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

Questionnaire Respondent's Guide

Prepared for:
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Appendixes

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 of the CBRNE Questionnaire

NOTE: AHRQ is offering this questionnaire for States, localities, and hospitals to use in assessing emergency preparedness. AHRQ is not administering this questionnaire and will not be collecting data compiled from it. Please do not send completed questionnaires or compiled data to AHRQ.

The CBRNE questionnaire is designed to collect information on CBRNE preparedness activities and, in particular, response activities that are the responsibility of and under the control of hospital leadership. The questionnaire covers activities that could be executed by both large and small hospitals.

This questionnaire was developed for two types of users:

Primarily, States, localities, and multi-hospital systems, which can administer the survey to hospitals and health care facilities in their jurisdictions to assess overall hospital emergency preparedness.

Also, individual hospitals or health care facilities. For this user, the questionnaire can serve as a checklist of areas that should be considered as a facility develops or improves emergency preparedness and response plans. Hospitals can also use the questionnaire as a checklist for planning, performing, and evaluating drills or exercises.

1.2 Purpose of the Respondent's Guide

This Respondent's Guide is intended for the individual at the hospital or health care facility who will complete the questionnaire. (States or localities that are administering this questionnaire

should see the Administrator's Guide.) The Respondent's Guide provides an overview of the questionnaire and details on its use. It covers:

- Information on who in the facility may be best positioned to complete the questionnaire
- Questionnaire design features
- How to access completed data
- Ongoing respondent support

1.3 Contents of the Questionnaire

The questionnaire has 43 questions that fall into eight categories:

1. Administration and planning
2. Education and training
3. Communication and notification
4. Patient (surge) capacity
5. Staffing and support
6. Isolation and decontamination
7. Supplies, pharmaceuticals, and laboratory support
8. Surveillance.

2. How to Complete the Questionnaire

2.1 Who Should Complete the Questionnaire?

It is recommended that the disaster coordinator, director of safety and security, or someone in a similar role complete this questionnaire. However, if a facility does not have such positions, others can complete the questionnaire. Appendix B contains a matrix that indicates all the questions in the questionnaire and designates who in a facility might be best positioned to provide the answer to each question. Note that the matrix is provided as a guide and may not pertain to each facility.

2.2 Questionnaire Design Features

This questionnaire is available both as a static version and an interactive Web version. The static version is included in Appendix A at the end of this Guide, or it can be printed out from the home page of the Web version (see below). The interactive Web version will come from the State, region, or hospital system that is administering the questionnaire.

If you are completing the questionnaire as a self-assessment for an individual hospital or other health care facility, you can fill out the static version, or you can use the interactive Web version and print out your answers after you have completed the questionnaire.

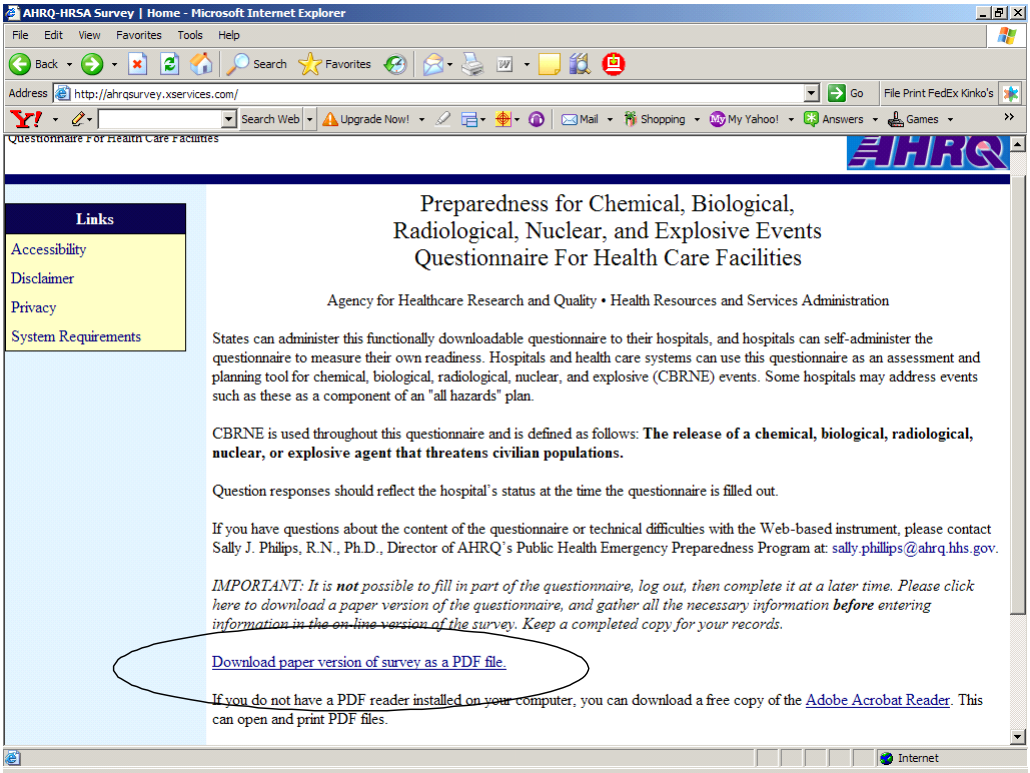
If you are a respondent in a State, regional, or hospital system-wide survey, you will be using the Web-based questionnaire, but you should print out the static version to gather information in advance of filling out and submitting the Web questionnaire.

