

BIOTERRORISM QUESTIONNAIRE

Bioterrorism Emergency Planning and Preparedness Questionnaire for Healthcare Facilities

Name of Hospital: _____

Hospital Address: _____

Name and Title of Person(s) Completing Form: _____

Contact Information:

Phone: () _____

Pager: () _____

Fax: () _____

Email: _____

Healthcare facilities play a vital role in the detection of and response to biological emergencies, including new emerging infections, influenza outbreaks, and terrorist use of biological weapons. The information and data obtained from this questionnaire will be used to help assess the preparedness and capacity of your hospital to respond to and treat victims of a biological incident. Many of the questions only require yes, no, or don't know (DK) responses. Others will require some research.

Thank you for taking the time to complete this questionnaire.

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I. Biological Weapons Training for Hospital Personnel

1. Does your hospital conduct in-service training on biological weapons? Yes No DK
If yes:

a) When was the last training provided? _____

b) Who is being trained?

Medical Staff Yes No DK

Nursing Staff Yes No DK

Medical/Nursing Students Yes No DK

Residents Yes No DK

Administration Yes No DK

Laboratory Personnel Yes No DK

Security Personnel Yes No DK

c) Is training mandatory?

Yes No DK

Yes No DK

Yes No DK

Yes No DK

Yes No DK

Yes No DK

Yes No DK

d) How often is in-service training on biological weapons provided?

Quarterly

Biannually

Annually

Other

Don't Know

e) Who provides the biological weapons training to your hospital staff?

In-house instructor (please list) _____

Outside consultant (please list) _____

Other (please list) _____

Don't Know

f) What type of training was provided (check all that apply)?

Classroom/seminar training

Home study manuals (i.e., self-study)

Computer based training

Satellite broadcast

Video

Other, please specify _____

2. Does your hospital send staff to Bioterrorism training seminars offered outside of the hospital?

Yes No DK

II. General Hospital & Emergency Preparedness Information

1. What is your average daily inpatient census (averaged over the 2000 Calendar year)? _____
2. Approximately how many people work at your hospital? _____
3. Please indicate your licensed, operational, and surge bed capacity below:

Bed capacity in the following areas	Licensed Beds (Under Certificate of Need)	Staffed Beds (Operational Capacity)	Approximate Surge Bed Capacity* (Estimated maximum number of additional staffed beds created in 6 & 12 hours)
Adult medical & surgical			/
Pediatric medical & surgical			/
Adult ICU (all units including CCU)			/
Adult Intermediate Care Ward (Progressive Care Unit)			/
Pediatric ICU (including NICU)			/
Pediatric Intermediate Care Ward (Progressive Care Unit)			/
Emergency department beds			/
OB/GYN			/
Psychiatry			/
Substance Abuse			/
Transitional Care (e.g., short-term care facility, rehabilitation)			/
All other departments (including outpatient surgical areas)			/
TOTAL			/

* Surge bed capacity: In the event of an emergency, what is the maximum number of additional staffed beds that your institution can create in 6 hours and in 12 hours for the treatment of mass casualties? (e.g., beds made available by opening up closed wards/units; beds made available by canceling elective surgeries; beds obtained from associated clinics; endoscopy suites; outpatient surgical areas; etc.)

4. How many times a month does your hospital reach 100% of operational capacity (i.e., staffed beds)? _____
5. Has your hospital implemented the Incident Command or Management System facility-wide?
 Yes No DK
6. Does your hospital's emergency preparedness plan address mass casualty incidents involving biological agents (i.e., influenza epidemics, new emerging infections, or terrorist use of biological agents)?
 Yes No DK
 If yes:
 - a) How frequently is this facet of your plan exercised and updated? _____
 - b) What was the date of your last exercise involving biological agents? _____

c) How is your bio-plan initiated?

d) How are hospital personnel and medical staff within the hospital notified about the plan's initiation?

e) How is affiliated medical staff notified about the plan's initiation? _____

g) How does the hospital monitor staff's knowledge of the plan? _____

7. Does your hospital have a coordinator designated to oversee all preparedness efforts as it relates to your hospital's bioterrorism preparedness efforts? Yes No DK

8. Does your hospital have a medical director that oversees all training and preparedness efforts as it relates to your hospital's bioterrorism preparedness efforts? Yes No DK

9. Does your hospital's emergency preparedness plan address expanding staff availability? Yes No DK

If yes:

a) Where would you access additional staff (please check all that apply)?

Local registry (agency)?

Change shift length from 8 to 12 hours?

Change nursing/patient ratios?

