Bioterrorism Emergency Planning and Preparedness Questionnaire for Healthcare Facilities

Name of Hospital: ___________________________________________
Hospital Address: ___________________________________________

Name and Title of Person(s) Completing Form: __________________________
_________________________________________________________________
_________________________________________________________________

Contact Information:
Phone: (       )
Pager: (       )
Fax: (       )
Email: ________________________________

Healthcare facilities play a vital role in the detection of and response to biological emergencies, including new emerging infections, influenza outbreaks, and terrorist use of biological weapons. The information and data obtained from this questionnaire will be used to help assess the preparedness and capacity of your hospital to respond to and treat victims of a biological incident. Many of the questions only require yes, no, or don’t know (DK) responses. Others will require some research.

Thank you for taking the time to complete this questionnaire.
I. Biological Weapons Training for Hospital Personnel

1. Does your hospital conduct in-service training on biological weapons? □ Yes □ No □ DK
   If yes:
   a) When was the last training provided? ________________
   b) Who is being trained? 
      Medical Staff □ Yes □ No □ DK □ Yes □ No □ DK
      Nursing Staff □ Yes □ No □ DK □ Yes □ No □ DK
      Medical/Nursing Students □ Yes □ No □ DK □ Yes □ No □ DK
      Residents □ Yes □ No □ DK □ Yes □ No □ DK
      Administration □ Yes □ No □ DK □ Yes □ No □ DK
      Laboratory Personnel □ Yes □ No □ DK □ Yes □ No □ DK
      Security Personnel □ Yes □ No □ DK □ Yes □ No □ DK
   c) Is training mandatory?
      Medical Staff □ Yes □ No □ DK □ Yes □ No □ DK
      Nursing Staff □ Yes □ No □ DK □ Yes □ No □ DK
      Medical/Nursing Students □ Yes □ No □ DK □ Yes □ No □ DK
      Residents □ Yes □ No □ DK □ Yes □ No □ DK
      Administration □ Yes □ No □ DK □ Yes □ No □ DK
      Laboratory Personnel □ Yes □ No □ DK □ Yes □ No □ DK
      Security Personnel □ Yes □ No □ DK □ Yes □ No □ DK
   d) How often is in-service training on biological weapons provided?
      □ Quarterly  □ Biannually  □ Annually  □ Other  □ Don’t Know
   e) Who provides the biological weapons training to your hospital staff?
      □ In-house instructor (please list) ____________________________
      □ Outside consultant (please list) ____________________________
      □ Other (please list) ________________________________________
      □ Don’t Know
   f) What type of training was provided (check all that apply)?
      □ Classroom/seminar training  □ Home study manuals (i.e., self-study)
      □ Computer based training  □ Satellite broadcast
      □ Video  □ Other, please specify _______________________________

2. Does your hospital send staff to Bioterrorism training seminars offered outside of the hospital? □ Yes □ No □ DK
II. General Hospital & Emergency Preparedness Information

1. What is your average daily inpatient census (averaged over the 2000 Calendar year)?

2. Approximately how many people work at your hospital?

3. Please indicate your licensed, operational, and surge bed capacity below:

<table>
<thead>
<tr>
<th>Bed capacity in the following areas</th>
<th>Licensed Beds (Under Certificate of Need)</th>
<th>Staffed Beds (Operational Capacity)</th>
<th>Approximate Surge Bed Capacity* (Estimated maximum number of additional staffed beds created in 6 &amp; 12 hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult medical &amp; surgical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric medical &amp; surgical</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Adult ICU (all units including CCU)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Adult Intermediate Care Ward</td>
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<tr>
<td>(Progressive Care Unit)</td>
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<td></td>
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<tr>
<td>Pediatric ICU (including NICU)</td>
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</tr>
<tr>
<td>Pediatric Intermediate Care Ward</td>
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<td></td>
</tr>
<tr>
<td>(Progressive Care Unit)</td>
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<tr>
<td>Emergency department beds</td>
<td></td>
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<tr>
<td>OB/GYN</td>
<td></td>
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<td></td>
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<tr>
<td>Psychiatry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
<td></td>
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<td></td>
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<tr>
<td>Transitional Care (e.g., short-term care facility, rehabilitation)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All other departments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(including outpatient surgical areas)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Surge bed capacity: In the event of an emergency, what is the maximum number of additional staffed beds that your institution can create in 6 hours and in 12 hours for the treatment of mass casualties? (e.g., beds made available by opening up closed wards/units; beds made available by canceling elective surgeries; beds obtained from associated clinics; endoscopy suites; outpatient surgical areas; etc.)

