Bioterrorism and Other Public Health Emergencies
Tools and Models for Planning and Preparedness

Preparedness for Chemical, Biological, Radiological, Nuclear, and Explosive Events

Questionnaire for Health Care Facilities

U. S. Department of Health and Human Services
Agency for Healthcare Research and Quality · Health Resources and Services Administration

Administrator's Guide

Suggested Citation

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1. Introduction

With the attacks of September 11, 2001, Hurricane Katrina, and more recently the potential of a flu pandemic, public attention has increasingly focused on the ability of our Nation's health care system to respond to mass casualty incidents. In response to this concern, the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ) and Health Resources and Services Administration, developed "Preparedness for Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) Events: Questionnaire for Health Care Facilities."

The questionnaire, funded by HRSA, was developed through an AHRQ contract with Booz Allen Hamilton, with the advice and consultation of an expert panel. The panel consisted of medical subject matter experts trained and experienced in the hospital care of victims of chemical, biological, radiological, nuclear, and/or explosive events. While the questionnaire covers major areas of hospital preparedness, it should not be considered definitive. Each hospital must take into account specific preparedness needs related to its own environment, facilities, staff, and patient population.

1.1 Purpose

This Administrator's Guide is intended for the individual at the State or local health department or multi-hospital health care system who will be responsible for administering the questionnaire and analyzing the resulting data. Hereafter, we will refer to this individual as the "administrator."

The Guide provides an overview of the questionnaire and details on its use. It contains information on the following items:

- Logging in and changing passwords
- Viewing completed data
- Exporting data into an analytical tool
- Scoring the completed data
- Suggestions for supporting users

2. Administration Logistics

As the individual responsible for the questionnaire administration and data oversight, there are several functions that the administrator may provide. These include communicating the purpose and processes associated with the questionnaire, answering questions from the respondent community, monitoring response rates of the responder community, compiling and analyzing the data, and providing any necessary reports. The following sections provide direction and supporting information to fulfill those roles.

2.1 Overall Executive Functions

While this guide primarily addresses technical issues, the administrator must also consider a number of overall executive functions. These include providing any pre-questionnaire communiqués to the target community, as well as ongoing user support. These are discussed in subsequent sections.

2.1.1 Questionnaire Communiqués
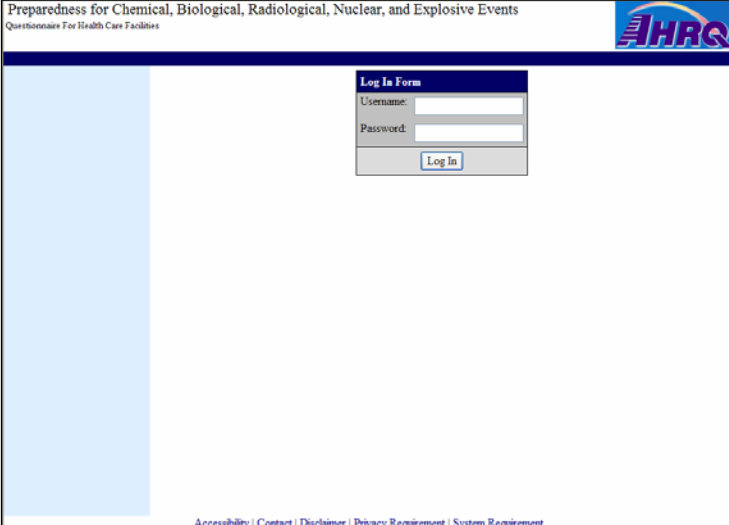
Ideally, the administrator or a designee should notify the potential respondents. This communiqué will describe the purpose of the questionnaire, the submission deadline, use of the data, roles and responsibilities, and what to expect. In addition, the administrator should consider sending another version of the communiqué out approximately half way through the questionnaire administration period to thank those individuals who responded and to attempt to bolster response rates among the nonresponders.

2.1.2 Ongoing User Support

The administrator should consider offering ongoing respondent support for questions or technical difficulty, including the point of contact's name, telephone number, and/or e-mail address, as well as an estimate of how long the user can expect to wait for help (e.g., immediate, within a business day, etc.).

2.2. The Questionnaire Administration Web Site

The administrator can use the Questionnaire Administration Web Site to log in and change his/her password, view the number of submitted questionnaires, and download the submitted questionnaire data. The Questionnaire Administration Web Site is a separate Web site from the Questionnaire Site. In order to access the site, the user must have a valid username and password. Please refer to the Operations Manual (CBRNE_Operations_Manual.doc) for instructions on tool installation and set up.

2.2.1 How to Log In and Change your Administrative Password

When you log in to the Questionnaire Administration site for the first time, you can use the following username and password:

User name: surveyadmin

Password: changepassword

After logging in for the first time, it is highly recommended that you change your password. To change the password, click on the "Change Password" link on the right side of the screen. Enter your current password and the new chosen password. The system validates the current password, updates the password with the new password, and displays a message indicating that the password has been successfully updated.

2.2.2. How to View the Response Report
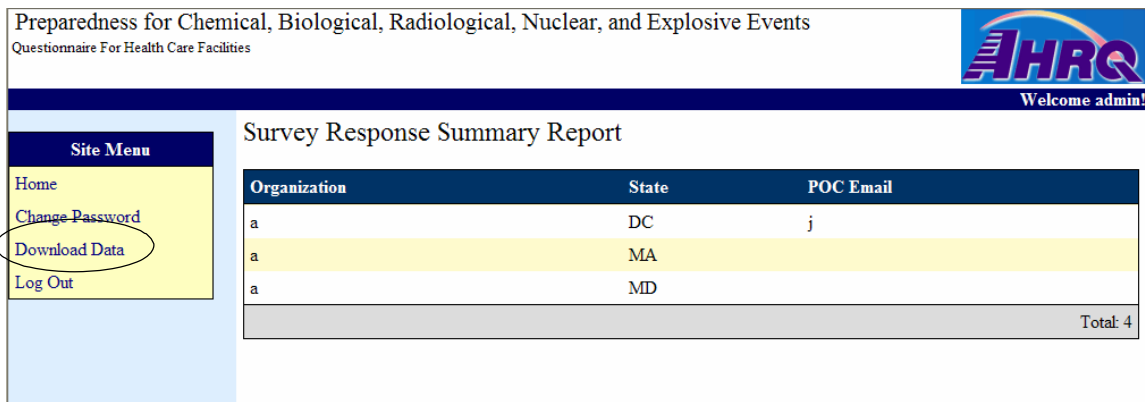
To monitor response rates and verify data receipt, the administrator can view a "Questionnaire Response Summary Report." The report will provide the organization name, State, and point of contact (POC) e-mail address. The total number of submitted responses is located at the bottom right corner of the screen. Please note that the report displays questionnaire responses only from respondents who have reached the end of the questionnaire and have clicked on the "Submit and Close Out of Questionnaire" link.

2.3 How to Download and Import Data

The individual who is responsible for downloading and analyzing the data may be either the Questionnaire Administrator or a data analyst. For convenience, we will use the term "analyst" here.

There are two distinct steps associated with downloading and importing data. First, the data must be downloaded from the Web site onto the analyst's hard drive.

Second, that downloaded data must be imported into a tool for analysis. The downloaded questionnaire response data can be imported into three tools. These include Microsoft (MS) Excel, MS Access, or various statistical analysis packages, such as SPSS[®]. Because of the large amount of data collected from the questionnaire, MS Excel and MS Access will not accommodate the data export in one file; the analyst will need to import the data into two separate files. Most statistical packages, including SPSS, will accept the volume of data in one file. Instructions for these three options are included in the sections below. For those using a statistical analysis package, we provide import instructions only for SPSS, which is one of the most common analysis packages. If another analysis package will be used, the analyst should consult the help function of that tool for instructions on importing data.

2.3.1 Downloading and Importing Data into MS Excel

As described above, the large volume of data will not import into one Excel spreadsheet. For that reason, the data is divided into two comma separated values (.csv) files. To use MS Excel, simply click on "Download Data Part 1," and save the .csv file to your hard drive. This file will contain data for the unique ID number, all the demographic questions, and questionnaire questions 1 through 20. To view and manipulate this data in MS Excel, double click the .csv file, and it will open in MS Excel. Next, click on "Download Data Part 2," and save the .csv file to your hard drive. Double click on that file to open the .csv file in MS Excel. The file will provide the data for the unique ID number and questionnaire questions 21 through 43.

For demographics and survey questions 1-20

For survey ID and survey questions 21-43
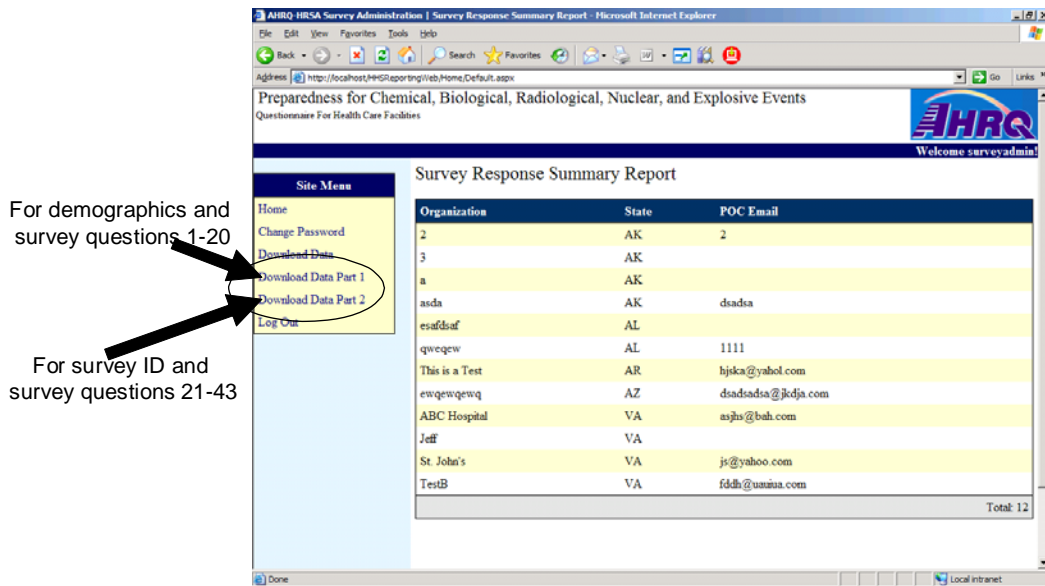
2.3.2 Downloading and Importing Data into MS Access

As described above in the previous section, the large volume of data will not import into one Access file from one .csv data file. For that reason, as with MS Excel, the data is divided into two .csv files. To use MS Access for data analysis, simply click on "Download Data Part 1," and save the .csv file to your hard drive. This file will contain data for the unique ID number, all the demographic questions, and questionnaire questions 1 through 20. Next, click on "Download Data Part 2," and save this .csv file to your hard drive. This file will contain data including the unique ID number and questions 21 through 43.

For demographics and survey questions 1-20

For survey ID and survey questions 21-43
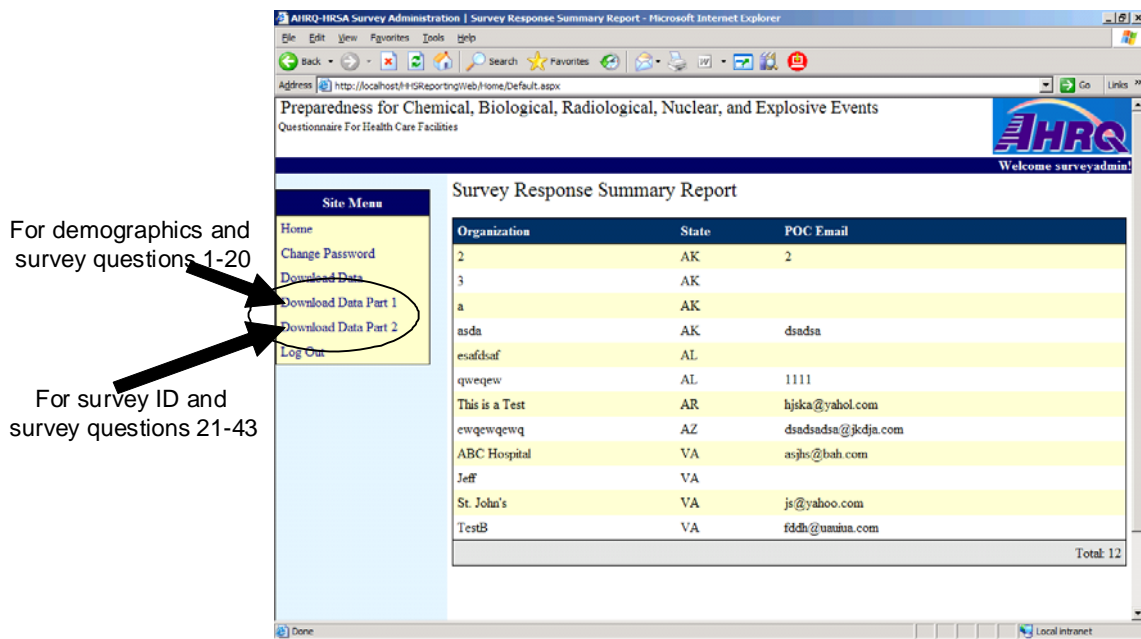
These .csv data files can be easily be imported into MS Access for analysis by using the MS Access Wizard function. The following sections provide instructions for importing the .csv data from these .csv data files.

Getting Ready. The .csv data files downloaded above and saved to your hard disk must be altered slightly before importing into MS Access for analysis. Before importing these data files, open each file in Notepad and remove all quotes surrounding the data. This can be done by selecting "Edit" and "Replace" from the menu. Search for a quote in the "Find What" text box, and "Replace With" nothing, as seen below. Click the "Replace All" button. Then, resave the files without the quotes and close the file.
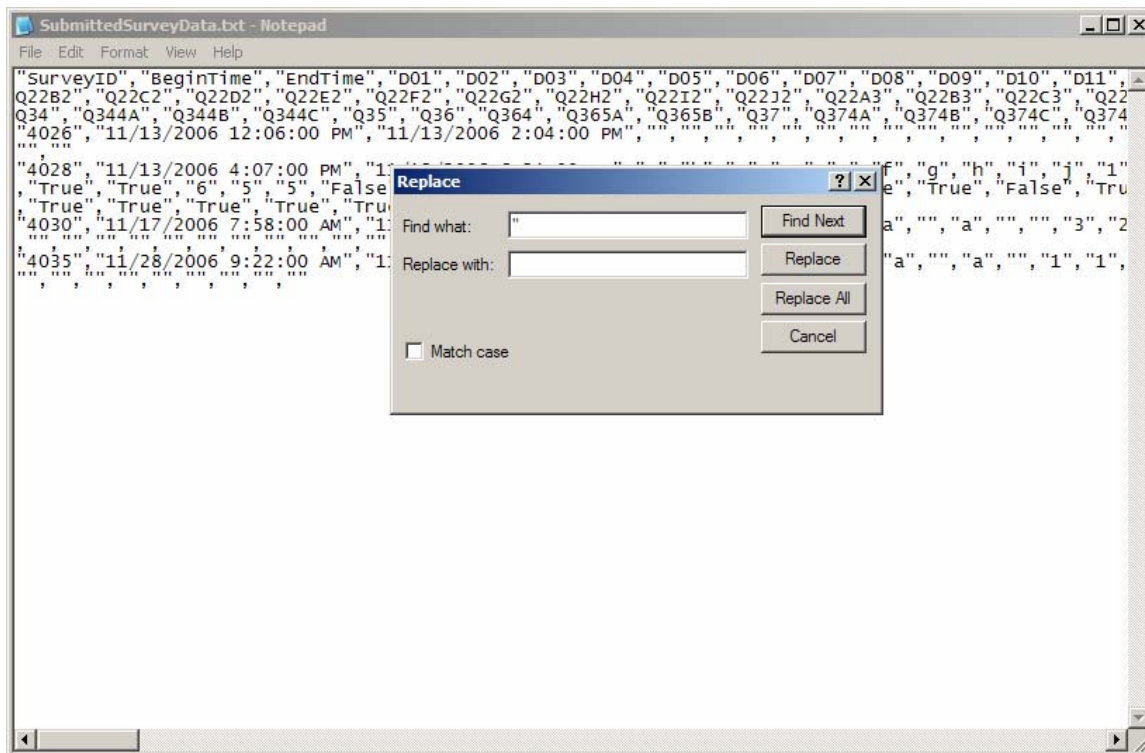
Next, open the MS Access program. Select "File" and then "New." The program will then prompt you to specify the type of new database you would like to create. Choose "Blank Database," and name and save this new database as desired using the standard Windows dialog prompt.

Starting the Wizard. In order to start the importing wizard, select "File," then "Get External Data," and finally "Import" from the menu. The standard Windows open dialog window will prompt you for the file to import.

You should first narrow down your file selection view by choosing "Text Files" from the "Files of Type:" field at the bottom of the screen. This will narrow down your search to show you the

appropriate data files in each directory. When you find the first data file to import, select it and click the "Import" button.
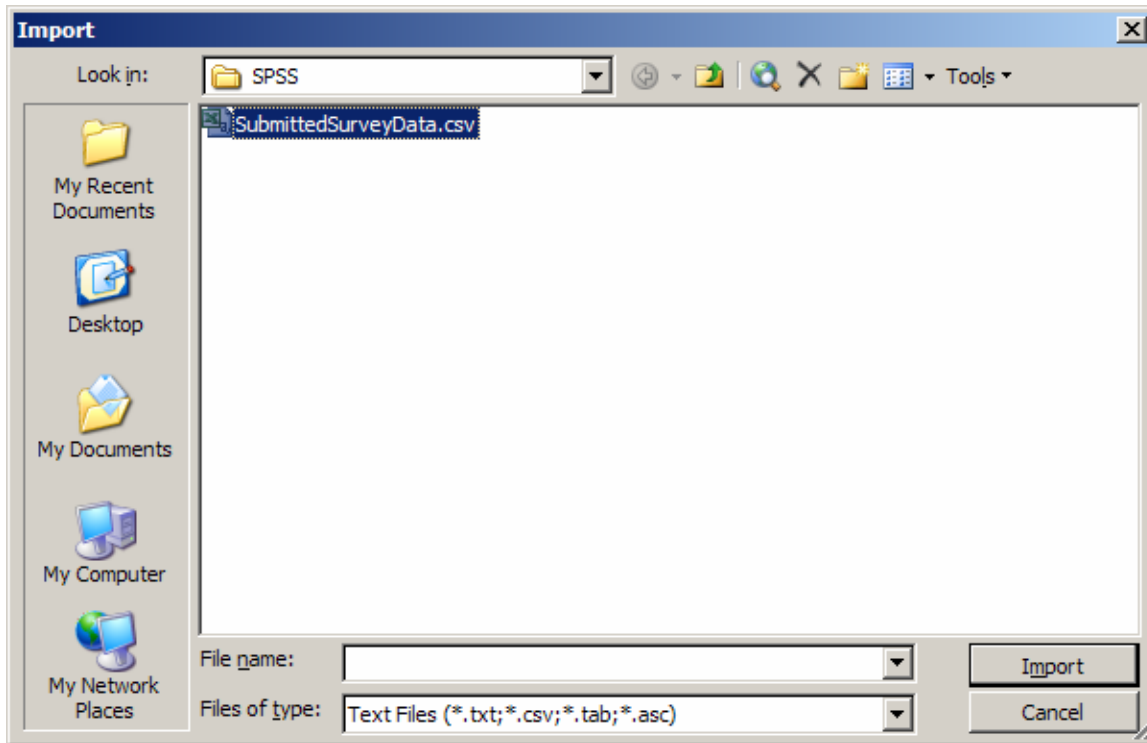
When you click the "Import" button, you will begin the Wizard.

