



California Emergency Medical Services Authority

Community Health Clinic Bioterrorism Preparedness Survey

October 18, 2002

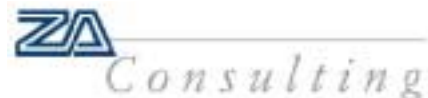


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INTRODUCTION

The California Emergency Medical Services Authority (EMSA) and the Department of Health Services (DHS) invite your clinic and clinic system to participate in an important needs assessment to gather information about the readiness and the of needs of California's hospitals and clinics to respond to and manage bioterrorism events and other outbreaks of infectious disease. This assessment is being conducted as part of the Health Resources and Services Administration (HRSA) grant awarded to the State of California to enhance the planning and preparedness of hospitals and other health care partners to respond to bioterrorism events.

The *California Primary Care Association and the California Healthcare Association* support the needs assessment and urge the State's clinics to participate in the survey.

THE NEEDS ASSESSMENT

An essential element of HRSA's Hospital Bioterrorism Preparedness program and a mandated critical benchmark is the performance of a statewide hospital and community health center bioterrorism needs assessment. The assessment will address your clinic's capacities, capabilities, vulnerabilities and the needs in responding to and managing a bioterrorism event, including a large influx of victims and patients, potentially overwhelming your facility and resources. The data and information collected by your clinics will be aggregated with the clinics in California and will be analyzed based on number of patient encounters, clinic type and regional location. This information will be used to perform a detailed gap analysis to develop an implementation plan to utilize and distribute the HRSA grant monies to the hospitals, clinics, and other healthcare partners to enhance planning, preparedness and response to bioterrorism. A similar needs assessment is being conducted for the licensed general acute care hospitals within California in concert with this clinic survey.

The Wilson Group, General Physics and ZA Consulting are conducting this needs assessment on behalf of EMSA and DHS. They are professional organizational development consultants with expertise in creating assessment tools and performing the needs assessment for healthcare providers and others.

In order to ensure the most comprehensive assessment data and begin the implementation planning by the Hospital Bioterrorism Preparedness Planning Committee ("HBPPC"), it is essential that the survey be completed in its entirety by all licensed community health centers in the State of California. To meet grant deadlines and expedite the planning process, the survey must be completed *no later than November 8, 2002 at 5 PM.*

WHY IS YOUR PARTICIPATION IN THE SURVEY IMPORTANT?

- The HRSA grant monies will be utilized and distributed based on the implementation plan. Hospitals, clinics, and other healthcare providers may be provided training programs, planning protocols, response equipment including personal protective equipment, and other resources to enhance your ability to respond.

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- This information will be used to plan for a regional response to bioterrorism and other outbreaks of infectious diseases. Should a large amount of victims overwhelm the healthcare system's capacity and resources, responding to the event as a region will be essential. Regional planning and preparedness will enhance the ability of the local healthcare system to respond to such an event. The information obtained from the survey will assist the HBPPC to develop regional plans and response capabilities.
- Many organizations and entities are conducting surveys across the state and the nation and you may be feeling inundated with requests to complete multiple assessments. In an effort to combine survey efforts, the HBPPC collaborated with DHS and local public health to incorporate questions into this survey, thereby possibly eliminating a future survey from public health coming to your facility. We are trying to streamline the process and ask for information one time.
- The provision of those resources as above will assist your clinic to establish protocols and plans to respond to bioterrorism, but can also assist you in planning for the more common outbreaks of infectious disease including influenza. The enhancement of your clinic's emergency management plan (or disaster plan) and response resources will be a valuable asset should a response be necessary.

Clinics will not be "graded" or measured on their preparedness, and answering the assessment questions to reflect your current state of preparedness or lack thereof is really critical to the development of a realistic and effective implementation plan. Please assist the HBPPC by providing an accurate picture of your clinic!

WILL MY RESPONSES BE KEPT CONFIDENTIAL?

Yes. The consultant will collect all survey information on a secure website using 128-bit encryption technology. The consultant will not disclose any hospital-identifiable information to EMSA or any other party except as required by law. Prior to submitting its analysis to EMSA, the consultants will permanently delete all hospital-identifiable information from the electronic database and including all faxed responses. Moreover, the consultants will not print survey responses of individual hospitals during their data collection and analysis activities.