4. How many times a month does your hospital reach 100% of operational capacity (i.e., staffed beds)?

5. Has your hospital implemented the Incident Command or Management System facility-wide?  
   Yes ☐  No ☐  DK ☐

6. Does your hospital’s emergency preparedness plan address mass casualty incidents involving biological agents (i.e., influenza epidemics, new emerging infections, or terrorist use of biological agents)?  
   Yes ☐  No ☐  DK ☐

   If yes:
   a) How frequently is this facet of your plan exercised and updated? _________________________
   b) What was the date of your last exercise involving biological agents? _________________________

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c) How is your bio-plan initiated?
_________________________________________________________________________________

d) How are hospital personnel and medical staff within the hospital notified about the plan’s initiation?
_________________________________________________________________________________

e) How is affiliated medical staff notified about the plan’s initiation? ___________________________
_________________________________________________________________________________

g) How does the hospital monitor staff’s knowledge of the plan? _____________________________
_________________________________________________________________________________

7. Does your hospital have a coordinator designated to oversee all preparedness efforts as it relates to your hospital’s bioterrorism preparedness efforts? ❑ Yes ❑ No ❑ DK

8. Does your hospital have a medical director that oversees all training and preparedness efforts as it relates to your hospital’s bioterrorism preparedness efforts? ❑ Yes ❑ No ❑ DK

9. Does your hospital’s emergency preparedness plan address expanding staff availability? ❑ Yes ❑ No ❑ DK
   If yes:
   a) Where would you access additional staff (please check all that apply)?
      ❑ Local registry (agency)?
      ❑ Change shift length from 8 to 12 hours?
      ❑ Change nursing/patient ratios?
      ❑ Offer services to keep staff at the hospital (e.g., babysitting, elderly care)?
      ❑ Does your hospital’s emergency preparedness plan address requesting state or federal resources for assistance? ❑ Yes ❑ No ❑ DK
   b) Does your hospital participate in multiple facility credentialing procedures to permit rapid recognition of credentialed staff from other facilities or hospitals? ❑ Yes ❑ No ❑ DK

10. Does your hospital experience problems staffing your ED, general medical, pediatrics, and surgical floors with nurses employed by the hospital? ❑ Yes ❑ No ❑ DK
    If yes:
    a) During calendar year 2000, how many shifts per week (on average) are you short of nurses for:
       _____ General medical
       _____ Pediatrics
       _____ Surgery (post-surgical care)
       _____ ICU
       _____ ED
    b) Does your hospital have an on-call nursing policy for the following areas (i.e., where nurses are on-call and will come in when additional staff is required)?
       General medical ❑ Yes ❑ No ❑ DK
       Pediatrics ❑ Yes ❑ No ❑ DK
       Surgery (post-surgical care) ❑ Yes ❑ No ❑ DK
       ICU ❑ Yes ❑ No ❑ DK
       ED ❑ Yes ❑ No ❑ DK
11. Does your hospital's emergency preparedness plan address increasing operational (staffed-bed) capacity by at least:
   a) 10%  
   b) 15%  
   c) 20%  

12. Does your hospital's emergency preparedness plan address canceling elective surgeries in order to make additional beds available for inpatient use?

13. Does your hospital's emergency preparedness plan address early inpatient discharge protocols to create additional beds?
   If yes:
   a) Who decides which patients can be discharged early? __________________________________
   b) Is this a voluntary policy with your medical staff?  
   c) Is there a staff member involved in early discharge planning?  

14. Are you able to utilize hallways as short-term inpatient care areas in the event of a declared disaster?
   If yes:
   a) How many additional inpatient beds can be opened using the hallways during a declared disaster?  
   b) Can your hospital’s computer process orders for patients not residing in traditional patient care areas (i.e., residing in the hallways)?  
   c) Do you have a mechanism to provide privacy to patients residing in the hallway?  