The Web-Based Questionnaire. Systems requirements for the Web-based questionnaire can be found on the main page of the Web site under the link titled, "System Requirements."

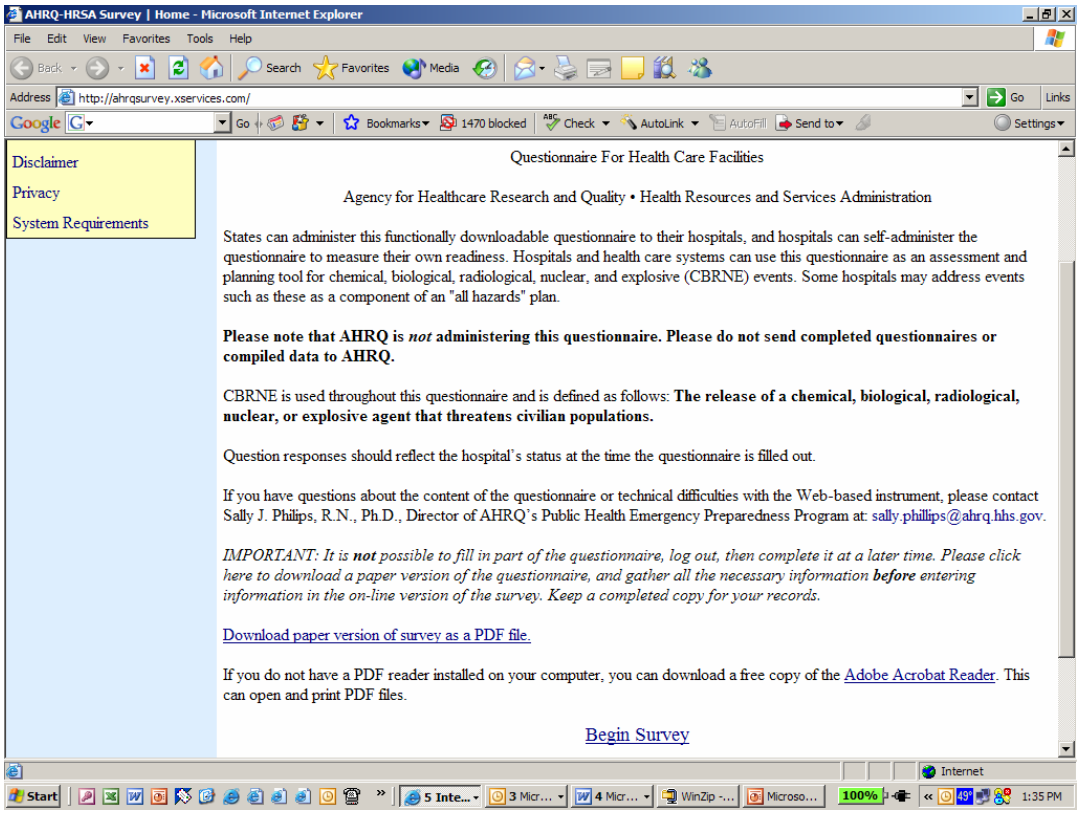
No username and password is required to access the questionnaire.