CRITICAL TIMELINES AND DEADLINES FOR SURVEY COMPLETION

- Survey responses must be input into the website or received by fax no later than 5:00 pm PST Friday, November 8, 2002.
- Early submissions of all or part of the data will be appreciated and can ensure validity of the data input.

HELP AVAILABLE

- A telephone help line is available to answer questions regarding the survey and how to complete it.

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- The help line is available from 7:00 am PST until 4:00 pm PST beginning on Monday, October 14, 2002.
 - ✓ The help line's telephone number is 966-207-9225; or,
 - ✓ Email your question to casurveyhotline@genphysics.com.

HOW TO COMPLETE THE SURVEY

We must acknowledge that, in an attempt to develop a comprehensive survey, the tool is lengthy, but will cover the critical areas and information points needed to create a complete implementation plan to enhance the preparedness to manage bioterrorism incidents and other outbreaks of infectious disease. It is our goal to identify both strengths and weaknesses within the emergency response system and among California's hospitals and community health centers.

We have made every effort to facilitate the efficient completion of the survey:

- ✓ The survey is designed to be broken down by section or area of focus and allow for individual departments or persons to complete the sections.
- ✓ The survey can be completed and submitted either on-line or in hard copy via fax.
- ✓ A toll-free telephone help line (866-207-9225) is available to answer questions about the survey questions or about completing the survey.
- ✓ The questions contained in this survey are intended to assist the HBPPC in assessing the state of preparedness of California's clinics and hospitals, and is not intended to measure or rate the clinic.

We urge you to complete this survey promptly to ensure that the needs and capabilities of your clinic and the community you serve are represented in the HBPPC implementation plan and any possible accompanying funding allocations.

BACKGROUND OF THE HRSA GRANT

The tragic events of September 11, 2001 and the subsequent release of anthrax as an act of bioterrorism demonstrated the need to enhance the planning and preparedness of the healthcare system. As a result of these events, the Federal government passed the Public Health and Safety Act of 2002, providing \$125 million dollars to HRSA to enhance the hospital's infrastructure and system for responding to a bioterrorism incident. HRSA then allocated the money to 59 states, territories, and municipalities across the nation. The State of California received \$9.9 million dollars in the grant from HRSA to enhance the preparedness of our hospital's and other healthcare system partners. The grant mandates the creation of a state Hospital Bioterrorism Preparedness Program with specific critical benchmarks and outcomes. EMSA is the state agency administering and implementing the Hospital Bioterrorism Preparedness Program and has convened an advisory committee to develop the implementation plan. Complete grant guidance can be found at www.hrsa.gov and more information on the California Hospital Bioterrorism Preparedness Program and Committee can be found at www.emsa.ca.gov.

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THE HOSPITAL BIOTERRORISM PREPAREDNESS PLANNING COMMITTEE

The Hospital Bioterrorism Preparedness Planning Committee (HBPPC) is the planning and advisory group for the grant. The HBPPC members are experts in disaster preparedness and planning and are healthcare professionals from both public and private organizations including the Emergency Medical Services Authority, Department of Health Services, Office of Statewide Health Planning and Development (OSHPD), California Healthcare Association, Hospital Council of Northern and Central California, Hospital Association of Southern California, Hospital Association of San Diego and Imperial Counties, California Primary Care Association, Office of Rural Health, Indian Affairs, Veteran's Administration, Health Officers and hospital emergency managers, physicians, nurses, and safety officers. This survey was reviewed and finalized by the HBPPC and the information from the survey will be used to develop an implementation plan for the grant monies.