Offer services to keep staff at the hospital (e.g., babysitting, elderly care)?

Does your hospital's emergency preparedness plan address requesting state or federal resources for assistance? Yes No DK

b) Does your hospital participate in multiple facility credentialing procedures to permit rapid recognition of credentialed staff from other facilities or hospitals? Yes No DK

10. Does your hospital experience problems staffing your ED, general medical, pediatrics, and surgical floors with nurses employed by the hospital? Yes No DK

If yes:

a) During calendar year 2000, how many shifts per week (on average) are you short of nurses for:

_____ General medical

_____ Pediatrics

_____ Surgery (post-surgical care)

_____ ICU

_____ ED

b) Does your hospital have an on-call nursing policy for the following areas (i.e., where nurses are on-call and will come in when additional staff is required)?

General medical Yes No DK

Pediatrics Yes No DK

Surgery (post-surgical care) Yes No DK

ICU Yes No DK

ED Yes No DK

11. Does your hospital's emergency preparedness plan address increasing operational (staffed-bed) capacity by at least:

- a) 10% Yes No DK
- b) 15% Yes No DK
- c) 20% Yes No DK

12. Does your hospital's emergency preparedness plan address canceling elective surgeries in order to make additional beds available for inpatient use? Yes No DK

13. Does your hospital's emergency preparedness plan address early inpatient discharge protocols to create additional beds? Yes No DK

If yes:

- a) Who decides which patients can be discharged early? _____
- b) Is this a voluntary policy with your medical staff? Yes No DK
- c) Is there a staff member involved in early discharge planning? Yes No DK

14. Are you able to utilize hallways as short-term inpatient care areas in the event of a declared disaster? Yes No DK

If yes:

- a) How many additional inpatient beds can be opened using the hallways during a declared disaster? _____
- b) Can your hospital's computer process orders for patients not residing in traditional patient care areas (i.e., residing in the hallways)? Yes No DK
- c) Do you have a mechanism to provide privacy to patients residing in the hallway? Yes No DK

15. Do you have other areas of the hospital designated for emergency overflow of patients (e.g., an auditorium, lobby) in the event of a declared disaster? Yes No DK

a) If yes:

- i. Where are these areas located? _____
- ii. Do you have beds or cots available onsite for these alternative patient care areas? Yes No DK
- iii. Do you have a mechanism to provide privacy to these patients? Yes No DK
- iv. Do these overflow patient care areas have ready access to:
 - Supplemental oxygen source Yes No DK
 - Running water Yes No DK
 - Pharmaceuticals Yes No DK
 - Bath/showers Yes No DK
 - Toilets Yes No DK
 - Suction Yes No DK
 - Supplies Yes No DK
 - Monitoring Units Yes No DK

- Computer access Yes No DK
- Hand washing areas Yes No DK
- Food and drink Yes No DK
- Telephone Yes No DK

v. In the past five years, have you ever had to expand your bed capacity beyond your licensed number of beds? Yes No DK

16. Does your hospital have a memorandum of agreement (MOA) with nearby extended care facilities (ECF) or rehabilitation hospitals to accept patients during a declared disaster that can be discharged early from the affected hospital but still require nursing care? Yes No DK

17. Does your hospital have a memorandum of agreement (MOA) with outlying hospitals to accept inpatients during a declared disaster? Yes No DK

18. Does your hospital's emergency preparedness plan address processes to increase inpatient treatment capacity within the city? Yes No DK

19. Does your hospital's emergency preparedness plan address extending outpatient clinic hours (on and off-campus) beyond normal scheduled hours? Yes No DK

If yes:

a) How do you staff these extended hours? _____

b) Has there ever been a need to extend clinic hours during a disaster situation? Yes No DK

20. Does your hospital's emergency preparedness plan address processes to increase outpatient treatment capacity within the city? Yes No DK

21. Does your hospital's emergency preparedness plan address the provision of the following services if staff had to return to work during a community disaster (check all that apply)?

Provided

- Yes No DK Day (night) care for their children?
- Yes No DK Day (night) care for their dependent adults?
- Yes No DK Day (night) care for their pets?
- Yes No DK Sleeping quarters?
- Yes No DK Nourishment?
- Yes No DK Distribution of medication prophylaxis

22. Does your hospital have policies concerning emergency department diversion? Yes No DK

If yes:

a) What are your hospital's criteria to go on diversion? _____

b) Who is delegated within the hospital to make the decision to go on diversion? _____

c) List who needs to be notified about your diversion policy outside the hospital? _____

d) In general, how many times a year does your hospital go on diversion? _____

23. What is the approximate number of functioning on-site ventilators that belong to your institution? _____

a) How many ventilators, if any, can be mobilized from associated long-term care, rehab facilities, or other satellite clinic facilities? _____

b) How many additional ventilators does your institution rent weekly (average over the past year)? _____

c) Do you have access to ventilators that can be rented on an emergency basis? Yes No DK
If yes:

_____ How many can be obtained?

_____ How long does it take your hospital to obtain these additional ventilators?

d) Is there a regional plan to provide extra ventilators if needed? Yes No DK

If yes:

_____ How many additional ventilators can you access within 4 hours?

_____ How many additional ventilators can you access within 8 hours?

Do other hospitals in your area access ventilators from the same vendor?

