

# Survey of Hospital Preparedness in a Mass Casualty Event

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**Welcome to the Survey of Hospital Preparedness in a Mass Casualty Event. Please enter your survey ID and password to begin.**

**Survey ID**

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**Password**

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## **Subject Information and Consent Form**

**Name of Research Study: Evaluation of Hospital Preparedness in a Mass Casualty Event (MCE)**

**Protocol #: 200-2009-28540**

**Sponsor: Centers for Disease Control and Prevention**

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**The U.S. healthcare system and its civilian healthcare providers have relatively limited experience in treating patients with explosion-related injuries. Deficiencies in response capability could result in an increased number of injuries and deaths, in addition to increased fear in the general public that hospitals may not be fully prepared for terrorist attacks or Mass Casualty Incidents (MCIs), or large scale natural disasters.**

**After an explosion or a MCI (to include large scale natural disasters), the surge of patients admitted to nearby hospitals typically occurs within minutes of the event and can quickly overwhelm hospital resources. The U.S. recently experienced two catastrophes involving major explosions: the tragic terrorist bombing attack of the Boston Marathon and the fertilizer plant explosion in the town of West, Texas. Both incidents caused many deaths and casualties and an immediate surge of patients that strained the capacity of local Emergency Medical Service systems, hospitals and other health care facilities to care for those critically injured.**

The CDC's National Center for Injury Prevention and Control is conducting this public health preparedness and response project with SciMetrika, LLC to ascertain the hospital and healthcare facilities' The CDC's National Center for Injury Prevention and Control is conducting this public health preparedness and response project with SciMetrika, LLC to ascertain the hospital and healthcare facilities level of preparedness for MCIs related to bombings, non-bombing explosions and natural disasters. To achieve this objective, this extensive questionnaire consisting of 133 questions was designed to assess the hospitals' general emergency preparedness and response capacities as well as the capacity of the major hospital functional areas that are of particular importance to MCI-related preparedness and response. Considering the extensiveness of the survey, it may be necessary to complete the various sections with the assistance of several staff members from the appropriate hospital departments.

The results will identify current capacity and preparedness gaps for bombings and other MCIs. In addition to this initial study, additional waves of the survey may be implemented to follow up and compare results over a period of time. This information may be particularly useful to federal and state agencies working on hospital preparedness efforts and can potentially assist in identifying areas where additional preparedness resources are needed at a national level.

**We want to hear from you!** The CDC would like your facility to participate in this survey which includes questions on current resources, critical preparedness elements, emergency management planning, risk communication, logistics, and training. The CDC will use the results from this survey to identify areas of strengths and weaknesses in current hospital capacity and preparedness efforts at the national level to handle bombings and MCIs to increase overall preparedness levels. In addition to this initial study, additional waves of the survey may be implemented to follow up and compare results over a period of time. This information may be particularly useful to federal and state agencies working on hospital preparedness efforts and can potentially assist in identifying areas where additional preparedness resources are needed at a national level.

We are focusing on questions about responses to bombings, non-bombing explosions, and any type of natural disasters resulting in a large surge in injured patients. Other type of events where infectious, chemical, and radiological contaminants are involved in the incident will not be considered. This will be a retrospective analysis with period of reference from January 1 to July 31, 2014.

For the purpose of this survey an MCI is defined as: *“An event which generates more patients at one time than locally available resources can manage using routine procedures. It requires exceptional emergency arrangements and additional or extraordinary assistance.”*

Also, with regards to trauma-level designation, it is important to note that a single facility may have multiple trauma-level designations (from comprehensive trauma service to limited care) for various types of services (e.g. adult vs. pediatric). A trauma-level ranking is typically designated by state or local authorities or verified by the American College of Surgeons. If you are a designated trauma hospital, when responding to the questionnaire, please indicate your facility's highest trauma-level designation (e.g. Level I - adult vs. Level II - pediatric hospital).

The reports prepared as a result of this survey will summarize findings across the practices and facilities and will not associate responses with a specific individual, practice, or facility. We will not provide information that identifies you or your practice or facility to anyone outside the study team, except as required by law. At no time will your individual information be seen.