Import Text Wizard – Step 1. Once the Import Text Wizard has started, you will see the following window. Make sure the "Delimited" box is selected and click the "Next" button.
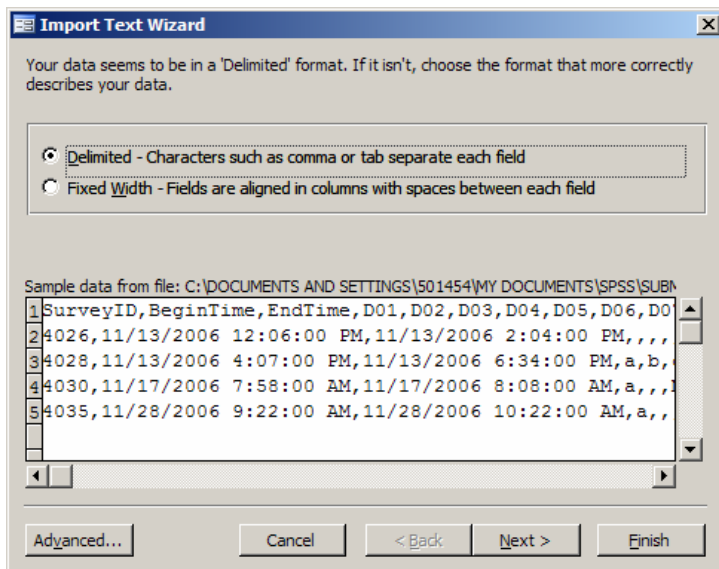
Import Text Wizard – Step 2. Then, you will be prompted to define the file format in the following window. Make sure that "Comma" is selected as the delimiter that separates your fields, the "First Row Contains Field Names" is selected (or contains a check mark), and the "Text Qualifier" is set to {none}.

At this point, you should take a preliminary look at the data fields shown. If the data contains faulty characters, is not lining up appropriately, or is otherwise showing poorly, your data file may have been corrupted. If you suspect that your data file may be corrupted, resave the .csv file from the application to your hard drive by repeating the data download steps above. If the data looks appropriate, then click the "Next" button.

```
┌─────────────────────────────────────────────────────────────────────────┐
│ ▣ Import Text Wizard                                                  ✕ │
├─────────────────────────────────────────────────────────────────────────┤
│ What delimiter separates your fields? Select the appropriate delimiter   │
│ and see how your text is affected in the preview below.                  │
│                                                                           │
│ ┌─Choose the delimiter that separates your fields:──────────────────┐   │
│ │   ○ Tab      ○ Semicolon    ● Comma    ○ Space    ○ Other: [   ]  │   │
│ └───────────────────────────────────────────────────────────────────┘   │
│                                                                           │
│ ☑ First Row Contains Field Names          Text Qualifier:  {none} ▼     │
│                                                                           │
│ ┌───────────────────────────────────────────────────────────────────┐   │
│ │ SurveyID  BeginTime                   EndTime                    ▲ │   │
│ │ 4026      11/13/2006 12:06:00 PM      11/13/2006 2:04:00 PM      ▓ │   │
│ │ 4028      11/13/2006 4:07:00 PM       11/13/2006 6:34:00 PM        │   │
│ │ 4030      11/17/2006 7:58:00 AM       11/17/2006 8:08:00 AM        │   │
│ │ 4035      11/28/2006 9:22:00 AM       11/28/2006 10:22:00 AM       │   │
│ │                                                                 ▼ │   │
│ │ ◄ ▯                                                           ► │   │
│ └───────────────────────────────────────────────────────────────────┘   │
│                                                                           │
│ [Advanced...]          [Cancel]   [< Back]   [Next >]   [Finish]        │
└─────────────────────────────────────────────────────────────────────────┘
```

Import Text Wizard – Step 3. The Wizard will now prompt you to specify a table into which the text file data should be imported within this database. Select "In a New Table" which will allow MS Access to create a new table within the database with the imported data. Click the "Next" button.

Import Text Wizard – Step 4. Next, the data must be formatted for file importing. Note in the window below that the data columns are selectable. Select the "BeginTime" column, and set the "DataType:" to "Text." Do the same for the "EndTime" column. These columns default to the date/time data format, but MS Access will not import these dates appropriately. By selecting text, the fields will be imported without errors. Click the "Next" button.
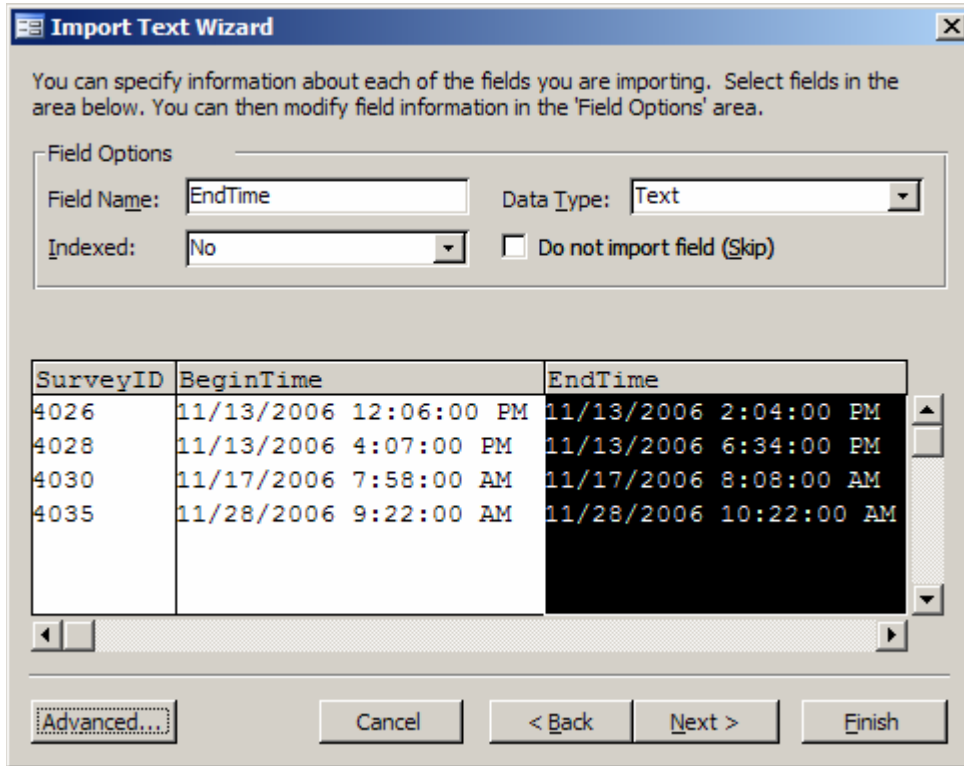
Import Text Wizard – Step 5. MS Access can add a primary key to your data upon insert. This is not necessary at this point and can also be added in later, after the data has been imported. At this time, select "No primary key." Click the "Next" button.
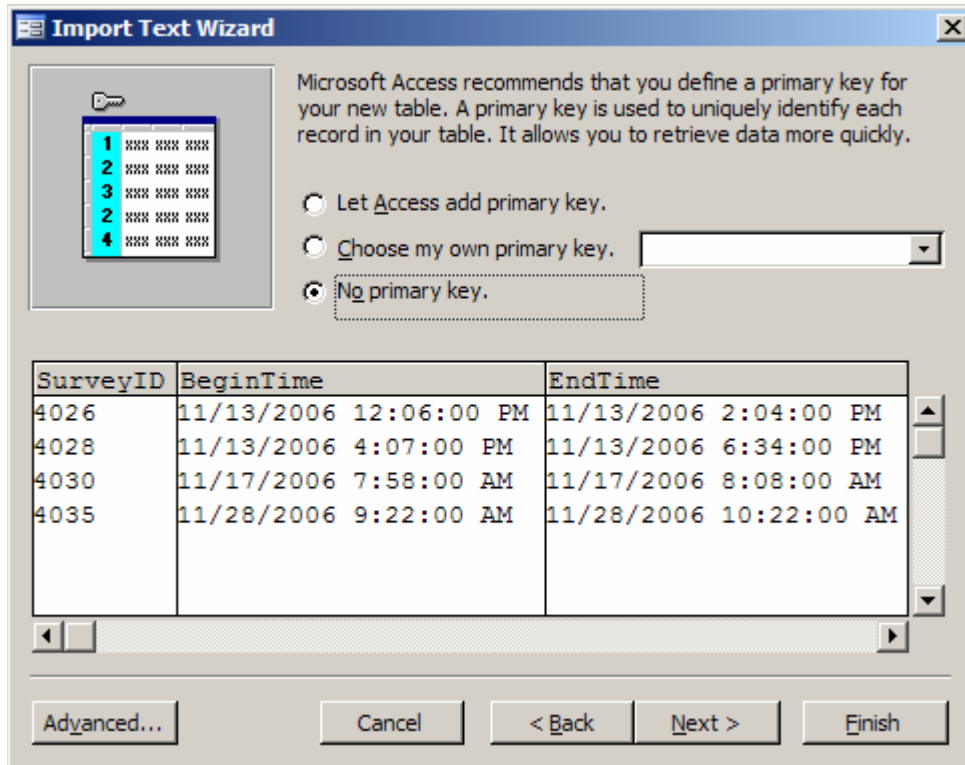
Import Text Wizard – Step 6. At this time, MS Access will prompt you for a table name. Type in the desired table name, and click the "Finish" button. You should receive a prompt stating that the Wizard has finished importing the file to the indicated table. If you receive an error at this point, MS Access will create an error table and list the importing errors in that location.
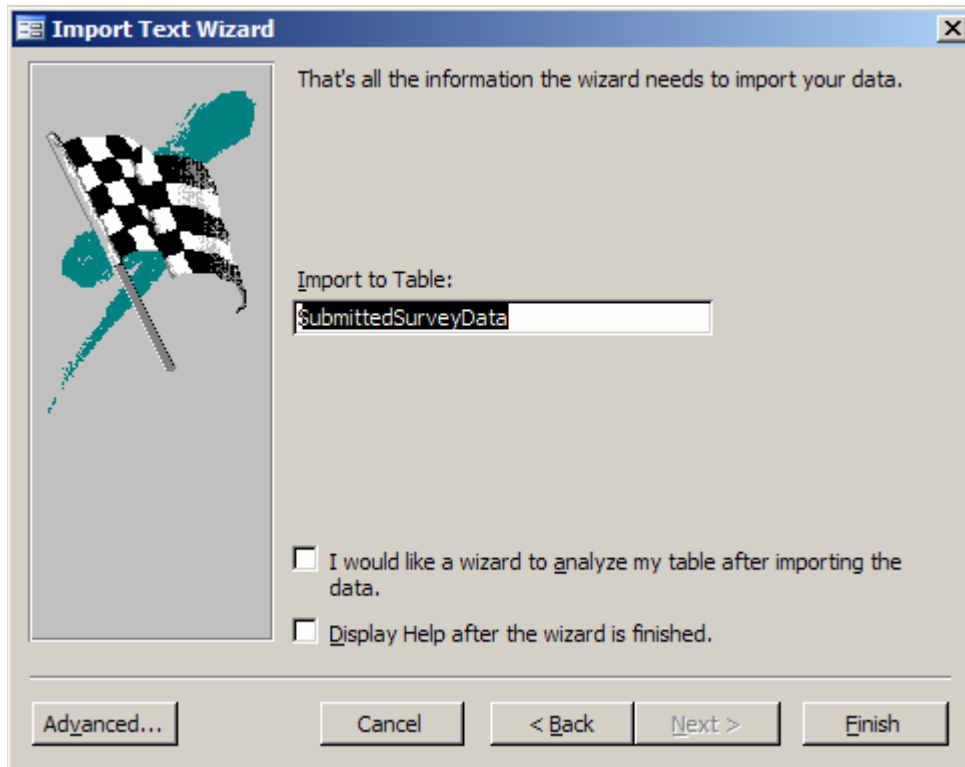
Importing the Second Data File. Repeat all of the above steps to import the second data file into MS Access using the Import Text Wizard. The second data file does not contain a BeginTime or EndTime data field, so you do not need to alter any column types within step 4.

Viewing your Table. You will see the newly created table within the "Table" tab of the Access database display window below. To view the data, double click on the desired table.
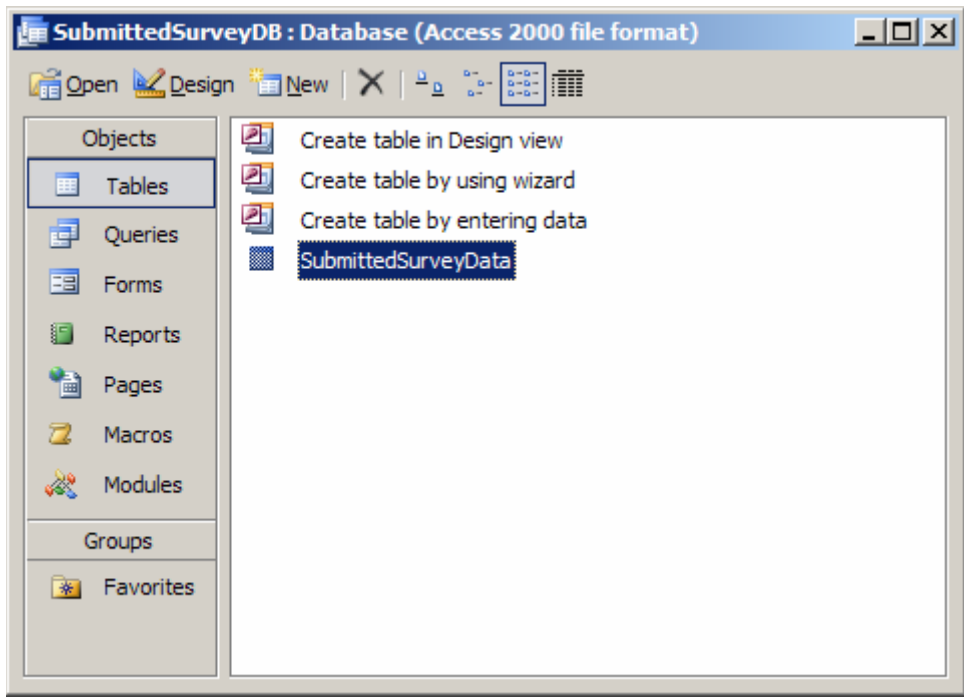
Once you have double clicked on the Access table, you will see the following view of the table and its data. Simply use the scroll bars to view the data in its entirety.

There are several ways to alter the table's view to better view the data. MS Access will open the table with the default column width shown above. In order to alter the column width, simply place the mouse in the title row, highlighted in gray, over the column line to be moved. When the mouse changes to a cross hair, you can then hold the left mouse button down and adjust the column width.

Since there are too many columns to show in one view, you can highlight columns to "freeze" or continue to show as the scroll bar is used to move through the data. To do this, simply highlight

the column to freeze by clicking on its name in the title bar, as shown below. Then, right click to show the menu options, and select "Freeze Columns." You will notice that a dark black line will be drawn to the right of this column to show that it is frozen. To unfreeze the column, simply right click on the title bar again and select "Unfreeze All Columns," also shown below.
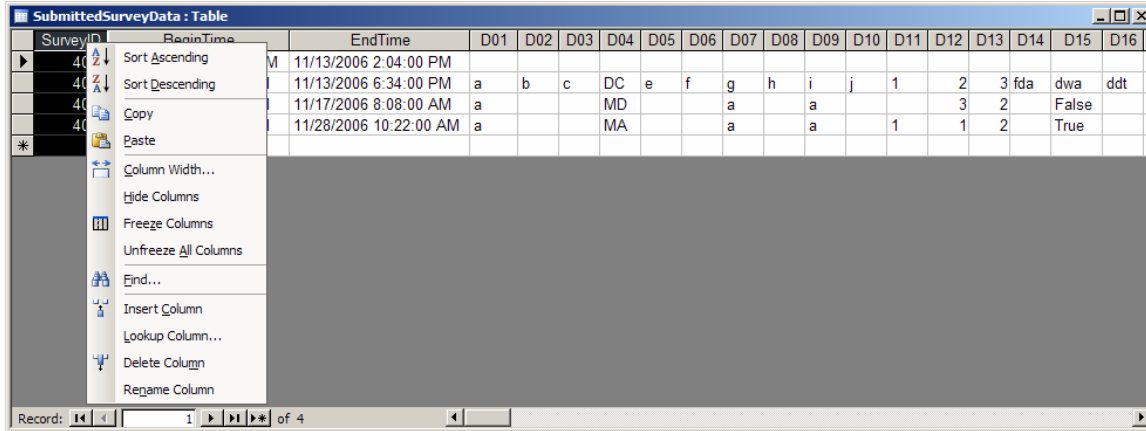
If you freeze the SurveyID column, as shown above, then you can see how the SurveyID will remain visible as you scroll through the data, as seen below.
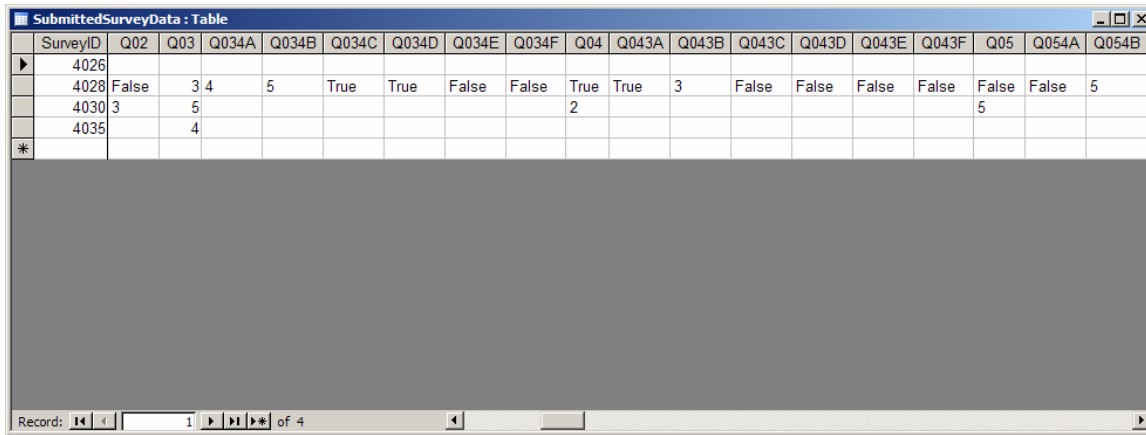
2.3.3 Downloading and Importing Data into SPSS

SPSS is designed to manage data from many formats, including Lotus 1-2-3, MS Excel, dBASE, SAS, and ASCII text files. Data that is in an ASCII text file format (.txt) can easily be transferred into SPSS for analysis by using the Text Wizard function in SPSS. The following instructions for importing data use a text file format for illustration; however, the instructions are similar for data stored in other formats.

