SFCCC's Clinic Emergency Preparedness Survey

Please complete a separate survey for each clinic site.

CLINIC INFORMATION

Parent Clinic or Corporate Name: _____

Clinic Site: _____

Address: _____ Zip Code: _____ Neighborhood: _____

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):

- ❑ Primary Care Clinic – Community Clinic
- ❑ Primary Care Clinic – Free Clinic
- ❑ Tribal or Urban Indian Health Clinic
- ❑ Specialty Care Clinic
  Type: _____

Clinic Category (check all that apply):

- ❑ Federally Qualified Health Clinic (FQHC)
  - ❑ Community Health Center
  - ❑ Health Care for the Homeless
- ❑ Other: _____

Average Annual Patient Encounter Volume for this Clinic:

- ❑ 1 – 2,999
- ❑ 3,000 – 4,999
- ❑ 5,000 – 9,999
- ❑ 10,000 – 14,999
- ❑ 15,000 – 24,999
- ❑ 25,000 +

For Parent Clinic Corporations with multiple locations:

Total Number of Full-Time Licensed Clinics _____

Total Number of Intermittent Satellite Clinics _____

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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.)

		Yes	No	DK	NA
1.	Has the clinic identified how it will help the neighborhood and greater community in the event of an emergency?	❑	❑	❑	❑
2.	Does the clinic have an Emergency Preparedness Planning Team?	❑	❑	❑	❑
3.	Does the clinic have a disaster plan?	❑	❑	❑	❑
4.	Has the plan been reviewed and updated within the last 12 months?	❑	❑	❑	❑
5.	Has the plan been distributed to affected parties?	❑	❑	❑	❑
6.	Does the plan have an organizational structure and organized leadership (e.g., incident command system) during a disaster or emergency?	❑	❑	❑	❑
7.	Does the plan make provisions for patient overflow and tracking?	❑	❑	❑	❑
8.	Does the plan have contingencies for a mass influx of patients?	❑	❑	❑	❑
9.	Does the plan make provisions for vulnerable populations' health needs (e.g., elderly, handicapped, children, mental health, substance abuse, homeless, HIV/chronic disease, etc.)?	❑	❑	❑	❑
10.	Does the plan have a section for addressing security issues, including the provision of personnel to secure the site?	❑	❑	❑	❑
11.	Are specific persons or personnel assigned to a disaster response team?	❑	❑	❑	❑
12.	Does the plan contain a section on bioterrorism preparedness?	❑	❑	❑	❑
13.	Does your clinic's disaster plan have a provision to extend regular treatment hours in an emergency or disaster situation?	❑	❑	❑	❑
	If no, could you extend hours if you had additional finances and resources? _____	❑	❑	❑	❑
14.	Does your clinic have provisions for housing and feeding key personnel for 72 hours in the event of a significant disaster or terrorism event?	❑	❑	❑	❑
	If no, could you make these provisions if you had additional finances and resources? _____	❑	❑	❑	❑

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GENERAL EMERGENCY PREPAREDNESS

	Yes	No	DK	NA
15. Does your clinic's disaster plan address increasing operational capacity (staff, space) by at least:	❑	❑	❑	❑
a. 10%	❑	❑	❑	❑
b. 15%	❑	❑	❑	❑
c. 20%	❑	❑	❑	❑
d. If no, could you increase capacity if you had additional finances and resources? _____				
16. Has the clinic's insurance been reviewed with a disaster in mind?				
17. Does your plan have a provision for relocating services in the event the facility is inoperable?	❑	❑	❑	❑
If so, where and how? _____	❑	❑	❑	❑
18. Is the clinic incorporated into any hospital disaster plan?	❑	❑	❑	❑
If so, please list: _____				
19. Has your clinic worked with the county or other health care providers to coordinate planning and response activities?	❑	❑	❑	❑
If so, please list: _____				
20. Has your clinic completed a safety checklist, identified hazards (i.e. Hazard Vulnerability Assessment) and developed an improvement plan?	❑	❑	❑	❑
21. Are specific personnel assigned to a bioterrorism response team?	❑	❑	❑	❑
22. Does your clinic conduct or participate in an annual disaster drill?	❑	❑	❑	❑
23. Has your clinic conducted or participated in a drill using a scenario with a biological or chemical agent exposure within the last two years?	❑	❑	❑	❑
24. Is your clinic included in your county's mass prophylaxis plan, providing resources such as personnel or facility space?	❑	❑	❑	❑
25. Has your clinic identified which critical services and operations will be needed to continue during an emergency?	❑	❑	❑	❑

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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.

