		x	x	x
Vacuum	Process	Utility		x		
Compressed Air	Process	Utility		x		
Water	Process	Utility		x		
Wastewater	Process	Utility		x		
Water filtration	Process	Utility		x	x	
Inventory Control	MT	-		x		x

Medical Supply Chain Vulnerabilities

Below is a partial list of the above supply chain vulnerabilities, their possible origin points, and possible cascading effects downstream of the disruption point.

Supply Chain Vulnerabilities

- Consumable product availability
- Consumable device availability
- Physical Supply Chain (PSC) attack
- Central supply (inventory management & ordering) disruption
- Medical devices (Durable medical equipment) operation
- Electric power (longer than 24 hours required by Texas law)
- Heat loss (boilers, space heat)
- Water quality
- Wastewater system disruption
- Food Supply
- Overloading / pandemic effect on supply chain (excess demand).
- Data communication (internal and external)
- Record security / corruption
- Data input and extraction

Sources of Supply chain attacks

- External infrastructure attack (power or inventory)
- Employee sabotage
- Vendor supply chain or manufacturing disruptions - Consumables
- Inbound Transportation disruption
- Weather
- Vendor supply chain or manufacturing disruptions - MRO
- Pandemic

Inbound cascading effects

- Treatment capability (pharmaceutical & device function)
- Treatment capability (inventory)
- Sterilization & cleaning (water and fuel)
- Pharmaceuticals availability
- Pharmaceuticals quality
- Medical device availability
- Medical device quality
- Patient health & nutrition

Outbound cascading effects

- Contagion / Pandemic
- Health / Death
- Inability to turn around patients

FACTORS AFFECTING SUPPLY CHAIN DISRUPTIONS

Hospitals, ambulatory care, and Long-Term/Assisted Living facilities operate under different regulations, have different sizes, levels of complexity, regulations under which they operate, urban vs. rural locations, etc. A discussion of these factors follows.

Business Size and Resources

Per US Census data, the number of small and large Texas healthcare businesses is as follows:

Per 2017 US Census data:

- 90% of hospitals have more than 100 employees
- 38% of nursing and residential care facilities have fewer than 100 employees.
- 58% of Outpatient or Home Health Care facilities have fewer than 100 employees.

Effectively, this means that Outpatient or Home Health and Long-Term care / Assisted Living facilities tend to be smaller, with fewer resources for emergency planning than larger facilities.

The effect of size on shutdowns caused by supply chain disruptions is complex. Disruptions are more likely to affect small businesses than larger ones, but the effect on the area is greater when a large business shuts down. Therefore both have valid arguments as they compete for scarce resources in an emergency.

Likewise, smaller businesses are less likely to be specifically targeted for a disruption, but transportation to remote areas may make them more vulnerable to supply chain disruptions.

Last, small businesses often have less money available for significant expenditures which might bolster emergency preparedness.

Complexity of Service

Healthcare facilities must deal with complexities unmatched by most businesses. In addition to basic utilities, patients will have different needs, resulting in plethora of different types of care and medicines. Therefore, medical inventories therefore must be highly varied - what a Disney supply chain executive referred to as "mass boutique".

Healthcare vulnerabilities will primarily be based on the type of service organizations provide. *In general, the more complex and / or comprehensive the services provided, the higher the vulnerability.*

Location

Simply put, the closer a facility is to a distribution point, the more likely it is to be able to receive supplies.

CRITICAL INDUSTRY SUPPLY CHAIN DISCUSSION

Energy

As shown in the Supply Chain Needs table above, electricity is required to supply or operate every aspect of healthcare. It runs life support equipment, refrigeration, lighting, record keeping, vacuum systems and other equipment, making it the most critical of the Critical Infrastructures.

Different types of healthcare facilities in Texas have different backup requirements for backup generator operating time, as follows:

Hospitals without natural gas fuel to have maintain on-site fuel storage for 48 hours for emergency backup generators serving equipment which, if it fails, will cause death or patient harm.¹

Ambulatory (Walk-In Surgery) Care Centers are required to have eight hours fuel for backup power for areas serving surgery.²

Skilled Nursing Facilities with Category 1 and Category 2 equipment, must have four hours of fuel located on-site.³

Long-term / Assisted Living Facilities are not required to have backup power beyond that required for emergency lighting and exit signs.⁴

Federal Medicare / Medicaid regulations do require LTCs to have an emergency plan for what to do in the event of a power failure. The regulations do require the facility to Include strategies for addressing emergency events identified by the risk assessment."^{5,6}

Energy supply chain disruptions

In addition to loss of facility power, Texas health care facilities have experienced the following during outages:

- Power losses shutting down HVAC systems, resulting in patient discomfort and, in at least one case, death from a loss of power during a severe cold spells.⁷
- When outages lasted longer than the legislated fuel reserve times, Long Term / Assisted Living Facilities have had to purchase additional fuel.
- Fuel supplies for which LT/AL facilities have contracted have been diverted to other users.
- Generators have not been available or had to be transported in from remote locations.
- Diesel fuel has become too viscous to flow, resulting in a generator failure.

