

Appendix 1: CHVA/RGA Survey Questions

1. Demographic Questions

Thank you for taking this survey. We appreciate your efforts to move Arizona's healthcare preparedness forward.

Your Role:

The first part of this survey invites you to review all hazards and provide your opinion of the potential impact of each on healthcare services. The second part of the survey will ask you to report out on your facility/organizational resources and plans. The survey should take approximately 30 minutes to complete. Your participation in this project is entirely voluntary.

The regional and statewide Community Hazard Vulnerability and Resource assessments will be completed and shared with AzCHER members and partners in December 2021. The assessments will assist organizations and facilities in creating site-specific HVAs and guide AzCHER plans, trainings, and exercises over the next five years to address top hazards and identify gaps in the system to address these hazards.

Please note that you can return to this survey and pick up where you left off to edit your responses any time before October 22 at 5:00pm. You may make edits to previous responses, even after you have submitted them, up until the close date. If you have any questions, please contact Shawna Murphy at smurphy@azhha.org or Brianna Rooney at brooney@azhha.org.

* 1. Name:

* 2. Email:

* 3. Organization Name:

* 4. Facility Name:

* 5. What is your facility/organization/agency or member type? Choose one (1) option that best fits.

- | | |
|--|--|
| <input type="checkbox"/> CERT or MRC Organization | <input type="checkbox"/> Emergency Management Organization |
| <input type="checkbox"/> Correctional Health Facility | <input type="checkbox"/> Public Health Agency |
| <input type="checkbox"/> Hospital-Acute Care | <input type="checkbox"/> Home Health Agency |
| <input type="checkbox"/> Hospital-Behavioral Health | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Hospital-Critical Access | <input type="checkbox"/> Health Care Clinic |
| <input type="checkbox"/> Hospital-Post Acute Care | <input type="checkbox"/> Ambulatory Surgery Center |
| <input type="checkbox"/> Hospital-Rehabilitation | <input type="checkbox"/> End-Stage Renal Disease Facility |
| <input type="checkbox"/> Hospital-Specialty | <input type="checkbox"/> Outpatient Clinic |
| <input type="checkbox"/> Hospital-Long-term Acute Care | <input type="checkbox"/> Retail Pharmacy |
| <input type="checkbox"/> Hospital-Post-acute Care | <input type="checkbox"/> Freestanding Emergency Department |
| <input type="checkbox"/> Non-Governmental Organization | <input type="checkbox"/> Community Health Center / Federally Qualified Health Center |
| <input type="checkbox"/> Professional Association/Organization | <input type="checkbox"/> Skilled Nursing or Long-Term Care Facility |
| <input type="checkbox"/> Behavioral Health Facility | <input type="checkbox"/> Tribal Administrative Unit |
| <input type="checkbox"/> Emergency Medical Services (EMS) | |

* 6. In which county is your facility/organization/agency located?

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Apache | <input type="checkbox"/> Mohave |
| <input type="checkbox"/> Cochise | <input type="checkbox"/> Navajo |
| <input type="checkbox"/> Coconino | <input type="checkbox"/> Pima |
| <input type="checkbox"/> Gila | <input type="checkbox"/> Pinal |
| <input type="checkbox"/> Graham | <input type="checkbox"/> Santa Cruz |
| <input type="checkbox"/> Greenlee | <input type="checkbox"/> Yavapai |
| <input type="checkbox"/> La Paz | <input type="checkbox"/> Yuma |
| <input type="checkbox"/> Maricopa | |

* 7. In which AzCHER region(s) does your facility/organization/agency participate? (Select all that apply)

- Central (Gila, Maricopa, Pinal)
- Northern (Apache, Coconino, Navajo, Yavapai)
- Southern (Cochise, Graham, Greenlee, Pima, Santa Cruz)
- Western (La Paz, Mohave, Yuma)

8. Please indicate how many years of experience you have in your area of work?

Less than 1 year

1-5 years

6-10 years

11-15 years

16-20 years

21+ years

2. Community Hazard Vulnerability Assessment (CHVA) Questions

AzCHER is seeking your input on a Community Hazard Vulnerability Assessment (CHVA) to provide feedback on the most important regional and statewide hazards that we face, as well as the impact they could have on our healthcare system.