15. Do you have other areas of the hospital designated for emergency overflow of patients (e.g., an auditorium, lobby) in the event of a declared disaster?
   If yes:
   i. Where are these areas located? __________________________________
   ii. Do you have beds or cots available onsite for these alternative patient care areas?  
   iii. Do you have a mechanism to provide privacy to these patients?  
   iv. Do these overflow patient care areas have ready access to:
       - Supplemental oxygen source  
       - Running water  
       - Pharmaceuticals  
       - Bath/showers  
       - Toilets  
       - Suction  
       - Supplies  
       - Monitoring Units
| **Computer access** | Yes | No | DK |
| **Hand washing areas** | Yes | No | DK |
| **Food and drink** | Yes | No | DK |
| **Telephone** | Yes | No | DK |

v. In the past five years, have you ever had to expand your bed capacity beyond your licensed number of beds?  

16. Does your hospital have a memorandum of agreement (MOA) with nearby extended care facilities (ECF) or rehabilitation hospitals to accept patients during a declared disaster that can be discharged early from the affected hospital but still require nursing care?  

17. Does your hospital have a memorandum of agreement (MOA) with outlying hospitals to accept inpatients during a declared disaster?  

18. Does your hospital's emergency preparedness plan address processes to increase inpatient treatment capacity within the city?  

19. Does your hospital's emergency preparedness plan address extending outpatient clinic hours (on and off-campus) beyond normal scheduled hours?  

If yes:

a) How do you staff these extended hours?  

b) Has there ever been a need to extend clinic hours during a disaster situation?  

20. Does your hospital's emergency preparedness plan address processes to increase outpatient treatment capacity within the city?  

21. Does your hospital's emergency preparedness plan address the provision of the following services if staff had to return to work during a community disaster (check all that apply)?  

| Provided | Yes | No | DK |
| Day (night) care for their children? |  
| Day (night) care for their dependent adults? |  
| Day (night) care for their pets? |  
| Sleeping quarters? |  
| Nourishment? |  
| Distribution of medication prophylaxis |  

22. Does your hospital have policies concerning emergency department diversion?  

If yes:

a) What are your hospital’s criteria to go on diversion?  

b) Who is delegated within the hospital to make the decision to go on diversion?  

c) List who needs to be notified about your diversion policy outside the hospital?
d) In general, how many times a year does your hospital go on diversion? \\

23. What is the approximate number of functioning on-site ventilators that belong to your institution? ___
   a) How many ventilators, if any, can be mobilized from associated long-term care, rehab facilities, or other satellite clinic facilities? \\
   b) How many additional ventilators does your institution rent weekly (average over the past year)? \\
   c) Do you have access to ventilators that can be rented on an emergency basis?  
      If yes: 
      _____ How many can be obtained? 
      How long does it take your hospital to obtain these additional ventilators? \\
   d) Is there a regional plan to provide extra ventilators if needed?  
      If yes: 
      _____ How many additional ventilators can you access within 4 hours? 
      _____ How many additional ventilators can you access within 8 hours? 
      Do other hospitals in your area access ventilators from the same vendor? 

24. Does your hospital have an information system that provides the following: 
   a) Inpatient staffing? 
      If yes: 
   b) Hospital bed availability? 
      If yes: 
   c) Diversion status of other hospitals in the area or region? 
      If yes: 
   d) Bed availability of other hospitals in the area or region? 
      If yes: 
   e) Information on biological agents and the management of infectious patients? 
      If yes: 
   f) Internet access? 
      If yes: 

25. Does your hospital’s emergency preparedness plan address stockpiling antibiotics and supplies?  
   If yes: 
   a) Does your hospital currently maintain a separate cache of antibiotics to treat hospital staff in the event of a bioterrorist incident?  
      If yes: 
      i. What antibiotics are cached (check all that apply)? 

<table>
<thead>
<tr>
<th>Name</th>
<th>Unit Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doxycycline</td>
<td></td>
</tr>
<tr>
<td>Tetracycline</td>
<td></td>
</tr>
<tr>
<td>Ciprofloxin</td>
<td></td>
</tr>
<tr>
<td>Levaquin</td>
<td></td>
</tr>
<tr>
<td>Gentamicin</td>
<td></td>
</tr>
<tr>
<td>Tobramycin</td>
<td></td>
</tr>
</tbody>
</table>
ii. How quickly can supplies be accessed? ........................................................................

iii. Where are these supplies stored? ........................................................................

26. How many days supply of antibiotics does your pharmacy maintain (based on current average daily
usage)? .................................................................