¹ Texas Administrative Code Title 25, Part 1, Chapter 131, Subchapter G, Rule §131.141

² Title 25, Part 1, Chapter 135, Subchapter C, Rule §135.52

³ Title 26, Part 1, Chapter 554, Subchapter D, Division 9, Rule §554.361

⁴ Title 26, Part 1, Chapter 553, Subchapter D, Divisions 4-11, Electrical Requirements

⁵ <https://files.asprtracie.hhs.gov/documents/aspr-tracie-cms-ep-rule-long-term-care.pdf>

⁶ Code of Federal Regulations (81 CFR 63859)[Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers](#)

⁷ <https://www.kxan.com/investigations/which-texas-senior-living-facilities-have-backup-power-state-waiting-on-survey-results/#:~:text=All%20skilled%20nursing%20facilities%20and,48%20hours'%20worth%20of%20fuel.>

- Because Propane-driven generators emit carbon monoxide, people have died due to improper generator operation or venting.

Chemical

The chemical supply chain is also critical in hospital supply chains. A failure in the chemical supply chain may not immediately affect hospital operations but, SCD effects can, depending on the chemical, be felt quite quickly.

Petrochemicals

Petrochemical uses include:

- Natural Gas For Heating Fuels
- Propane For Backup Generators

Pharmaceutical Manufacturing

Pharmaceutical manufacturing is heavily dependent on chemical availability, whether used as ingredients, catalysts, or for packaging. A disruption here would affect the manufacturing of pharmaceuticals.

Plastics Manufacturing

All plastics are chemically derived. Their use is ubiquitous in health care. The following list shows some uses of plastic-derived products:

- Medical Devices
- Syringes
- Silicone Tubing
- Medical Supply Containers
- Packaging for blood, plasma, saline and other liquids
- Catheters

Petrochemical Loss Effects

Petrochemical losses have affected:

- Backup power generator operating time
- HVAC systems (Heating)
- Boilers (space heating, water heating, washing and sterilization)
- Availability of consumable devices (medical devices and packaging)

The loss of raw materials for consumable supplies does not manifest itself as quickly as other SCDs but, if it affects availability of medical devices, this quickly becomes a major problem. New chemical formulations or even switching to non-FDA-approved suppliers requires an approval process that can take months or years. This in turn makes a “simple” raw material disruption extremely important.

At least one Texas RAC reported plastics shortages affecting the supply of bags used for tasks such as blood, plasma, or other liquid deliveries.

Medical Gases

Medical Gases include Medical Air, oxygen, carbon dioxide, nitrogen, nitrous oxide, helium and others. While some are generated on site, many facilities use bottled gasses.

When electricity is disrupted, the ability of gas generators to operate is disrupted. Whether on-site or offsite, a loss of power means they are unable to operate. It is worth noting that many gas generators are relatively local to their customers. Widespread power outages can affect both the supplier and the customer, affecting the delivery of oxygen, nitrogen, CO₂ and other gases used for medical procedures.

Transportation

To date, the major way SCD disruptions have been manifested in Texas is by extreme storms (hurricanes or freezing) causing flooding or shutting down operations. Some examples of these follow.

Trucks deliver virtually every item consumed in health care facilities except electricity and natural gas. While hospitals try to maintain three days of supplies on hand, a loss of inbound food and supplies will quickly disrupt operations. Weather, labor strikes or anything disrupting their operation will rapidly become visible.

Just-in-time ordering has magnified the importance of transportation. While many hospitals formerly had warehouses, reducing operating costs moved them to reduce or eliminate them. Health care facilities now order largely on a just-in-time basis, and typically stock only three days of supplies.

Effect on patients

The effect of transportation SCDs is most felt with frail or fragile patients. During storms, sheltering in place is safer than moving frail them, and is the first option used by healthcare facilities. This makes maintaining transportation or preparing for its disruption critical for life safety.

Effects on hospitals

Trauma facilities which failed in the last floods were the larger, not the smaller ones. Hurricanes and power outages also result in "Patient Flooding." During emergencies, RACs and local healthcare agencies have experienced both people coming to hospitals to shelter and emergency responders dropping groups of rescued patients at the hospitals. These "unexpected guests" require additional supplies in order for the hospital to care for them.

Effects on pharmaceutical delivery

During storms, pharmaceutical compounders or re-packagers supplying Long Term Care facilities have shut down. As a result, LTC facilities have had to work with non-contracted suppliers who were not ready for volume orders. They in turn needed to order and deliver pharmaceuticals, subjecting them to SCDs.

Effects on isolated populations

These, due to being smaller or isolated from main logistics streams, are especially subject to transportation SCDs.

1. Their orders are typically smaller, resulting in lower priority.

2. They may not be as aware of alternative suppliers as are larger companies with well-developed and redundant supply chains.
3. Pharmaceutical suppliers not contracted to or supplied by large companies have not been prepared for emergency volume orders
4. Smaller (especially privately owned) care facilities don't always have the resources to plan for SCDs have experienced shortages. Cameron Tilton of the Texas Assisted Living Association was quoted as saying "about half the assisted living communities in Texas serve 16 or fewer residents". Many of them are "private pay," meaning they don't receive the same kind of Medicaid reimbursements as skilled nursing facilities."⁸
5. Their physical remoteness makes them more susceptible to road or airport closures.
6. In areas with high undocumented alien populations, suspicion of state or federal authorities leads them to not "connect" to available supply chain resources. This was evidenced during the Covid pandemic.