Getting Ready. To download the data for ultimate import into SPSS, click on the "Download Data" link on the left side of the Administration Web site. This will provide a .txt file, which should be saved to your hard drive.
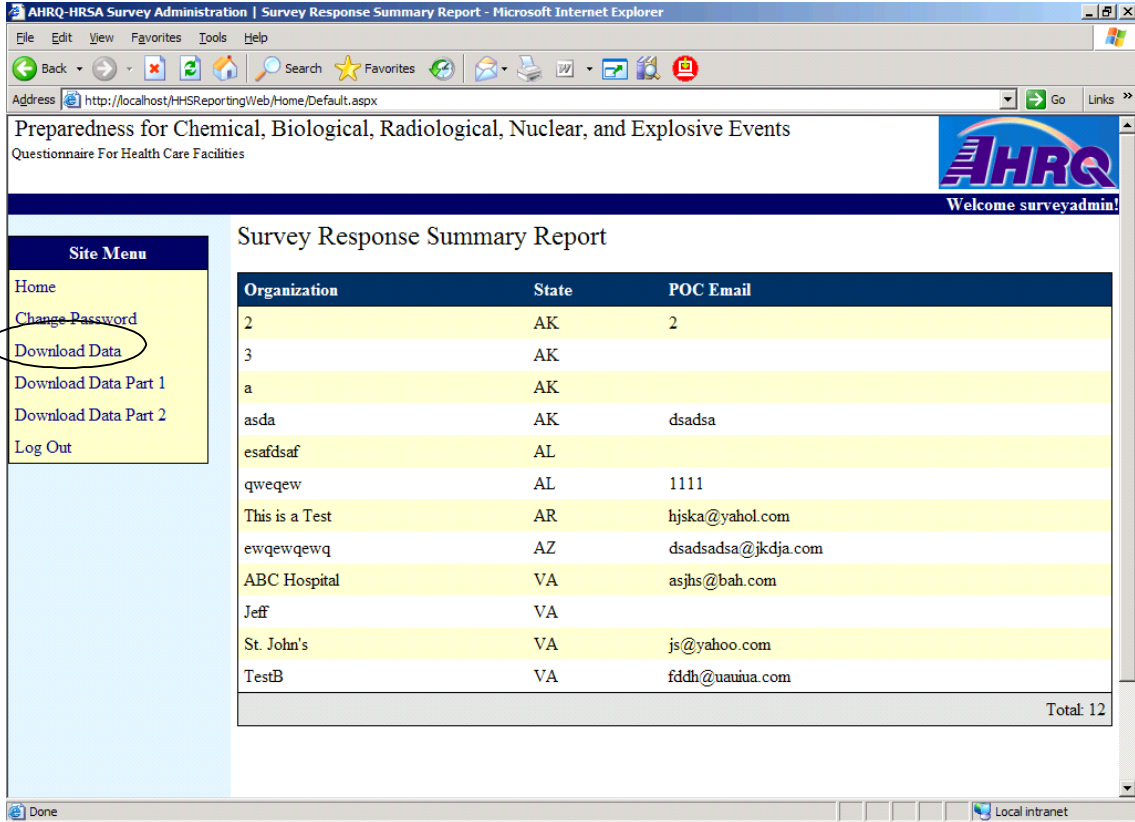
Next, open the SPSS program in Windows. From the menu choose "File," then "Read Text Data." The computer will prompt you to open the file you wish to import. Now, select the performance measures file in the Open dialog box.

Using Text Wizard - Step 1. The text file will be displayed in a preview window. The performance measures data file does not match a predefined format, so choose "No" to the question in Step 1, and then choose "Next."
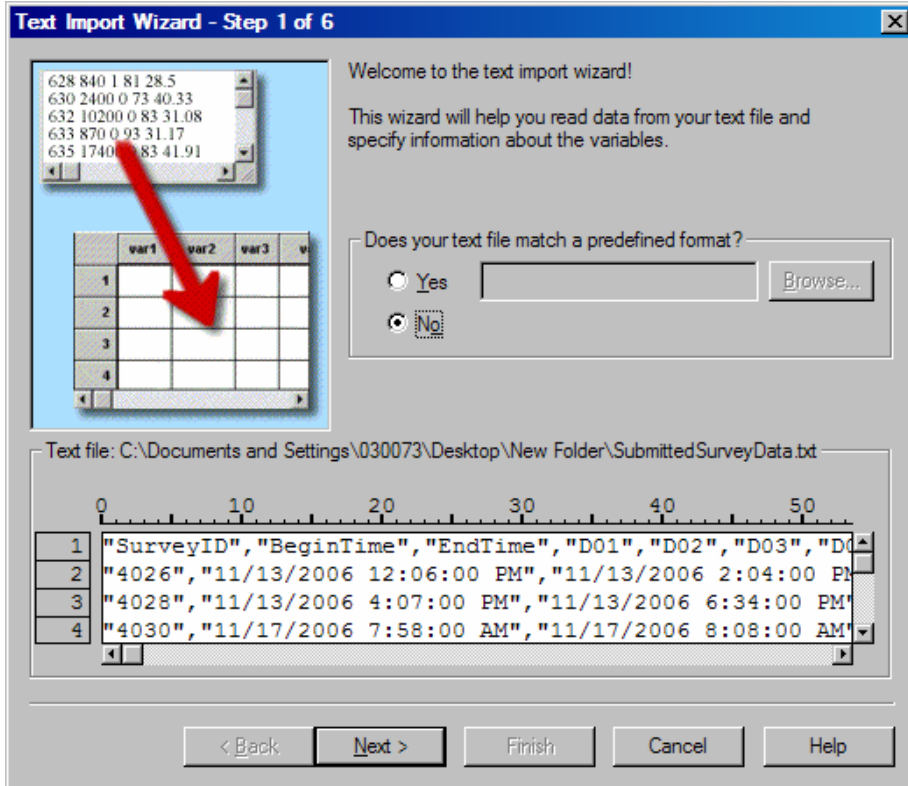
Text Wizard - Step 2. This step provides information about variables. A variable is similar to a field in a database. For example, each item in the questionnaire is a variable.

To read your data properly, the Text Wizard needs to know how to determine where the data value for one variable ends and the data value for the next variable begins. The arrangement of variables defines the method used to differentiate one variable from the next.

For the first question in Step 2, choose "Delimited." The data in the performance measures file should be in a delimited format. Spaces, commas, tabs, or other characters are used to separate variables.

In the second question, choose "Yes" to identify that variable names are included at the top of your file. This informs SPSS that the first row of the data file contains descriptive labels for each variable. Choose "Next" to continue to the next step.
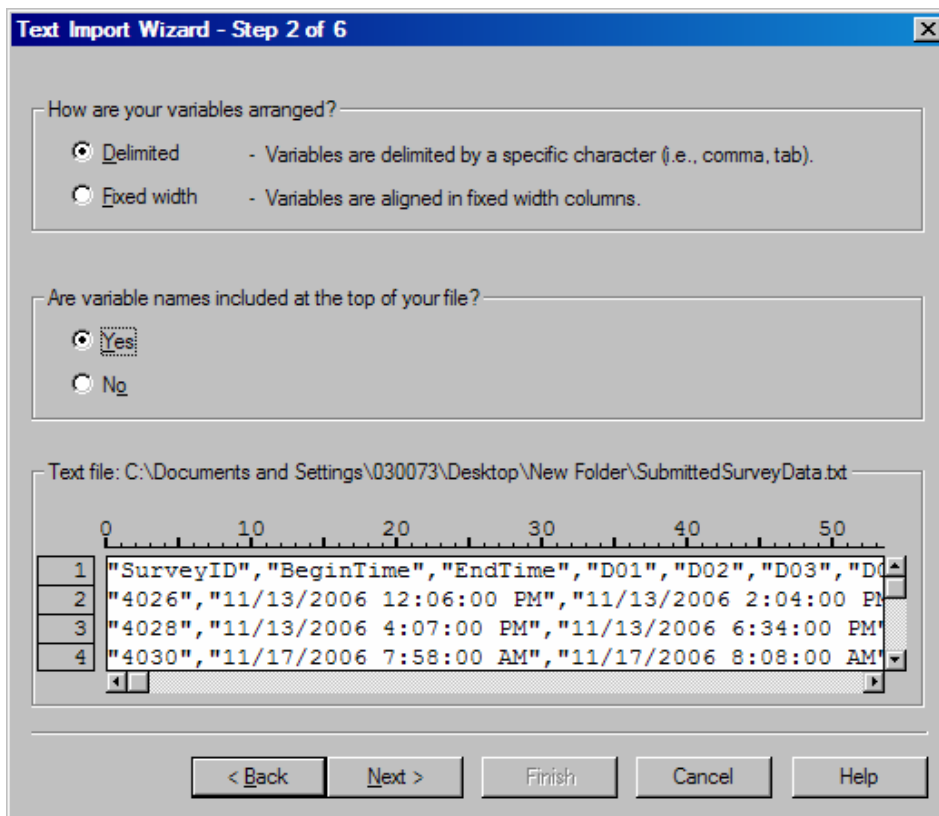
Text Wizard Step 3: Delimited Files. This step provides information about cases. A case is similar to a record in a database. For example, each respondent to a questionnaire is a case.

The first question in Step 3 asks on which line number the first case of data begins. This indicates the first line of the data file that contains data values. Since the first line contains descriptive labels, you should choose "2" or the line number where the data begins if other than line 2.

The second question asks, "How are your cases represented?" This information informs the Text Wizard where each case ends and the next one begins. For this question choose "Each line represents a case."

Each line contains only one case. It is fairly common for each case to be contained on a single line (row), even though this can be a very long line for data files with a large number of variables. Cases with fewer data values are assigned missing values for the additional variables.

The third question asks, "How many cases do you want to import?" For this question select "All of the cases" in the data file. You may also choose to select "The first *n* cases" (*n* is the number you specify) or "A random percentage of the cases (approximate)."

Text Wizard - Step 4: Delimited Files. This step displays the Text Wizard's best guess on how to read the data file and allows you to modify how the Text Wizard will read variables from the data file.

The first question asks, "Which delimiters appear between variables?" This indicates the characters or symbols that separate data values. You should select "Comma" and "Space."

The second question asks, "What is the text qualifier?" Characters are used to enclose values that contain delimiter characters. For example, if a comma is the delimiter, values that contain commas will be read incorrectly unless there is a text qualifier enclosing the value, preventing the commas in the value from being interpreted as delimiters between values. The text qualifier appears at both the beginning and the end of the value, enclosing the entire value. Performance measures data files use a double quotation mark (") as a text qualifier. Choose "Double quote" for this question and then hit "Next."
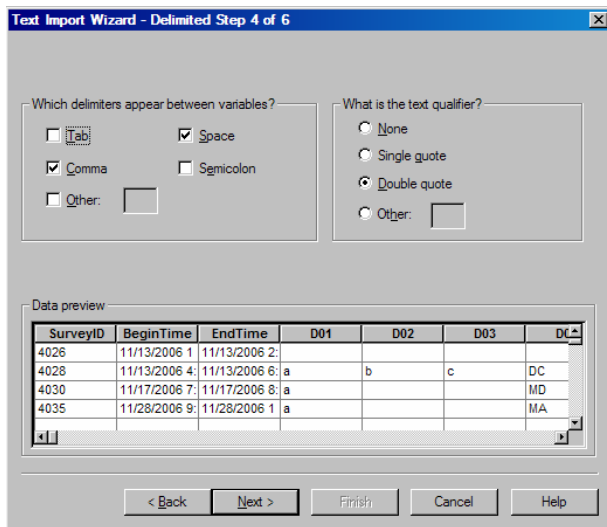
Text Wizard Step 5. This step controls the variable name and the data format that the Text Wizard will use to read each variable and which variables will be included in the final data file. For this step you can choose to accept the variable names and the data format from the performance measures data (.txt) file by choosing "Next" and continuing to Step 6.

If you want to change this information, you can overwrite the default variable names with your own variable names. Select a variable in the preview window, and then enter a variable name. For information on variable naming rules, see "Variable Names." To change the data format, select a variable in the preview window, and then select a format from the drop-down list. Shift-click to select multiple contiguous variables, or Ctrl-click to select multiple noncontiguous variables.

Text Wizard - Step 6. This is the final step of the Text Wizard. You can save your specifications in a file for use when importing similar text data files. You can also paste the syntax generated by the Text Wizard into a syntax window.

Press the "Finish" button to complete the text import Wizard.
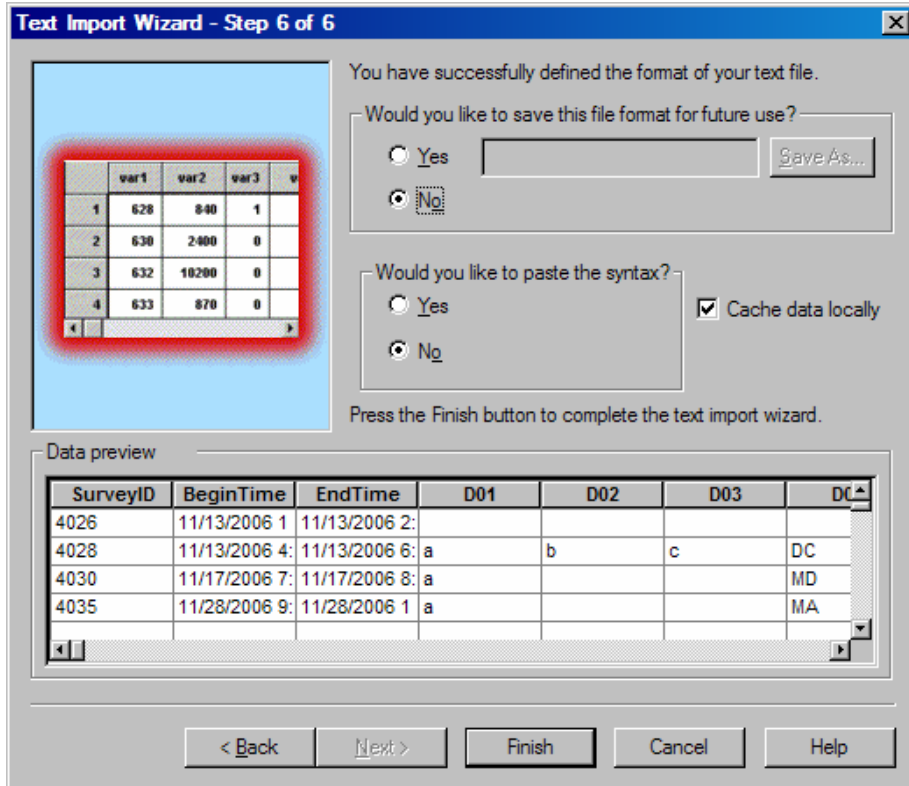
The data will appear in SPSS and will be ready to analyze. [1]

Data Transformation. After you transport the data into SPSS, you will need to transform some of the variables into numeric values for statistical analysis. This section describes how to recode string (alphanumeric) variables. You can recode variables using the "Automatic Recode" function or by manually transforming the data into the "Same Variable" or into "Different Variables." Transforming data into numeric values will allow you to conduct more sophisticated statistical analysis on the data.

Automatic Recode. "Automatic Recode" converts string and numeric values into consecutive integers. String values are recoded in alphabetical order, with uppercase letters preceding their lowercase counterparts.

To automatically recode variables, go to the menu and choose "Transform." Then choose "Automatic Recode." You will need to specify the variables to be recoded and the new name of the variables. You will also need to identify whether you want the data to start recoding from the lowest value or the highest value.

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[1] SPSS Base 12.0 User's Guide. (2003). SPSS Inc. Chicago, IL. More information can be found at http://www.spss.com

Recode into Same Variables. You can recode data into the same variables (the same row), which will reassign the values of existing variables or collapse ranges of existing values into new values. For example, you can recode a "True" response to be 1, and a "False" response to be 2 for easier analysis. It is important to make note of the original question response and the value you assign to each response for analysis of the data.

To transform data, go to the menu and choose "Transform," then choose "Recode," and then choose "Into Same Variables." Select the variables you want to recode.

Recode into Different Variables. You can also recode into different variables, which will reassign the values of existing variables or collapse ranges of existing values into new values for a new variable. This function allows you to keep the old variable and create a new variable with numeric values.

To transform data, go to the menu and choose "Transform," then choose "Recode," and then choose "Into Different Variables." Select the variables you want to recode.

2.4 Interpreting the Analysis File

2.4.1 Background

After viewing the data in MS Excel or importing into MS Access or SPSS, the analysis will have a file with multiple columns. Each column corresponds to a specific piece of information collected by the questionnaire. Before we explain how to interpret that file, to ensure a common usage of terminology in this section, the following definitions are provided.

> **Analyst**: This is the individual responsible for collating and analyzing the questionnaire results from respondents in his/her jurisdiction.

> **Analysis file**: The file that the response data is imported into. This will either be MS Access, MS Excel, or a statistical package such as SPSS. Refer to Section 2.2, "How to Download and Import Data," for a detailed description of the steps to export the .csv or .txt file into one of the appropriate tools.

> **Mapping document:** The document that provides a legend or a key to translating the analysis file. It will provide the means by which to understand the analysis file. This file is included as Appendix B.

> **Respondent**: The individual completing the questionnaire.

> **Parent question:** The main question as it appears in the questionnaire.

> **Response scale**: The potential answers to the parent question. All 43 questions have a standard response scale, and they vary slightly depending on the question. In general, the

responses range from "No, **and** we don't plan on performing (the activity)," to "No, **but** we plan on performing (the activity)," to "(the activity) is **in progress**," to "Yes, **but** there are limitations to our ability to complete (the activity)," to "Yes, **and** we exceed" (the activity).

Followup questions: Any additional questions that appear if a respondent answers the parent question in a certain manner. These primarily appear when the respondent chooses one of the response options that begins with "Yes, and…" or "Yes, but…"

The following illustrates an example of a parent question, its response scale, and the followup questions.

Parent question:

3. Does the hospital use an Incident Command System (ICS) to manage events that impact normal operations?

Response scale:

○   **Response #1**: No, and not planned within the next 6 months.
○   **Response #2**: No, but the hospital plans to use an ICS within the next 6 months.
○   **Response #3**: ICS is currently being developed.
○   **Response #4**: Yes, but all hospital staff are not trained on their roles in the system.
○   **Response #5**: Yes, and all hospital staff are trained on their roles in the system.
○   **Response #6**: Other.