When considering the impact of a hazard, remember to think beyond your individual facility or organization and assess how the hazard may impact the regional and statewide healthcare system as a whole.

Once ranked, AzCHER will aggregate the hazards into the CHVA tool. The outcome will be a Community Healthcare Hazard Vulnerability Summary Report that can serve as a baseline for future organizational and jurisdictional HVAs in planning, training, mitigation, response, and recovery activities.

Naturally-Occurring Incidents

Please refer to the following terms for the ranking below:

Occurrence: Likelihood of the incident to occur

- 0 = Rare or N/A
- 1 = Low (Every 10-50 years)
- 2 = Moderate (Every 1-10 years)
- 3 = High (Annually)

Response: Likelihood there would be a regional response

- 0 = No regional response expected
- 1 = Low
- 2 = Moderate
- 3 = High

Healthcare Impact: Possibility of impact to regional healthcare services

- 0 = No impact expected
- 1 = Low (causes minimal disruption; managed at daily level)
- 2 = Moderate (causes disruption outside of normal means but does not threaten regional healthcare service delivery)
- 3 = High (causes significant disruption and threatens regional service delivery)

Note: When considering the impact ranking, remember to think beyond your individual facility or organization and assess how the hazard may impact the regional and statewide healthcare system as a whole.

9. Please rate the following regional response and impacts for Naturally Occurring Incidents?

	Occurrence	Response	Healthcare Impact
Drought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust Storm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earthquake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flood/Flash Flood (includes post-wildfire flooding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Winds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Storm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landslide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Blizzard/Snow Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Thunderstorm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Extreme (Cold)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Extreme (Hot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tornado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wildfire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

10. Do you have any comments about Naturally Occurring Incidents?

Epidemics and Pandemics

Please refer to the following terms for the ranking below:

Occurrence: Likelihood of the incident to occur

- 0 = Rare or N/A
- 1 = Low (Every 10-50 years)
- 2 = Moderate (Every 1-10 years)
- 3 = High (Annually)

Response: Likelihood there would be a regional response

- 0 = No regional response expected
- 1 = Low
- 2 = Moderate
- 3 = High

Healthcare Impact: Possibility of impact to regional healthcare services

- 0 = No impact expected
- 1 = Low (causes minimal disruption; managed at daily level)
- 2 = Moderate (causes disruption outside of normal means but does not threaten regional healthcare service delivery)
- 3 = High (causes significant disruption and threatens regional service delivery)

Note: When considering the impact ranking, remember to think beyond your individual facility or organization and assess how the hazard may impact the regional and statewide healthcare system as a whole.

11. Please rate the following regional response and impacts for Epidemics and Pandemics?

	Occurrence	Response	Healthcare Impact
Highly/Acute Infectious Disease Outbreak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pandemic Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pandemic Coronavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccine Preventable Disease Outbreak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water-/Foodborne Disease Outbreak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

12. Do you have any comments about Epidemics and Pandemics?

Human Related Incidents

Please refer to the following terms for the ranking below:

Occurrence: Likelihood of the incident to occur

- 0 = Rare or N/A
- 1 = Low (Every 10-50 years)
- 2 = Moderate (Every 1-10 years)
- 3 = High (Annually)

Response: Likelihood there would be a regional response

- 0 = No regional response expected
- 1 = Low
- 2 = Moderate
- 3 = High

Healthcare Impact: Possibility of impact to regional healthcare services

- 0 = No impact expected
- 1 = Low (causes minimal disruption; managed at daily level)
- 2 = Moderate (causes disruption outside of normal means but does not threaten regional healthcare service delivery)
- 3 = High (causes significant disruption and threatens regional service delivery)

Note: When considering the impact ranking, remember to think beyond your individual facility or organization and assess how the hazard may impact the regional or state healthcare system as a whole.