A Note Before Beginning: The questionnaire has a 120-minute "time-out" user session feature. This means that after 120 minutes of non-use, the system will no longer be accessible. This feature is to ensure the integrity and security of the entered data. When entering the data, you should make certain that you can complete the data within that timeframe. If you are "timed out," then you will be directed back to the beginning of the survey. **You will not be able to begin where you previously ended.** To ensure that all data can be entered in one sitting, it is strongly recommended that you print out a hard copy of the questionnaire (see Appendix A or print from the screen on the electronic survey), review the questions, and be familiar with the answers before beginning the electronic data entry. Again, if the data is precollected on the paper instrument, it will be easier and quicker to electronically enter data, eliminating the risk of being "timed out" and having to start the questionnaire over again.

To download the paper version, click on the "Download paper version of survey as a PDF file" link on the home page.

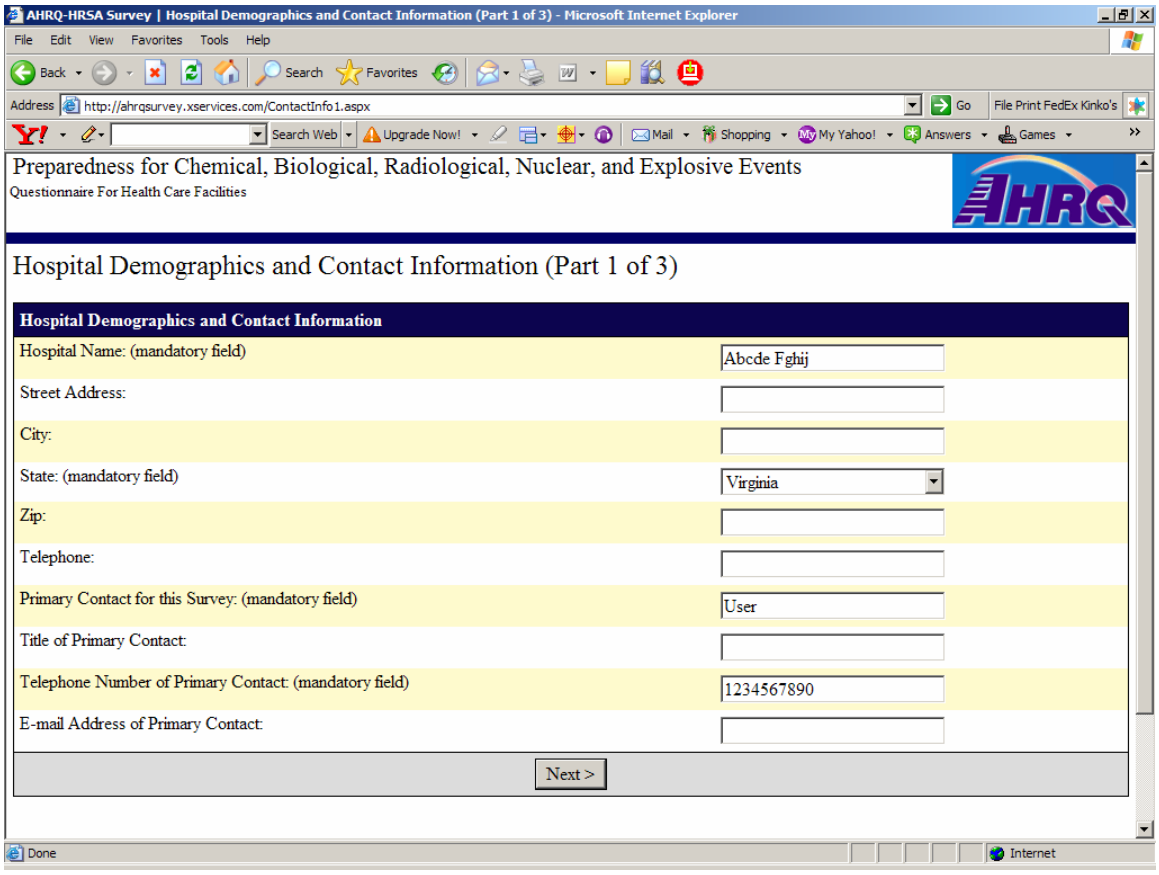


To begin the questionnaire, click on the “Begin Survey” link on the home page.