**On behalf of EMSA and DHS, we thank you in advance
for participation and assistance in this important survey!**

INSTRUCTIONS SURVEY COORDINATOR'S CHECKLIST

- Identify a survey coordinator to organize the facility's completion of the survey.
- The survey coordinator's role is to:
 - Communicate the reasons and rationale for the survey within the facility and in the appropriate departments. This will help expedite survey completion.
 - Oversee the completion of the survey.
 - Read and refer to the glossary for definitions of terms as this may assist you in answering the questions.
 - Ensure that timelines and deadlines for section completion and input or fax of the survey information are met.
 - Coordinate survey information and act as a resource for the persons completing each section.
- Log onto the survey website to verify the clinic's ID number and contact information.
 - The survey responses will be collected electronically using encryption technology to ensure confidentiality of the information.
 - A 128 bit encryption web browser will be required as it is the most secure form of encryption generally available in web browsers on the market in North America today. If you do not have a web browser with a 128-bit encryption, you must download and install the free upgrades and the latest version of Netscape Navigator or Communicator or Microsoft Internet Explorer. If for some reason you cannot do so, please contact the help line for assistance.
 - If you do not have a web browser with 128-bit encryption, the survey results can be faxed.
 - Log onto www.BTAssessmentSurvey.com/CA to verify your hospital ID number and contact information ASAP.
 - If you lose your ID number or cannot access the website to enter the survey data, please contact the help-line:
 - Email at CASurveyHotline@genphysics.com
 - Call the help line toll-free at 866-207-9225
 - Fax the help line at 888-739-6276
- Upon receipt of the survey, determine the appropriate departments and/or persons to complete each section of the survey.
 - Establish internal deadlines for completion of the survey by departments and persons and regular dates to follow up on the progress of the completion.
 - Photocopy or provide an electronic copy of the survey to the person identified to complete the section.
 - Keep a list of assigned departments and persons receiving the section of the survey to be completed to facilitate follow up and ensure deadlines are met.

INSTRUCTIONS

SURVEY COORDINATOR'S CHECKLIST

- Conducting the survey:
 - Read the entire survey document including the introduction, survey questions and glossary.
 - **ALL** questions must be answered with 'yes', 'no', 'don't know' or 'not applicable' by checking the appropriate box. Please make every attempt to find the information requested even though it requires a bit of research, investigation and follow up. This will help make the survey information more pertinent and valid, assisting with the development of the implementation plan!
 - Follow up regularly with the departments/persons completing the survey to ensure timely and accurate completion.
 - Collect the responses for all the sections of the survey
 - Verify answers are present for all questions
 - Check for overall consistency of the answers.
 - Resolve inconsistencies prior to submitting the results.
 - Call the help line at 866-207-9225 if you need assistance with answering the survey questions or inputting the information.
 - You can also contact the help line by email at CASurveyHotline@genphysics.com; or,
 - By fax at 888-739-6276.

- Submitting the data:
 - The data can be inputted into the website by each department or person and then reviewed and verified by the survey coordinator; or, the data can be submitted to the coordinator for input into the website.
 - Log onto the website at www.BTAssessmentSurvey.com/CA
 - Follow step-by-step directions to enter the data and complete the survey.
 - You can input the data into the survey website by sections or in pieces as needed. You do not have to input the survey all at one time, but can save the data and return later to complete the questions.
 - The survey information can also be faxed to the data bank for input by the consultants at 866-207-9226.
 - The clinic ID number should be reflected on each page to be faxed.
 - Fax only the clinic demographic and survey pages. Please do not fax the entire survey document with introduction and glossary.
 - Be sure all faxed pages are transmitted and received.
 - If website input or fax return of the survey data is not possible, please call the help line at 866-207-9225, and the personnel will be available to take survey results by telephone.

INSTRUCTIONS SURVEY COORDINATOR'S CHECKLIST

CRITICAL TIMELINES AND DEADLINES FOR SURVEY COMPLETION

- Survey responses must be input into the website or received by fax **no later than November 8th at 5 PM**
- Due to the short turn around times to submit the survey data, we suggest that all departments/persons are required to submit the data to you no later than ***November 6st, 2002***. This will allow for your review of the answers to verify that all questions are answered and to identify and resolve inconsistencies.
- Early submissions of all or part of the data will be appreciated and can ensure validity of the data inputted.