13. Please rate the following regional response and impacts for Human Related Incidents?

	Occurrence	Response	Healthcare Impact
Active Threat (includes active shooter and other related threats)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil Disturbance (examples include demonstrations, riots, strikes, criminal activity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hostage Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mass Casualty (trauma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staffing Shortage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply Chain Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation Disruption (includes roadway, railway, air transport failures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

14. Do you have any comments about Human Related Incidents?

Hazardous Material Incidents

Please refer to the following terms for the ranking below:

Occurrence: Likelihood of the incident to occur

0 = Rare or N/A

1 = Low (Every 10-50 years)

2 = Moderate (Every 1-10 years)

3 = High (Annually)

Response: Likelihood there would be a regional response

0 = No regional response expected

1 = Low

2 = Moderate

3 = High

Healthcare Impact: Possibility of impact to regional healthcare services

0 = No impact expected

1 = Low (causes minimal disruption; managed at daily level)

2 = Moderate (causes disruption outside of normal means but does not threaten regional healthcare service delivery)

3 = High (causes significant disruption and threatens regional service delivery)

Note: When considering the impact ranking, remember to think beyond your individual facility or organization and assess how the hazard may impact the regional or state healthcare system as a whole.

15. Please rate the following regional response and impacts for Hazardous Material Incidents?

	Occurrence	Response	Healthcare Impact
Explosives Incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological Incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear Incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiological Incident (external)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

16. Do you have any comments about Hazardous Material Incidents?

Technological and Utility Incidents

Please refer to the following terms for the ranking below:

Occurrence: Likelihood of the incident to occur

- 0 = Rare or N/A
- 1 = Low (Every 10-50 years)
- 2 = Moderate (Every 1-10 years)
- 3 = High (Annually)

Response: Likelihood there would be a regional response

- 0 = No regional response expected
- 1 = Low
- 2 = Moderate
- 3 = High

Healthcare Impact: Possibility of impact to regional healthcare services

- 0 = No impact expected
- 1 = Low (causes minimal disruption; managed at daily level)
- 2 = Moderate (causes disruption outside of normal means but does not threaten regional healthcare service delivery)
- 3 = High (causes significant disruption and threatens regional service delivery)

Note: When considering the impact ranking, remember to think beyond your individual facility or organization and assess how the hazard may impact the regional or state healthcare system as a whole.

17. Please rate the following regional response and impacts for Technologic and Utility Incidents?

	Occurrence	Response	Healthcare Impact
Communications/Telephone Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dam Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Systems Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Network Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyber Attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mass Electrical Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Shortage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural Gas Leak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Gas Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Disruption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wastewater Treatment Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

18. Do you have any comments about Technologic and Utility Incidents?

3. Resource Gap Analysis (RGA)

Emergency Planning Questions

All member types are asked to answer the below questions.

Please refer to the following terms for the ranking below:

Likelihood of Use: On a 0-3 scale how likely it is that the plan will be needed during a response.

0 = Rare - the plan is not needed

1 = Unlikely - the plan has been used rarely (in the last 10 years or has a low chance of being needed in the next 10)

2 = Possible - the plan has been used a few times in the last 10 years and has a reasonable chance of being used in the next few years

3 = Likely - the plan is used roughly every other year or yearly

Impact: On a 0-3 scale, assign a score to that illustrates the consequence if the plan was inadequate or absent. This impact may consider human injury/death, coordination/information issues, and property damage/economic impact.