HEALTHCARE COMMUNITY RESPONSES TO SUPPLY CHAIN DISRUPTIONS

The healthcare industry, especially the more established agencies, have developed a number of strategies to deal with Supply Chain Disruptions. A number of these follow:

Energy

- Local agencies will communicate with local facilities to encourage them to order fuel and backup generators. Likewise, they will work to turn local community centers into shelters.

Chemical

- When chemical supply chain disruptions affecting pharmaceuticals occur, RACs have lobbied the FDA to expedite new drug or device approval.
- Hospitals have worked to ensure alternate suppliers are available.
- The chemical supply chain (as it affects manufacturing of products used by hospitals) is an issue because hospitals cannot control it. Therefore, their option is to purchase larger quantities for storage or to go to alternate suppliers.
-

Transportation

- When storms are anticipated, TALA will try to work with pharmaceutical compounders and re-packagers to get advanced supplies.
- The Regional Advisory Commissions and groups like TALA will work with pharmaceutical compounders and re-packagers to get advanced supplies. If one supplier runs short, this gives them an alternative source.
- Under some conditions, the national stockpile may be accessed.

Other

1. Due to past experiences, the hospitals and related agencies exhibit a high degree of cooperation during disasters.

⁸ <https://theworldlive.news/Which-Texas-senior-living-facilities-have-backup-power-State-waiting-on-survey-results-504125>

2. Both the Regional Advisory Councils and groups like TALA work to educate hospitals, LTACs, rehabilitation facilities and other healthcare organizations in their area.
3. Hospitals prepare for SCDs by discharging as many patients as possible.
4. RACs work with medical shelters, Long Term Acute Care (LTAC) facilities and rehabilitation facilities to provide shelter for the “unexpected guests”.
5. TALA members have sister communities they will move residents to. Some own central pods containing supplies they will move to sites where they send residents.
6. Assisted Living associations will work with facilities to ensure they receive information about available disaster resources.
7. TALA will work with government agencies to turn community centers into shelters.
8. The RACs may also have Special Populations coordinators who can reach out to both hospitals and Long-Term Care facilities to offer assistance.

Gaps Or Needs Expressed

The biggest needs expressed have to do with maintaining power, supply stocks and hospital access.

Following are a few ways RACs and TALA have recommended these goals are met.

- Government stockpiles are to be distributed to states within 12 hours of receiving requests. It has been requested that they distributed on a more local level if possible.
- Facilities sheltering patients, they should have enough food, water and supplies for a minimum of seven days (Joint Commission hospital certification regulations only require 96 hours).
- RAC and TALA clients need to improve their logistics awareness to minimize SCD effects.
- Partner with Red Cross to provide shelters, deliver water, MREs, etc.
- Ultimately, the legally required emergency preparedness plans need to be maintained. While they have been greatly improved, ensuring they are maintained and taken seriously by facilities is critical.

Last is the issue of getting the attention of healthcare providers. As a rule, people trust those with whom they are closest. This militates toward ensuring RACs, TALA and others are prepared to rapidly disseminate information to their clientele.

Appendix 1

Healthcare Emergency Planning Communication Channels

Texas Emergency Preparedness Organizations

Regional Advisory Committees

Texas has 22 geographically oriented Regional Advisory Councils (RACs) serving trauma care centers, nursing homes, long-term care and other healthcare facilities in their areas. Each RAC is required to develop, implementing, and monitoring a regional emergency medical service trauma system plan^{9,10}.

The RAC headquarters is:

Texas Department of State Health Services
1100 West 49th Street
Austin, Texas 78756-3199
Phone: 512-776-7111
<https://www.dshs.texas.gov/emstraumasystems/etrarac.shtm>

Regional RAC web site addresses are as follows:

TSAMap-RACNames.pdf	
Northeast Texas RAC	https://www.netrac.org/
Piney Woods RAC	https://rac-g.org/
Deep East Texas RAC	http://www.detrac.org/
Far West TX & Southern New Mexico RAC	http://borderrac.org/
Texas "J" RAC	https://www.texasjrac.org/
Concho Valley RAC	http://www.cvrac.org/
Central Texas RAC	http://www.centraltexasrac.org/
Heart of Texas RAC	http://www.hotrac.org/
Brazos Valley RAC	http://bvrac.com/
Capital Area Trauma RAC	http://catrac.org/
Southwest Texas RAC	https://www.strac.org/
SouthEast Texas Trauma RAC	https://www.setrac.org/
East Texas Gulf Coast RAC	https://rac-r.com/
Golden Crescent RAC	http://www.gcrac.org/
Seven Flags RAC	https://sevenflagsrac.org/
Coastal Bend RAC	https://www.cbrac.org/
Rio Grande Valley Trauma RAC	https://www.tracv.org/

⁹[https://www.dshs.texas.gov/emstraumasystems/etrarac.shtm#:~:text=Regional%20Advisory%20Councils%20\(RACs\)%20are,medical%20service%20trauma%20system%20plan.](https://www.dshs.texas.gov/emstraumasystems/etrarac.shtm#:~:text=Regional%20Advisory%20Councils%20(RACs)%20are,medical%20service%20trauma%20system%20plan.)