The survey is divided into sections that address different aspects of hospital preparedness. Considering the extensiveness of this questionnaire, if you need assistance to evaluate certain services, please contact the appropriate person(s) from the indicated departments to obtain the needed information. Thank you in advance for taking the time to complete our Assessment Tool for the Evaluation of Hospital Preparedness in a Mass Casualty Event (MCE). We know that your time is valuable and greatly appreciate your willingness to participate in this research. If you have any questions or concerns, please call Lisa Garbarino at 770-XXX-XXXX or email at lgt1@cdc.gov.

Please note that your participation in this research is voluntary and you will not be penalized if you refuse to participate or decide to stop.

A copy of this consent form is available on the study web site.

Please choose [ACCEPT](#) to continue with the survey or [DECLINE](#) if you choose to not participate.

[ACCEPT](#)

[DECLINE](#)

If you need to stop the survey and return at a later time to complete, you may simply close the browser window and return to the website at your convenience. Your information is automatically saved. When you return to the website and enter your SurveyID and Password you will be automatically taken to the point where you left off.

Q1 **Please complete the following information about your facility.**

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Q2 **Please complete the following information about yourself.**

Name \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

Office Phone Number \_\_\_\_\_

Office E-mail Address \_\_\_\_\_

Q3 **Is your hospital a designated trauma center by the American College of Surgeons or the State?**

Yes

No

Q4 **What is your hospital's trauma level designation?**

	Level 1	Level 2	Level 3	Level 4	Level 5	Other
Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please describe your hospital's adult trauma level designation?**

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**Pediatrics**

**Please describe your hospital's pediatrics trauma level designation?**

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**Q5 Does your hospital have a separate pediatric emergency department (ED) or designated rooms for pediatric patients?**

- Yes
- No

**Q6 If no separate or dedicated pediatric ED is available, does your facility have an agreement with Emergency Medical Services (EMS) and nearby pediatric ED(s) to divert and/or transfer incoming pediatric patients (excluding walk-ins)?**

- Agreement with EMS
- Agreement with nearby ED(s)
- Both
- None

**Q7 Please indicate your facility's staffing total capacity (both employed and privileged; part-time and as needed) with regard to the following hospital personnel. *Please enter the TOTAL NUMBER for each type.***

**Total Clinical Staff** \_\_\_\_\_

**Emergency Medicine Physicians (board certified)** \_\_\_\_\_

**Neurosurgeons** \_\_\_\_\_

**Orthopedic Surgeons** \_\_\_\_\_

**Critical Care Physicians** \_\_\_\_\_

Pediatric Emergency Medicine Physicians	_____
Pediatric Surgeons	_____
Pediatric Clinical Care Physicians	_____
Anesthesiologists	_____
Certified Nurse Anesthetists (CRNAs)	_____
Total Critical Care and Emergency Nurses	_____
Certified Critical Care and Emergency Nurses	_____

Q8

Please indicate your facility's patient care capacity for the following resources. *Please enter the AVERAGE NUMBER of staffed beds for each area.*

Burn Beds	_____
Emergency Department (ED)	_____
Emergency Department (PEDS)	_____
Intensive Care (Medical)	_____
Intensive Care (Surgical)	_____
Intensive Care (Neonatal)	_____
Intensive Care (PEDS)	_____
Medical-Surgical Beds (Adult)	_____
Medical-Surgical Beds (PEDS)	_____
Obstetrics Beds	_____
Step Down	_____

Operating Room \_\_\_\_\_

Post Anesthesia Care \_\_\_\_\_

Q9 **Is your facility responsible for the direct provision of EMS (e.g., 911 responses through a hospital based EMS system) to your community?**

- Yes
- No
- Don't Know

Q10 **Please estimate the number of vehicles leased, owned, or contracted for.**

- 1 to 5
- 6 to 10
- 11 to 15
- 16 or more
- Don't Know

Q11 **What is the total staffing level of these ambulances. *Please enter NUMBER OF AVAILABLE STAFF.***