Followup questions:

(Table will be activated if Response #4 or Response #5 is selected.)

Select the appropriate response for each National Incident Management System (NIMS) activity.	
Is the ICS used on a near daily basis to manage events that impact normal operations?	Y N
Is the ICS practiced routinely in exercises/drills?	Y N
Is the ICS updated as needed after exercises/drills?	Y N
Is the ICS incorporated into existing training programs?	Y N
Is the ICS formally incorporated into the emergency operations plan (EOP)?	Y N
Is the ICS coordinated with local entities?	Y N

For the remainder of this section, we recommend having a sample analysis file, a blank version of the questionnaire, and the file titled, "final_mapping document.xls" at hand. Having sample documents accessible will help make it easier to follow and conceptualize the materials presented below.

2.4.2 Question Numbering Scheme

Though there are 43 questions in the questionnaire, through the use of the followup questions, there is the potential for up to 316 questions asked in the questionnaire. For example, for question 3 above, if the respondent answered either of the "yes" responses, the table would activate with six more questions for the respondent to answer, for a total of seven questions, all associated with question 3. This includes the parent question and six followup questions.

In the data analysis file, each parent and followup question is represented by a column. Each row corresponds to one respondent who completed the questionnaire. The following figure depicts an example taken from an Access analysis file.

Because a textual description of the question represented by each column would make the analysis file large and cumbersome, we present a numeric scheme for uniquely associating each column in the analysis file to a parent or followup question on the questionnaire. In the following sections, we will explain this numeric system.

There are three sections to the analysis file. These include the columns that contain the respondent's unique identifiers, the demographic questions, and the survey content questions.

Unique Identifiers:

The analysis file will begin with column headers that provide the Survey ID number and the begin and end times. These are included for tracking purposes, to ensure that the analyst can uniquely identify each respondent that completed the questionnaire. The following figure depicts a sample demographic portion of an analysis file in MS Access.

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These fields are defined below:

> **SurveyID**: A unique identifier assigned by the system to each respondent who completes the questionnaire.

> **BeginTime**: The date and time the respondent began entering data into the Web tool.

> **EndTime**: The date and time the respondent stopped entering data into the Web tool.

The "BeginTime" and "EndTime" columns are not critical for the analysis of the data but are provided as additional data points for tracking respondents.

Demographic Questions:

Following the unique identifiers are the answers to the demographic questions, noted as D1 through D21. The first seven demographic questions are shown in the figure below.

To determine exactly what survey question is represented by each column, the analyst can refer to the mapping document in Appendix B.

The mapping document matches each column header in the analysis file to its corresponding question. For example, D01 corresponds to the question that asks the hospital name; D02 refers to the second demographic question, "Street address"; D03 corresponds to the third demographic question, "City"; etc. In the mapping document, you will see that each demographic question has a column ID associated with it as well as a text-based description of the questions and answers.

Survey Content Questions:

The figure below illustrates the columns that correspond to the survey content questions, designated with a "Q."

Note: For reasons of space restriction, this file shows only the Survey ID and the beginning of the survey questions. In an actual analysis file, all of the unique identifiers and demographic data would still be present and would appear in the columns before the start of the survey content questions

The survey content questions are coded in the same manner as the questions in the demographic section. Parent questions are Q03, Q04, etc. If parent questions have followup questions, those have extended codes (Q034A, Q034B, etc.). We will describe this numbering scheme below.

From the example question presented at the beginning of the section (question 3), there is a six point response scale.

Response scale:

○   Response #1: No, and not planned within the next 6 months.

○   Response #2: No, but the hospital plans to use an ICS within the next 6 months.

○   Response #3: ICS is currently being developed.

○   **Response #4**: **Yes, but** all hospital staff are not trained on their roles in the system.

○   **Response #5**: **Yes, and** all hospital staff are trained on their roles in the system.

○   Response #6: Other.

In the analysis file, for the followup questions, following the parent question (Q03), the next digit will be a "4" to indicate that the user chose either response 4 or 5. Please note that to make the naming convention more consistent, even if the respondent selected response 5, the column will still utilize a "4" in the naming convention. Then, the associated followup questions are labeled with an alpha character. We will use column ID "Q034A" as an example. If a respondent chose response 4, "Yes, but all hospital staff are not trained on their roles in the system" or response 5, "Yes, and all hospital staff are trained on their roles in the system," the system presented the respondent with a table with additional information requests. The additional table for question 03 is as follows:

(Table will be activated if Response #4 or Response #5 is selected.)

Select the appropriate response for each National Incident Management System (NIMS) activity.	
Is the ICS used on a near daily basis to manage events that impact normal operations?	Y N
Is the ICS practiced routinely in exercises/drills?	Y N
Is the ICS updated as needed after exercises/drills?	Y N
Is the ICS incorporated into existing training programs?	Y N
Is the ICS formally incorporated into the emergency operations plan (EOP)?	Y N
Is the ICS coordinated with local entities?	Y N

Therefore, the first question in the table, "Is the ICS used on a near daily basis to manage events that impact normal operations?" would have a column ID of Q034A in the analysis file. Q034B corresponds to "Is the ICS practiced routinely in exercises/drills?" etc. This is further explained in the figure below:

Q034A

Parent question Q03 → Q03 4 A ← This is the first row in the table of follow up questions

Respondent answered parent question with a response #4 or 5

Does the hospital use an Incident Command System (ICS) to manage events that impact normal operations?

Is the ICS used on a near daily basis to manage events that impact normal operations?

Yes, and all hospital staff are trained on their roles in the system.

2.4.3 Questionnaire Answers

For each parent question and, if present, followup question, the respondent's answers are included under that question's column. The mapping document presents a legend for interpreting the responses. To interpret the data in the analysis file, consult the following columns in the mapping document.

	A	B	C	D	E	F	G	H	I	J
1	Col. #	Column ID	Quest. category	Quest #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
2	34	Q03	Administration and Planning	3	Does the hospital use an Incident Command System (ICS) to manage events that impact normal operations?			1 No, and not planned within the next 6 months.		Q03
3								2 No, but the hospital plans to use an ICS within the next 6 months.		Q03
4								3 ICS is currently being developed.		Q03
5								4 Yes, but all hospital staff are not trained on their roles in the		Q03
6								5 Yes, and all hospital staff are trained on their roles in the		Q03
7								6 Other.		Q03
8	35	Q034A		3	Is the ICS used on a near daily basis to manage events that impact normal operations?		True/False	Yes/No	Y	Q034A
9	36	Q034B		3	Is the ICS practiced routinely in exercises/drills?		True/False	Yes/No	Y	Q034B

Column Value: This describes the nature of the answer. Four column values are used in this analysis:

> **Numeric value**: For scoring purposes, each potential response to a parent question is assigned a number from 1 through 4, 5, or 6 that corresponds to the numbers of the response options.
> **True/False:** In the followup questions, respondents are asked to select appropriate responses from a table. These are usually "yes" or "no" answers, with "yes" corresponding to "true" and "no" corresponding to "false".
> **Int:** This indicates that responses are in the form of an integer. This is for questions that require a number as a response, typically questions that ask about numbers of beds.
> **Varchar:** This indicates that responses are in the form of variable text characters. This is for questions that allow a free text entry. These are typically located in the demographic sections.

Answer: This is the text version of the response that the user selected.

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The following section provides an example of the analysis associated with our sample question, question 3.

Analysis File

	A	B	C	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
1	SurveyID	BeginTime	EndTime	Q03	Q034A	Q034B	Q034C	Q034D	Q034E	Q034F	Q04	Q043A	Q043B	Q043C
2	4040	12/4/2006 14:45	12/4/2006 14:51	4				FALSE						
3	4042	2/4/2006 20:46	12/4/2006 20:58	4	FALSE	FALSE	TRUE	FALSE	FALSE	FALSE	3	TRUE	TRUE	TRUE
4	4043	12/11/2006 12:16	12/11/2006 12:23	4	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	3	FALSE	FALSE	FALSE
15														
16														

Mapping Document

Microsoft Excel - final_mapping document_12_19.xls

File   Edit   View   Insert   Format   Tools   Data   Window   Help   Type a question for help

Arial   10   E15

	A	B	C	D	E	F	G	H	I	J
1	Col. #	Column ID	Quest. category	Quest #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
2		34 Q03	Administration and Planning	3	Does the hospital use an Incident Command System (ICS) to manage events that impact normal operations?			1 No, and not planned within the next 6 months.		Q03
3								2 No, but the hospital plans to use an ICS within the next 6 months.		Q03
4								3 ICS is currently being developed.		Q03
5								4 Yes, but all hospital staff are not trained on their roles in the		Q03
6								5 Yes, and all hospital staff are trained on their roles in the		Q03
7								6 Other.		Q03
8		35 Q034A		3	Is the ICS used on a near daily basis to manage events that impact normal operations?		True/False	Yes/No	Y	Q034A
9		36 Q034B		3	Is the ICS practiced routinely in exercises/drills?		True/False	Yes/No	Y	Q034B
10		37 Q034C		3	Is the ICS updated as needed after		True/False	Yes/No	Y	Q034C
11										
12										
13										
14										
15										
16										
17										

Sheet1 Sheet2 Sheet4 Sheet3

Draw   AutoShapes

Ready

For question 3 (Q03), "Does the hospital use an Incident Command System (ICS) to manage events that impact normal operations?" respondent number 4042 answered with response #4, "Yes, but all hospital staff are not trained on their roles in the system." As a result of selecting response #4, the associated table appeared with the six follow up questions. For the first followup question (Q034A), "Is the ICS used on a near daily basis to manage events that impact normal operations?" the respondent had a negative response, reflected as "False" in the analysis

file. For the second followup question (Q034B), the respondent also had a negative response. For the third followup question, "Is the ICS updated as needed after exercises/drills?" the respondent had an affirmative response, reflected as "True" in the analysis file.

2.5 Scoring the Responses

This section describes a recommended methodology for scoring the hospital/health care systems' data.

For each facility, a total readiness score can be calculated using unweighted scores. Since individual questions have discordant response scales, scores can be recoded as binary in order to align questions, normalize scoring, and stage data for categorical factor analysis. The binary scores were developed by combining affirmative answers and assigning a value of one; assigning a value of zero to negative or neutral answers; and assigning a null value (no impact to the total score) to skipped, missed, or responses of "other." The following question is annotated to convey scoring logic:

> Q07. Is the hospital represented in a regional planning group (i.e., local/State public health department) or other groups responsible for regional CBRNE preparedness?

Potential Responses	Associated Score
No, and not planned within the next six months.	0
No, but planned within the next six months.	0
Involvement in a regional planning group is being considered.	0
Yes, but there is relatively infrequent interaction between the regional planning group and the hospital.	1
Yes, and there is ongoing interaction between the regional planning group and the hospital.	1
Other.	0

The unweighted scores can be computed for each user by summing the responses for each question answered and dividing by the total number of questions. Missed or skipped questions should be dropped from the total number of questions answered.

Appendix A. Preparedness for Chemical, Biological, Radiological, Nuclear and Explosive Events: A Questionnaire for Healthcare Facilities

Preparedness for
Chemical, Biological, Radiological, Nuclear, and Explosive Events

Questionnaire for Health Care Facilities

U.S. Department of Health and Human Services
Agency for Healthcare Research and Quality ▪ Health Resources and Services Administration

States can administer this functionally downloadable questionnaire to their hospitals, and hospitals can self-administer the questionnaire to measure their own readiness. Hospitals and health care systems can use this questionnaire as an assessment and planning tool for chemical, biological, radiological, nuclear, and explosive (CBRNE) events. Some hospitals may address events such as these as a component of an "all hazards" plan.

Please note that AHRQ is *not* administering this questionnaire. Please do not send completed questionnaires or compiled data to AHRQ.

CBRNE is used throughout this questionnaire and is defined as follows: The release of a chemical, biological, radiological, nuclear, or explosive agent that threatens civilian populations.

Question responses should reflect the hospital's status at the time the questionnaire is filled out.

If you have any questions about the content of the questionnaire or technical difficulties with the Web-based instrument, please contact Sally J. Philips, R.N., Ph.D., Director, Public Health Emergency Preparedness Program, AHRQ at: sally.phillips@ahrq.hhs.gov.

*IMPORTANT: If it is **not** possible to fill in part of the questionnaire, log out, then complete it at a later time. Please click here to download a paper version of the questionnaire, and gather all the necessary information **before** entering information in the on-line version of the survey. Keep a completed copy for your records.*

Download paper version of survey as a PDF file.

If you do not have a PDF reader installed on your computer, you can download a free copy of the Adobe Acrobat Reader. This can open and print PDF files.

Hospital Demographics and Contact Information

Hospital Name _____

Street Address _____

City: _____ State: _____

Telephone Number: _____ Zip (optional):_____

Primary Contact for this Survey: _____

Title of Primary Contact: _____

Telephone Number of Primary Contact: _____

E-mail Address of Primary Contact: _____

Type of Hospital:

(check all that apply)	*(check most applicable)*	*(check most applicable)*
❏ General medical, surgical	❏ Rural (non-Metropolitan	❏ Private for-profit
❏ Burn center	Statistical Area (MSA))	❏ Private not-for-profit
❏ Trauma center	hospital	❏ Military
❏ Psychiatric	❏ Urban (MSA) hospital	❏ Veterans Administration
❏ Children's	❏ Don't know	❏ Indian Health Service
❏ Long-term care/skilled		❏ Other public (Federal,
nursing facility		State, local government)
❏ Rehabilitation		❏ Other
❏ Other		

Is your hospital an academic/teaching facility?
    ❏ Yes   ❏ No

Is your hospital in a network or system with other hospitals?
    ❏ Yes   ❏ No

Hospital Bed Size:

Number of Licensed Beds   #_____   Number of Set Up and Staffed Beds   #_____

If your hospital is a certified trauma center (American College of Surgeons [ACS] trauma center certified), please check the highest level of certification.

> ❑ Level I   ❑ Level IV
> ❑ Level II   ❑ State certified, but *not* ACS certified
> ❑ Level III   ❑ Not trauma certified

Have HRSA National Bioterrorism Hospital Preparedness Program (NBHPP) funds been **dispersed** to your hospital from the State health department?
❑ Yes   ❑ No   ❑ No, but have received other government funds (please list government funding agency) _____

Has your hospital received HRSA NBHPP "in-kind" resources from the State health department (e.g., equipment)?
❑ Yes   ❑ No

<u>Administration and Planning</u>

1. Has the hospital designated a coordinator (or group/committee) who is responsible for overseeing all of the hospital's CBRNE preparedness efforts?
- ○   No, and not planned within the next 6 months.
- ○   No, but the hospital plans to designate a coordinator within the next 6 months.
- ○   Yes.
- ○   Other.

2. Has the hospital designated a medical director (or group) for its CBRNE preparedness efforts?
- ○   No, and not planned within the next 6 months.
- ○   No, but the hospital plans to designate a medical director within the next 6 months.
- ○   Yes.
- ○   Other.

3. Does the hospital use an Incident Command System (ICS) to manage events that impact normal operations?
- ○   No, and not planned within the next 6 months.
- ○   No, but the hospital plans to use an ICS within the next 6 months.
- ○   ICS is currently being developed.
- ○   Yes, but all hospital staff are not trained on their roles in the system.
- ○   Yes, and all hospital staff are trained on their roles in the system.
- ○   Other.

(This table will be activated when the respondent selects #4 or #5.)

Select the appropriate response for each National Incident Management System (NIMS) activity.	
Is the ICS used on a near daily basis to manage events that impact normal operations?	Y N
Is the ICS practiced routinely in exercises/drills?	Y N
Is the ICS updated as needed after exercises/drills?	Y N
Is the ICS incorporated into existing training programs?	Y N
Is the ICS formally incorporated into the emergency operations plan (EOP)?	Y N
Is the ICS coordinated with local entities?	Y N

4. Has the hospital designated an individual to manage and maintain its decontamination capability?

- ○ No, and not planned within the next 6 months.
- ○ No, but planned within the next 6 months.
- ○ Yes, and their responsibilities include *(check all that apply):*
  - o Inspecting, inventorying, storing, and purchasing personal protective equipment (PPE) when needed.
  - o Upkeep and maintenance of the decontamination equipment.
  - o Maintenance of training records.
  - o Ongoing training.
  - o Recruitment of new team members.
  - o Maintenance of exposure records.
- ○ Other.

5. Does the hospital have a plan for a CBRNE event that is reviewed and updated?

- ○ No, and not planned within the next 6 months.
- ○ No, but the hospital intends to begin to draft a CBRNE plan within the next 6 months.
- ○ The plan is currently being drafted.
- ○ Yes, the plan includes the following but is not updated every 2 years.
- ○ Yes, the plan includes the following and is updated at least every 2 years.
- ○ Other.

(This table will be activated when the respondent selects #4 or #5.)

Select the appropriate response for each area of the plan:	
Hospital's roles and responsibilities in a community CBRNE event	Y N
Scenario in which the hospital itself is the target of a CBRNE event	Y N
Plan activation and staff notification procedures	Y N
Shelter in place	Y N

Evacuation	Y N
Initial recognition and presumptive diagnosis of symptomatic CBRNE patients	Y N
Communication to and notification of staff of suspected CBRNE cases	Y N
Diagnostic procedures or tests to make presumptive diagnosis	Y N
Means to access age-specific CBRNE medical management guidelines from the public health departments and other appropriate agencies	Y N
Provision of mental health services for affected patients	Y N
Provision for controlling hospital access to limit contamination of the facility and individuals	Y N
Capability to isolate CBRNE patients from general inpatient population	Y N
Capability to isolate CBRNE patients from general outpatient population	Y N
Provisions for handling suspected CBRNE agents brought to the hospital or sampled within the hospital	Y N
Patient care expansion areas usable for assessing and treating potential victims of CBRNE events	Y N
Memorandums of understanding with external treatment facilities for overflow in the event of treatment site contamination or capacity shortages	Y N
Receipt and management of surge caches of pharmaceuticals and supplies	Y N
Means to access additional supplies of blood and blood products	Y N
Follow up instructions for patients and their home care providers that consider published guidelines from public health departments or the Centers for Disease Control and Prevention (CDC)	Y N
Cost recovery plan coordinated with third party payers	Y N
After-action evaluation of hospital's response to CBRNE event	Y N
Disaster Recovery Procedures	Y N

6. Are funds for CBRNE preparedness (i.e., planning, training, operations, etc.) included into the hospital's budget?

○　　　No, and not planned within the next 6 months.
○　　　No, but the hospital plans to include CBRNE preparedness funds into the budget within the next 6 months.
○　　　Budgetary items are currently being evaluated.
○　　　Yes, but only those received from NBHPP.
○　　　Yes, and there are funds over and above those received from NBHPP.
○　　　Other.

7. Does the hospital participate in a regional planning group (i.e., local/State public health department) or other groups responsible for regional CBRNE preparedness?