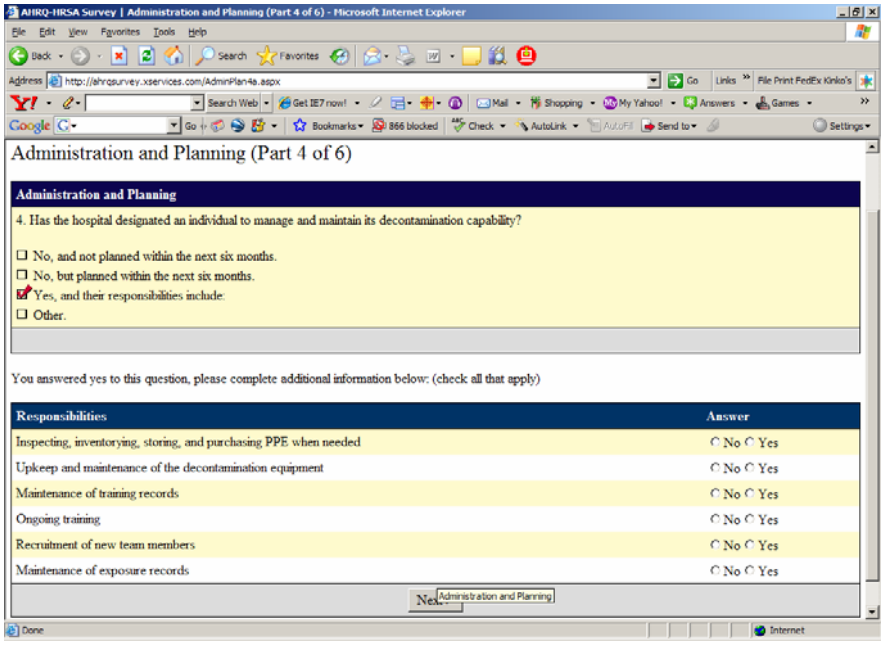


The system will begin to display the questions. After you answer each question and click on the “Next” button, the system will save your answers and display the next question.

The first section of the questionnaire collects information on the responding hospital's demographics and contact information. Some fields in this section are mandatory and must be completed before filling out the rest of the questionnaire. If you do not enter mandatory data or if you enter text when the field requires a numeric value, the system will generate an error message and will not save the data or move to the next question until you have corrected the error.