Yes No DK

24. Does your hospital have an information system that provides the following:

a) Inpatient staffing? Yes No DK

b) Hospital bed availability? Yes No DK

c) Diversion status of other hospitals in the area or region? Yes No DK

d) Bed availability of other hospitals in the area or region? Yes No DK

e) Information on biological agents and the management of infectious patients?
 Yes No DK

f) Internet access? Yes No DK

25. Does your hospital's emergency preparedness plan address stockpiling antibiotics and supplies? Yes No DK

If yes:

a) Does your hospital currently maintain a separate cache of antibiotics to treat hospital staff in the event of a bioterrorist incident? Yes No DK

If yes:

i. What antibiotics are cached (check all that apply)?

Name	Unit Doses
<input type="checkbox"/> Doxycycline	_____
<input type="checkbox"/> Tetracycline	_____
<input type="checkbox"/> Ciprofloxin	_____
<input type="checkbox"/> Levaquin	_____
<input type="checkbox"/> Gentamicin	_____
<input type="checkbox"/> Tobramycin	_____

- ii. How quickly can supplies be accessed? _____
- iii. Where are these supplies stored? _____
26. How many days supply of antibiotics does your pharmacy maintain (based on current average daily usage)? _____
27. Does your hospital stockpile or have 12-hour access to antibiotics (Doxycycline, ciprofloxacin) in order to provide community prophylaxis? Yes No DK
28. During an average 24-hour period, how many additional orders (based on standard dosing) for the following antibiotics would exhaust your current **in-hospital** pharmaceutical supply (inventory):
- _____ Doxycycline i.v.
- _____ Doxycycline p.o.
- _____ Ciprofloxacin i.v.
- _____ Ciprofloxacin p.o.
- _____ Levofloxacin i.v.
- _____ Levofloxacin p.o.
- _____ Gentamycin i.v.
- _____ Tobramycin i.v.
- a) How long would it take you to replenish these supplies? _____
- b) How would you obtain these supplies? _____
- c) Do other hospitals in your area access these drugs in the same manner and from the same source? Yes No DK
29. During an average 24-hour period, how many prescriptions for the following antibiotics (based on standard dosing) would exhaust your current **outpatient** pharmaceutical supply (inventory):
- _____ Doxycycline p.o.
- _____ Tetracycline p.o.
- _____ Ciprofloxacin p.o.
- _____ Levofloxacin p.o.
- a) How long would it take you to replenish these supplies? _____
- b) How would you obtain these supplies? _____
- c) Who do you obtain these supplies from? _____
- d) Do other hospitals in your area access these drugs in the same manner and from the same source? Yes No DK
30. Has your hospital ever participated in a community or regional pharmaceutical stockpile? Yes No DK
31. Is your hospital's emergency preparedness plan integrated into the city emergency preparedness plan? Yes No DK
32. Does your hospital's emergency preparedness address the following:
- a) Designating mental health services (Critical Incident Stress Management - CISM) to care for emergency workers, victims and their families, and others in the community who need special assistance coping with the consequences of a disaster? Yes No DK
- b) Provisions to provide for the proper examination, care, and disposition of deceased? Yes No DK
- c) Mass immunization/prophylaxis? Yes No DK

d) Mass fatality management? Yes No DK

If yes, does the plan address the following:

i. Augmenting morgue facility and staff Yes No DK

ii. Expanding morgue capacity Yes No DK

iii. Procedures for decontamination/isolation of human remains Yes No DK

iv. Backup isolation procedures when morgue capacity is exceeded Yes No DK

v. Environmental surety? Yes No DK

e) Ensuring adequate bio-protection (Universal Precautions) gear for hospital/clinic personnel?
 Yes No DK

f) Ensuring adequate supplies (including food, linens & patient care items) are available from local or regional suppliers, or that plans are in place to obtain them in a timely manner in order to be self-sufficient for 48-hours? Yes No DK

g) Access to portable cots, sheets, blankets and pillows? Yes No DK

h) Triage of mass casualties Yes No DK

i) Enhancing hospital security by utilizing community law enforcement assets? Yes No DK

j) Tracking expenses incurred during an emergency? Yes No DK

k) Coordination with state or local public health authorities? Yes No DK

l) Creating additional isolation beds? Yes No DK

33. Does your hospital have an internal health surveillance system in place that tracks patients presenting problems or complaints? Yes No DK