○　　　No, and not planned within the next 6 months.
○　　　No, but the hospital plans to participate in a regional planning group within the next 6 months.
○　　　Involvement in a regional planning group is being considered.

○   Yes, but there is relatively infrequent interaction between the regional planning group and the hospital.

○   Yes, and there is ongoing interaction between the regional planning group and the hospital.

○   Other.

(This table will be activated when the respondent selects #4 or #5.)

Select the appropriate response for participants in the regional planning activity:	
Hospitals in local area	Y N
Department of Homeland Security	Y N
Health department	Y N
Local emergency planning committee	Y N
Local fire department	Y N
Local emergency medical service(s) (EMS)	Y N
Local law enforcement	Y N
Other (please list)	Y N

Education and Training

8. Does the hospital provide competency-based training on CBRNE events to clinical staff?
○   No, and not planned within the next 6 months.
○   No, but hospital plans to provide competency-based training to clinical staff within the next 6 months.
○   Some clinical staff have been trained.
○   Yes, all clinical staff have been trained, but less frequently than every 2 years.
○   Yes, all clinical staff are trained at least every 2 years.
○   Other.

9. Does the hospital provide competency-based training on CBRNE events to non-clinical staff?
○   No, and not planned within the next 6 months.
○   No, but hospital plans to provide competency-based training to non-clinical staff within the next 6 months.
○   Some non-clinical staff have been trained.
○   Yes, all non-clinical staff have been trained, but less frequently than every 2 years.
○   Yes, all non-clinical staff are trained at least every 2 years.
○   Other.

10. Does the hospital provide training in accordance with Occupational Safety and Health Administration (OSHA) standards to personnel who may be part of the decontamination response?
○   No, and not planned within the next 6 months.
○   No, but the hospital plans to provide training according to OSHA standards within the next 6 months.

○   Training curriculum is currently being developed.
○   Yes, training on the following is provided, but not on an annual basis.
○   Yes, and training on the following is provided annually.
○   Other.

(This table will be activated when the respondent selects #4 or #5.)

Type of Training	Conducted Training	Tested in Exercise/Drill
OSHA-level operations training for all staff with designated roles in the hospital decontamination zone (area where contamination may be found and decontamination performed)	Y N	Y N
OSHA-level awareness training for all staff assigned to areas proximate to the decontamination zone where contact with contaminated may occur	Y N	Y N
Agent identification	Y N	Y N
Selection and use of PPE	Y N	Y N
Decontamination area setup	Y N	Y N
Patient decontamination	Y N	Y N
Decontamination area cleanup	Y N	Y N
Radiation contamination/exposure management	Y N	Y N
Equipment inspection, maintenance, and storage	Y N	Y N

11. Have persons designated in the hospital's CBRNE/all hazards plan received training on the regional emergency planning group's CBRNE response plan?

○   No, and not planned within the next 6 months.
○   No, but the hospital plans to provide training to persons designated in the hospital's CBRNE/all hazard plan within the next 6 months.
○   Training is currently underway.
○   Yes, but information from the training has not yet been incorporated into the hospital's CBRNE response plan.
○   Yes, and information from the training has been incorporated into the hospital's CBRNE response plan.
○   Other.

(This table will be activated when the respondent selects #4 or #5.)

Designee	Trained
Infection control practitioner	Y N
Radiation safety officer	Y N
Mental health professional	Y N
Safety officer	Y N
Emergency department representative	Y N
Other	Y N

12. Do staff members participate in hospital-wide and/or regional CBRNE event exercises/drills?
- ○ No, and not planned within the next 6 months.
- ○ No, but hospital plans to have staff members participate in a CBRNE event exercise/drill within the next 6 months.
- ○ Exercise/drill is being developed.
- ○ Yes, but not every 2 years.
    Was the hospital's CBRNE/all hazards plan revised as a result of the exercise/drill?

    - ○ Yes
    - ○ No
- ○ Yes, at least every 2 years.
    Was the hospital's CBRNE/all hazards plan revised as a result of the exercise/drill?

    - ○ Yes
    - ○ No
- ○ Other.

Communication and Notification

13. Is a mechanism in place for the rapid receipt and posting of public health alerts during a CBRNE event from agencies such as Public Health, poison control, Health Alert Network, Centers for Disease Control and Prevention, etc.?
- ○ No, and not planned within the next 6 months.
- ○ No, but the hospital plans to put a mechanism in place for receiving and posting public health alerts within the next 6 months.
- ○ A formal process is currently being developed.
- ○ Yes, but only in the emergency department and infection control.
- ○ Yes, and they are made readily available throughout the clinical areas of the hospital.
- ○ Other.

14. Does the hospital have a dedicated system for staff information and call-in inquiries during a CBRNE event?
- ○ No, and not planned within the next 6 months.
- ○ No, but the hospital plans to establish a dedicated system for use during a CBRNE event within the next 6 months.
- ○ A dedicated system is currently being developed.
- ○ Yes, but the system includes only phone access.
- ○ Yes, and the system includes multiple methods of access.
- ○ Other.

15. Does the Emergency Department have Internet access located in the department?
- ○ No, and not planned within the next 6 months.
- ○ No, but the emergency department plans to acquire Internet access within the next 6 months.
- ○ Internet access is located in another department.
- ○ Yes, but the connection requires a dial-up modem.
- ○ Yes, and the Internet is accessed by a high-speed connection.
- ○ Other.

16. Is the hospital a participant in a regional system to monitor Emergency Department diversion status?
- ○ No, and not planned within the next 6 months.
- ○ No, but the hospital plans to participate in a regional system to monitor Emergency Department diversion status within the next 6 months.
- ○ Regional system is currently being developed.
- ○ Yes, but the diversion status system is not monitored in real-time.
- ○ Yes, and the diversion status system is monitored in real-time.
- ○ Other.

17. Does the hospital's CBRNE/all hazards plan designate a position or individual (such as a Public Information Officer) to communicate about a CBRNE event to the media?
- ○ No, and not planned within the next 6 months.
- ○ No, but planned within the next 6 months.
- ○ Yes.
- ○ Other.

18. Are protocols in place for the release of information regarding the number of CBRNE casualties to the appropriate external agencies?
- ○ No, and not planned within the next 6 months.
- ○ No, but the hospital plans to develop protocols to release information to appropriate external agencies regarding the number of CBRNE casualties within the next 6 months.
- ○ Protocols are currently being developed.
- ○ Yes, but protocols have not yet been coordinated with appropriate external agencies.
- ○ Yes, and protocols have been coordinated with appropriate external agencies.
- ○ Other.

19. Does the hospital's CBRNE/all hazards plan address procedures that staff should follow in reporting a suspected CBRNE event to the appropriate external agencies?
- ○ No, and not planned within the next 6 months.
- ○ No, but the hospital plans to develop procedures for reporting a suspected CBRNE event within the next 6 months.
- ○ Procedures are under development.

○   Yes, but the procedures have not been communicated to the staff.
○   Yes, and the procedures have been communicated to the staff.
○   Other.

20. Is there a procedure in place for providing patient tracking (from initial triage to hospital admission or discharge)?
○   No, and not planned within the next 6 months.
○   No, but the hospital plans to develop a procedure for patient tracking within the next 6 months.
○   Procedure is currently being developed.
○   Yes, but procedure has not yet been tested with exercise/drill(s).
○   Yes, and procedure has been tested with exercise/drill(s).
○   Other.

Patient Capacity

21. Is the hospital a participant in a regional system to monitor bed availability?
○   No, and not planned within the next 6 months.
○   No, but the hospital plans to participate in a regional system to monitor bed availability within the next 6 months.
○   Regional system is currently being developed.
○   Yes, but inpatient bed availability is not monitored in real-time.
○   Yes, and inpatient bed availability is monitored in real-time.
○   Other.

(This table will be activated when the respondent selects #4 or #5.)

Select the appropriate response for bed types being monitored:	
Inpatient	Y N
Intensive care unit(s)	Y N
Emergency department	Y N
Outpatient units	Y N

22. Does the hospital's CBRNE/all hazards plan address policies and procedures for increasing inpatient bed capacity?
○   No, and not planned within the next 6 months.
○   No, but the hospital plans to develop policies and procedures to increase inpatient bed capacity within the next 6 months.
○   Policies and procedures are currently being developed.
○   Yes, policies and procedures are in place for the following areas:
○   Other.

Types of Policies/ Procedures	Included in Plan	Tested In Exercise/Drill	Additional Staffed Beds
Adult critical care	Y N	Y N	#
Adult medical	Y N	Y N	#
Adult surgical	Y N	Y N	#
Adult burns	Y N	Y N	#
Adult trauma	Y N	Y N	#
Pediatric critical care	Y N	Y N	#
Pediatric medical	Y N	Y N	#
Pediatric surgical	Y N	Y N	#
Pediatric burn	Y N	Y N	#
Pediatric trauma	Y N	Y N	#

23. Does the hospital's CBRNE/all hazards plan address alternative treatment sites to serve patients during a CBRNE event?

    ○   No, and not planned within the next 6 months.
    ○   No, but the hospital will be developing a plan to address alternative treatment sites during a CBRNE event within the next 6 months.
    ○   Plan currently being developed.
    ○   Yes, but plan has not yet been tested with exercise/drill(s).
    ○   Yes, and plan has been tested with exercise/drill(s).
    ○   Other.

Alternative Treatment Site	Included in Plan	Tested in Exercise/Drill
Emergency department (ED) overflow	Y N	Y N
Alternative site if ED is contaminated	Y N	Y N
Isolation area adjacent to ED	Y N	Y N
Inpatient overflow	Y N	Y N
Outpatient overflow	Y N	Y N

24. Does the hospital have protocols or memoranda of understanding (MOUs) in place with other area treatment facilities (e.g., hospitals, ambulatory care centers, extended care facilities) to transfer patients as a result of a CBRNE event?

    ○   No, and not planned within the next 6 months.
    ○   No, but the hospital plans to develop protocols and MOUs to transfer patients as a result of a CBRNE event within the next 6 months.
    ○   Protocols or MOUs are currently being developed.
    ○   Yes, but have not yet been tested with exercise/drill(s).
    ○   Yes, and have been tested with exercise/drill(s).
    ○   Other.

25. Does the hospital have procedures that allow morgue capacity to be increased in case of mass fatalities?

○   No, and not planned within the next 6 months.
○   No, but the hospital plans to develop procedures to increase morgue capacity during a CBRNE event within the next 6 months.
○   Procedures are currently being developed.
○   Yes, but the procedures have not been tested with an exercise/drill.
○   Yes, the morgue capacity can be increased and the procedures have been tested with an exercise/drill.
○   Other.

<u>Staffing and Support</u>

26. Does the hospital's CBRNE/all hazards plan address procedures for expanding staff availability (e.g., callback lists, policies for overtime, staffing centers, etc.) during a CBRNE event?

○   No, and not planned within the next 6 months.
○   No, but the hospital will be developing a plan to expand staff availability during a CBRNE event within the next 6 months.
○   Plan to expand staff availability currently being developed.
○   Yes, plan includes procedures in the following areas but has not been tested in any area:
○   Yes, and procedures include expanding staff in the following areas and those procedures have been tested in the following areas:
○   Other.

(This table will be activated when the respondent selects #4 or #5. The "Tested in Exercise/Drill" column will not be activated if the respondent selects #4.)

Areas Addressed in Staff Expansion Plan	Included in Plan	Tested in Exercise/Drill
Emergency department	Y N	Y N
Critical care	Y N	Y N
Medicine/surgery	Y N	Y N
Pediatrics	Y N	Y N
Laboratory	Y N	Y N
Housekeeping	Y N	Y N
Pharmacy	Y N	Y N
Security	Y N	Y N
Food service	Y N	Y N
Respiratory therapy	Y N	Y N
Burn care	Y N	Y N
Trauma	Y N	Y N

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Radiology	Y N	Y N
Types of Mechanisms		
Callback lists	Y N	Y N
Policies for overtime	Y N	Y N
Staffing centers	Y N	Y N
Professional volunteers (pre-credentialed)	Y N	Y N

27. Does the hospital have policies for the advance registration and credentialing of clinicians needed to augment hospital staff in case of a CBRNE event?

○ No, and not planned within the next 6 months.
○ No, but the hospital plans to create policies for advance registration and credentialing of clinicians within the next 6 months.
○ Policies are currently being developed.
○ Yes, hospital has these policies.
○ Other.

28. Does the hospital have provisions for temporary housing and feeding personnel when needed during a CBRNE event?

○ No, and not planned within the next 6 months.
○ No, but the hospital plans to develop provisions to temporarily house and feed personnel during a CBRNE event within the next 6 months.
○ Provisions are currently being developed.
○ Yes, but capacity is fixed.
○ Yes, and capacity can be expanded.
○ Other.

(This table will be activated when the respondent selects #4 or #5.)

Please select the appropriate response:	
For patients	Y N
For staff	Y N
For staffs' families	Y N

29. Is mental health support available as a component of the care provided to staff in a CBRNE event?

○ No, and not planned within the next 6 months.
○ No, but the hospital plans to make mental health support available as a component of care to staff members in a CBRNE event within the next 6 months.
○ Capacity for support is being developed.
○ Yes, but support is not available 24 hours a day.
○ Yes, and support is available 24 hours a day.
○ Other.

Isolation and Decontamination

30. Does the hospital's CBRNE/all hazards plan address decontamination?
 ○ No, and not planned within the next 6 months.
 ○ No, but the hospital plans to address decontamination in the CBRNE/all hazards plan within the next 6 months.
 ○ The hospital's emergency decontamination plan is currently being developed.
 ○ Yes, the plan includes the following but is not updated yearly.
 ○ Yes, the plan includes the following and is updated yearly.
 ○ Other.

(This table will be activated when the respondent selects #4 or #5.)

Elements of Plan	Included in Plan	Tested in Exercise/Drill
Personnel roles, lines of authority, and communication	Y N	Y N
Initiating and concluding an emergency decontamination operation	Y N	Y N
Emergency alerting and response procedures	Y N	Y N
Emergency recognition of contaminated patients	Y N	Y N
Patient triage and tracking	Y N	Y N
Procedures to provide individual privacy during the decontamination process	Y N	Y N
Rapid removal, handling, tracking and/or disposition of contaminated clothing and personal items	Y N	Y N
Rapid removal, handling, and disposition of patients' medical devices (e.g., contact lenses, glasses, braces, prosthetics, wheelchairs)	Y N	Y N
Emergency medical treatment of contaminated individuals	Y N	Y N
Procedures for decontaminating non-ambulatory patients	Y N	Y N
Procedures for decontaminating ambulatory patients	Y N	Y N
Procedures for decontaminating skin and hair	Y N	Y N
Procedures for decontaminating eyes	Y N	Y N
Procedures for decontaminating open wounds	Y N	Y N
Procedures for removing contaminated fragments	Y N	Y N
Procedure for bodily fluid sample collection as a marker of exposure	Y N	Y N
Procedures for evidentiary chain of custody	Y N	Y N
Safe disposal of contaminated waste	Y N	Y N
Procedures for proper handling of contaminated human remains	Y N	Y N

Decontamination runoff collection and disposal	Y N	Y N
Procedures for decontaminating equipment (including re-usable patient equipment)	Y N	Y N
Procedures for decontaminating the facility	Y N	Y N

31. Does the hospital have access to decontamination showers?
   ○ No, and not planned within the next 6 months.
   ○ No, but planned within the next 6 months.
   ○ Hospital relies on outside resources (e.g., fire department) for decontamination.
   ○ Hospital has its own decontamination showers.
      o Showers are fixed.
      o Showers are portable.
      o Showers are both fixed and portable.
   ○ Other.

32. Do emergency department personnel (or the emergency decontamination team) have 24-hours-a-day/7-days-a-week access to appropriate radiation detectors (as defined by the hospital's hazard vulnerability assessment)?
   ○ No, and not planned within the next 6 months.
   ○ No, but the emergency department plans to provide 24/7 access to radiation detectors within the next 6 months.
   ○ Hospital has radiation detectors, but not 24/7 access.
   ○ Yes, but training on procedures for the use of radiation detectors has not been provided.
   ○ Yes, and training on procedures for the use of radiation detectors has been provided.
   ○ Other.

33. Do emergency department personnel (or the emergency decontamination team) have 24-hours-a-day/7-days-a-week access to appropriate personal dosimeters (as defined by the hospital's hazard vulnerability assessment)?
   ○ No, and not planned within the next 6 months.
   ○ No, but the emergency department plans to provide 24/7 access to dosimeters within the next 6 months.
   ○ Dosimeters are currently being acquired.
   ○ Yes, but training on procedures for the use of dosimeters has not been provided.
   ○ Yes, and training on procedures for the use of dosimeters has been provided.
   ○ Other.

34. Is appropriate personal protective equipment (as defined by the hospital's hazard vulnerability assessment) provided to personnel involved in the decontamination response?
   ○ No, and not planned within the next 6 months.
   ○ No, but the hospital plans to provide PPE to those involved in the decontamination response within the next 6 months.

○   Personal protective equipment is currently being acquired.
○   Yes, but equipment is available only for some decontamination response personnel.
○   Yes, and equipment is available for all decontamination response personnel.
○   Other.

(This table will be activated when the respondent selects #4 or #5.)

○ None of the decon team staff have been trained in the proper usage of the personal protective equipment.	○ Some of the decon team staff have been trained in the proper usage of the personal protective equipment.	○ All of the decon team staff have been trained in the proper usage of the personal protective equipment.

35. Does the hospital have a written respiratory protection program that is in compliance with OSHA standards?
○   No, and not planned within the next 6 months.
○   No, but the hospital plans to develop a respiratory protection program that is in compliance with OSHA standards within the next 6 months.
○   Respiratory protection program is currently being developed.
○   Yes, hospital has written respiratory protection program in compliance with OSHA standards.
○   Other.

36. Does the hospital have negative-pressure isolation room(s) within the facility?
○   No, and not planned within the next 6 months.
○   No, but the hospital plans to develop procedures to create negative-pressure isolation rooms within the next 6 months.
○   Procedures to create isolation rooms are currently being developed.
○   Yes, but number of available rooms is fixed.
       o   Number of rooms currently available _____
○   Yes, and number of available rooms can be increased.
       o   Number of rooms currently available _____
       o   Number of additional rooms _____
○   Other.

Supplies, Pharmaceuticals, and Laboratory Support

37. Has the hospital identified contingency suppliers of resources needed during a CBRNE event?
○   No, and not planned within the next 6 months.
○   No, but the hospital plans to identify contingency suppliers needed during a CBRNE event within the next 6 months.
○   Currently working to develop list of suppliers.
○   Yes, but only have agreements with some of the necessary suppliers.

Type of supplier	Agreement in place	
Pharmaceutical	Y	N
Medical supplies	Y	N
Laboratory supplies	Y	N
etc	Y	N

○   Yes, and have agreements with all of the necessary suppliers.
○   Other.