0 = Negligible - no impact (rare minor injury, no significant effects from information compromise, minor property/economic damage to the area/asset)

1 = Moderate - a few major injuries/hospitalizations in the community, compromise of information with limited impact on facility/agency operations, moderate property damage/economic impact (e.g. 1-20% of assets damaged or lost)

2 = Significant - few deaths but multiple major injuries/hospitalizations in the community, compromise of information with significant impact on facility/agency operations, significant property damage/economic impact (e.g. temporary closure, remediation of portions of facility, 25-50% of assets damaged or lost)

3 = Extensive - multiple deaths, compromise of information with significant ongoing impact, extensive property damage/economic impact (e.g. potential permanent closure of facility, >50% loss of assets)

Work Remaining: On a 0-3 scale assign a score appropriate to the amount of work remaining to operationalize the planning capability in terms of equipping, training, and exercising.

0 = No plan currently exists or plan no applicable

1 = Inadequate plan or possibly adequate plan (i.e. plan has not been evaluated, tested, and/or incomplete training)

2 = Adequate plan requires minor modifications based on exercises, events, or other evaluation

3 = Sustainability only- strong capability in place, with regular ongoing testing/training

Note: When considering the impact ranking, remember to think beyond your individual facility or organization and assess how the hazard may impact the regional or state healthcare system as a whole.

19. Please rate the likelihood of use, impact, and work remaining for the following plans:

	Likelihood of Use	Impact	Work Remaining
Active Shooter/Armed Assailant/Active Threat Response Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alerting/Notification Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Bank Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closed POD Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Plan/Information Sharing Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COOP, Recovery/Business Continuity Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Care/Crisis Standards of Care Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Assistance Center Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Plan (external)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Plan (internal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flood Plan (external)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flood Plan (internal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAZMAT/Decontamination Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious Disease Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS/IT System Failure/Compromised Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mass Mortuary/Fatality Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Distribution Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Tracking and Movement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resource Sharing Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelter Support Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Mass Casualty Plans (e.g. MCI, Pediatric, Burn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Likelihood of Use	Impact	Work Remaining
Staffing Surge Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surge Capacity Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training/Exercise Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

20. The following questions will ask about sector-specific resources. Please indicate your sector type from the below options. You will be directed to answer only those resource questions for your sector. You can choose more than one if applicable.

Emergency Medical Services (EMS)

Long-term Care

Hospital

Outpatient Care

Public Health

Other

4. EMS Resource Questions

The below questions will address EMS resources.

21. Response Transportation Resources: Please indicate your capacity for the following categories by entering a number. Type "0" if you do not have a certain resource or if it does not apply to your EMS Agency.

BLS Ambulances: may include scheduled and 911 assets

ALS Ambulance: may include scheduled and 911 assets, critical care transport, scheduled assets, reserve rigs, and specialized units (pediatric, bariatric, isolation, etc.)

Fixed Wing Units: units capable of responding within 60 minutes to area, specific for flight time to scene/facility

Rotor Wing Units: units capable of responding within 60 minutes response time to area, specific for flight time to scene/facility

HAZMAT Response Vehicle/Trailer: includes capabilities for agent identification, mass decontamination and throughput for ambulatory/non-ambulatory casualties, storage location, and contact info to request

MCI Trailer: includes contents necessary to treat casualties

MCI Bus/Vehicle: include contents to treat/transport casualty

Wheelchair Vans or ADA compliant vehicles

22. Would you like to document any other response transportation resources (may include, supervisor, physician, 'jump' vehicles, etc. In large metro areas may summarize / list agencies rather than specific resources)?

23. Please indicate your possession and maintenance of the following resources.

	Yes	No	Unsure
Community Paramedics: other community-based EMS personnel that may assume alternate roles in a disaster (e.g., paramedics are also firefighters, volunteer or paid, reserve personnel who can be called to assist with an MCI; those who are BLS or ACLS trained)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical/Swiftwater/Collapse Rescue: resources that may be engaged locally or regionally to assist with technical / US&R situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HAZMAT Radiation Assets: includes detection/survey equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

24. Describe your communication assets. May include traditional phone lines, radios, cellular, satellite, internet-based – at least one primary and one redundant system. Radios (800mhz, amateur radio, other), web-based system, ability to receive HAN alerts, etc.