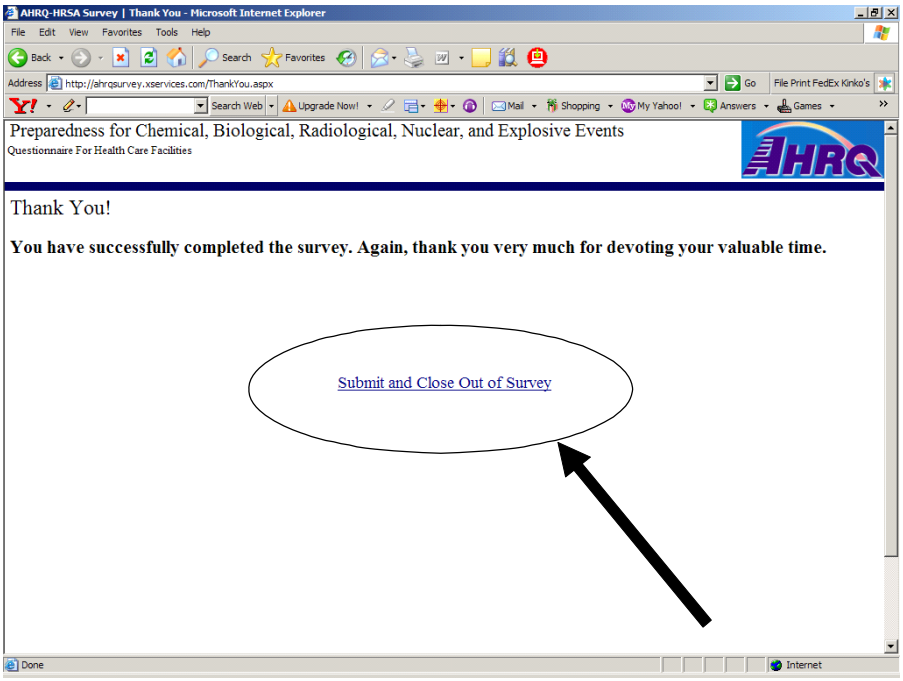


After completing the demographic portion of the questionnaire, you will be directed to the first question. The system will prompt you if any required questions on the screen are not answered. The questionnaire allows only one answer for each question. You must consider the institution's current status and choose the best answer.



Some questions will have a second part. If you select an answer to a question that requires more input, you will be redirected to a screen with the second part of the question. This is in the form of a drop-down list, and you can choose as many answers as apply.

You can skip a question and go back by using the "Back" button at anytime during the session. At the completion of the questionnaire, click on the "Submit and Close Out of Survey" link.



2.3 Accessing Completed Data

After you click on the "Submit and Close Out of Survey" button, you will receive a confirmation that the questionnaire was successfully completed and your answers have been recorded. This confirmation notice will contain the questionnaire with your answers indicated. You can print out this document for your records.

2.4 Ongoing Respondent Support

As you are completing this questionnaire, if you have questions, you are encouraged to contact (*insert name of contact individual*) at the *(insert name of State Health Department or Corporation*). His/Her phone number is (xxx) xxx – xxxx and his/her e-mail address is xxx@xxx.com).

Appendix A

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: 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 online 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)

- ❑ General medical, surgical
- ❑ Burn center
- ❑ Trauma center
- ❑ Psychiatric
- ❑ Children's
- ❑ Long-term care/skilled nursing facility
- ❑ Rehabilitation
- ❑ Other

(check most applicable)

- ❑ Rural (non-Metropolitan Statistical Area (MSA)) hospital
- ❑ Urban (MSA) hospital
- ❑ Don't know

(check most applicable)

- ❑ Private for-profit
- ❑ Private not-for-profit
- ❑ Military
- ❑ Veterans Administration
- ❑ Indian Health Service
- ❑ Other public (Federal, State, local government)
- ❑ 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 II
- ❑ Level III
- ❑ Level IV
- ❑ State certified, but *not* ACS certified
- ❑ 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

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?

- ○ 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 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 nonclinical 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.

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

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.

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

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.

Staffing and Support

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
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.

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

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.

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

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.

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

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
Personnel Matrix

This questionnaire includes questions that pertain to specific departments in a facility (e.g., The Emergency Department, Human Resources, Information Systems, etc.). To help respondents find answers to the questionnaire questions, the following table contains the departments and the numbers of the questions relevant to that functional area.

Department	AD - Administrator/CEO	AS - Admitting Supervisor	CE - Chief of Engineering	CO - Director of Communications	DC - Disaster Coordinator	DS - Director of Safety & Security	DP - Discharge Planning RN	EH - Employee Health	ET - Staff Education and Training	FD - Facilities Director	FO - Financial Officer	IM - Information Systems Manager	HR - Director of Human Resources	DM - Director of Medical Staff Services	DN - Director of Nursing	ED - Emergency Dept Supervisor	ES- Director of Environmental Services	FS - Dietary/Food Service	IF - Infection Control	ME - Medical Education	MH - Mental Health	MM - Materials Management	NE - Nursing Education	PA - Pathology Lab Manager	PH – Pharmacy	PT - Patient Transportation	RA – Radiation Dept	RE - Respiratory/Pulmonary	PR – Public Relations
Questions																													
1	X				X	X																							
2	X				X	X								X		X													
3	X				X	X																							
4					X	X				X						X	X		X			X			X		X		
5					X	X													X										
6					X	X					X																		
7					X	X													X										
8									X				X	X	X					X			X						
9									X				X	X	X					X			X						
10					X	X			X											X			X						
11					X	X			X			X								X			X						