38. Does the hospital's CBRNE/all hazards plan address procedures to expand storage capacity for additional supplies/equipment needed during a CBRNE event?
     ○   No, and not planned within the next 6 months.
     ○   No, but the hospital plans to develop procedures to expand storage capacity for additional supplies/equipment during a CBRNE event within the next 6 months.
     ○   Procedures are under development.
     ○   Yes, but not tested in drills.
     ○   Yes, and procedures for expanding storage capacity have been tested in drills.
     ○   Other.

39. Does the hospital maintain its own cache of medications (such as antibiotics and chemical antidotes) for use for 3 days during a CBRNE event?
     ○   No, and not planned within the next 6 months.
     ○   No, but the hospital plans to stock and maintain a medication cache for use during a CBRNE event within the next 6 months.
     ○   Planning for a medication cache is currently in process.
     ○   Yes, and the cache is not part of the pharmacy's rotation.
     ○   Yes, and the cache is rotated to prevent shelf-life expiration.
     ○   Other.

(This table will be activated when the respondent selects #4 or #5.)

Please select the appropriate response:	
Cache for patients	Y N
Cache for staff	Y N
Cache for staffs' families	Y N

40. Does the hospital have agreements in place for accessing additional supplies of medications from outside resources during a CBRNE event?
     ○   No, and not planned within the next 6 months.
     ○   No, but the hospital plans to develop agreements for accessing additional medication supplies during a CBRNE event within the next 6 months.
     ○   Agreements are currently being developed.
     ○   Yes, have agreements in the following areas:
     ○   Other.

Types of Agreements	Agreement in Place	Tested with Exercise/Drill
Primary pharmaceutical vendors	Y N	Y N
Other hospitals	Y N	Y N
Local pharmacies	Y N	Y N
Public health department	Y N	Y N
Regional stockpiles	Y N	Y N

41. Does the hospital's CBRNE/all hazards plan address procedures for receiving and distributing prophylactic and/or treatment medications?
- ○ No, and not planned within the next 6 months.
- ○ No, but the hospital plans to develop procedures for distributing prophylactic and/or treatment medication within the next 6 months.
- ○ Distribution plan is currently being developed.
- ○ Yes, but procedures have not been tested in exercise/drill(s).
- ○ Yes, and procedures have been tested in exercise/drill(s)
- ○ Other.

Please select the appropriate response	
Procedures for distribution to patients	Y N
Procedures for distribution to staff	Y N
Procedures for distribution to staffs' families	Y N

42. Does the hospital have a laboratory support plan for managing CBRNE events?
- ○ No, and not planned within the next 6 months.
- ○ No, but the hospital intends to begin development of a laboratory support plan to manage CBRNE events within the next 6 months.
- ○ Laboratory support plan is currently being developed.
- ○ Yes, the plan includes the following but is not updated every 2 years.
- ○ Yes, the plan includes the following and is updated every 2 years.
- ○ Other.

Elements of Plan	Included in Plan	Tested in Exercise/Drill
Guidelines for presumptive identification of biological agents	Y N	
Chain of custody requirements	Y N	Y N
Standard operating procedures for safe handling of suspected CDC category A agents	Y N	Y N

Written procedures for safe transportation of specimens (including packaging and shipping)	Y N	Y N
Use of OSHA approved bio-safety cabinets	Y N	
Safe disposal of contaminated waste	Y N	Y N
Electronic reporting of laboratory results	Y N	
Protocol for working with laboratory response network (LRN) or other CDC-funded laboratory capacity	Y N	Y N
Protocols for reporting to appropriate in-house professionals	Y N	Y N
Protocols for contacting local and State public health departments in accordance with reporting requirements	Y N	Y N
Protocols for contacting health physics labs	Y N	Y N
Memorandums of understanding to expand lab capacity	Y N	Y N

Surveillance

43. Does the hospital have the capability to report syndromic data of a CBRNE event to the local, regional or State health department?

○ No, and not planned within the next 6 months.
○ No, but the hospital plans to develop the capability to report syndromic data of a CBRNE event within the next 6 months.
○ Reporting capability is currently being developed or implemented.
○ Yes, but reporting does not occur 24 hours aday/7 days a week.
○ Yes, and reporting does occur 24 hours a day/7 days a week.
○ Other.

Appendix B. Questionnaire Mapping Document

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
1	Survey ID	Demographic	sys						Survey ID
2	Begin Time	Demographic	sys						Begin Time
3	End Time	Demographic	sys						End Time
4	D01	Demographic	Demo	Hospital Name		Varchar			D01
5	D02	Demographic	Demo	Street Address		Varchar			D02
6	D03	Demographic	Demo	City		Varchar			D03
7	D04	Demographic	Demo	State		Varchar			D04
8	D05	Demographic	Demo	Zip		Varchar			D05
9	D06	Demographic	Demo	Telephone Number of primary contact		Varchar			D06
10	D07	Demographic	Demo	Primary Contact for this Survey		Varchar			D07
11	D08	Demographic	Demo	Title of Primary Contact		Varchar			D08
12	D09	Demographic	Demo	Telephone Number of primary contact		Varchar			D09
13	D10	Demographic	Demo	E-mail address of primary contact		Varchar			D10
14	D11	Demographic	Demo	Licensed beds		int			D11
15	D12	Demographic	Demo	Staffed beds		int			D12
16	D13	Demographic	Demo	Funds		Varchar			D13
17	D14	Demographic	Demo	Funding agency		Varchar			D14
18	D15	Demographic	Demo	In kind		Varchar			D15
19	D16	Demographic	Demo	Trauma		True/False	Yes/No		D16
20	D17A	Demographic	Demo	General medical, surgical		True/False	Yes/No		D17A
21	D17B	Demographic	Demo	Burn center		True/False	Yes/No		D17B
22	D17C	Demographic	Demo	Trauma center		True/False	Yes/No		D17C
23	D17D	Demographic	Demo	Psychiatric		True/False	Yes/No		D17D
24	D17E	Demographic	Demo	Children's		True/False	Yes/No		D17E
25	D17F	Demographic	Demo	Long-term care/skilled nursing facility		True/False	Yes/No		D17F

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
26	D17G	Demographic	Demo	Rehabilitation		True/False	Yes/No		D17G
27	D17H	Demographic	Demo	Other		True/False	Yes/No		D17H
28	D18	Demographic	Demo	Type of hospital		1	Rural (non-Metropolitan Statistical Area (MSA)) hospital		D18
						2	Urban (MSA) hospital		D18
						3	Don't know		D18
29	D19	Demographic	Demo	Type of hospital		1	Private for-profit		D19
						2	Private not-for-profit		D19
						3	Military		D19
						4	Veterans Administration		D19
						5	Indian Health Service		D19
						6	Other public (Federal, State, local government)		D19
						7	Other		D19
30	D20	Demographic	Demo	Is your hospital an academic/teaching facility?		True/False	Yes/No		D20
31	D21	Demographic	Demo	Is your hospital in a network or system with other hospitals?		True/False	Yes/No		D21
32	Q01	Administration and Planning	1	Has the hospital designated a coordinator (or group/committee) who is responsible for overseeing all of the hospital's CBRNE preparedness efforts?		1	No, and not planned within the next 6 months.		Q01
						2	No, but the hospital plans to designate a coordinator within the next 6 months.		Q01
						3	Yes.		Q01
						4	Other.		Q01
33	Q02	Administration and Planning	2	Has the hospital designated a medical director (or group) for its		1	No, and not planned within the next 6 months.		Q02

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
				CBRNE preparedness efforts?					
						2	No, but the hospital plans to designate a medical director within the next 6 months.		Q02
						3	Yes.		Q02
						4	Other.		Q02
34	Q03	Administration and Planning	3	Does the hospital use an Incident Command System (ICS) to manage events that impact normal operations?		1	No, and not planned within the next 6 months.		Q03
						2	No, but the hospital plans to use an ICS within the next 6 months.		Q03
						3	ICS is currently being developed.		Q03
						4	Yes, but all hospital staff are not trained on their roles in the system.		Q03
						5	Yes, and all hospital staff are trained on their roles in the system.		Q03
						6	Other.		Q03
35	Q034A		3	Is the ICS used on a near daily basis to manage events that impact normal operations?		True/False	Yes/No	Y	Q034A
36	Q034B		3	Is the ICS practiced routinely in exercises/drills?		True/False	Yes/No	Y	Q034B
37	Q034C		3	Is the ICS updated as needed after exercises/drills?		True/False	Yes/No	Y	Q034C
38	Q034D		3	Is the ICS incorporated into		True/False	Yes/No	Y	Q034D

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
				existing training programs?					
39	Q034E		3	Is the ICS formally incorporated into the emergency operations plan (EOP)?		True/False	Yes/No	Y	Q034E
40	Q034F		3	Is the ICS coordinated with local entities?		True/False	Yes/No	Y	Q034F
41	Q04	Administration and Planning	4	Has the hospital designated an individual to manage and maintain its decontamination capability?		1	No, and not planned within the next 6 months.		Q04
						2	No, but planned within the next 6 months.		Q04
						2	Yes, and their responsibilities include (check all that apply):		Q04
						4	Other.		Q04
42	Q043A		4	Inspecting, inventorying, storing, and purchasing personal protective equipment (PPE) when needed.		True/False	Yes/No	Y	Q043A
43	Q043B		4	Upkeep and maintenance of the decontamination equipment.		True/False	Yes/No	Y	Q043B
44	Q043C		4	Maintenance of training records.		True/False	Yes/No	Y	Q043C
45	Q043D		4	Ongoing training.		True/False	Yes/No	Y	Q043D
46	Q043E		4	Recruitment of new team members.		True/False	Yes/No	Y	Q043E
47	Q043F		4	Maintenance of exposure records.		True/False	Yes/No	Y	Q043F
48	Q05	Administration and Planning	5	Does the hospital have a plan for a CBRNE event that is reviewed and updated?		1	No, and not planned within the next 6 months.		Q05
						2	No, but the hospital intends to begin to		Q05

Col . #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
							draft a CBRNE plan within the next 6 months.		
						3	The plan is currently being drafted.		Q05
						4	Yes, the plan includes the following but is not updated every 2 years.		Q05
						5	Yes, the plan includes the following and is updated at least 2 years.		Q05
						6	Other.		Q05
49	Q54A		5	Hospital's roles and responsibilities in a community CBRNE event		True/False	Yes/No	Y	Q54A
50	Q54B		5	Scenario in which the hospital itself is the target of a CBRNE event		True/False	Yes/No	Y	Q54B
51	Q54C		5	Plan activation and staff notification procedures		True/False	Yes/No	Y	Q54C
52	Q54D		5	Shelter in place		True/False	Yes/No	Y	Q54D
53	Q54E		5	Evacuation		True/False	Yes/No	Y	Q54E
54	Q54F		5	Initial recognition and presumptive diagnosis of symptomatic CBRNE patients		True/False	Yes/No	Y	Q54F
55	Q54G		5	Communication to and notification of staff of suspected CBRNE cases		True/False	Yes/No	Y	Q54G
56	Q54H		5	Diagnostic procedures or tests to make presumptive diagnosis		True/False	Yes/No	Y	Q54H
57	Q54I		5	Means to access age-specific CBRNE medical management guidelines from the public health departments and other		True/False	Yes/No	Y	Q54I

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
				appropriate agencies					
58	Q54J		5	Provision of mental health services for affected patients		True/False	Yes/No	Y	Q54J
59	Q54K		5	Provision for controlling hospital access to limit contamination of the facility and individuals		True/False	Yes/No	Y	Q54K
60	Q54L		5	Capability to isolate CBRNE patients from general inpatient population		True/False	Yes/No	Y	Q54L
61	Q54M		5	Capability to isolate CBRNE patients from general outpatient population		True/False	Yes/No	Y	Q54M
62	Q54N		5	Provisions for handling suspected CBRNE agents brought to the hospital or sampled within the hospital		True/False	Yes/No	Y	Q54N
63	Q54O		5	Patient care expansion areas usable for assessing and treating potential victims of CBRNE events		True/False	Yes/No	Y	Q54O
64	Q54P		5	Memorandums of understanding with external treatment facilities for overflow in the event of treatment site contamination or capacity shortages		True/False	Yes/No	Y	Q54P
65	Q54q		5	Receipt and management of surge caches of pharmaceuticals and supplies		True/False	Yes/No	Y	Q54
66	Q54R		5	Means to access additional supplies of blood and blood products		True/False	Yes/No	Y	Q54R
67	Q54S		5	Follow up instructions for patients and their home		True/False	Yes/No	Y	Q54S J

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
				care providers that consider published guidelines from public health departments or the Centers for Disease Control and Prevention (CDC)					
68	Q54T		5	Cost recovery plan coordinated with third party payers		True/False	Yes/No	Y	Q54T J
69	Q54U		5	After-action evaluation of hospital's response to CBRNE event		True/False	Yes/No	Y	Q54U J
70	Q54V		5	Disaster Recovery Procedures		True/False	Yes/No	Y	Q54V J
71	Q06	Administration and Planning	6	Are funds for CBRNE preparedness (i.e., planning, training, operations, etc.) included into the hospital's budget?		1	No, and not planned within the next 6 months.	Y	Q06
						2	No, but the hospital plans to include CBRNE preparedness funds into the budget within the next 6 months.	Y	Q06
						3	Budgetary items are currently being evaluated.	Y	Q06
						4	Yes, but only those received from NBHPP.	Y	Q06
						5	Yes, and there are funds over and above those received from NBHPP.	Y	Q06
						6	Other.	Y	Q06
72	Q07	Administration and Planning	7	Does the hospital participate in a regional planning group (i.e.,		1	No, and not planned within the next 6 months.	Y	Q07

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
				local/State public health department) or other groups responsible for regional CBRNE preparedness?					
						2	No, but the hospital plans to participate in a regional planning group within the next 6 months.	Y	Q07
						3	Involvement in a regional planning group is being considered.	Y	Q07
						4	Yes, but there is relatively infrequent interaction between the regional planning group and the hospital.	Y	Q07
						5	Yes, and there is ongoing interaction between the regional planning group and the hospital.	Y	Q07
						6	Other	Y	Q07
73	Q074A		7	Hospitals in local area		True/False	Y/N	Y	Q074A
74	Q074B		7	Department of Homeland Security		True/False	Y/N	Y	Q074B
75	Q074C		7	Health department		True/False	Y/N	Y	Q074C
76	Q074D		7	Local emergency planning committee		True/False	Y/N	Y	Q074D
77	Q074E		7	Local fire department		True/False	Y/N	Y	Q074E
78	Q074F		7	Local emergency medical service(s) (EMS)		True/False	Y/N	Y	Q074F
79	Q074G		7	Local law enforcement		True/False	Y/N	Y	Q074G
80	Q074H		7	Other (please list)		True/False	Y/N	Y	Q074H
81	Q08	Education and Training	8	Does the hospital provide competency-based training		1	No, and not planned within the next 6		Q08

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
				on CBRNE events to clinical staff?			months.		
						2	No, but hospital plans to provide competency-based training to clinical staff within the next 6 months.		Q08
						3	Some clinical staff has been trained.		Q08
						4	Yes, all clinical staff has been trained, but less frequently than every 2 years.		Q08
						5	Yes, all clinical staff is trained at least every 2 years.		Q08
						6	Other.		Q08
82	Q09	Education and Training	9	Does the hospital provide competency-based training on CBRNE events to non-clinical staff?		1	No, and not planned within the next 6 months.		Q09
						2	No, but hospital plans to provide competency-based training to non-clinical staff within the next 6 months.		Q09
						3	Some non-clinical staff have been trained.		Q09
						4	Yes, all non-clinical staff have been trained, but less frequently than every 2 years.		Q09
						5	Yes, all non-clinical staff are trained at least every 2 years.		Q09
						6	Other.		Q09

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
83	Q10	Education and Training	10	Does the hospital provide training in accordance with Occupational Safety and Health Administration (OSHA) standards to personnel who may be part of the decontamination response?		1	No, and not planned within the next 6 months.		Q10
						2	No, but the hospital plans to provide training according to OSHA standards within the next 6 months.		Q10
						3	Training curriculum is currently being developed.		Q10
						4	Yes, training on the following is provided, but not on an annual basis.		Q10
						5	Yes, and training on the following is provided annually.		Q10
						6	Other.		Q10
84	Q104A1		10	OSHA-level operations training for all staff with designated roles in the hospital decontamination zone (area where contamination may be found and decontamination performed)	Conducted training	True/False	Yes/No	Y	Q104A1
85	Q104A2		10	OSHA-level operations training for all staff with designated roles in the hospital decontamination zone (area where contamination may be found and decontamination	Tested in Exercise/drill	True/False	Yes/No	Y	Q104A2

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
				performed)					
86	Q104B1		10	OSHA-level awareness training for all staff assigned to areas proximate to the decontamination zone where contact with contaminated may occur	Conducted training	True/False	Yes/No	Y	Q104B1
87	Q104B2		10	OSHA-level awareness training for all staff assigned to areas proximate to the decontamination zone where contact with contaminated may occur	Tested in Exercise/drill	True/False	Yes/No	Y	Q104B2
88	Q104C1		10	Agent identification	Conducted training	True/False	Yes/No	Y	Q104C1
89	Q104C2		10	Agent identification	Tested in Exercise/drill	True/False	Yes/No	Y	Q104C2
90	Q104D1		10	Selection and use of PPE	Conducted training	True/False	Yes/No	Y	Q104D1
91	Q104D2		10	Selection and use of PPE	Tested in Exercise/drill	True/False	Yes/No	Y	Q104D2
92	Q104E1		10	Decontamination area setup	Conducted training	True/False	Yes/No	Y	Q104E1
93	Q104E2			Decontamination area setup	Tested in Exercise/drill	True/False	Yes/No	Y	Q104E2
94	Q104F1		10	Patient decontamination	Conducted training	True/False	Yes/No	Y	Q104F1
95	Q104F2		10	Patient decontamination	Tested in Exercise/drill	True/False	Yes/No	Y	Q104F2
96	Q104G1		10	Decontamination area cleanup	Conducted training	True/False	Yes/No	Y	Q104G1
97	Q104G2		10	Decontamination area cleanup	Tested in Exercise/drill	True/False	Yes/No	Y	Q104G2

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
98	Q104H1		10	Radiation contamination/exposure management	Conducted training	True/False	Yes/No	Y	Q104H1
99	Q104H2		10	Radiation contamination/exposure management	Tested in Exercise/drill	True/False	Yes/No	Y	Q104H2
100	Q104I1		10	Equipment inspection, maintenance, and storage	Conducted training	True/False	Yes/No	Y	Q104I1
101	Q104I2		10	Equipment inspection, maintenance, and storage	Tested in Exercise/drill	True/False	Yes/No	Y	Q104I2
102	Q11	Education and Training	11	Have persons designated in the hospital's CBRNE/all hazards plan received training on the regional emergency planning group's CBRNE response plan?		1	No, and not planned within the next 6 months.		Q11
						2	No, but the hospital plans to provide training to persons designated in the hospital's CBRNE/all hazard plan within the next 6 months.		Q11
						3	Training is currently underway.		Q11
						4	Yes, but information from the training has not yet been incorporated into the hospital's CBRNE response plan.		Q11
						5	Yes, and information from the training has been incorporated into the hospital's CBRNE response plan.		Q11
						6	Other.		Q11
10	Q114A		11	Infection control		True/False	Yes/No	Y	Q114A