27. Does your hospital stockpile or have 12-hour access to antibiotics (Doxycycline, ciprofloxacin) in
order to provide community prophylaxis?       Yes No DK

28. During an average 24-hour period, how many additional orders (based on standard dosing) for the
following antibiotics would exhaust your current in-hospital pharmaceutical supply (inventory):

   ____ Doxycycline i.v.
   ____ Doxycycline p.o.
   ____ Ciprofloxacin i.v.
   ____ Ciprofloxacin p.o.
   ____ Levofloxacin i.v.
   ____ Levofloxacin p.o.
   ____ Gentamycin i.v.
   ____ Tobramycin i.v.

   a) How long would it take you to replenish these supplies? ........................................
   b) How would you obtain these supplies? .................................................................
   c) Do other hospitals in your area access these drugs in the same manner and from the same
source?       Yes No DK

29. During an average 24-hour period, how many prescriptions for the following antibiotics (based on
standard dosing) would exhaust your current outpatient pharmaceutical supply (inventory):

   ____ Doxycycline p.o.
   ____ Tetracycline p.o.
   ____ Ciprofloxacin p.o.
   ____ Levofloxacin p.o.

   a) How long would it take you to replenish these supplies? ........................................
   b) How would you obtain these supplies? .................................................................
   c) Who do you obtain these supplies from? ..............................................................
   d) Do other hospitals in your area access these drugs in the same manner and from the same
source?       Yes No DK

30. Has your hospital ever participated in a community or regional pharmaceutical stockpile?      Yes No DK

31. Is your hospital's emergency preparedness plan integrated into the city emergency preparedness
plan?       Yes No DK

32. Does your hospital's emergency preparedness address the following:

   a) Designating mental health services (Critical Incident Stress Management - CISM) to care for
emergency workers, victims and their families, and others in the community who need special
assistance coping with the consequences of a disaster?       Yes No DK

   b) Provisions to provide for the proper examination, care, and disposition of deceased?       Yes No DK

   c) Mass immunization/prophylaxis?       Yes No DK
d) Mass fatality management? 
   □ Yes □ No □ DK

   If yes, does the plan address the following:

   i. Augmenting morgue facility and staff 
      □ Yes □ No □ DK
   ii. Expanding morgue capacity 
       □ Yes □ No □ DK
   iii. Procedures for decontamination/isolation of human remains 
        □ Yes □ No □ DK
   iv. Backup isolation procedures when morgue capacity is exceeded 
       □ Yes □ No □ DK
   v. Environmental isolation procedures? 
      □ Yes □ No □ DK

e) Ensuring adequate bio-protection (Universal Precautions) gear for hospital/clinic personnel? 
   □ Yes □ No □ DK

f) Ensuring adequate supplies (including food, linens & patient care items) are available from local or 
   regional suppliers, or that plans are in place to obtain them in a timely manner in order to be self-
   sufficient for 48-hours? 
   □ Yes □ No □ DK

g) Access to portable cots, sheets, blankets and pillows? 
   □ Yes □ No □ DK

h) Triage of mass casualties 
   □ Yes □ No □ DK

i) Enhancing hospital security by utilizing community law enforcement assets? 
   □ Yes □ No □ DK

j) Tracking expenses incurred during an emergency? 
   □ Yes □ No □ DK

k) Coordination with state or local public health authorities? 
   □ Yes □ No □ DK

l) Creating additional isolation beds? 
   □ Yes □ No □ DK

33. Does your hospital have an internal health surveillance system in place that tracks patients presenting 
problems or complaints? 
   □ Yes □ No □ DK

   If yes:

   a) Does your hospital’s surveillance system track the following (please check all that apply):
      □ ED visits
      □ Hospital admissions (total numbers and patterns)
      □ Presenting patients’ complaints
      □ Influenza-like illness monitoring
      □ Increased antibiotic prescription rate

   b) Is this information gathered automatically electronically or done manually? __________________________

   c) When is this information gathered? __________________________

   d) Who gathers this information? __________________________

   e) Who (and how – phone, fax, etc.) does the ED notify when unusual clusters of illnesses present 
and can they be notified 24-hours per day (check all that apply)?

