

FORM **NHAMCS-905**
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U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS DATA COLLECTION AGENT FOR THE
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics

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**NATIONAL HOSPITAL AMBULATORY
MEDICAL CARE SURVEY
BIOTERRORISM AND MASS CASUALTY
PREPAREDNESS SUPPLEMENT
2004 PANEL**

Assurance of confidentiality - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

BACKGROUND INFORMATION

A. Hospital name	B. Hospital number		
C. Hospital contact name	D. Hospital contact telephone	Area code	Number
E. Census contact name	F. Census contact telephone	Area code	Number

This year we are conducting a special survey supplement on bioterrorism and mass casualty preparedness in hospitals. Please answer the following questions. We appreciate your time on this important public health concern.

1. Has your hospital's emergency/bioterror response plan been revised since September 11, 2001?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mark (X) this box if hospital has no emergency/bioterror response plan and SKIP to item 5.	
2. Does your emergency/bioterror response plan specifically address each of the following types of incidents? If "No" - Indicate whether or not your hospital is currently developing a response for the type of incident. Mark (X) one box for each type of incident.	Does your plan address this type of incident?	Are you currently developing a response for the incident?
	(1)	(2)
	<input type="checkbox"/> Yes <input type="checkbox"/> No →	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No →	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No →	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No →	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No →	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other - Please specify _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No →	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CONTINUE WITH QUESTION 3 ON NEXT PAGE

3a. Does your hospital's emergency/bioterror response plan specify contacting any entity in the context of a bioterrorism incident?

- 1 Yes
- 2 No - SKIP to item 4
- 3 Don't know - SKIP to item 4

b. Which of the following entities does your hospital's emergency/bioterror response plan specify contacting in the context of a bioterrorism incident? Mark (X) all that apply.

- 1 Centers for Disease Control and Prevention (CDC)
- 2 Federal Bureau of Investigation (FBI)
- 3 Other Federal agency
- 4 Emergency medical services (EMS)
- 5 Fire department
- 6 HAZMAT teams
- 7 Key vendors of medical materials/supplies
- 8 Local political official
- 9 Other hospitals/local hospital association
- 10 Other laboratories
- 11 Public or private utilities (e.g., water, power)
- 12 State or local public health department
- 13 State or local law enforcement
- 14 Other state or local government agencies (e.g., Office of Emergency Management)
- 15 Other - Please specify

4. Does your hospital's emergency/bioterror response plan provide for . . .

Mark (X) all that apply.

- 1 definition of and, where appropriate, integration of the hospital's role in community-wide planning?
- 2 cooperative planning with other health care facilities in your area?
- 3 a memorandum of understanding (MOU) with outlying hospitals to accept inpatients during a declared disaster?
- 4 establishment of an alternate care site?
- 5 cancellation of elective procedures and admissions?
- 6 conversion of the post-anesthesia care unit to augment intensive care capacity?
- 7 activation of decommissioned ward space?
- 8 utilization for medical purposes of non-clinical space within the hospital?
- 9 stockpiling antibiotics and supplies?
- 10 coordinated supply-chain management of critical supplies and pharmaceuticals?

5. Is your hospital a member of an interagency disaster preparedness committee, task force, or working group that exists in your jurisdiction or region?

- 1 Yes
- 2 No
- 3 Don't know

6. Is your hospital designated to receive patients through the National Disaster Medical System (NDMS)?

- 1 Yes
- 2 No
- 3 Don't know

PLEASE CONTINUE WITH QUESTION 7 ON NEXT PAGE

7. Have key personnel in your hospital been trained in how to implement a formal incident command system (e.g., HEICS [Hospital Emergency Incident Command System] or comparable platform) during emergencies?

- 1 Yes
- 2 No
- 3 Don't know

8. TRAINING

a. Have your hospital staff received special training (e.g., in-service or other courses, CME, Grand Rounds, or self-guided study) since September 11, 2001 in the identification, diagnosis, and treatment of the following diseases/conditions?

Type of personnel who received training
Mark (X) appropriate columns **OR** mark (X) N/A box, if your hospital does not have this type of personnel.

<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Staff physicians (a)	House officers (intern/resident) (b)	PA/NP (c)	RN/LPN (d)	Lab staff (e)	Other (f)

(1) Smallpox

(2) Anthrax

(3) Plague

(4) Botulism

(5) Tularemia

(6) Viral Hemorrhagic Fever

(7) Viral Encephalitis (WNV, SLE, EEE, VEE, etc.)

(8) Chemical exposure

(9) Nuclear/Radiologic exposure

NOTE If no training received - Please SKIP to item 9. Otherwise, continue with item b.

b. Indicate who conducted the training.

Mark(X) all that apply.

- 1 Professional association (e.g., medical, physician assistant, nursing, laboratory)
- 2 State or local public health department
- 3 Other state or local government agency
- 4 Federal agency
- 5 Hospital
- 6 Insurance organization
- 7 Private vendor
- 8 Other -Specify

PLEASE CONTINUE WITH QUESTION 9 ON NEXT PAGE

9a. Has your hospital participated in any internal mass casualty drill(s), simulation(s), or exercise(s) since September 11, 2001?

- 1 Yes – Go to item 9b
 2 No – SKIP to item 10a

b. What scenario(s) did the drill(s)/simulation(s)/exercise(s) address?
 Mark (X) all that apply.

- 1 General disaster and emergency response
 2 Biologic attack
 3 Severe epidemic
 4 Chemical release
 5 Nuclear/radiologic attack
 6 Explosive/incendiary attack

10a. Has your hospital conducted any of mass casualty drill(s)/simulation(s)/exercise(s) in collaboration with other organizations?

- 1 Yes – Go to item 10b
 2 No – SKIP to item 11

b. Indicate the content of the drill(s)/simulation(s)/exercise(s)
 Mark (X) all that apply.

- 1 General disaster and emergency response
 2 Biologic attack
 3 Severe epidemic
 4 Chemical release
 5 Nuclear/radiologic attack
 6 Explosive/incendiary attack

c. With which organizations were the drill(s)/simulation(s)/exercise(s) performed?
 Mark (X) all that apply.

- 1 State or local law enforcement
 2 State or local public health department
 3 Other state or local government agencies (e.g., Office of Emergency Management)
 4 Fire department
 5 Emergency medical services (EMS)
 6 HAZMAT teams
 7 Other hospitals/local hospital association
 8 American Red Cross
 9 Other volunteer organizations
 10 Key vendors of medical materials/supplies
 11 Other – Please specify ↘

11. To help us understand what resources and capabilities your hospital has available in the event of a mass casualty incident
 Please provide the following information for your hospital.

- a.** Mechanical ventilators on hand
b. Personal protective (HAZMAT) suits – Include all levels.
c. Negative pressure isolation rooms
d. Combined ICU/PICU/CCU/PACU beds
e. Decontamination showers

	Total number

12. What is the total number of hours that your hospital's emergency department was on ambulance diversion in 2003?

Total number of hours

- 1 Not applicable, no ED
 2 Data not available

13. Is your hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)?

- 1 Yes – Specify →
 2 No – END

Date issued	
Month	Year