* 25. What evacuation resources do you have to support hospital or long-term care evacuation? Select all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Sleds | <input type="checkbox"/> Evacuation Buses (and certified drivers) |
| <input type="checkbox"/> Stair Chairs | <input type="checkbox"/> Wheelchair Vans |
| <input type="checkbox"/> Pediatric Equipment | <input type="checkbox"/> Not applicable due to facility type |
| <input type="checkbox"/> Bariatric Equipment | |
| <input type="checkbox"/> Other (please specify) | |

26. Do you have anything else to add regarding EMS resources?

5. Hospital Questions

These questions will address hospital resources.

27. Bed Availability: Please indicate your capacity for the following categories. Type "0" if you do not have a certain bed type or if it does not apply to your hospital type.

ED Capacity

ED Isolation (AIIR) Rooms

ED Surge Beds (in addition to usual ED beds)

Operating Rooms

Pre/Post Anesthesia Beds (PACU beds for trauma use, ICU overflow/boarding)

Adult Intensive Care Bed

Pediatric Intensive Care Bed

NICU Beds

Intensive Care Surge Beds (may include stepdown and some monitored beds twice, include NICU, PICU, and adult beds)

Stepdown Beds (intermediate care beds, including cardiovascular drip medications, potentially BiPAP but not mechanical ventilation or pressor support)

Stepdown Surge Beds (must include cardiorespiratory monitoring capability)

Medical Surge Beds (include operating adult and pediatric, not licensed)

Medical/Surgical Surge Beds (may include activating closed areas or doubling patients in private rooms)

Inpatient Isolation Rooms (include capacity for AIIRs and for cohorting)

Inpatient Psychiatry Beds
(include capacity for adults
and pediatric patients)

Burn Center Beds

Surge Discharge Potential
(include number of beds
that could be made
available via early
discharge based on
exercises or real-world
events)

Morgue Capacity (number
of spaces to store
decedents)

28. Describe your communication assets. May include traditional phone lines, radios, cellular, satellite, internet-based – at least one primary and one redundant system. Radios (800mhz, amateur radio, other), web-based system, ability to receive HAN alerts, etc.

29. How many patients per hour (based on exercises) can you decon (mass decontamination)?

Decontamination

Capacity

(ambulatory): Patients /
hour based on exercises -
assume 10 minutes/person
through process (e.g. 6
patients/hour per decon
station)

Decontamination

Capacity (non-

ambulatory): Patients /
hour based on exercises -
assume 10 minutes/person
at each decon station

* 30. What evacuation resources do you have? Select all that apply:

Sleds

Evacuation Buses (and certified drivers)

Stair Chairs

Wheelchair Vans

Pediatric Equipment

Helipad

Bariatric Equipment

Not applicable due to facility type

Other (please specify)

* 31. Do you maintain a cache of PPE (i.e. level of PPE 20% above daily use) for the following items? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> N95 masks | <input type="checkbox"/> PAPR kits |
| <input type="checkbox"/> Procedural/surgical masks | <input type="checkbox"/> Tyvek suits |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Bio hoods |
| <input type="checkbox"/> Isolation gowns | <input type="checkbox"/> Decontamination team PPE |
| <input type="checkbox"/> Face shields | <input type="checkbox"/> Not applicable due facility type |

32. Please indicate your possession and maintenance of the following resources.

	Yes	No	Unsure
<p>Patient redress kits/dry decon kits: allows for a patient to disrobe under a large bag/cover and therefore remove contaminated clothing that can then be sealed in another bag</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>PPE ensembles (for HAZMAT): includes PPE necessary for HAZMAT incident (i.e. for the decontamination team including respiratory protection)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>PPE ensembles (for highly infectious diseases): includes PPE suitable for standard, contact and droplet precaution</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Crisis care supplies: supplies for alternate care on hospital premises (i.e. cots, chairs, recliners, mobile vans, tents, air mattresses, etc)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)			

33. Respiratory Devices: Please indicate the number of devices described below.

Adult Ventilators

Pediatric Ventilators

ECMO

34. Do you have anything else to add regarding hospital resources?

6. Public Health Questions

The below questions will assess public health resources.