¹⁰ https://www.dshs.texas.gov/emstraumasystems/RegionalAdvisoryCouncils_History_Overview06_2008.pdf

Texas Assisted Living Association

TALA is a trade association working with assisted living facilities. They also coordinate with HHS and RACs.

TALA sends out a monthly emails to members and non-members. They also hold monthly webinars, again both for members and non-members.

Texas Department of State Health Services

Texas Department of State Health Services
1100 West 49th Street
Austin, Texas 78756-3199
<https://www.texasready.gov/>

Texas Division of Emergency Management

1033 La Posada
Suite 300
Austin, Texas 78752-3824
(512) 424-2208
<https://www.tdem.texas.gov/>

Texas Health and Human Services, Division of Long-Term Care

1100 West 49th St.
Austin, Texas 78756-3199
P.O. Box 149347
Austin, Texas 78714-9347
<https://acl.gov/ltc>

Federal / Other Emergency Preparedness Information Sources

Ready.Gov <https://www.ready.gov/>

HHS.Gov Hospital Preparedness Program
<https://aspr.hhs.gov/HealthCareReadiness/HPP/Pages/default.aspx>

CMS.Gov Centers for Medicare and Medicaid Services
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule>

FEMA FEMA.Gov; Emergency Management Institute Training
<https://training.fema.gov/nims/>

FEMA Training Center For Domestic Preparedness (FEMA training)
<https://cdp.dhs.gov/>

CDC Supply Chain Disaster Preparedness Manual
<https://www.cdc.gov/cpr/readiness/healthcare/supplychaindisasterpreparednessmanual.htm>

NFPA Standard 1600, Standard on Continuity, Emergency, and Crisis Management
<https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=1600>

Joint Commission Hospital and Hospital Clinics Manual
<https://www.jointcommission.org/resources/patient-safety-topics/emergency-management/>

Appendix 2

NAICS Codes Used

The following market segment definitions are taken from the US Census Bureau 2022 NAICS Reference Manual¹¹. It is intended to provide a more complete description of the businesses in each segment and what populations they serve.

621420 Outpatient Mental Health and Substance Abuse Centers

This industry comprises establishments with medical staff primarily engaged in providing outpatient services related to the diagnosis and treatment of mental health disorders and alcohol and other substance abuse. These establishments generally treat patients who do not require inpatient treatment. They may provide a counseling staff and information regarding a wide range of mental health and substance abuse issues and/or refer patients to more extensive treatment programs, if necessary.

Illustrative Examples

- Outpatient alcoholism treatment centers and clinics (except hospitals)
- Outpatient mental health centers and clinics (except hospitals)
- Outpatient detoxification centers and clinics (except hospitals)
- Outpatient substance abuse treatment centers and clinics (except hospitals)
- Outpatient drug addiction treatment centers and clinics (except hospitals)

Cross-References

- Establishments known and licensed as hospitals primarily engaged in the inpatient treatment of mental health and substance abuse illnesses with an emphasis on medical treatment and monitoring are classified in Industry 622210, Psychiatric and Substance Abuse Hospitals;
- Establishments primarily engaged in the inpatient treatment of mental health and substance abuse illnesses with an emphasis on residential care and counseling rather than medical treatment are classified in Industry 623220, Residential Mental Health and Substance Abuse Facilities;
- Establishments of physicians primarily engaged in the independent practice of psychiatry or psychoanalysis are classified in U.S. Industry 621112, Offices of Physicians, Mental Health Specialists;
- Establishments of independent mental health practitioners (except physicians) are classified in Industry 621330, Offices of Mental Health Practitioners (except Physicians); and
- Establishments primarily engaged in providing nonresidential counseling services for substance abuse, mental health, suicide intervention, and other crisis intervention social services to children and youth, the elderly, persons with disabilities, and all other

¹¹ https://www.census.gov/naics/reference_files_tools/2022_NAICS_Manual.pdf

individuals and families are classified in Industry Group 6241, Individual and Family Services.

62149 Other Outpatient Care Centers

This industry comprises establishments with medical staff primarily engaged in providing general or specialized outpatient care (except family planning centers and outpatient mental health and substance abuse centers). Centers or clinics of health practitioners with different degrees from more than one industry practicing within the same establishment (e.g., Doctor of Medicine and Doctor of Dental Medicine) are included in this industry.

Specific Subcategories selected as high urgency include:

621492 Kidney Dialysis Centers

This U.S. industry comprises establishments with medical staff primarily engaged in providing outpatient kidney or renal dialysis services.

621493 Freestanding Ambulatory Surgical and Emergency Centers

This U.S. industry comprises establishments with physicians and other medical staff primarily engaged in (1) providing surgical services (e.g., orthoscopic and cataract surgery) on an outpatient basis or (2) providing emergency care services (e.g., setting broken bones, treating lacerations, or tending to patients suffering injuries as a result of accidents, trauma, or medical conditions necessitating immediate medical care) on an outpatient basis.