27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	Department
X			X		X	X	X		X		X	X	X			AD - Administrator/CEO
							X		X							AS - Admitting Supervisor
	X			X												CE - Chief of Engineering
											X		X			CO - Director of Communications
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	DC - Disaster Coordinator
X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	DS - Director of Safety & Security
			X													DP - Discharge Planning RN
													X			EH - Employee Health
X			X												X	ET - Staff Education and Training
				X												FD - Facilities Director
																FO - Financial Officer
														X		IM - Information Systems Manager
X																HR - Director of Human Resources
X	X	X			X	X	X	X		X			X			DM - Director of Medical Staff Services
X	X	X			X	X	X	X		X			X			DN - Director of Nursing
	X		X		X	X				X		X		X		ED - Emergency Dept Supervisor
X		X														ES- Director of Environmental Services
X																FS - Dietary/Food Service
		X					X	X		X				X		IF - Infection Control
															X	ME - Medical Education
																MH - Mental Health
																MM - Materials Management
															X	NE - Nursing Education
																PA - Pathology Lab Manager
																PH – Pharmacy
					X											PT - Patient Transportation
																RA – Radiation Dept
																RE - Respiratory/Pulmonary
					X				X	X			X			PR – Public Relations

43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	Department
						X										AD - Administrator/CEO
																AS - Admitting Supervisor
												X	X	X		CE - Chief of Engineering
																CO - Director of Communications
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	DC - Disaster Coordinator
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	DS - Director of Safety & Security
																DP - Discharge Planning RN
										X						EH - Employee Health
											X					ET - Staff Education and Training
					X	X	X		X							FD - Facilities Director
																FO - Financial Officer
																IM - Information Systems Manager
																HR - Director of Human Resources
X														X		DM - Director of Medical Staff Services
														X		DN - Director of Nursing
X			X									X	X			ED - Emergency Dept Supervisor
					X	X	X			X						ES- Director of Environmental Services
																FS - Dietary/Food Service
	X		X	X					X	X						IF - Infection Control
															X	ME - Medical Education
																MH - Mental Health
		X	X	X	X	X	X	X	X		X	X	X			MM - Materials Management
																NE - Nursing Education
X	X															PA - Pathology Lab Manager
			X	X		X										PH – Pharmacy
																PT - Patient Transportation
										X	X	X	X			RA – Radiation Dept
							X		X				X			RE - Respiratory/Pulmonary
																PR – Public Relations

	Department
	AD - Administrator/CEO
	AS - Admitting Supervisor
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	DC - Disaster Coordinator
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	PR – Public Relations

Appendix C
Glossary

GLOSSARY

Please note: This glossary is strictly for contextual purposes for the reader. A list of sources used can be found at the end of the glossary.

Advance Registration – an official record of names of temporary professional staff that agree to augment the facility's full-time professional staff in an emergency situation. This list is prepared and maintained before a crisis.

All Hazard – an approach to emergency preparedness and response to any type of event or situation including domestic terrorist attacks, major disasters, and other emergencies.

American College of Surgeons (ACS) – a scientific and educational association of surgeons.

Biological Agent – living organisms, or the materials derived from them, that cause disease in or harm humans, animals, or plants or cause deterioration of material. Biological agents may be found as liquid droplets, aerosols, or dry powders. Biological agents such as anthrax, tularemia, cholera, encephalitis, plague, and botulism can be adapted and used as terrorist weapons. There are three different types of biological agents: bacteria, viruses, and toxins.

Bio-Safety Cabinet – designed to provide a sterile environment and protect the worker from biohazardous material.

Cache – a predetermined complement of tools, equipment, and/or supplies stored in a designated location, available for incident use.

Category-A Agents – agents that have the greatest potential for adverse public health impact with mass casualties, and most require broad-based public health preparedness efforts (e.g., improved surveillance and laboratory diagnosis and stockpiling of specific medications). Category-A agents also have a moderate-to-high potential for large-scale dissemination or a heightened general public awareness that could cause mass public fear and civil disruption.