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
3				practitioner					
104	Q114B		11	Radiation safety officer		True/False	Yes/No	Y	Q114B
105	Q114C		11	Mental health professional		True/False	Yes/No	Y	Q114C
106	Q114D		11	Safety officer		True/False	Yes/No	Y	Q114D
107	Q114E		11	Emergency department representative		True/False	Yes/No	Y	Q114E
108	Q114F		11	Other		True/False	Yes/No	Y	Q114F
109	Q12	Education and Training	12	Do staff members participate in hospital-wide and/or regional CBRNE event exercises/drills?					Q12
									Q12
									Q12
									Q12
									Q12
									Q12
									Q12
									Q12
110	Q124		12	Was the hospital's CBRNE/all hazards plan revised as a result of the exercise/drill?		True/False	Yes/No	Y	Q124
111	Q13	Communication and Notification	13	Is a mechanism in place for the rapid receipt and posting of public health alerts during a CBRNE event from agencies such as Public Health, poison control, Health Alert Network, CDC, etc.?		1	No, and not planned within the next 6 months.		Q13
						2	No, but the hospital plans to put a mechanism in place for receiving and		Q13

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
							posting public health alerts within the next 6 months.		
						3	A formal process is currently being developed.		Q13
						4	Yes, but only in the emergency department and infection control.		Q13
						5	Yes, and they are made readily available throughout the clinical areas of the hospital.		Q13
						6	Other.		Q13
112	Q14	Education and Training		Does the hospital have a dedicated system for staff information and call-in inquiries during a CBRNE event?			No, and not planned within the next 6 months.		Q14
							No, but the hospital plans to establish a dedicated system for use during a CBRNE event within the next 6 months.		Q14
							A dedicated system is currently being developed.		Q14
							Yes, but the system includes only phone access.		Q14
							Yes, and the system includes multiple methods of access.		Q14
							Other.		Q14
113	Q15	Communication and Notification	15	Does the Emergency Department have Internet access located in the department?		1	No, and not planned within the next 6 months.		Q15

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Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
						2	No, but the emergency department plans to acquire Internet access within the next 6 months.		Q15
						3	Internet access is located in another department.		Q15
						4	Yes, but the connection requires a dial-up modem.		Q15
						5	Yes, and the Internet is accessed by a high-speed connection.		Q15
						6	Other.		Q15
114	Q16	Communication and Notification	16	Is the hospital a participant in a regional system to monitor Emergency Department diversion status?		1	No, and not planned within the next 6 months.		Q16
						2	No, but the hospital plans to participate in a regional system to monitor Emergency Department diversion status within the next 6 months.		Q16
						3	Regional system is currently being developed.		Q16
						4	Yes, but the diversion status system is not monitored in real-time.		Q16
						5	Yes, and the diversion status system is monitored in real-time.		Q16
						6	Other.		Q16
115	Q17	Communication and	17	Does the hospital's CBRNE/all hazards plan		1	No, and not planned within the next 6		Q17

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
		Notification		designate a position or individual (such as a Public Information Officer) to communicate about a CBRNE event to the media?			months.		
						2	No, but planned within the next 6 months.		Q17
						3	Yes.		Q17
						4	Other.		Q17
116	Q18	Communication and Notification	18	Are protocols in place for the release of information regarding the number of CBRNE casualties to the appropriate external agencies?		1	No, and not planned within the next 6 months.		Q18
						2	No, but the hospital plans to develop protocols to release information to appropriate external agencies regarding the number of CBRNE casualties within the next 6 months.		Q18
						3	Protocols are currently being developed.		Q18
						4	Yes, but protocols have not yet been coordinated with appropriate external agencies.		Q18
						5	Yes, and protocols have been coordinated with appropriate external agencies.		Q18
						6	Other.		Q18
11	Q19	Communicatio		Does the hospital's		1	No, and not planned		Q19

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
7		n and Notification		CBRNE/all hazards plan address procedures that staff should follow in reporting a suspected CBRNE event to the appropriate external agencies?			within the next 6 months.		
						2	No, but the hospital plans to develop procedures for reporting a suspected CBRNE event within the next 6 months.		Q19
						3	Procedures are under development.		Q19
						4	Yes, but the procedures have not been communicated to the staff.		Q19
						5	Yes, and the procedures have been communicated to the staff.		Q19
						6	Other.		Q19
118	Q20	Communication and Notification	20	Is there a procedure in place for providing patient tracking (from initial triage to hospital admission or discharge)?		1	No, and not planned within the next 6 months.		Q20
						2	No, but the hospital plans to develop a procedure for patient tracking within the next 6 months.		Q20
						3	Procedure is currently being developed.		Q20
						4	Yes, but procedure has not yet been tested with exercise/drill(s).		Q20

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
						5	Yes, and procedure has been tested with exercise/drill(s).		Q20
						6	Other.		Q20
119	Q21	Patient Capacity	21	Is the hospital a participant in a regional system to monitor bed availability?		1	No, and not planned within the next 6 months.		Q21
						2	No, but the hospital plans to participate in a regional system to monitor bed availability within the next 6 months.		Q21
						3	Regional system is currently being developed.		Q21
						4	Yes, but inpatient bed availability is not monitored in real-time.		Q21
						5	Yes, and inpatient bed availability is monitored in real-time.		Q21
						6	Other.		Q21
120	Q214A		21	Inpatient		True/False	Yes/No	Y	Q214A
121	Q214B		21	Intensive care unit(s)		True/False	Yes/No	Y	Q214B
122	Q214C		21	Emergency department		True/False	Yes/No	Y	Q214C
123	Q214D		21	Outpatient units		True/False	Yes/No	Y	Q214D
124	Q22	Patient Capacity	22	Does the hospital's CBRNE/all hazards plan address policies and procedures for increasing inpatient bed capacity?		1	No, and not planned within the next 6 months.		Q22
						2	No, but the hospital plans to develop policies and		Q22

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Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
							procedures to increase inpatient bed capacity within the next 6 months.		
						3	Policies and procedures are currently being developed.		Q22
						4	Yes, policies and procedures are in place for the following areas:		Q22
						5	Other.		Q22
125	Q22A1		22	Adult critical care	Included in plan	True/False	Yes/No	Y	Q22A1
126	Q22B1		22	Adult medical	Included in plan	True/False	Yes/No	Y	Q22B1
127	Q22C1		22	Adult surgical	Included in plan	True/False	Yes/No	Y	Q22C1
128	Q22D1		22	Adult burns	Included in plan	True/False	Yes/No	Y	Q22D1
129	Q22E1		22	Adult trauma	Included in plan	True/False	Yes/No	Y	Q22E1
130	Q22F1		22	Pediatric critical care	Included in plan	True/False	Yes/No	Y	Q22F1
131	Q22G1		22	Pediatric medical	Included in plan	True/False	Yes/No	Y	Q22G1
132	Q22H1		22	Pediatric surgical	Included in plan	True/False	Yes/No	Y	Q22H1
133	Q22I1		22	Pediatric burn	Included in plan	True/False	Yes/No	Y	Q22I1
134	Q22J1		22	Pediatric trauma	Included in plan	True/False	Yes/No	Y	Q22J1
135	Q22A2		22	Adult critical care	Tested in exercise/drill	True/False	Yes/No	Y	Q22A2
136	Q22B2		22	Adult medical	Tested in exercise/drill	True/False	Yes/No	Y	Q22B2

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
137	Q22C2		22	Adult surgical	Tested in exercise/drill	True/False	Yes/No	Y	Q22C2
138	Q22D2		22	Adult burns	Tested in exercise/drill	True/False	Yes/No	Y	Q22D2
139	Q22E2		22	Adult trauma	Tested in exercise/drill	True/False	Yes/No	Y	Q22E2
140	Q22F2		22	Pediatric critical care	Tested in exercise/drill	True/False	Yes/No	Y	Q22F2
141	Q22G2		22	Pediatric medical	Tested in exercise/drill	True/False	Yes/No	Y	Q22G2
142	Q22H2		22	Pediatric surgical	Tested in exercise/drill	True/False	Yes/No	Y	Q22H2
143	Q22I2		22	Pediatric burn	Tested in exercise/drill	True/False	Yes/No	Y	Q22I2
144	Q22J2		22	Pediatric trauma	Tested in exercise/drill	True/False	Yes/No	Y	Q22J2
145	Q22A3		22	Adult critical care	Additional staffed beds	Int		Y	Q22A3
146	Q22B3		22	Adult medical	Additional staffed beds	Int		Y	Q22B3
147	Q22C3		22	Adult surgical	Additional staffed beds	Int		Y	Q22C3
148	Q22D3		22	Adult burns	Additional staffed beds	Int		Y	Q22D3
149	Q22E3		22	Adult trauma	Additional staffed beds	Int		Y	Q22E3
15	Q22F3		22	Pediatric critical care	Additional	Int		Y	Q22F3

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Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
0					staffed beds				
151	Q22G3		22	Pediatric medical	Additional staffed beds	Int		Y	Q22G3
152	Q22H3		22	Pediatric surgical	Additional staffed beds	Int		Y	Q22H3
153	Q22I3		22	Pediatric burn	Additional staffed beds	Int		Y	Q22I3
154	Q22J3		22	Pediatric trauma	Additional staffed beds	Int		Y	Q22J3
155	Q23	Patient Capacity	23	Does the hospital's CBRNE/all hazards plan address alternative treatment sites to serve patients during a CBRNE event?		1	No, and not planned within the next 6 months.		Q23
						2	No, but the hospital will be developing a plan to address alternative treatment sites during a CBRNE event within the next 6 months.		Q23
						3	Plan currently being developed.		Q23
						4	Yes, but plan has not yet been tested with exercise/drill(s).		Q23
						5	Yes, and plan has been tested with exercise/drill(s).		Q23
						6	Other.		Q23
156	Q234A1		23	Emergency department (ED) overflow	Included in plan	True/False	Yes/No	Y	Q234A1
157	Q234B1		23	Alternative site if ED is contaminated	Included in plan	True/False	Yes/No	Y	Q234B1

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
158	Q234C1		23	Isolation area adjacent to ED	Included in plan	True/False	Yes/No	Y	Q234C1
159	Q234D1		23	Inpatient overflow	Included in plan	True/False	Yes/No	Y	Q234D1
160	Q234E1		23	Outpatient overflow	Included in plan	True/False	Yes/No	Y	Q234E1
161	Q234A2		23	Emergency department (ED) overflow	Tested in exercise/drill	True/False	Yes/No	Y	Q234A2
162	Q234B2		23	Alternative site if ED is contaminated	Tested in exercise/drill	True/False	Yes/No	Y	Q234B2
163	Q234C2		23	Isolation area adjacent to ED	Tested in exercise/drill	True/False	Yes/No	Y	Q234C2
164	Q234D2		23	Inpatient overflow	Tested in exercise/drill	True/False	Yes/No	Y	Q234D2
165	Q234E2		23	Outpatient overflow	Tested in exercise/drill	True/False	Yes/No	Y	Q234E2
166	Q24	Patient Capacity	24	Does the hospital have protocols or memoranda of understanding (MOUs) in place with other area treatment facilities (e.g., hospitals, ambulatory care centers, extended care facilities) to transfer patients as a result of a CBRNE event?		1	No, and not planned within the next 6 months.		Q24
						2	No, but the hospital plans to develop protocols and MOUs to transfer patients as a result of a CBRNE event within the next 6 months.		Q24
						3	Protocols or MOUs are currently being		Q24

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
							developed.		
						4	Yes, but have not yet been tested with exercise/drill(s).		Q24
						5	Yes, and have been tested with exercise/drill(s).		Q24
						6	Other.		Q24
167	Q25	Patient Capacity	25	Does the hospital have procedures that allow morgue capacity to be increased in case of mass fatalities?		1	No, and not planned within the next 6 months.		Q25
						2	No, but the hospital plans to develop procedures to increase morgue capacity during a CBRNE event within the next 6 months.		Q25
						3	Procedures are currently being developed.		Q25
						4	Yes, but the procedures have not been tested with an exercise/drill.		Q25
						5	Yes, the morgue capacity can be increased and the procedures have been tested with an exercise/drill.		Q25
						6	Other.		Q25
168	Q26	Staffing and Support	26	Does the hospital's CBRNE/all hazards plan address procedures for expanding staff availability (e.g., callback lists, policies		1	No, and not planned within the next 6 months.		Q26

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
				for overtime, staffing centers, etc.) during a CBRNE event?					
						2	No, but the hospital will be developing a plan to expand staff availability during a CBRNE event within the next 6 months.		Q26
						3	Plan to expand staff availability currently being developed.		Q26
						4	Yes, plan includes procedures in the following areas but has not been tested in any area:		Q26
						5	Yes, and procedures include expanding staff in the following areas and those procedures have been tested in the following areas:		Q26
						6	Other.		Q26
169	Q264A		26	Emergency department	Included in plan	True/False	Yes/No	Y	Q264A
170	Q265A		26	Emergency department	Tested in exercise/drill	True/False	Yes/No	Y	Q265A
171	Q264B		26	Critical care	Included in plan	True/False	Yes/No	Y	Q264B
172	Q265B		26	Critical care	Tested in exercise/drill	True/False	Yes/No	Y	Q265B
173	Q264C		26	Medicine/surgery	Included in plan	True/False	Yes/No	Y	Q264C
174	Q265C		26	Medicine/surgery	Tested in exercise/drill	True/False	Yes/No	Y	Q265C

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
175	Q264D		26	Pediatrics	Included in plan	True/False	Yes/No	Y	Q264D
176	Q265D		26	Pediatrics	Tested in exercise/drill	True/False	Yes/No	Y	Q265D
177	Q264E		26	Laboratory	Included in plan	True/False	Yes/No	Y	Q264E
178	Q265E		26	Laboratory	Tested in exercise/drill	True/False	Yes/No	Y	Q265E
179	Q264F		26	Housekeeping	Included in plan	True/False	Yes/No	Y	Q264F
180	Q265F		26	Housekeeping	Tested in exercise/drill	True/False	Yes/No	Y	Q265F
181	Q264G		26	Pharmacy	Included in plan	True/False	Yes/No	Y	Q264G
182	Q265G		26	Pharmacy	Tested in exercise/drill	True/False	Yes/No	Y	Q265G
183	Q264H		26	Security	Included in plan	True/False	Yes/No	Y	Q264H
184	Q265H		26	Security	Tested in exercise/drill	True/False	Yes/No	Y	Q265H
185	Q264I		26	Food service	Included in plan	True/False	Yes/No	Y	Q264I
186	Q265I		26	Food service	Tested in exercise/drill	True/False	Yes/No	Y	Q265I
187	Q264J		26	Respiratory therapy	Included in plan	True/False	Yes/No	Y	Q264J
188	Q265J		26	Respiratory therapy	Tested in exercise/drill	True/False	Yes/No	Y	Q265J
189	Q264K		26	Burn care	Included in plan	True/False	Yes/No	Y	Q264K
190	Q265K		26	Burn care	Tested in exercise/drill	True/False	Yes/No	Y	Q265K

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
191	Q264L		26	Trauma	Included in plan	True/False	Yes/No	Y	Q264L
192	Q265L		26	Trauma	Tested in exercise/drill	True/False	Yes/No	Y	Q265L
193	Q264M		26	Radiology	Included in plan	True/False	Yes/No	Y	Q264M
194	Q265M		26	Radiology	Tested in exercise/drill	True/False	Yes/No	Y	Q265M
195	Q264N		26	Callback lists	Included in plan	True/False	Yes/No	Y	Q264N
196	Q265N		26	Callback lists	Tested in exercise/drill	True/False	Yes/No	Y	Q265N
197	Q264O		26	Policies for overtime	Included in plan	True/False	Yes/No	Y	Q264O
198	Q265O		26	Policies for overtime	Tested in exercise/drill	True/False	Yes/No	Y	Q265O
199	Q264P		26	Staffing centers	Included in plan	True/False	Yes/No	Y	Q264P
200	Q265P		26	Staffing centers	Tested in exercise/drill	True/False	Yes/No	Y	Q265P
201	Q264Q		26	Professional volunteers (pre-credentialed)	Included in plan	True/False	Yes/No	Y	Q264Q
202	Q265Q		26	Professional volunteers (pre-credentialed)	Tested in exercise/drill	True/False	Yes/No	Y	Q265Q
203	Q27	Staffing and Support	27	Does the hospital have policies for the advance registration and credentialing of clinicians needed to augment hospital staff in case of a CBRNE event?		1	No, and not planned within the next 6 months.		Q27
						2	No, but the hospital plans to create policies for advance		Q27

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
							registration and credentialing of clinicians within the next 6 months.		
						3	Policies are currently being developed.		Q27
						4	Yes, hospital has these policies.		Q27
						5	Other.		Q27
204	Q28	Staffing and Support	28	Does the hospital have provisions for temporary housing and feeding personnel when needed during a CBRNE event?			No, and not planned within the next 6 months.		Q28
							No, but the hospital plans to develop provisions to temporarily house and feed personnel during a CBRNE event within the next 6 months.		Q28
							Provisions are currently being developed.		Q28
							Yes, but capacity is fixed.		Q28
							Yes, and capacity can be expanded.		Q28
							Other.		Q28
205	Q284A		28	For patients		True/False	Yes/No	Y	Q284A
206	Q284B		28	For staff		True/False	Yes/No	Y	Q284B
207	Q284C		28	For staffs' families		True/False	Yes/No	Y	Q284C
208	Q29	Staffing and Support	29	Is mental health support available as a component of the care provided to staff in a CBRNE event?		1	No, and not planned within the next 6 months.		Q29

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Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
						2	No, but the hospital plans to make mental health support available as a component of care to staff members in a CBRNE event within the next 6 months.		Q29
						3	Capacity for support is being developed.		Q29
						4	Yes, but support is not available 24 hours a day.		Q29
						5	Yes, and support is available 24 hours a day.		Q29
						6	Other.		Q29
209	Q30	Isolation and Decontamination	30	Does the hospital's CBRNE/all hazards plan address decontamination?		1	No, and not planned within the next 6 months.		Q30
						2	No, but the hospital plans to address decontamination in the CBRNE/all hazards plan within the next 6 months.		Q30
						3	The hospital's emergency decontamination plan is currently being developed.		Q30
						4	Yes, the plan includes the following but is not updated yearly.		Q30
						5	Yes, the plan includes the following and is updated yearly.		Q30
						6	Other.		Q30
210	Q304A1		30	Personnel roles, lines of authority, and	Included in plan	True/False	Yes/No	Y	Q304A1