**Advanced Life Support (ALS)** \_\_\_\_\_

**Basic Life Support (BLS)** \_\_\_\_\_

**Both ALS and BLS** \_\_\_\_\_

Q12 **Does your facility utilize (receive or transport) air medical resources, such as helicopters?**

- Yes
- No
- Don't Know



Q13 **Does your facility have a morgue?**

- Yes
- No

**What is the capacity of your facility's morgue including both actual morgue and temporary morgue units?**  
***Please enter NUMBER OF UNITS.***

\_\_\_\_\_

Q15 **Please indicate your facility's resource total capacity for the following medical equipment and devices. *Please enter the TOTAL NUMBER for each one.***

Portable cardiac monitors \_\_\_\_\_

Portable X-ray machines \_\_\_\_\_

Portable ultrasound machines \_\_\_\_\_

Portable ventilators \_\_\_\_\_

Pediatric capable ventilators \_\_\_\_\_

Computed Tomography scanners (CT scanners) \_\_\_\_\_

Magnetic Resonance Imaging Devices (MRIs) \_\_\_\_\_

Q16 **Does your facility have a security force with full-time security responsibilities?**

- Yes
- No
- Don't Know

Q17 **What are your facility's security arrangements?**

- Part-time Security
- Agreement with Local Police
- Don't Know
- Other

- Q18 **Does your facility have a plan (written or otherwise) for security force supplemental staffing in the event that a bombing, non-bombing explosion or a natural disaster MCI occurs resulting in surge of injured patients?**
- Yes
  - No
  - Don't Know
- Q19 **Can your facility implement perimeter-restricted access or lockdown (preventing access; not egress) within 10 minutes of notification of an MCI or patient surge event?**
- Yes
  - No
  - Don't Know
- Q20 **Does your facility have procedures to ensure appropriate screening and directed access for personnel, equipment and supplies, emergency transport vehicles, and family during a lockdown?**
- Yes
  - No
  - Don't Know
- Q21 **Do security procedures in place provide screening of incoming mail, packages and deliveries to the facility during response to an MCI?**
- Yes
  - No
  - Don't Know
- Q22 **Has an Emergency Traffic Control plan (written or otherwise) been created and shared with local law enforcement and first responders in the community?**
- Yes
  - No
  - Don't Know
- Q23 **Do you have a plan (written or otherwise) for the proper identification, collection and protection of possible evidence from patients being treated in the MCI?**
- Yes
  - No
  - Don't Know

- Q24 **Do you have a protocol (written or otherwise) for chain of custody procedures?**
- Yes
  - No
  - Don't Know
- Q25 **In the event of a loss of central power due to an MCI, does your facility's secondary/emergency power plan account not only for the requirements of daily operations, but also the increased resource needs and demand (e.g., imaging) that will occur in an MCI?**
- Yes
  - No
  - Don't Know
- Q26 **Do you have secondary water source(s) necessary for consumption, clinical care, and non-clinical operations?**
- Yes
  - No
  - Don't Know
- Q27 **Does your facility have medical gases that can last for 72 hours without re-supply?**
- Yes
  - No
  - Don't Know
- Q28 **Does your facility have procedures in place to acquire additional medical gas resources if required?**
- Yes
  - No
  - Don't Know
- Q29 **Does your facility have procedures in place for the management of increased volume and disposal of contaminated wastes, goods, and fluids that will occur in an MCI?**
- Yes
  - No
  - Don't Know

- Q30 **Does your facility have a plan to make adequate network bandwidth available for the increased use of electronic medical records, imaging, and electronic communications that may occur in an MCI?**
- Yes
  - No
  - Don't Know
- Q31 **Do your facility's main information and data storage systems have offsite backups and/or recovery capabilities?**
- Yes
  - No
  - Don't Know
- Q32 **If your facility has implemented an Electronic Health Record (EHR), is there a backup plan and materials for patient management and tracking in the event of an EHR system loss?**
- Yes
  - No
  - Don't Know
  - Have Not Implemented EHR
- Q33 **Does your facility have an Emergency Operations Plan (EOP) that addresses the four phases of emergency management: preparedness, response, mitigation, and recovery?**
- Yes
  - No
  - Don't Know
- Q34 **Is this plan integrated into local/county/state emergency planning and operations?**
- Yes
  - No
  - Don't Know
- Q35 **Does your facility's plan include preparedness for bombings, natural disasters, or other events that will result in a large number of injured patients in your community?**
- Yes
  - No
  - Don't Know