CBRNE – Chemical, Biological, Radiological, Nuclear, and Explosive

CDC – Centers for Disease Control and Prevention

Chain of Custody – refers to the ability to guarantee the identity and integrity of the specimen from collection through reporting of the test results. It is a process used to maintain and document the chronological history of the specimen.

Clinical staff – the medical, nursing, and other personnel attached to a hospital with expertise in observation and treatment of patients.

Contingency (for suppliers of resources) – to have identified and set up agreements with suppliers and resources (supplies, medication, equipment, staff, etc.) to provide needed goods/personnel for a possible event (e.g., biological event).

Credentialing – recognition by licensure and certification that an individual has met certain criteria for medical practice.

Decontamination – the process of removing or neutralizing contaminants that have accumulated on personnel or equipment.

Dedicated System – a communication system that is devoted entirely for staff to receive and transmit information, allowing for call-ins only. These could include e-mail, Internet, phone system, etc.

Disaster Recovery Procedures – the steps required for the restoration of all systems and resources to full, normal operational status following a disaster.

Diversion Status – the rerouting of patients to other facilities due to a hospital emergency department closure.

Dosimeter – an instrument for measuring and registering total accumulated exposure to ionizing radiation.

Exercises / Drills – an exercise is a large-scale enactment of an emergency situation to test a response system and plan. Drills are small-scale, internally conducted, activities aimed at providing a more "hands-on" teaching environment to familiarize staff with procedures necessary for emergency operations.

Evacuation – organized, phased, and supervised dispersal of people from dangerous or potentially dangerous areas

Evidentiary Chain of Custody – the planned protocol for handling and protecting evidence from an incident/event to make sure the correct authority or department can perform its investigation.

Health Alert Network (HAN) – a nationwide, integrated information and communications system serving as a platform for distribution of health alerts, dissemination of prevention guidelines and other information, distance learning, national disease surveillance, and electronic laboratory reporting, as well as for the Centers for Disease Control and Prevention's bioterrorism and related initiatives to strengthen preparedness at the local and State levels.

Health Resources and Services Administration (HRSA) – an agency of the United States Public Health Service within the Federal Department of Health and Human Services

Incident Command System (ICS) – a nationally recognized incident management practice that can help guide hospital personnel through the process of maintaining command, control, and coordination of resources on a daily basis, as well as during a major emergency.

Increasing Inpatient Bed Capacity – the hospital system's ability to rapidly expand its services beyond that of normal operation levels due to a public health emergency.

In-Kind – refers to the resources other than money that are available, such as donated good or services (labor, machinery, equipment, food, staff, etc.).

Isolation – physical separation for possible medical care of persons who are infected or who are reasonably believed to be infected with a threatening communicable disease or potential threatening communicable disease from nonisolated persons, to protect against the transmission of the threatening communicable disease to nonisolated persons.

Laboratory Response Network (LRN) – charged with the task of maintaining an integrated network of State and local public health, Federal, military, and international laboratories that can respond to bioterrorism, chemical terrorism, and other public health emergencies. LRN links State and local public health laboratories, veterinary, agriculture, military, and water- and food-testing laboratories.

Licensed Beds – the maximum number of beds for which a hospital holds a license to operate in that State. Most hospitals do not operate all of the beds for which they are licensed.

Memorandum of Understanding – an agreement between organizations defining the roles and responsibilities of each organization in relation to the other or others with respect to an issue over which the organizations have concurrent jurisdiction.

MSA (Metropolitan Statistical Area) − includes at least: one city with 50,000 or more inhabitants or a Census Bureau-defined urbanized area (of at least 50,000 inhabitants) and a total metropolitan population of at least 100,000 (75,000 in New England). Additional "outlying counties" are included in the MSA if they meet specified requirements of commuting to the central counties and other selected requirements of metropolitan character. (In New England, the MSAs are defined in terms of cities and towns rather than counties).

Non-MSA − an area that is not considered an urban area or does not include a city of at least 50,000 people and does not meet the specified requirement of commuting to those areas meeting the requirements to be considered a metropolitan area

Negative-Pressure Isolation Room – negative-pressure rooms have air moving in the room. The ventilation system exhausts air to the outside or uses high efficiency particulate air (HEPA) filtration (no recirculation unless HEPA filtered).