Outpatient surgical establishments have specialized facilities, such as operating and recovery rooms, and specialized equipment, such as anesthetic or X-ray equipment.

Illustrative Examples

- Freestanding ambulatory surgical centers and clinics
- Freestanding emergency medical centers and clinics
- Freestanding trauma centers (except hospitals)
- Urgent medical care centers and clinics (except hospitals)

Cross-References

- Outpatient community health clinics with health practitioners from multiple industries are classified in U.S. Industry 621498, All Other Outpatient Care Centers; and
- Establishments known and licensed as hospitals that also perform ambulatory surgery and emergency room services are classified in Subsector 622, Hospitals.

621498 All Other Outpatient Care Centers

This U.S. industry comprises establishments with medical staff primarily engaged in providing general or specialized outpatient care (except family planning centers, outpatient mental health and substance abuse centers, HMO medical centers, kidney dialysis centers, and freestanding ambulatory surgical and emergency centers). Centers or clinics of health practitioners with

different degrees from more than one industry practicing within the same establishment (e.g., Doctor of Medicine and Doctor of Dental Medicine) are included in this industry.

Illustrative Examples

- Outpatient biofeedback centers and clinics
- Outpatient pain therapy centers and clinics
- Outpatient community health centers and clinics
- Outpatient sleep disorder centers and clinics

6215 Medical and Diagnostic Laboratories

62151 Medical and Diagnostic Laboratories

This industry comprises establishments known as medical and diagnostic laboratories primarily engaged in providing analytic or diagnostic services, including body fluid analysis and diagnostic imaging, generally to the medical profession or to the patient on referral from a health practitioner.

Illustrative Examples

- Dental or medical X-ray laboratories
- Medical pathology laboratories
- Diagnostic imaging centers
- Medical testing laboratories
- Medical forensic laboratories

Cross-References

- Establishments, such as dental, optical, and orthopedic laboratories, primarily engaged in providing the following activities to the medical profession, respectively: making dentures, artificial teeth, and orthodontic appliances to prescription; grinding lenses to prescription; and making orthopedic or prosthetic appliances to prescription are classified in Industry 33911, Medical Equipment and Supplies Manufacturing; and
- Establishments primarily engaged in providing health screening or physical fitness evaluation services (except by offices of health practitioners) are classified in Industry 62199, All Other Ambulatory Health Care Services.

621511 Medical Laboratories

This U.S. industry comprises establishments known as medical laboratories primarily engaged in providing analytic or diagnostic services, including body fluid analysis, generally to the medical profession or to the patient on referral from a health practitioner.

Illustrative Examples

- Blood analysis laboratories
- Medical pathology laboratories
- Medical bacteriological laboratories
- Medical testing laboratories
- Medical forensic laboratories

Cross-References

- Establishments known as dental laboratories primarily engaged in making dentures, artificial teeth, and orthodontic appliances to prescription are classified in U.S. Industry 339116, Dental Laboratories.
- Establishments known as optical laboratories primarily engaged in grinding lenses to prescription are classified in U.S. Industry 339115, Ophthalmic Goods Manufacturing;
- Establishments known as orthopedic laboratories primarily engaged in making orthopedic or prosthetic appliances to prescription are classified in U.S. Industry 339113, Surgical Appliance and Supplies Manufacturing; and
- Establishments primarily engaged in providing health screening or physical fitness evaluation services (except by offices of health practitioners) are classified in U.S. Industry 621999, All Other Miscellaneous Ambulatory Health Care Services.

621512 Diagnostic Imaging Centers

This U.S. industry comprises establishments known as diagnostic imaging centers primarily engaged in producing images of the patient generally on referral from a health practitioner.

Illustrative Examples

- Computer tomography (CT-scan) centers
- Medical radiological laboratories
- Dental or medical X-ray laboratories
- Ultrasound imaging centers
- Magnetic resonance imaging (MRI) centers

621610 Home Health Care Services

This industry comprises establishments primarily engaged in providing skilled nursing services in the home, along with a range of the following: personal care services; homemaker and companion services; physical therapy; medical social services; medications; medical equipment and supplies; counseling; 24-hour home care; occupation and vocational therapy; dietary and nutritional services; speech therapy; audiology; and high-tech care, such as intravenous therapy.

Illustrative Examples

- | | |
|-------------------------------|----------------------------------|
| • Home health care agencies | • Home infusion therapy services |
| • Visiting nurse associations | • In-home hospice care services |

Cross-References

- In-home health services provided by establishments of health practitioners and others primarily engaged in the independent practice of their profession are classified in Industry 62111, Offices of Physicians; Industry 621210, Offices of Dentists; Industry Group 6213, Offices of Other Health Practitioners; and U.S. Industry 621999, All Other Miscellaneous Ambulatory Health Care Services;
- Establishments primarily engaged in providing non-medical home care or homemaker services for the elderly or persons with disabilities are classified in Industry 624120, Services for the Elderly and Persons with Disabilities;

- Establishments primarily engaged in renting or leasing products for home health care are classified in U.S. Industry 532283, Home Health Equipment Rental; and
- Establishments primarily engaged in retailing home health care equipment are classified in U.S. Industry 456199, All Other Health and Personal Care Retailers.