	Yes	No	DK	NA
26. Are the following policies in place?	❑	❑	❑	❑
a. Security/lock-down policy	❑	❑	❑	❑
b. Personnel recall policy	❑	❑	❑	❑
c. Evacuation policy	❑	❑	❑	❑
d. Patient care during a disaster	❑	❑	❑	❑
e. Reports of suspicious symptoms to the county health department	❑	❑	❑	❑
27. Are procedures in place in the event of a disaster for the following:	❑	❑	❑	❑
a. Handling patients who are exposed to biological or chemical events	❑	❑	❑	❑
b. Isolating segments of the facility	❑	❑	❑	❑
c. Triage of patients to appropriate hospitals and other treatment centers	❑	❑	❑	❑
d. Addressing patient and situation confidentiality	❑	❑	❑	❑
e. Acquisition and handling of suspect laboratory specimens	❑	❑	❑	❑
f. Evidence collection and consultation with local law enforcement	❑	❑	❑	❑
g. Personnel recall	❑	❑	❑	❑
h. Testing for exposure to biological or chemical agents	❑	❑	❑	❑
i. Fire Safety	❑	❑	❑	❑
j. Emergency equipment repair	❑	❑	❑	❑
k. Human waste disposal during the course of the emergency	❑	❑	❑	❑
l. Response procedures (for managing finances, telephone logs, record of events, injuries and follow-up actions, accounting for staff and volunteers, and family notification.)	❑	❑	❑	❑
28. Are the following posted in visible locations?				
a. First Aid signs	❑	❑	❑	❑
b. Facility Evacuation Plan for each floor	❑	❑	❑	❑
c. Clinic Disaster Plan	❑	❑	❑	❑
29. Are mutual aid agreements established with other organizations?	❑	❑	❑	❑

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FACILITIES, EQUIPMENT, AND SUPPLIES

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

	Yes	No	DK	NA
30. Does your facility have provisions (location, equipment, supplies) for patient or staff decontamination?	❑	❑	❑	❑
31. Does the clinic have any personal protective equipment, such as protective suits or kits, available to staff?	❑	❑	❑	❑
32. Has the clinic completed an emergency supply checklist and developed a supply needs plan?	❑	❑	❑	❑
33. Does the clinic have provisions for obtaining emergency back-up supplies from vendors, hospitals, county or any other alternative source?	❑	❑	❑	❑
If so, from whom? _____				
34. Does your clinic have an emergency cache of supplies in case of a significant disaster or terrorism event?				
a. Medical	❑	❑	❑	❑
b. Pharmaceutical	❑	❑	❑	❑
c. Water - one gallon for each staff along with provisions for clients.	❑	❑	❑	❑
d. Food – two days supply for each staff along with provisions for clients.	❑	❑	❑	❑
e. Flashlight and batteries and extra batteries	❑	❑	❑	❑
f. Radio with batteries and extra batteries radio	❑	❑	❑	❑
g. Special tools including 10-inch crescent wrench are identified and obtained.	❑	❑	❑	❑
h. Supplies for staff with special needs are identified and obtained.	❑	❑	❑	❑
i. Supplies (plastic bags, etc) for human waste.	❑	❑	❑	❑
35. Has your clinic established an equipment inventory?	❑	❑	❑	❑
36. Does your clinic have generator for back up power?	❑	❑	❑	❑
37. Does your clinic have emergency lighting?	❑	❑	❑	❑
38. Does your clinic have fire safety equipment?	❑	❑	❑	❑
39. Has your clinic secured heavy and expensive objects/furniture from falling?	❑	❑	❑	❑
40. Has the building structure and ground been assessed and is it secure?	❑	❑	❑	❑
41. Does your clinic's disaster plan address the clinic as a primary site where chemically or biologically contaminated patients may come to in an emergency?	❑	❑	❑	❑
42. How many miles is your clinic from the nearest emergency department?	❑	❑	❑	❑

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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.