If yes:

a) Does your hospital's surveillance system track the following (please check all that apply):

- ED visits
- Hospital admissions (total numbers and patterns)
- Presenting patients' complaints
- Influenza-like illness monitoring
- Increased antibiotic prescription rate

b) Is this information gathered automatically electronically or done manually? _____

c) When is this information gathered? _____

d) Who gathers this information? _____

e) Who (and how – phone, fax, etc.) does the ED notify when unusual clusters of illnesses present and can they be notified 24-hours per day (check all that apply)?

	24-hour Notification	How Contacted
<input type="checkbox"/> Hospital infection control personnel	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	_____
<input type="checkbox"/> Other designated (resource) in-house personnel	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	_____
<input type="checkbox"/> Local Health Department	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	_____
<input type="checkbox"/> State Health Department	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	_____
<input type="checkbox"/> Other, please specify _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	_____

34. Is your in-patient laboratory staffed 24 hours a day, 7 days a week? Yes No DK

35. What diagnostic capability does your in-patient laboratory have? (check all that apply)

- Minimal identification of agents
- Identification, confirmation, and susceptibility testing
- Advanced laboratory capacity with some molecular testing

36. What is the highest Biosafety level (BSL) capability of your in-patient lab?

- BSL 1 (basic level of containment for minimal potential hazards)
- BSL 2 (primary containment practices for moderate potential hazards)
- BSL 3 (primary and secondary containment practices for potentially lethal agents)

37. What is the current volume of culture specimens that can be processed in your in-patient lab on a daily basis?

_____ Sputum
_____ Blood
_____ Urine

38. What is the estimated maximum volume of culture specimens that can be processed in your in-patient lab on a daily basis?

_____ Sputum
_____ Blood
_____ Urine

39. Does your hospital have protocols or procedures for the handling of laboratory specimens in the event of a biological terrorism incident? Yes No DK

If yes, do these protocols or procedures address the following (please check all that apply)

- Collection
- Labeling
- Chain of custody (similar to rape packages)
- Secure storage
- Processing
- Transportation to secondary laboratory
- Storage
- Referral to Public Health Department (PHD) lab
- Contacting the CDC
- Contacting local law enforcement
- Contacting the FBI
- Decontamination of bio-hazardous waste
- Safe disposal of waste

40. Please check the appropriate box to describe your hospital's in-patient laboratory capacity with regard to the following organisms (check all that apply):

Anthrax	Culture	Rule Out	Confirm*	None**
Plague	Culture	Rule Out	Confirm*	None**
Tularemia	Culture	Rule Out	Confirm*	None**
Brucellosis	Culture	Rule Out	Confirm*	None**
Q-Fever	Culture	Rule Out	Confirm*	None**
Smallpox	Culture	Rule Out	Confirm*	None**

* If checked, please indicate how your lab confirms the organism's identification. _____

** *Checking none means your hospital laboratory does not have the capacity to culture, rule out, or confirm the listed organism.*

41. How would you rate your laboratory's ability to identify specimens of biological terrorism?

- Very poor
- Poor
- Fair
- Good
- Very good

42. How would you rate your hospital's ability to manage victims of biological terrorism?

- Very poor
- Poor
- Fair
- Good
- Very good

Sources: Questions 1, 2, 3 and 23 in Section II of this questionnaire were adapted from New York City Department of Health, institutional surge capacity questions 1-6 in "Biological, Chemical, and Radiological Emergency Planning/Preparedness Capabilities" survey, dated 11/13/2000. The following documents were also consulted: Marasco Newton Group Ltd., "Hospital Weapons of Mass Destruction Needs and Resource Assessment Survey," dated 2/8/2000; Booz-Allen & Hamilton, WMD Checklist; Institute of Medicine, 2000 MMRS Evaluation Instrument in "Preparing for Terrorism: Tools for Evaluating the Metropolitan Medical Response System"; American Hospital Association, Chemical and Bioterrorism Preparedness Checklist; Disaster Preparedness International, "Hospital Capability to Respond to Pandemic Influenza, Bioterrorism, and Emerging Infectious Disease Outbreaks," dated 12/11/2001.