Network – a group of hospitals, physicians, other providers, insurers, and/or community agencies that work together to coordinate and deliver a broad spectrum of services to their community. Network participation does not preclude system affiliation.

Nonclinical staff – personnel of a hospital who perform nonclinical activities such as administration, housekeeping, maintenance, etc.

OSHA (Occupational Safety and Health Administration) – OSHA's mission is to assure the safety and health of America's workers by setting and enforcing standards; providing training, outreach, and education; establishing partnerships; and encouraging continual improvement in workplace safety and health.

Patient Tracking – the act of monitoring the movement and location of patients through the hospital system.

Personal Dosimeter – a small portable instrument (such as a film badge or pocket dosimeter) for measuring and recording the total accumulated dose of ionizing radiation that a person receives.

Personal Protective Equipment (PPE) – protective equipment, including personal protective equipment for eyes, face, head, and extremities, protective clothing, respiratory devices, and protective shields and barriers.

Preparedness – a proactive effort by an institution to shift rapidly from a normal and routine state to a heightened state of alert and an increased level of operations in response to a disaster or a multiple casualty incident. This concept concerns a hospital's implementation of planned changes in response to a short- or long-term event to achieve specific outcomes and accommodate heightened patient care volumes. These planned changes should have pre-identified thresholds for action, pre-estimated levels of required resources, and should state logistical steps that must be taken to obtain the necessary resources. These activities should be quantified to permit measurement and articulation of the relative level of preparedness for varying patient volumes and levels of heightened activity. The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) has developed standards for emergency management that include requirements in three related areas: planning, training, and performance improvement evaluations.

Public Health Alert – a program to establish the communications, information, distance-learning, and organizational infrastructure for a new level of defense against health threats, including bioterrorism.

Radiation – high-energy particles or gamma rays that are emitted by an atom as the substance undergoes radioactive decay. Particles can be either charged alpha or beta particles or neutral neutron or gamma rays.

Real-Time – an application in which information is received and immediately responded to over a short period of time and without any long delays for final results.

Regional Emergency Planning Group – a hospital's participation in a regional/community planning group to assist in developing a vehicle for collaboration, planning, communication, information sharing, and coordination activities before, during, or after a regional emergency .

Regional Planning Group – a group of individuals who represent various area institutions that meet to coordinate in the planning for a disaster or emergency response in that specific region.

Regional System – an established network of institutions based on mutual collaboration for the exchange of inputs and the creation of common services. The system would enhance capabilities by avoiding duplication of effort; promoting common services and products; increasing the availability of information; and reducing costs, response time to information requests, and barriers to information dissemination.

Respiratory protection program – requires the employer to develop and implement a written respiratory protection program with required worksite-specific procedures and elements for required respirator use. The program must be administered by a suitably trained program administrator. In addition, certain program elements may be required for voluntary use to prevent potential hazards associated with the use of the respirator.

Safety Officer – a member of the Hospital Incident Command Staff responsible for monitoring and assessing safety hazards or unsafe situations, and for developing measures for ensuring personnel safety. The Safety Officer may have assistants.

Set Up and Staffed Beds – the number of beds that are licensed, physically "set up" and available for use within 24 hours and for which staff are on hand to attend to the patients who occupy the beds. This term is sometimes used interchangeably with the term "operational beds."

Shelter in Place – the strategy of encouraging populations to stay put and take shelter, rather than trying to evacuate.

Surge – a transient sudden rise in demand for health care following an incident with real or perceived adverse health effects.

Surge Cache – extra medication, supplies, and equipment available for sudden increase of patients due to an emergency/disaster.

Surveillance – the systematic ongoing collection, collation, and analysis of data and the timely dissemination of information to those who need to know so that action can be taken. Surveillance is the essential feature of epidemiological practice.

Triage – rules for which the rationing of response to an incident are based. Neither the rationing rules of triage, nor the timeline for implementing triage, are implied by the concept of triage, but must be determined and stated separately.

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