Clinic ID Number: _____

www.BTAssessmentSurvey.com/CA

Or Fax to: 888-739-6276

CLINIC DEMOGRAPHICS

Parent or Corporate Clinic Name: _____

Street Address: _____

City: _____ Zip Code: _____ County: _____

Telephone Number: _____ Fax: _____

Name of Person Responsible for Completing this Survey: _____

Title of Person Responsible for Completing this Survey: _____

Telephone Number of Person Responsible for Completing this Survey: _____

E-mail Address of Person Responsible for Completing this Survey: _____

Clinic Type (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Primary Care Clinic - Community Clinic | <input type="checkbox"/> Specialty Care Clinic – Surgical Clinic |
| <input type="checkbox"/> Primary Care Clinic - Free Clinic | <input type="checkbox"/> Specialty Care Clinic – Chronic Care Clinic |
| <input type="checkbox"/> County Clinic | <input type="checkbox"/> University Clinic |
| <input type="checkbox"/> Tribal or Urban Indian Health Clinic | |

Clinic Category (check one):

- Federally Qualified Health Clinic (FQHC) (check all types below that apply)
- Community Health Center
 - Migrant Health Center
 - Health Care for the Homeless
 - Healthy Schools Healthy Communities
 - Public Housing Primary Care Program
- Rural Health Clinic (95-210 clinic)
- Other: _____

Average Annual Patient Encounter Volume for all sites combined (including parent clinic and satellites that is projected for 2002-2003):

- | | |
|--|--|
| <input type="checkbox"/> 1 - 4,999 | <input type="checkbox"/> 20,000 - 39,999 |
| <input type="checkbox"/> 5,000 - 9,999 | <input type="checkbox"/> 40,000 - 59,999 |
| <input type="checkbox"/> 10,000 - 19,999 | <input type="checkbox"/> 60,000 + |

CLINIC DEMOGRAPHICS

Services Offered (check all that apply):

- General Medical
- Family Planning
- Preventative Health
- Home Care
- Immunizations
- Pediatric Medicine
- Substance Abuse
- Rehabilitation
- Mental Health
- Other Services: _____

For Parent Clinic Corporations with multiple locations:

Total Number of Full Time Satellite Clinics _____

Total Number of Intermittent Satellite Clinics _____

Please Enter the Number of Full Time Satellite Clinic Locations in Each County:

Alameda	Kings	Placer	Shasta
Alpine	Lake	Plumas	Sierra
Amador	Lassen	Riverside	Siskiyou
Butte	Los Angeles	Sacramento	Solano
Calaveras	Madera	San Benito	Sonoma
Colusa	Marin	San Bernardino	Stanislaus
Contra Costa	Mariposa	San Diego	Sutter
Del Norte	Mendocino	San Francisco	Tehama
El Dorado	Merced	San Joaquin	Trinity
Fresno	Modoc	San Luis Obispo	Tulare
Glenn	Mono	San Mateo	Tuolumne
Humboldt	Monterey	Santa Barbara	Ventura
Imperial	Napa	Santa Clara	Yolo
Inyo	Nevada	Santa Cruz	Yuba
Kern	Orange		

CLINIC DEMOGRAPHICS

Please Enter the Number of Intermittent Clinic Locations in Each County:

Alameda	___	Kings	___	Placer	___	Shasta	___
Alpine	___	Lake	___	Plumas	___	Sierra	___
Amador	___	Lassen	___	Riverside	___	Siskiyou	___
Butte	___	Los Angeles	___	Sacramento	___	Solano	___
Calaveras	___	Madera	___	San Benito	___	Sonoma	___
Colusa	___	Marin	___	San Bernardino	___	Stanislaus	___
Contra Costa	___	Mariposa	___	San Diego	___	Sutter	___
Del Norte	___	Mendocino	___	San Francisco	___	Tehama	___
El Dorado	___	Merced	___	San Joaquin	___	Trinity	___
Fresno	___	Modoc	___	San Luis Obispo	___	Tulare	___
Glenn	___	Mono	___	San Mateo	___	Tuolumne	___
Humboldt	___	Monterey	___	Santa Barbara	___	Ventura	___
Imperial	___	Napa	___	Santa Clara	___	Yolo	___
Inyo	___	Nevada	___	Santa Cruz	___	Yuba	___
Kern	___	Orange	___				

GENERAL EMERGENCY PREPAREDNESS

Please select the best answer as 'yes', 'no', 'don't know' or 'not applicable' to the following questions pertaining to the clinic's disaster plan. (The disaster plan describes how the organization will establish and maintain a program to ensure effective response to disasters or emergencies affecting the environment of care. The plan should address four phases of emergency management activities: mitigation, preparedness, response, and recovery.)