	Yes	No	DK	NA
43. Do staff members receive training in disaster awareness, preparedness and response?	❑	❑	❑	❑
44. Does the training include preparedness for chemical or biological terrorism events?	❑	❑	❑	❑
45. Has staff been trained on the use of appropriate personal protective equipment for biological and chemical events?	❑	❑	❑	❑
46. Are annual "refresher" training classes in biological or chemical terrorism conducted?	❑	❑	❑	❑
47. Is disaster training conducted during new employee orientation?	❑	❑	❑	❑
48. Do you evaluate the effectiveness of your disaster training programs?	❑	❑	❑	❑
49. Have clinical educational opportunities been provided to medical staff on specific procedures regarding biological and chemical incidents?	❑	❑	❑	❑
50. Has staff been trained to identify and properly/safely remove contaminants?	❑	❑	❑	❑
51. Do training programs include preparation of staff for emotional and mental impacts of a significant disaster or terrorist attack?	❑	❑	❑	❑
52. Are First Aid and CPR training given to staff and volunteers?	❑	❑	❑	❑
53. Are documented fire drills held twice a year?	❑	❑	❑	❑
54. Are specific disaster drills (i.e., earthquake: duck cover & hold drills) held once a year?	❑	❑	❑	❑
55. Have you developed any patient education materials regarding emergency preparedness?	❑	❑	❑	❑
If so, what languages? _____				
56. Have you provided training and self-assessments regarding emergency preparedness at home, for:	❑	❑	❑	❑
a. Staff	❑	❑	❑	❑
b. Patients	❑	❑	❑	❑
c. Other members of the community	❑	❑	❑	❑
57. Is there a plan to screen and train volunteers who will assist in the event of disaster?	❑	❑	❑	❑
a. Is there a plan to manage, screen, and orient on-the-spot volunteers who arrive during a disaster?	❑	❑	❑	❑
58. Do you have staff attend trainings on a regular basis by NERT, Red Cross, SFCARD?	❑	❑	❑	❑

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COMMUNICATIONS

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

	Yes	No	DK	NA
59. 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)?	❑	❑	❑	❑
60. Does your clinic have high-speed Internet access (other than dial up)?	❑	❑	❑	❑
If yes, at what level?				
a. T-3 Line	❑	❑	❑	❑
b. T-1 Line	❑	❑	❑	❑
c. DSL/ISDN	❑	❑	❑	❑
d. Other _____	❑	❑	❑	❑
61. Does your clinic have secure offsite data backup capability for its information systems?	❑	❑	❑	❑
62. Are procedures in place for establishing emergency communications between the clinic and SFDPH?	❑	❑	❑	❑
63. Are procedures in place for establishing emergency communications between the clinic and SFCCC?	❑	❑	❑	❑
64. Are procedures in place for establishing emergency communications between the clinic and hospitals and other partners? If so, who: _____	❑	❑	❑	❑
65. 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?	❑	❑	❑	❑
66. Does the clinic's disaster plan include informing the community and neighborhood about what services your clinic will provide in the event of an emergency?	❑	❑	❑	❑
67. Does the clinic's disaster plan provide for communications with the public and media in bioterrorism events?	❑	❑	❑	❑

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COMMUNICATIONS

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

	Yes	No	DK	NA
68. Which of the following emergency communication systems do you have that are fully redundant with or complementary to normal communications?				
a. Internal two-way radios	❑	❑	❑	❑
b. Cell phones	❑	❑	❑	❑
c. Voice mail boxes	❑	❑	❑	❑
d. Satellite phones	❑	❑	❑	❑
e. Wireless messaging	❑	❑	❑	❑
f. Citizen's band radio	❑	❑	❑	❑
g. Amateur radio	❑	❑	❑	❑
h. California Health Alert Network (HAN)	❑	❑	❑	❑
i. Other_____	❑	❑	❑	❑
69. Have you been contacted by local emergency planners and/or government emergency managers about inclusion of your clinic in community planning?	❑	❑	❑	❑
If so, who? _____				

70. Rank the following needs as 1 through 6 in order of priority, with 1 being the top priority for your clinic(s)

a. Planning and preparedness tools	____
b. Communications	____
c. Supplies	____
d. Equipment	____
e. Training	____
f. Technical advice and information	____

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STAFFING

71. For your clinic site, please give the number of full-time equivalents (FTEs) of staff (paid and volunteer) for the following categories:

	Staffing Level During an Emergency	
	Regular Clinic Hours	**Off-Hours**
MD – Physician	_____	_____
PA – Physician's Assistant	_____	_____
NP – Nurse Practitioner	_____	_____
RN – Registered Nurse	_____	_____
LVN – Licensed Vocational Nurse	_____	_____
Medical Assistant	_____	_____
Lab Technician	_____	_____
Radiologist	_____	_____
Pharmacist	_____	_____
Licensed Mental Health Workers	_____	_____
Case Managers	_____	_____
Outreach Workers	_____	_____
Support Personnel	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

72. Has a medical, special need and disability assessment of staff been completed?	❑	❑	❑	❑
73. Has a staff support system (flexible or reduced work hours, counseling) been drafted?	❑	❑	❑	❑
74. Have any of your medical providers or staff agreed to volunteer their services in an emergency other than at your site (e.g., through the Disaster Service Worker program, Disaster Medical Assistance Teams, American Red Cross or other program)?	❑	❑	❑	❑
If so, from whom? _____				

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GLOSSARY

Biological Agent – Living organisms or the materials derived from them that cause disease in or harm to humans, animals, or plans, 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.

Incident Command System (ICS) - A description of the basic organizational structure established at most incidents; showing the relationship of federal, state and private sector officials, and explaining how unified command is set up and operated.

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