6219 Other Ambulatory Health Care Services

This industry group comprises establishments primarily engaged in providing ambulatory health care services (except offices of physicians, dentists, and other health practitioners; outpatient care centers; medical laboratories and diagnostic imaging centers; and home health care providers).

621910 Ambulance Services

This industry comprises establishments primarily engaged in providing transportation of patients by ground or air, along with medical care. These services are often provided during a medical emergency but are not restricted to emergencies. The vehicles are equipped with lifesaving equipment operated by medically trained personnel.

Cross-References

- Establishments primarily engaged in providing transportation of the disabled or elderly (without medical care) are classified in U.S. Industry 485991, Special Needs Transportation.

621991 Blood and Organ Banks

This U.S. industry comprises establishments primarily engaged in collecting, storing, and distributing blood and blood products and storing and distributing body organs.

Cross-References

- Establishments primarily engaged in providing courier and express delivery services for blood, blood products, and body organs without storage are classified in Industry 492110, Couriers and Express Delivery Services.

621999 All Other Ambulatory Health Care Services

This industry comprises establishments primarily engaged in providing ambulatory health care services (except offices of physicians, dentists, and other health practitioners; outpatient care centers; medical and diagnostic laboratories; home health care providers; and ambulances).

Illustrative Examples

- Blood donor stations
- Pacemaker monitoring services
- Blood or body organ banks
- Physical fitness evaluation services (except by offices of health practitioners)
- Health screening services (except by offices of health practitioners)

- Smoking cessation programs
- Hearing testing services (except by offices of audiologists)

Cross-References

- Establishments primarily engaged in the independent practice of medicine are classified in Industry 62111, Offices of Physicians;
- Establishments primarily engaged in the independent practice of dentistry are classified in Industry 62121, Offices of Dentists;
- Establishments primarily engaged in the independent practice of health care (except offices of physicians and dentists) are classified in Industry Group 6213, Offices of Other Health Practitioners;
- Establishments primarily engaged in providing general or specialized outpatient care services are classified in Industry Group 6214, Outpatient Care Centers;
- Establishments primarily engaged in providing home health care services are classified in Industry 62161, Home Health Care Services;
- Establishments primarily engaged in transportation of patients by ground or air, along with medical care, are classified in Industry 62191, Ambulance Services;
- Establishments known as medical and diagnostic laboratories primarily engaged in providing analytic or diagnostic services are classified in Industry 62151, Medical and Diagnostic Laboratories; and
- Establishments primarily engaged in providing courier and express delivery services for blood, blood products, and body organs without storage are classified in Industry 49211, Couriers and Express Delivery Services.

622 Hospitals

Industries in the Hospitals subsector provide medical, diagnostic, and treatment services that include physician, nursing, and other health services to inpatients and the specialized accommodation services required by inpatients. Hospitals may also provide outpatient services as a secondary activity. Establishments in the Hospitals subsector provide inpatient health services, many of which can only be provided using the specialized facilities and equipment that form a significant and integral part of the production process.

6221 General Medical and Surgical Hospitals

622110 General Medical and Surgical Hospitals

This industry comprises establishments known and licensed as general medical and surgical hospitals primarily engaged in providing diagnostic and medical treatment (both surgical and nonsurgical) to inpatients with any of a wide variety of medical conditions. These establishments maintain inpatient beds and provide patients with food services that meet their nutritional requirements. These hospitals have an organized staff of physicians and other medical staff to provide patient care services. These establishments usually provide other services, such as outpatient services, anatomical pathology services, diagnostic X-ray services,

clinical laboratory services, operating room services for a variety of procedures, and pharmacy services.

6222 Psychiatric and Substance Abuse Hospitals

622210 Psychiatric and Substance Abuse Hospitals

This industry comprises establishments known and licensed as psychiatric and substance abuse hospitals primarily engaged in providing diagnostic, medical treatment, and monitoring services for inpatients who suffer from mental illness or substance abuse disorders. The treatment often requires an extended stay in the hospital. These establishments maintain inpatient beds and provide patients with food services that meet their nutritional requirements. They have an organized staff of physicians and other medical staff to provide patient care services. Psychiatric, psychological, and social work services are available at the facility. These hospitals usually provide other services, such as outpatient services, clinical laboratory services, diagnostic X-ray services, and electroencephalograph services.

Cross-References

- Establishments primarily engaged in providing treatment of mental health and substance abuse illnesses on an exclusively outpatient basis are classified in Industry 621420, Outpatient Mental Health and Substance Abuse Centers;
- Establishments referred to as hospitals but primarily engaged in providing inpatient treatment of mental health and substance abuse illnesses with the emphasis on counseling rather than medical treatment are classified in Industry 623220, Residential Mental Health and Substance Abuse Facilities; and
- Establishments referred to as hospitals but primarily engaged in providing residential care for persons with intellectual and developmental disabilities are classified in Industry 623210, Residential Intellectual and Developmental Disability Facilities.