	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>NA</u>
1. Does the clinic have a disaster plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the plan been reviewed and updated within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the plan have an organizational structure and organized leadership (e.g., incident command system) during a disaster or emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the plan make provisions for patient overflow and tracking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the plan have contingencies for a mass influx of patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the plan make provisions for vulnerable populations' health needs (e.g., elderly, handicapped, children, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the plan have a section for addressing security issues, including the provision of personnel to secure the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are specific persons or personnel assigned to a disaster response team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the plan contain a section on bioterrorism preparedness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the clinic incorporated into any hospital disaster plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has your clinic worked with the county or other healthcare providers to coordinate planning and response activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have any of your medical providers or staff agreed to volunteer their services in an emergency (e.g. through the Disaster Service Worker program, Disaster Medical Assistance Teams, American Red Cross or other program)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has your clinic performed a Hazard Vulnerability Assessment (see glossary for definition) within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are specific personnel assigned to a bioterrorism response team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does your clinic conduct or participate in an annual disaster drill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has your clinic conducted or participated in a drill using a scenario with a biological or chemical agent exposure within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Is your clinic included in your county's mass prophylaxis plan, providing resources such as personnel or facility space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL EMERGENCY PREPAREDNESS

Please select the best answer as 'yes', 'no', 'don't know' or 'not applicable' to the following questions pertaining to the clinic's disaster plan. (The disaster plan describes how the organization will establish and maintain a program to ensure effective response to disasters or emergencies affecting the environment of care. The plan should address four phases of emergency management activities: mitigation, preparedness, response, and recovery.)

	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>NA</u>
18. Does your clinic's disaster plan have a provision to extend regular treatment hours in an emergency or disaster situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.a. If no, could you extend hours if you had additional finances and resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Does your clinic have provisions for housing and feeding key personnel for 72 hours in the event of a significant disaster or terrorism event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Does your clinic's disaster plan address increasing operational capacity (staff, space) by at least:				
20.a. 10%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.b. 15%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.c. 20%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POLICIES AND PROCEDURES

Please select the best answer as 'yes', 'no', 'don't know' or 'not applicable' to the following questions with respect to policies and procedures that have been reviewed, revised or implemented within the last 12 months.

	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>NA</u>
21. Are the following policies in place?				
21.a. Security/lock-down policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.b. Personnel recall policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.c. Evacuation policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.d. Patient care during a disaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.e. Reports of suspicious symptoms to the county health department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Are procedures in place for the following:				
22.a. Handling patients who are exposed to biological or chemical events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.b. Isolating segments of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.c. Triage of patients to appropriate hospitals and other treatment centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.d. Addressing patient and situation confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.e. Acquisition and handling of suspect laboratory specimens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.f. Evidence collection and consultation with local law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.g. Personnel recall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.h. Testing for exposure to biological or chemical agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACILITIES, EQUIPMENT, AND SUPPLIES

Please select the best answer as 'yes', 'no', 'don't know' or 'not applicable' to the following questions with respect to the facilities, equipment and supplies.

	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>NA</u>
23. Does your facility have provisions for patient or staff decontamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Does the clinic have any personal protective equipment, such as protective suits or kits, available to staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Does the clinic have provisions for obtaining emergency or back up supplies from vendors, hospitals, county or any other alternative source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does your clinic have emergency or back up power?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Does your clinic have an emergency cache of supplies in case of a significant disaster or terrorism event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Does your clinic's disaster plan address the clinic as a primary site that chemically or biologically contaminated patients may come to in an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. How many miles is your clinic from the nearest emergency department? (in average miles if there are multiple sites)	—			

TRAINING AND PERSONNEL DEVELOPMENT

Please select the best answer as 'yes', 'no', 'don't know' or 'not applicable' to the following questions with respect to training and personnel development.