35. Please describe your organization's resources for the following categories.

Alternate Care

System/Site: Includes materials for alternate care sites – may be managed by hospitals or EM

Communication

assets: May include traditional phone lines, radios, cellular, satellite, internet-based – at least one primary and one redundant system. Radios (800mhz, amateur radio, other), web-based system, ability to receive HAN alerts, etc.

Mass mortuary capacity:

Includes body bags and other space for processing / identification / storage

Medical

Countermeasures

Administration/Distribution:

Physical assets that support Chempack, antidote, vaccination/prophylaxis operations and distribution of other countermeasures from SNS and state and local assets that may include databases and electronic systems as well as physical resources (signage, badging systems, coolers, etc.)

PPE Stockpile: available supplies and storage capacity

36. Do you have anything else to add regarding public health resources?

7. Long-term Care Questions

The below questions will assess long-term care resources.

* 37. Do you maintain a cache of PPE (i.e. level of PPE 20% above daily use) for the following items? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> N95 masks | <input type="checkbox"/> PAPR kits |
| <input type="checkbox"/> Procedural/surgical masks | <input type="checkbox"/> Tyvek suits |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Bio hoods |
| <input type="checkbox"/> Isolation gowns | <input type="checkbox"/> Decontamination team PPE |
| <input type="checkbox"/> Face shields | <input type="checkbox"/> Not applicable due facility type |

* 38. What evacuation resources do you have? Select all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Sleds | <input type="checkbox"/> Evacuation Buses (and certified drivers) |
| <input type="checkbox"/> Stair Chairs | <input type="checkbox"/> Wheelchair Vans |
| <input type="checkbox"/> Pediatric Equipment | <input type="checkbox"/> Not applicable due to facility type |
| <input type="checkbox"/> Bariatric Equipment | |
| <input type="checkbox"/> Other (please specify) | |

39. **Describe your internal communication assets.** May include traditional phone lines, radios, cellular, satellite, internet-based – at least one primary and one redundant system. Radios (800mhz, amateur radio, other), etc.

40. **Describe your external communication assets.** May include web-based system, ability to receive Health Alert Network (HAN) alerts, ability to communicate with patients/residents, etc.

41. **Bed Availability:** Please indicate the number of beds for the following categories.

Long-term acute care beds

Long-term beds

42. Do you have anything else to add regarding long-term care resources?

8. Outpatient Care Questions

The below questions will assess outpatient care resources.

* 43. Do you maintain a cache of PPE (i.e. level of PPE 20% above daily use) for the following items? Check all that apply.

N95 masks

PAPR kits

Procedural/surgical masks

Tyvek suits

Goggles

Bio hoods

Isolation gowns

Decontamination team PPE

Face shields

Not applicable due facility type

44. **Describe your internal communication assets.** May include traditional phone lines, radios, cellular, satellite, internet-based – at least one primary and one redundant system. Radios (800mhz, amateur radio, other), etc.

45. **Describe your external communication assets.** May include web-based system, ability to receive Health Alert Network (HAN) alerts, ability to communicate with patients/residents, etc.

46. Do you have anything else to add regarding outpatient care resources?

9. Other Resource Questions

These questions are intended to capture any available resources not previously asked.

47. **Describe your internal communication assets.** May include traditional phone lines, radios, cellular, satellite, internet-based – at least one primary and one redundant system. Radios (800mhz, amateur radio, other), etc.

48. **Describe your external communication assets.** May include web-based system, ability to receive Health Alert Network (HAN) alerts, ability to communicate with patients/residents, etc.

49. Do you have anything else to add regarding healthcare-related resources?