Q36 **Does your plan address the needs of people with functional and access needs (e.g. visual impairments, lack of transportation) in mass casualty events?**  
 Yes  
 No  
 Don't Know

Q37 **Does the plan address emergency credentialing of qualified volunteer practitioners for a disaster response?**  
 Yes  
 No  
 Don't Know

Q38 **Does your facility participate in the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program?**  
 Yes  
 No  
 Don't Know

**What triggers the activation of your hospital's disaster plan (e.g. nature of event, number of patients, etc.)?**  
*Please describe in the following box. The remaining number of characters allowed for this response is: left.*

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Q40 **Does your hospital's EOP include standing up an Incident Command System (ICS) or Hospital Incident Command System (HICS)?**  
 Yes  
 No  
 Don't Know

Q41 **Is your hospital's administrative leadership (e.g. CEO, president, etc.) actively involved in the ICS?**  
 Yes  
 No  
 Don't Know

Q42 Do new staff members receive training in the hospital's ICS?

- Yes
- No
- Don't Know

Q43 Does your hospital's EOP include specific plans that can be activated in response to an MCI related to a bombing, non-bombing explosion, or natural disaster for the following departments?

	Yes	No	Not Applicable
Emergency Medical Services System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive Care Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics/Neonatal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Mental Health</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Respiratory Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Engineering/Maintenance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Central Supply</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Information Technology</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q44

**Was your hospital's EOP for the following departments exercised in past 12 months?**

	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
<b>Emergency Medical Services System</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emergency Department</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Surgical Department</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Intensive Care Unit</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Radiology</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Blood Bank</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hospital Medicine</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Administration</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pharmacy</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Nursing Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Security</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pediatrics/Neonatal</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Laboratory Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering/Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q45 **Does your facility have a hospital emergency management/disaster preparedness coordinator/director?**  
 Yes  
 No  
 Don't Know

Q46 **Does he/she work at a full time or part time capacity in that role?**  
 Full-time  
 Part-time  
 Don't Know

Q47 **Does your facility have a Continuity of Operations Plan (COOP) or Business Continuity Plan (BCP)?**  
 Yes  
 No  
 Don't Know

Q48 **Which of the following departments are actively involved in your hospital's preparedness and response planning efforts?**

	Yes	No	Not Applicable
Emergency Medical Services System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Surgical Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive Care Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics/Neonatal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q49

**Does your facility have current mutual aid Memorandums of Understanding (MOUs), agreements in place and/or working relationships with the following entities:**

	Yes	No	Don't Know
Law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Military Installations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other local and regulated health care facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burn center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metropolitan Medical Response System (MMRS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Emergency Response Teams (CERT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply Chain Distributors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify the other agencies for which you have an MOU in place. *The remaining number of characters allowed for this response is: left.*

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Q50

Does your facility have current mutual aid MOUs or agreements in place for the following medical equipment/resources:

	Yes	No	Don't Know
Ventilators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable MRIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Generators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Q51 **Has all of your staff (e.g. clinical and administrative staff) received a formal presentation or orientation to gain understanding on your facility's EOP?**
- Yes
  - No
  - Don't Know
- Q52 **Does all of your clinical staff receive annual training for management of adult and pediatric injured patients due to bombings, explosions, and natural disaster-related MCIs that may result in a large number of injured patients?**
- Yes
  - No
  - Just Adults
  - Just Pediatrics
  - Don't Know
- Q53 **Please provide the best estimate of the percentage of total staff that has taken any National Incident Management System (NIMS) course. *Please enter your best estimate from 0 to 100 PERCENT.***
- \_\_\_\_\_
- Q54 **Please provide your best estimate of the percentage of your clinical staff (physicians, nurses, physician's assistants, nurse practitioners, others) that have received any of the following training and education in disaster preparedness and response, as it pertains to caring for a large number of injured adult and pediatric patients from mass casualty event. *Please enter your best estimate from 0 to 100 PERCENT.***
- Formal education or fellowship programs** \_\_\_\_\_
- Disaster training courses** \_\_\_\_\_
- Lectures, grand rounds, seminars** \_\_\_\_\_
- Q55 **Is there a mechanism in place at your facility to provide just in time training to clinicians in the event of an MCI involving large numbers of injured patients?**
- Yes
  - No
  - Don't Know