      □ Hospital infection control personnel 
      □ Yes □ No □ DK

      □ Other designated (resource) in-house personnel 
      □ Yes □ No □ DK

      □ Local Health Department 
      □ Yes □ No □ DK

      □ State Health Department 
      □ Yes □ No □ DK

      □ Other, please specify__________ 
      □ Yes □ No □ DK
34. Is your in-patient laboratory staffed 24 hours a day, 7 days a week?  □ Yes  □ No  □ DK

35. What diagnostic capability does your in-patient laboratory have? (check all that apply)
   □ Minimal identification of agents
   □ Identification, confirmation, and susceptibility testing
   □ Advanced laboratory capacity with some molecular testing

36. What is the highest Biosafety level (BSL) capability of your in-patient lab?
   □ BSL 1 (basic level of containment for minimal potential hazards)
   □ BSL 2 (primary containment practices for moderate potential hazards)
   □ BSL 3 (primary and secondary containment practices for potentially lethal agents)

37. What is the current volume of culture specimens that can be processed in your in-patient lab on a daily basis?
   _____________ Sputum
   _____________ Blood
   _____________ Urine

38. What is the estimated maximum volume of culture specimens that can be processed in your in-patient lab on a daily basis?
   _____________ Sputum
   _____________ Blood
   _____________ Urine

39. Does your hospital have protocols or procedures for the handling of laboratory specimens in the event of a biological terrorism incident?  □ Yes  □ No  □ DK

   If yes, do these protocols or procedures address the following (please check all that apply)
   □ Collection
   □ Labeling
   □ Chain of custody (similar to rape packages)
   □ Secure storage
   □ Processing
   □ Transportation to secondary laboratory
   □ Storage
   □ Referral to Public Health Department (PHD) lab
   □ Contacting the CDC
   □ Contacting local law enforcement
   □ Contacting the FBI
   □ Decontamination of bio-hazardous waste
   □ Safe disposal of waste

40. Please check the appropriate box to describe your hospital’s in-patient laboratory capacity with regard to the following organisms (check all that apply):
<table>
<thead>
<tr>
<th>Disease</th>
<th>Method</th>
<th>Rule Out</th>
<th>Confirm*</th>
<th>None**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthrax</td>
<td>Culture</td>
<td>Rule Out</td>
<td>Confirm*</td>
<td>None**</td>
</tr>
<tr>
<td>Plague</td>
<td>Culture</td>
<td>Rule Out</td>
<td>Confirm*</td>
<td>None**</td>
</tr>
<tr>
<td>Tularemia</td>
<td>Culture</td>
<td>Rule Out</td>
<td>Confirm*</td>
<td>None**</td>
</tr>
<tr>
<td>Brucellosis</td>
<td>Culture</td>
<td>Rule Out</td>
<td>Confirm*</td>
<td>None**</td>
</tr>
<tr>
<td>Q-Fever</td>
<td>Culture</td>
<td>Rule Out</td>
<td>Confirm*</td>
<td>None**</td>
</tr>
<tr>
<td>Smallpox</td>
<td>Culture</td>
<td>Rule Out</td>
<td>Confirm*</td>
<td>None**</td>
</tr>
</tbody>
</table>

* If checked, please indicate how your lab confirms the organism's identification. 

** Checking none means your hospital laboratory does not have the capacity to culture, rule out, or confirm the listed organism.

41. How would you rate your laboratory's ability to identify specimens of biological terrorism?

- [ ] Very poor
- [ ] Poor
- [ ] Fair
- [ ] Good
- [ ] Very good

42. How would you rate your hospital's ability to manage victims of biological terrorism?

- [ ] Very poor
- [ ] Poor
- [ ] Fair
- [ ] Good
- [ ] Very good

Sources: Questions 1, 2, 3 and 23 in Section II of this questionnaire were adapted from New York City Department of Health, institutional surge capacity questions 1-6 in "Biological, Chemical, and Radiological Emergency Planning/Preparedness Capabilities" survey, dated 11/13/2000. The following documents were also consulted: Marasco Newton Group Ltd., "Hospital Weapons of Mass Destruction Needs and Resource Assessment Survey," dated 2/8/2000; Booz-Allen & Hamilton, WMD Checklist; Institute of Medicine, 2000 MMRS Evaluation Instrument in "Preparing for Terrorism: Tools for Evaluating the Metropolitan Medical Response System"; American Hospital Association, Chemical and Bioterrorism Preparedness Checklist; Disaster Preparedness International, "Hospital Capability to Respond to Pandemic Influenza, Bioterrorism, and Emerging Infectious Disease Outbreaks," dated 12/11/2001.