6223 Specialty (except Psychiatric and Substance Abuse) Hospitals

622310 Specialty (except Psychiatric and Substance Abuse) Hospitals

This industry comprises establishments known and licensed as specialty hospitals primarily engaged in providing diagnostic and medical treatment to inpatients with a specific type of disease or medical condition (except psychiatric or substance abuse). Hospitals providing long-term care for the chronically ill and hospitals providing rehabilitation, restorative, and adjustive services to physically challenged or disabled people are included in this industry. These establishments maintain inpatient beds and provide patients with food services that meet their nutritional requirements. They have an organized staff of physicians and other medical staff to provide patient care services. These hospitals may provide other services, such as outpatient services, diagnostic X-ray services, clinical laboratory services, operating room services, physical therapy services, educational and vocational services, and psychological and social work services.

Cross-References

- Establishments known and licensed as hospitals primarily engaged in providing diagnostic and therapeutic inpatient services for a variety of medical conditions, both surgical and nonsurgical, are classified in Industry 622110, General Medical and Surgical Hospitals;
- Establishments known and licensed as hospitals primarily engaged in providing diagnostic and treatment services for inpatients with psychiatric or substance abuse illnesses are classified in Industry 622210, Psychiatric and Substance Abuse Hospitals;
- Establishments referred to as hospitals but primarily engaged in providing inpatient nursing and rehabilitative services to persons requiring convalescence are classified in Industry 623110, Nursing Care Facilities (Skilled Nursing Facilities);
- Establishments referred to as hospitals but primarily engaged in providing residential care of persons with intellectual and developmental disabilities are classified in Industry 623210, Residential Intellectual and Developmental Disability Facilities; and
- Establishments referred to as hospitals but primarily engaged in providing inpatient treatment for mental health and substance abuse illnesses with the emphasis on counseling rather than medical treatment are classified in Industry 623220, Residential Mental Health and Substance Abuse Facilities.

623 Nursing and Residential Care Facilities

Industries in the Nursing and Residential Care Facilities subsector provide residential care combined with either nursing, supervisory, or other types of care as required by the residents. In this subsector, the facilities are a significant part of the production process, and the care provided is a mix of health and social services with the health services being largely some level of nursing services.

6231 Nursing Care Facilities (Skilled Nursing Facilities)

62311 Nursing Care Facilities (Skilled Nursing Facilities)

623110 Nursing Care Facilities (Skilled Nursing Facilities)

This industry comprises establishments primarily engaged in providing inpatient nursing and rehabilitative services. The care is generally provided for an extended period of time to individuals requiring nursing care. These establishments have a permanent core staff of registered or licensed practical nurses who, along with other staff, provide nursing and continuous personal care services.

Illustrative Examples

- Convalescent homes or convalescent
- Hospitals (except psychiatric)
- Nursing homes
- Rest homes with nursing care
- Assisted living facilities (without nursing facilities) for the elderly with nursing care

- Inpatient care hospices

Cross-References

- Assisted living facilities with on-site nursing care facilities are classified in U.S. Industry 623311, Continuing Care Retirement Communities; and
- Psychiatric convalescent homes and other establishments primarily engaged in providing inpatient treatment of mental health and substance abuse illnesses with an emphasis on counseling rather than medical treatment are classified in Industry 623220, Residential Mental Health and Substance Abuse Facilities.

6232 Residential Intellectual and Developmental Disability, Mental Health, and Substance Abuse Facilities

This industry group comprises establishments primarily engaged in providing residential care (but not licensed hospital care) to people with intellectual and developmental disabilities, mental illness, or substance abuse problems.

623210 Residential Intellectual and Developmental Disability Facilities

This industry comprises establishments (e.g., group homes, hospitals, intermediate care facilities) primarily engaged in providing residential care services for persons with intellectual and developmental disabilities. These facilities may provide some health care, though the focus is room, board, protective supervision, and counseling.

Cross-References

- Establishments primarily engaged in providing inpatient treatment of mental health and substance abuse illnesses with an emphasis on counseling rather than medical treatment are classified in Industry 623220, Residential Mental Health and Substance Abuse Facilities;
- Establishments primarily engaged in providing treatment of mental health and substance abuse illnesses on an exclusively outpatient basis are classified in Industry 621420, Outpatient Mental Health and Substance Abuse Centers;
- Establishments known and licensed as hospitals primarily engaged in providing inpatient treatment of mental health and substance abuse illnesses with an emphasis on medical treatment and monitoring are classified in Industry 622210, Psychiatric and Substance Abuse Hospitals; and
- Establishments primarily engaged in operating group homes for the hearing or visually impaired are classified in Industry 623990, Other Residential Care Facilities.

623220 Residential Mental Health and Substance Abuse Facilities

This industry comprises establishments primarily engaged in providing residential care and treatment for patients with mental health and substance abuse illnesses. These establishments provide room, board, supervision, and counseling services. Although medical services may be available at these establishments, they are incidental to the counseling, mental rehabilitation, and support services offered. These establishments generally provide a wide range of social services in addition to counseling.