Q56 **Has your facility exercised (full-scale or functional) its EOP in the last 12 months?**

- Yes
- No
- Don't Know

Q57 **Has your facility conducted drills or exercises for MCI scenarios specifically related to response to bombings, non-bombing explosions, or natural disasters that result in a large number of injured patients?**

- Yes
- No
- Don't Know

Q58 **During drills and exercises, has your facility accounted for MCI scenarios, such as loss of power, water, or injury of staff?**

- Yes
- No
- Don't Know

Q59 **Does your facility conduct unannounced or surprise drills?**

- Yes
- No
- Don't Know

Q60 **Have your departments had actual or true-life experience with increased surge due to an MCI related to a bombing, non-bombing explosion, or natural disasters?**

- Yes
- No
- Don't Know

Q61 **Which of the following elements were most challenging to manage at your facility during an MCI surge response. *Please select up to five (5) options that were the most challenging.***

	5 Most Challenging Elements
<b>Ambulatory care capacity</b> (e.g. ambulatory care centers, surge tents, clinics, etc)	<input type="checkbox"/>
<b>Ancillary and support services</b> (e.g. laboratory services, including communication & reporting to & from regional public health; imaging services; other ancillary & diagnostic services)	<input type="checkbox"/>

<b>Burn needs</b>	<input type="checkbox"/>
<b>Communication systems</b> ( <i>primary &amp; back up internal &amp; external communication systems, assigned frequencies &amp; uses, maintenance &amp; equipment locations, internet, telephone, cell, walkie-talkie, radio, notification systems, etc</i> )	<input type="checkbox"/>
<b>Continuity of hospital operations</b>	<input type="checkbox"/>
<b>Documentation and patient tracking</b>	<input type="checkbox"/>
<b>Fatalities</b>	<input type="checkbox"/>
<b>Implementing the disaster plan and incident command structure</b>	<input type="checkbox"/>
<b>Management of families and crowds</b>	<input type="checkbox"/>
<b>Media communications</b>	<input type="checkbox"/>
<b>Medical waste</b>	<input type="checkbox"/>
<b>Mental health needs</b>	<input type="checkbox"/>
<b>Patient holding areas</b>	<input type="checkbox"/>
<b>Personnel</b> ( <i>staff and volunteers</i> )	<input type="checkbox"/>
<b>Security</b> ( <i>e.g. lockdown, screening</i> )	<input type="checkbox"/>
<b>Services not normally provided by your facility</b>	<input type="checkbox"/>
<b>Supplies, pharmaceuticals and equipment</b>	<input type="checkbox"/>
<b>Treatment areas - ED, operating rooms, ICU, medical and surgical floors</b>	<input type="checkbox"/>
<b>Triage</b>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>

Please describe the other elements were most challenging to manage at your facility during an MCI surge response. *The remaining number of characters allowed for this response is: left.*

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Q62 **Does your facility develop an after action report following surge events?**

- Yes
- No
- Don't Know

Q63 **Does your facility have a designated disaster supply for use during a response to an MCI, including a cache of emergency drugs, supplies, and equipment, ready for immediate distribution to and from the ED?**

	Yes	No	Don't Know
<b>Emergency drugs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Supplies</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Equipment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q64 **In the event of a response to an MCI, have you designated an in-hospital alternate treatment area that can accommodate a surge of injured patients?**

- Yes
- No
- Don't Know

Q65 **Does your community have designated alternate care site(s) (external to your facility) identified to accommodate casualty surge during response to an MCI?**