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
				communication					
21 1	Q304A 2		30	Personnel roles, lines of authority, and communication	Tested in exercise/d rill	True/False	Yes/No	Y	Q304A2
21 2	Q304B 1		30	Initiating and concluding an emergency decontamination operation	Included in plan	True/False	Yes/No	Y	Q304B1
21 3	Q304B 2		30	Initiating and concluding an emergency decontamination operation	Tested in exercise/d rill	True/False	Yes/No	Y	Q304B2
21 4	Q304C 1		30	Emergency alerting and response procedures	Included in plan	True/False	Yes/No	Y	Q304C1
21 5	Q304C 2		30	Emergency alerting and response procedures	Tested in exercise/d rill	True/False	Yes/No	Y	Q304C2
21 6	Q304D 1		30	Emergency recognition of contaminated patients	Included in plan	True/False	Yes/No	Y	Q304D1
21 7	Q304D 2		30	Emergency recognition of contaminated patients	Tested in exercise/d rill	True/False	Yes/No	Y	Q304D2
21 8	Q304E 1		30	Patient triage and tracking	Included in plan	True/False	Yes/No	Y	Q304E1
21 9	Q304E 2		30	Patient triage and tracking	Tested in exercise/d rill	True/False	Yes/No	Y	Q304E2
22 0	Q304F 1		30	Procedures to provide individual privacy during the decontamination process	Included in plan	True/False	Yes/No	Y	Q304F1
22 1	Q304F 2		30	Procedures to provide individual privacy during the decontamination process	Tested in exercise/d rill	True/False	Yes/No	Y	Q304F2
22 2	Q304G 1		30	Rapid removal, handling, tracking and/or disposition of contaminated clothing and personal items	Included in plan	True/False	Yes/No	Y	Q304G1
22 3	Q304G 2		30	Rapid removal, handling, tracking and/or disposition of contaminated clothing	Tested in exercise/d rill	True/False	Yes/No	Y	Q304G2

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
				and personal items					
224	Q304H1		30	Rapid removal, handling, and disposition of patients' medical devices (e.g., contact lenses, glasses, braces, prosthetics, wheelchairs)	Included in plan	True/False	Yes/No	Y	Q304H1
225	Q304H2		30	Rapid removal, handling, and disposition of patients' medical devices (e.g., contact lenses, glasses, braces, prosthetics, wheelchairs)	Tested in exercise/drill	True/False	Yes/No	Y	Q304H2
226	Q304I1		30	Emergency medical treatment of contaminated individuals	Included in plan	True/False	Yes/No	Y	Q304I1
227	Q304I2		30	Emergency medical treatment of contaminated individuals	Tested in exercise/drill	True/False	Yes/No	Y	Q304I2
228	Q304J1		30	Procedures for decontaminating non-ambulatory patients	Included in plan	True/False	Yes/No	Y	Q304J1
229	Q304J2		30	Procedures for decontaminating non-ambulatory patients	Tested in exercise/drill	True/False	Yes/No	Y	Q304J2
230	Q304K1		30	Procedures for decontaminating ambulatory patients	Included in plan	True/False	Yes/No	Y	Q304K1
231	Q304K2		30	Procedures for decontaminating ambulatory patients	Tested in exercise/drill	True/False	Yes/No	Y	Q304K2
232	Q304L1		30	Procedures for decontaminating skin and hair	Included in plan	True/False	Yes/No	Y	Q304L1
233	Q304L2		30	Procedures for decontaminating skin and hair	Tested in exercise/drill	True/False	Yes/No	Y	Q304L2
234	Q304M1		30	Procedures for decontaminating eyes	Included in plan	True/False	Yes/No	Y	Q304M1

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
235	Q304M2		30	Procedures for decontaminating eyes	Tested in exercise/drill	True/False	Yes/No	Y	Q304M2
236	Q304N1		30	Procedures for decontaminating open wounds	Included in plan	True/False	Yes/No	Y	Q304N1
237	Q304N2		30	Procedures for decontaminating open wounds	Tested in exercise/drill	True/False	Yes/No	Y	Q304N2
238	Q304O1		30	Procedures for removing contaminated fragments	Included in plan	True/False	Yes/No	Y	Q304O1
239	Q304O2		30	Procedures for removing contaminated fragments	Tested in exercise/drill	True/False	Yes/No	Y	Q304O2
240	Q304P1		30	Procedure for bodily fluid sample collection as a marker of exposure	Included in plan	True/False	Yes/No	Y	Q304P1
241	Q304P2		30	Procedure for bodily fluid sample collection as a marker of exposure	Tested in exercise/drill	True/False	Yes/No	Y	Q304P2
242	Q304Q1		30	Procedures for evidentiary chain of custody	Included in plan	True/False	Yes/No	Y	Q304Q1
243	Q304Q2		30	Procedures for evidentiary chain of custody	Tested in exercise/drill	True/False	Yes/No	Y	Q304Q2
244	Q304R1		30	Safe disposal of contaminated waste	Included in plan	True/False	Yes/No	Y	Q304R1
245	Q304R2		30	Safe disposal of contaminated waste	Tested in exercise/drill	True/False	Yes/No	Y	Q304R2
246	Q304S1		30	Procedures for proper handling of contaminated human remains	Included in plan	True/False	Yes/No	Y	Q304S1
247	Q304S2		30	Procedures for proper handling of contaminated human remains	Tested in exercise/drill	True/False	Yes/No	Y	Q304S2
248	Q304T1		30	Decontamination runoff collection and disposal	Included in plan	True/False	Yes/No	Y	Q304T1
249	Q304T2		30	Decontamination runoff collection and disposal	Tested in exercise/d	True/False	Yes/No	Y	Q304T2

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Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
					rill				
250	Q304U1		30	Procedures for decontaminating equipment (including re-usable patient equipment)	Included in plan	True/False	Yes/No	Y	Q304U1
251	Q304U2		30	Procedures for decontaminating equipment (including re-usable patient equipment)	Tested in exercise/drill	True/False	Yes/No	Y	Q304U2
252	Q304V1		30	Procedures for decontaminating the facility	Included in plan	True/False	Yes/No	Y	Q304V1
253	Q304V2		30	Procedures for decontaminating the facility	Tested in exercise/drill	True/False	Yes/No	Y	Q304V2
254	Q31	Isolation and Decontamination	31	Does the hospital have access to decontamination showers?		1	No, and not planned within the next 6 months.		Q31
						2	No, but planned within the next 6 months.		Q31
						3	Hospital relies on outside resources (e.g., fire department) for decontamination.		Q31
						4	Hospital has its own decontamination showers.		Q31
						5	Showers are fixed.		Q31
255	Q314A		31	Showers are fixed.		True/False	Yes/No	Y	Q314A
256	Q314B		31	Showers are portable.		True/False	Yes/No	Y	Q314B
257	Q314C		31	Showers are both fixed and portable.		True/False	Yes/No	Y	Q314C
258	Q32	Isolation and Decontamination	32	Do emergency department personnel (or the emergency decontamination team) have 24-hours-a-day/7-days-a-week access to		1	No, and not planned within the next 6 months.		Q32

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
				appropriate radiation detectors (as defined by the hospital's hazard vulnerability assessment)?					
						2	No, but the emergency department plans to provide 24/7 access to radiation detectors within the next 6 months.		Q32
						3	Hospital has radiation detectors, but not 24/7 access.		Q32
						4	Yes, but training on procedures for the use of radiation detectors has not been provided.		Q32
						5	Yes, and training on procedures for the use of radiation detectors has been provided.		Q32
						6	Other.		Q32
259	Q33	Isolation and Decontamination	33	Do emergency department personnel (or the emergency decontamination team) have 24-hours-a-day/7-days-a-week access to appropriate personal dosimeters (as defined by the hospital's hazard vulnerability assessment)?		1	No, and not planned within the next 6 months.		Q33
						2	No, but the emergency department plans to provide 24/7 access to dosimeters within the next 6 months.		Q33

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
						3	Dosimeters are currently being acquired.		Q33
						4	Yes, but training on procedures for the use of dosimeters has not been provided.		Q33
						5	Yes, and training on procedures for the use of dosimeters has been provided.		Q33
						6	Other.		Q33
260	Q34	Isolation and Decontamination	34	Is appropriate personal protective equipment (as defined by the hospital's hazard vulnerability assessment) provided to personnel involved in the decontamination response?		1	No, and not planned within the next 6 months.		Q34
						2	No, but the hospital plans to provide PPE to those involved in the decontamination response within the next 6 months.		Q34
						3	Personal protective equipment is currently being acquired.		Q34
						4	Yes, but equipment is available only for some decontamination response personnel.		Q34
						5	Yes, and equipment is available for all decontamination response personnel.		Q34
						6	Other.		Q34
261	Q344A		34	None of the decon team staff have been trained in		True/False	Yes/No	Y	Q344A

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
				the proper usage of the personal protective equipment.					
262	Q344B		34	Some of the decon team staff have been trained in the proper usage of the personal protective equipment.		True/False	Yes/No	Y	Q344B
263	Q344C		34	All of the decon team staff have been trained in the proper usage of the personal protective equipment.		True/False	Yes/No	Y	Q344C
264	Q35	Isolation and Decontamination	35	Does the hospital have a written respiratory protection program that is in compliance with OSHA standards?		1	No, and not planned within the next 6 months.		Q35
						2	No, but the hospital plans to develop a respiratory protection program that is in compliance with OSHA standards within the next 6 months.		Q35
						3	Respiratory protection program is currently being developed.		Q35
						4	Yes, hospital has written respiratory protection program in compliance with OSHA standards.		Q35
						5	Other.		Q35
265	Q36	Isolation and Decontamination	36	Does the hospital have negative-pressure isolation room(s) within the facility?		1	No, and not planned within the next 6 months.		Q36
						2	No, but the hospital plans to develop		Q36

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
							procedures to create negative-pressure isolation rooms within the next 6 months.		
						3	Procedures to create isolation rooms are currently being developed.		Q36
						4	Yes, but number of available rooms is fixed.		Q36
						5	Yes, and number of available rooms can be increased.		Q36
						6	Other.		Q36
266	Q364		36	Number of rooms currently available		int		Y	Q364
267	Q365A		36	Number of rooms currently available		int		Y	Q365A
268	Q365B		36	Number of additional rooms		int		Y	Q365B
269	Q37	Supplies, Pharmaceuticals, and Laboratory Services	37	Has the hospital identified contingency suppliers of resources needed during a CBRNE event?		1	No, and not planned within the next 6 months.		Q37
						2	No, but the hospital plans to identify contingency suppliers needed during a CBRNE event within the next 6 months.		Q37
						3	Currently working to develop list of suppliers.		Q37
						4	Yes, but only have agreements with some of the necessary suppliers.		Q37

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Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
						5	Yes, and have agreements with all of the necessary suppliers.		Q37
						6	Other.		Q37
270	Q374A		37	Pharmaceutical		True/False	Yes/No	Y	Q374A
271	Q374B		37	Medical supplies		True/False	Yes/No	Y	Q374B
272	Q374C		37	Laboratory supplies		True/False	Yes/No	Y	Q374C
273	Q374D		37	etc		True/False	Yes/No	Y	Q374D
274	Q38	Supplies, Pharmaceuticals, and Laboratory Services	38	Does the hospital's CBRNE/all hazards plan address procedures to expand storage capacity for additional supplies/equipment needed during a CBRNE event?		1	No, and not planned within the next 6 months.		Q38
						2	No, but the hospital plans to develop procedures to expand storage. capacity for additional supplies/equipment during a CBRNE event within the next 6 months.		Q38
						3	Procedures are under development.		Q38
						4	Yes, but not tested in drills.		Q38
						5	Yes, and procedures for expanding storage capacity have been tested in drills.		Q38
						6	Other.		Q38

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
275	Q39	Supplies, Pharmaceuticals, and Laboratory Services	39	Does the hospital maintain its own cache of medications (such as antibiotics and chemical antidotes) for use for 3 days during a CBRNE event?		1	No, and not planned within the next 6 months.		Q39
						2	No, but the hospital plans to stock and maintain a medication cache for use during a CBRNE event within the next 6 months.		Q39
						3	Planning for a medication cache is currently in process.		Q39
						4	Yes, and the cache is not part of the pharmacy's rotation.		Q39
						5	Yes, and the cache is rotated to prevent shelf-life expiration.		Q39
						6	Other.		Q39
276	Q394A		39	Cache for patients		True/False	Yes/No	Y	Q394A
277	Q394B		39	Cache for staff		True/False	Yes/No	Y	Q394B
278	Q394C		39	Cache for staffs' families		True/False	Yes/No	Y	Q394C
279	Q40	Supplies, Pharmaceuticals, and Laboratory Services	40	Does the hospital have agreements in place for accessing additional supplies of medications from outside resources during a CBRNE event?		1	No, and not planned within the next 6 months.		Q40
						2	No, but the hospital plans to develop agreements for accessing additional medication supplies		Q40

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Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
							during a CBRNE event within the next 6 months.		
						3	Agreements are currently being developed.		Q40
						4	Yes, have agreements in the following areas:		Q40
						5	Other.		Q40
280	Q404A1		40	Primary pharmaceutical vendors	Agreement in place	True/False	Yes/No	Y	Q404A1
281	Q404A2		40	Primary pharmaceutical vendors	Tested in exercise/drill	True/False	Yes/No	Y	Q404A2
282	Q404B1		40	Other hospitals	Agreement in place	True/False	Yes/No	Y	Q404B1
283	Q404B2		40	Other hospitals	Tested in exercise/drill	True/False	Yes/No	Y	Q404B2
284	Q404C1		40	Local pharmacies	Agreement in place	True/False	Yes/No	Y	Q404C1
285	Q404C2		40	Local pharmacies	Tested in exercise/drill	True/False	Yes/No	Y	Q404C2
286	Q404D1		40	Public health department	Agreement in place	True/False	Yes/No	Y	Q404D1
287	Q404D2		40	Public health department	Tested in exercise/drill	True/False	Yes/No	Y	Q404D2
288	Q404E1		40	Regional stockpiles	Agreement in place	True/False	Yes/No	Y	Q404E1
289	Q404E2		40	Regional stockpiles	Tested in exercise/drill	True/False	Yes/No	Y	Q404E2
290	Q41	Supplies, Pharmaceuticals, and Laboratory Services	41	Does the hospital's CBRNE/all hazards plan address procedures for receiving and distributing prophylactic and/or treatment medications?		1	No, and not planned within the next 6 months.		Q41

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
						2	No, but the hospital plans to develop procedures for distributing prophylactic and/or treatment medication within the next 6 months.		Q41
						3	Distribution plan is currently being developed.		Q41
						4	Yes, but procedures have not been tested in exercise/drill(s).		Q41
						5	Yes, and procedures have been tested in exercise/drill(s)		Q41
						6	Other.		Q41
291	Q414A		41	Procedures for distribution to patients		True/False	Yes/No	Y	Q414A
292	Q414B		41	Procedures for distribution to staff		True/False	Yes/No	Y	Q414B
293	Q414C		41	Procedures for distribution to staffs' families		True/False	Yes/No	Y	Q414C
294	Q42	Supplies, Pharmaceuticals, and Laboratory Services	42	Does the hospital have a laboratory support plan for managing CBRNE events?		1	No, and not planned within the next 6 months.		Q42
						2	No, but the hospital intends to begin development of a laboratory support plan to manage CBRNE events within the next 6 months.		Q42
						3	Laboratory support plan is currently being developed.		Q42
						4	Yes, the plan includes		Q42

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Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
							the following but is not updated every 2 years.		
						5	Yes, the plan includes the following and is updated every 2 years.		Q42
						6	Other.		Q42
295	Q424A1		42	Guidelines for presumptive identification of biological agents	Included in plan	True/False	Yes/No	Y	Q424A1
296	Q424B1		42	Chain of custody requirements	Included in plan	True/False	Yes/No	Y	Q424B1
297	Q424C1		42	Standard operating procedures for safe handling of suspected CDC category A agents	Included in plan	True/False	Yes/No	Y	Q424C1
298	Q424D1		42	Written procedures for safe transportation of specimens (including packaging and shipping)	Included in plan	True/False	Yes/No	Y	Q424D1
299	Q424E1		42	Use of OSHA approved bio-safety cabinets	Included in plan	True/False	Yes/No	Y	Q424E1
300	Q424F1		42	Safe disposal of contaminated waste	Included in plan	True/False	Yes/No	Y	Q424F1
301	Q424G1		42	Electronic reporting of laboratory results	Included in plan	True/False	Yes/No	Y	Q424G1
302	Q424H1		42	Protocol for working with laboratory response network (LRN) or other CDC-funded laboratory capacity	Included in plan	True/False	Yes/No	Y	Q424H1
303	Q424I1		42	Protocols for reporting to appropriate in-house professionals	Included in plan	True/False	Yes/No	Y	Q424I1
304	Q424J1		42	Protocols for contacting local and State public health departments in accordance with reporting requirements	Included in plan	True/False	Yes/No	Y	Q424J1

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
305	Q424K1		42	Protocols for contacting health physics labs	Included in plan	True/False	Yes/No	Y	Q424K1
306	Q424L1		42	Memorandums of understanding to expand lab capacity	Included in plan	True/False	Yes/No	Y	Q424L1
307	Q424B2		42	Chain of custody requirements	Tested in exercise/drill	True/False	Yes/No	Y	Q424B2
308	Q424C2		42	Standard operating procedures for safe handling of suspected CDC category A agents	Tested in exercise/drill	True/False	Yes/No	Y	Q424C2
309	Q424D2		42	Written procedures for safe transportation of specimens (including packaging and shipping)	Tested in exercise/drill	True/False	Yes/No	Y	Q424D2
310	Q424F2		42	Safe disposal of contaminated waste	Tested in exercise/drill	True/False	Yes/No	Y	Q424F2
311	Q424H2		42	Protocol for working with laboratory response network (LRN) or other CDC-funded laboratory capacity	Tested in exercise/drill	True/False	Yes/No	Y	Q424H2
312	Q424I2		42	Protocols for reporting to appropriate in-house professionals	Tested in exercise/drill	True/False	Yes/No	Y	Q424I2
313	Q424J2		42	Protocols for contacting local and State public health departments in accordance with reporting requirements	Tested in exercise/drill	True/False	Yes/No	Y	Q424J2
314	Q424K2		42	Protocols for contacting health physics labs	Tested in exercise/drill	True/False	Yes/No	Y	Q424K2
315	Q424L2		42	Memorandums of understanding to expand lab capacity	Tested in exercise/drill	True/False	Yes/No	Y	Q424L2
316	Q43	Surveillance	43	Does the hospital have the capability to report		1	No, and not planned within the next 6		Q43

Col. #	Column ID	Question category	Question #	Question	Add. Question	Column Value	Answer	Sub	Link to Column
				syndromic data of a CBRNE event to the local, regional or State health department?			months.		
						2	No, but the hospital plans to develop the capability to report syndromic data of a CBRNE event within the next 6 months.		Q43
						3	Reporting capability is currently being developed or implemented.		Q43
						4	Yes, but reporting does not occur 24 hours aday/7 days a week.		Q43
						5	Yes, and reporting does occur 24 hours a day/7 days a week.		Q43
						6	Other.		Q43