Illustrative Examples

- Alcoholism or drug addiction rehabilitation
- facilities (except licensed hospitals)
- Psychiatric convalescent homes or hospitals
- Mental health halfway houses
- Residential group homes for the emotionally disturbed

Cross-References

- Establishments primarily engaged in providing treatment of mental health and substance abuse illnesses on an exclusively outpatient basis are classified in Industry 621420, Outpatient Mental Health and Substance Abuse Centers;
- Establishments primarily engaged in providing residential care for persons with intellectual and developmental disabilities are classified in Industry 623210, Residential Intellectual and Developmental Disability Facilities;
- Establishments known and licensed as hospitals primarily engaged in providing inpatient treatment of mental health and substance abuse illnesses with an emphasis on medical treatment and monitoring are classified in Industry 622210, Psychiatric and Substance Abuse Hospitals; and
- Establishments primarily engaged in operating halfway group homes for delinquents and ex-offenders are classified in Industry 623990, Other Residential Care Facilities.

6233 Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly

62331 Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly

This industry comprises establishments primarily engaged in providing residential and personal care services for (1) the elderly and other persons who are unable to fully care for themselves and/or (2) the elderly and other persons who do not desire to live independently. The care typically includes room, board, supervision, and assistance in daily living, such as housekeeping services. In some instances, these establishments provide skilled nursing care for residents in separate on-site facilities.

Illustrative Examples

- Assisted living facilities with on-site nursing care facilities
- Continuing care retirement communities
- Assisted living facilities for the elderly without nursing care
- Rest homes without nursing care

Cross-References

- Establishments primarily engaged in providing inpatient nursing and rehabilitative services are classified in Industry 62311, Nursing Care Facilities (Skilled Nursing Facilities); and

- Apartment or condominium complexes where people live independently in rented housing units are classified in Industry 53111, Lessors of Residential Buildings and Dwellings.

623311 Continuing Care Retirement Communities

This U.S. industry comprises establishments primarily engaged in providing a range of residential and personal care services with on-site nursing care facilities for (1) the elderly and other persons who are unable to fully care for themselves and/or (2) the elderly and other persons who do not desire to live independently. Individuals live in a variety of residential settings with meals, housekeeping, social, leisure, and other services available to assist residents in daily living. Assisted living facilities with on-site nursing care facilities are included in this industry.

Cross-References

- Establishments primarily engaged in providing inpatient nursing and rehabilitative services are classified in Industry 623110, Nursing Care Facilities (Skilled Nursing Facilities);
- Assisted living facilities without nursing care are classified in U.S. Industry 623312, Assisted Living Facilities for the Elderly; and
- Apartment or condominium complexes where people live independently in rented housing units are classified in Industry 531110, Lessors of Residential Buildings and Dwellings.

623312 Assisted Living Facilities for the Elderly

This U.S. industry comprises establishments primarily engaged in providing residential and personal care services without nursing care for (1) the elderly or other persons who are unable to fully care for themselves and/or (2) the elderly or other persons who do not desire to live independently. The care typically includes room, board, supervision, and assistance in daily living, such as housekeeping services.

Illustrative Examples

- Assisted living facilities for the elderly without nursing care
- Rest homes without nursing care

Cross-References

- Assisted living facilities with on-site nursing care facilities are classified in U.S. Industry 623311, Continuing Care Retirement Communities;
- Assisted living facilities for the elderly with nursing care or rest homes with nursing care are classified in Industry 623110, Nursing Care Facilities (Skilled Nursing Facilities); and
- Apartment or condominium complexes where people live independently in rented or owned housing units are classified in Industry 531110, Lessors of Residential Buildings and Dwellings.

6239 Other Residential Care Facilities

623990 Other Residential Care Facilities

This industry comprises establishments primarily engaged in providing residential care (except residential intellectual and developmental disability facilities, residential mental health and substance abuse facilities, continuing care retirement communities, and assisted living facilities for the elderly). These establishments also provide supervision and personal care services.

Illustrative Examples

- Boot or disciplinary camps (except correctional) for delinquent youth
- Group homes for the hearing or visually impaired
- Child group foster homes
- Delinquent youth halfway group homes
- Halfway group homes for delinquents or ex-offenders
- Homes for unwed mothers
- Group homes for the disabled without nursing care
- Orphanages

Cross-References

- Residential intellectual and developmental disability facilities are classified in Industry 623210, Residential Intellectual and Developmental Disability Facilities;
- Continuing care retirement communities are classified in U.S. Industry 623311, Continuing Care Retirement Communities;
- Residential mental health and substance abuse facilities are classified in Industry 623220, Residential Mental Health and Substance Abuse Facilities;
- Assisted living facilities for the elderly without nursing care are classified in U.S. Industry 623312, Assisted Living Facilities for the Elderly;
- Establishments primarily engaged in providing inpatient nursing and rehabilitative services are classified in Industry 623110, Nursing Care Facilities (Skilled Nursing Facilities);
- Establishments primarily engaged in providing temporary shelter are classified in U.S. Industry 624221, Temporary Shelters;
- Privately operated correctional facilities are classified in Industry 561210, Facilities Support Services; and
- Government operated correctional facilities and camps are classified in Industry 922140, Correctional Institutions.