- Yes
- No
- Don't Know

- Q66 **Is your hospital responsible for supplying staffing, logistical support, supplies, or equipment to these sites during an MCI?**
- Yes
  - No
  - Don't Know
- Q67 **Does your EOP include provisions for transferring patients to external alternate care sites?**
- Yes
  - No
  - Don't Know
- Q68 **Does your facility have a plan for tracking patients (location and condition) during a response to an MCI?**
- Yes
  - No
  - Don't Know
- Q69 **Is the plan for tracking patients during a response to an MCI electronic or manual?**
- Electronic
  - Manual
  - Don't Know
- Q70 **Is there a backup manual system to the electronic system?**
- Yes
  - No
  - Don't Know
- Q71 **Can your facility's plan track patients who are transferred to another local facility or out of the community?**
- Yes
  - No
  - Don't Know

- Q72 **Was your facility's EOP developed with collaboration and input from local EMS services?**
- Yes
  - No
  - Don't Know
- Q73 **Is the local EMS a part of your drills and exercises?**
- Yes
  - No
  - Don't Know
- Q74 **Does your EOP include provisions to mobilize EMS resources (e.g., for evacuation) to your facility if needed or required?**
- Yes
  - No
  - Don't Know
- Q75 **Does your facility use a disaster triage system that is consistent with the system used by local EMS?**
- Yes
  - No
  - Don't Know
- Q76 **Has your Emergency Department (ED) and hospital leadership identified additional areas in the institution that could be converted to patient care areas if needed to manage a surge of injured patients?**
- Yes
  - No
  - Don't Know
- Q77 **Has your ED established a procedure to facilitate the early discharge of patients in the ED to increase bed capacity to manage a surge of injured patients?**
- Yes
  - No
  - Don't Know



- Q78 **Has your ED identified patient care supplies that would be needed in an event involving a large number of injured patients (e.g., IV access, gowns, gloves, dressings, airway supplies, etc)?**
- Yes
  - No
  - Don't Know
- Q79 **Does your facility have access to additional supplies during a surge event?**
- Yes
  - No
  - Don't Know
- Q80 **Has your ED developed a call down list for all staff?**
- Yes
  - No
  - Don't Know
- Q81 **Has the list been exercised in the past 12 months?**
- Yes
  - No
  - Don't Know
- Q82 **Has your ED developed a collaborative plan with radiology to facilitate the rapid imaging (including transportation, utilization and triage of available imaging resources, and interpretation of studies) that will be required with a surge of injured patients?**
- Yes
  - No
  - Don't Know
- Q83 **Does your facility have an Intensive Care Unit (ICU)? This includes Adult or Pediatric ICU.**
- Yes
  - No
  - Don't know

**Q84 Does your facility have a plan to identify ICU overflow sites for patients who cannot be admitted to an existing ICU and ensure that adequate staff support and monitoring can be provided?**

Yes  
 No  
 Don't Know

**Q85 Has your facility identified any of the following for the ICU?**

	Yes	No	Don't Know
<b>Resources needed for communicating within the organization and community?</b> (e.g., portable communication devices, satellite phones)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Transportation resources</b> (e.g. vehicles, personnel) <b>for patients with severe burns if transfer is needed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A plan to acquire additional ventilators, adult and pediatric, and personnel to staff them if required?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Protocols that govern admissions to the ICU and application of ICU resources in an MCI?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q86 Does your hospital have a surgical unit? This includes Adult or Pediatric surgical units.**

- Yes  
 No  
 Don't Know

**Q87 Does your hospital have a plan (personnel, supplies, medications, equipment) to be able to conduct emergent surgical procedures for up to 96 hours?**