	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>NA</u>
30. Do staff members receive training in disaster awareness, preparedness and response?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Does the training include preparedness for chemical or biological terrorism events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Have staff been trained on the use of appropriate personal protective equipment for biological and chemical events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Is annual "refresher" training in disaster preparedness conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Are annual "refresher" training classes in biological or chemical terrorism conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Is disaster training conducted during new employee orientation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Do you evaluate the effectiveness of your disaster training programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Have educational opportunities been provided to medical staff on specific procedures regarding biological and chemical incidents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Have medical staff been trained to identify and properly/safely remove contaminants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Do training programs include preparation of staff for emotional and mental impacts of a significant disaster or terrorist attack?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Have you developed any patient education materials regarding emergency preparedness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Have you provided training regarding emergency preparedness at home and self care when ill to:				
41.a. Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.b. Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.c. Other members of the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNICATIONS

Please select the best answer as 'yes', 'no', 'don't know' or 'not applicable' to the following questions with respect to the clinics communications capabilities.

	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>NA</u>
42. Does your clinic have a pre-designated way to communicate with staff after hours in an emergency (e.g., a telephone tree or group paging system)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Does your clinic have high speed Internet access (other than dial up)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, at what level?				
42.a. T-3 Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.b. T-1 Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.c. DSL/ISDN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.d. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Does your clinic have secure offsite data backup capability for its information systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Are procedures in place for establishing emergency communications between the clinic and the county or local government?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Are procedures in place for establishing emergency communications between the clinic and the clinic associations, hospitals and other partners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Is there a communication system in place for the county health department to quickly alert clinic providers to suspicious clusters of symptoms or disease outbreaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Does the clinic's disaster plan provide for communications with the public and media in bioterrorism events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNICATIONS

Please select the best answer as 'yes', 'no', 'don't know' or 'not applicable' to the following questions with respect to the clinics communications capabilities.

	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>NA</u>
49. Which of the following emergency communication systems do you have that are fully redundant with or complementary to normal communications?				
49.a. Internal two-way radios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.b. Cell phones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.c. Voice mail boxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.d. Satellite phones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.e. Wireless messaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.f. Citizen's band radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.g. Amateur radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.h. California Health Alert Network (HAN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.i. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Have you been contacted by local emergency planners and/or government emergency managers about inclusion of your clinic in community planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Rank the following needs as 1 through 6, in order of priority with 1 being the highest priority, for your clinic(s):				
51.a. Planning and preparedness tools				_____
51.b. Communications				_____
51.c. Supplies				_____
51.d. Equipment				_____
51.e. Training				_____
51.f. Technical advice and information				_____

Clinic ID Number: _____

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STAFFING

52. For the entire California clinic system in your corporation, please give the number of full time equivalents (FTEs) of staff for the following categories:

MD – Physician/Medical Doctor	_____
DO – Doctor of Osteopath	_____
PA – Physician’s Assistant	_____
FNP – Family Nurse Practitioner	_____
RN – Registered Nurse	_____
LVN – Licensed Vocational Nurse	_____
Medical Technician	_____
Support Personnel	_____

GLOSSARY

Biological Agent – Living organisms or the materials derived from them that cause disease in or harm to humans, animals, or plants, or cause deterioration of material. Biological agents may be dispersed as liquid droplets, aerosols, or dry powders.

Bioterrorism – The systematic use of terrorist practices using biological agents as weapons of coercion.

California Health Alert Network – An Internet secure system for sending out public health alerts and receiving reportable diseases to and from local, regional, and state public health officials, healthcare organizations, and law enforcement agencies.

Decontamination – For the purposes of this survey, decontamination refers to the overall practices and principles of decontamination, relating to the general facility procedures. While decontamination procedures are specific and not interchangeable for the types of contamination, including biological, chemical, radiological, nuclear and explosive, consider the general principles of decontamination in answering this survey.

Disaster (Emergency Management) Plan (EMP)– The EMP describes how the organization will establish and maintain a program to ensure effective response to disasters or emergencies affecting the environment of care. The plan should address four phases of emergency management activities: mitigation, preparedness, response, and recovery. .

Hazard Vulnerability Analysis – A tool used to determine the probability, risk, and preparedness of an organization to a natural or manmade crisis. The results determine the priorities for organizational focus and resources for emergency planning.

Personal Protective Equipment (“PPE”) – In this context, PPE refers to devices worn by personnel to protect them from biological, chemical, or physical hazards.