- Yes  
 No  
 Don't Know

**Q88 Has your hospital established a flexible response so that unused operating space can readily be mobilized?**

- Yes  
 No  
 Don't Know

- Q89 **Has your facility specified the authority, process, and responsibilities of the Operating Room (OR) key staff?**
- Yes
  - No
  - Don't Know
- Q90 **Is there a plan to ensure safe and rapid transfer of patients from the ED to the OR?**
- Yes
  - No
  - Don't Know
- Q91 **Is there a plan to ensure safe and rapid transfer to another facility if required?**
- Yes
  - No
  - Don't Know
- Q92 **Does your facility have a pediatric unit?**
- Yes
  - No
- Q93 **Do you have a detailed pediatric-specific disaster plan?**
- Yes
  - No
  - Don't Know
- Q94 **Does the plan address the management of surge capacity in the event of mass traumatic injuries involving children and/or infants?**
- Yes
  - No
  - Don't Know

- Q95 **Has that plan been jointly developed by all relevant pediatric disciplines (e.g., pediatrics, pediatric critical care, pediatric surgeons)?**
- Yes
  - No
  - Don't Know
- Q96 **Were community resources, such as first responders, included in the plan's development?**
- Yes
  - No
  - Don't Know
- Q97 **If your facility is a pediatric hospital only, can you manage adult patients during response to an MCI?**
- Yes
  - No
  - Don't Know
  - Not a Pediatric Only Hospital
- Q98 **Has your facility developed a radiology management plan for use during an MCI to ensure effective and timely patient throughput?**
- Yes
  - No
  - Don't Know
- Q99 **Is there a plan in place to support the utilization of ultrasound by radiologists, ultrasound technicians, emergency physicians, and surgeons in an event involving a large number of injured patients?**
- Yes
  - No
  - Don't Know
- Q100 **Has your facility conducted an imaging equipment survey and calculated the capacity (patients/hour) of each of your imaging devices in your facility?**
- Yes
  - No
  - Don't Know

- Q101 **Does your facility have a plan for rapid communication of results of imaging studies during a MCI that does not rely on an EHR?**  
 Yes  
 No  
 Don't Know
- Q102 **Is there a plan in place to ensure timely availability of equipment and readings?**  
 Yes  
 No  
 Don't Know
- Q103 **Is there a plan in place to obtain specialized studies and interventions (e.g., interventional procedures, MRI/MRA) at your facility or another institution?**  
 Yes  
 No  
 Don't Know
- Q104 **Is there a plan in place to ensure that each study is formally read and discrepancies with any initial readings are reported in a timely fashion?**  
 Yes  
 No  
 Don't Know
- Q105 **Has your hospital's laboratory developed a collaborative plan with the ED to facilitate the management of increased volumes of specimens that will be required with a surge of injured patients?**  
 Yes  
 No  
 Don't Know
- Q106 **Does your facility have MOUs or agreements in place to re-supply media, reagents and other critical supplies?**  
 Yes  
 No  
 Don't Know

- Q107 **Does your facility have an alternate/backup plan in place for specimen tracking if required?**
- Yes
  - No
  - Don't Know
- Q108 **Does your facility have an alternate/backup plan in place for specimen transportation if required?**
- Yes
  - No
  - Don't Know
- Q109 **Does your facility have an arrangement in place to transfer workload if your laboratory is overwhelmed?**
- Yes
  - No
  - Don't Know
- Q110 **Does your facility have a blood bank?**
- Yes
  - No
  - Don't Know
- Q111 **Does your blood bank have plans in place to handle an increased influx of patients that require blood products in an event that results in a large number of injured patients?**
- Yes
  - No
  - Don't Know
- Q112 **Are your blood bank personnel trained on handling surge activities generated by response to an MCI?**
- Yes
  - No
  - Don't Know

- Q113 **Does your facility have an MOU or agreement in place with community blood suppliers for emergency delivery of blood products?**
- Yes
  - No
  - Don't Know
- Q114 **If immediate requests for a specific blood component exceed your supply, does your facility have a procedure for triaging blood orders before more such components can be obtained?**
- Yes
  - No
  - Don't Know
- Q115 **Does your facility have a plan to notify and update your community blood supplier with the expected or actual volume of blood needed during an MCI?**
- Yes
  - No
  - Don't Know
- Q116 **Has your facility developed procedures or protocols (including staffing, responsibilities) to enable hospitalists to rapidly transfer or discharge suitable patients in order to open beds in the hospital?**
- Yes
  - No
  - Don't Know
- Q117 **Have the hospitalists in your facility been trained on their potential responsibilities in an MCI involving large numbers of injured patients?**
- Yes
  - No
  - Don't Know
- Q118 **Does your facility have adequate plans (including training of staff, additional space, MOUs or agreements with other facilities) in place for management of a large volume of fatalities during response to an MCI?**
- Yes
  - No
  - Don't Know

- Q119 **Does your facility's EOP include participation in a community mass fatality plan?**
- Yes
  - No
  - Don't Know
- Q120 **Does your facility have policies and procedures in place to ensure chain of custody and facilitate the disposition of contaminated remains, including explosives, chemical, and/or infectious remains in coordination with local, regional, and national law enforcement and homeland security agencies?**
- Yes
  - No
  - Don't Know
- Q121 **Does your the facility have adult and pediatric mental health personnel to assist with response to an MCI?**
- Yes, both
  - No, both
  - Yes, Adults only
  - Yes, Pediatrics only
  - Don't Know
- Q122 **Does your facility have a plan in place to assess the physical and psychological well being of hospital personnel during and after response to an MCI?**
- Yes
  - No
  - Don't Know
- Q123 **Does your pharmacy department have a designated inventory of medicines that would be readily retrievable during response managing a large number of injuries in an MCI?**
- Yes
  - No
  - Don't Know



Q124 **Are the following medications and supplies included in your pharmacy department's designated inventory?**

	Yes	No	Don't Know
<b>Analgesics</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Anxiolytics</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Antipsychotics</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Antibiotics</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Intravenous fluids</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs for airway management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Burn care agents</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ears, nose, and throat (ENT) medications for tympanic membrane perforation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ocular</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vaccines</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q125 **Has your hospital performed an assessment of medications available in the community and identified potential sources of drugs?**

- Yes
- No
- Don't Know

Q126 **Does your facility have plan in place to ensure rapid delivery (from supplier, mutual aid, pharmacy, other institutions) of necessary medications during response to an MCI?**

- Yes
- No
- Don't Know

Q127 **Does your facility have an MOU or agreement in place for community-wide (e.g. other hospitals, pharmacies, EMS) sharing of pharmaceuticals in the event of the occurrence of an MCI?**  
 Yes  
 No  
 Don't Know

Q128 **Does your facility participate in the Centers for Disease Control and Prevention's (CDC) CHEMPACK program?**  
 Yes  
 No  
 Don't Know

Q129 **Is your hospital's administrative leadership (e.g. CEO, president, etc.) actively involved in the following areas pertaining to preparedness?**

	Yes	No	Don't Know
<b>Preparedness leadership for the organization</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication and relationships in preparedness</b> (e.g. EMS, emergency management, other healthcare facilities, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Logistics and supplies</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alternate care sites</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Patient tracking</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Community resources and support</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ethics in disaster preparedness</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Security</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ancillary services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Q130 **Has your hospital's administration identified secondary vendors for key equipment and supplies?**
- Yes
  - No
  - Don't Know
- Q131 **Has your facility developed a mechanism for rapid call back and expansion of nursing staff in the event of an MCI with a large number of injured patients?**
- Yes
  - No
  - Don't Know
- Q132 **Has your facility developed a centralized database that houses staff competency skills, in order to rapidly identify nurses who are able to care for critically injured patients?**
- Yes
  - No
  - Don't Know
- Q133 **Has your facility developed a mechanism to rapidly deploy nurses with pediatric expertise to appropriate care areas?**
- Yes
  - No
  - Don't Know
- Q134 **Has your facility developed a mechanism to incorporate nursing staff into the rapid identification of patient's who may eligible for discharge or transfer?**
- Yes
  - No
  - Don't Know

Thank you for visiting the Hospital Preparedness in a Mass Casualty Event survey website. Please click on "Submit" to finish and exit the survey. After you submit the survey you will be taken to a confirmation page. Once you submit, you will not be able to access the survey or change your responses.

*Thank you for participating!*

