

FORM **NHAMCS-907**  
(11-23-2007)

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  
PANDEMIC AND EMERGENCY RESPONSE  
PREPAREDNESS SUPPLEMENT  
2008 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**

<b>A.</b> Hospital number		<b>B.</b> Census contact name	
<b>C.</b> Census contact telephone	Area code	Number	

<b>1. Does your emergency response plan specifically address each of these types of incidents?</b>	Yes	No	Unknown
<b>a.</b> Epidemics/Pandemics .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> Biological accidents or attacks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> Chemical accidents or attacks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> Nuclear/Radiological accidents or attacks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> Explosive/Incendiary accidents or attacks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> Natural disasters .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. During 2007, with which of the following entities has your hospital engaged in cooperative planning in developing or updating an emergency response plan for public health emergencies (e.g., terrorism, mass casualties, epidemics, natural disasters)?**  
*Mark (X) all that apply.*

- 1  Other hospitals
- 2  Emergency medical services (EMS)
- 3  Fire department
- 4  Hazardous materials (HAZMAT) teams
- 5  State or local law enforcement
- 6  Federal Bureau of Investigation (FBI)
- 7  State or local public health department
- 8  State or local office of emergency management

**PLEASE CONTINUE WITH QUESTION 3 ON NEXT PAGE**

3. For which of the following has your hospital developed a written plan for use during a hospital overcrowding incident or a public health emergency? (Public health emergencies include mass casualties from natural disasters, disease outbursts, and accidents or attacks of biological, chemical, nuclear/radiological or explosive/incendiary origin.)		In emergency response plan?  (1)	Implemented in actual incident during 2007?  (2)	
<b>a. Collaboration with outside entities</b>				
<b>(1)</b> A memorandum of understanding (MOU) with one or more other hospitals to accept adult patients in transfer from the emergency department when no beds are available at your hospital		1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	
<b>(2)</b> MOU with one or more children's hospitals to accept pediatric patients in transfer from the emergency department when no beds are available at your hospital		1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	
<b>(3)</b> MOU with a regional burn center to accept patients in transfer in the aftermath of an explosive or incendiary mass casualty incident		1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	
<b>(4)</b> MOU with other outpatient facilities to augment outpatient services		1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	
<b>(5)</b> Regional communication systems to track	<b>(a)</b> Emergency department closures or diversions	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	
	<b>(b)</b> Available intensive care unit beds	(1) Adult	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
		(2) Pediatric	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
		(3) Neonatal	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
	<b>(c)</b> Available hospital beds	(1) Adult	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
		(2) Pediatric	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
		(3) Neonatal	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
	<b>(d)</b> Specialty coverage		1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
	<b>(6)</b> Mutual aid agreements with other agencies to share supplies and equipment		1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown

<b>3. For which of the following has your hospital developed a written plan for use during a hospital overcrowding incident or a public health emergency? (Public health emergencies include mass casualties from natural disasters, disease outbursts, and accidents or attacks of biological, chemical, nuclear/radiological or explosive/incendiary origin.)</b>		In emergency response plan?  (1)	Implemented in actual incident during 2007?  (2)
<b>b. Expansion of on-site surge capacity</b>			
<b>(1)</b> Cancellation of elective procedures and admissions		1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(2)</b> Isolation of multiple airborne disease patients in negative pressure rooms		1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(3)</b> Conversion of inpatient units to augment intensive care capacity		1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(4)</b> Establishment of alternate care areas with beds, staffing and equipment	<b>(a)</b> Inpatient unit hallways	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
	<b>(b)</b> Decommissioned ward space	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
	<b>(c)</b> Non-clinical space	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(5)</b> Setting up temporary facilities when the hospital is unusable (without power, flooded, etc.)		1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>c. Priority setting for limited resources</b>			
<b>(1)</b> Delivery of potassium iodide in response to radioactive release		1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(2)</b> Implementation of adjusted standards of care for initiation and withdrawal of mechanical ventilation		1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(3)</b> Triage processes for other limited intensive care resources		1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(4)</b> Regional coordination of adjusted standards of care during a pandemic or other mass casualty incident		1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown

**PLEASE CONTINUE WITH QUESTION 3 ON NEXT PAGE**

<b>3. For which of the following has your hospital developed a written plan for use during a hospital overcrowding incident or a public health emergency? (Public health emergencies include mass casualties from natural disasters, disease outbursts, and accidents or attacks of biological, chemical, nuclear/radiological or explosive/incendiary origin.)</b>	In emergency response plan?  (1)	Implemented in actual incident during 2007?  (2)
<b>d. Expanding on-site health care work force</b>		
<b>(1)</b> Continuity of operations	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(2)</b> Mutual aid agreements with other agencies to share health care providers	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(3)</b> Advance registration of volunteer health professionals	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(4)</b> Staff absenteeism due to personal or family impact from the emergency	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(5)</b> On-site child care to maintain staff in hospital	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>e. Mass casualty management</b>		
<b>(1)</b> Within-hospital transport of large numbers of patients	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(2)</b> Inter-hospital transport of large numbers of patients	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(3)</b> Hospital evacuations	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(4)</b> Establishing an on-site large capacity morgue	1 <input type="checkbox"/> Yes $\longrightarrow$ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown

**COMMENTS**

<b>3. For which of the following has your hospital developed a written plan for use during a hospital overcrowding incident or a public health emergency? (Public health emergencies include mass casualties from natural disasters, disease outbursts, and accidents or attacks of biological, chemical, nuclear/radiological or explosive/incendiary origin.)</b>	In emergency response plan?  (1)	Implemented in actual incident during 2007?  (2)
<b>f. Pediatric</b>		
<b>(1)</b> Guidelines on increasing pediatric surge capacity _____	1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(2)</b> Protocol to identify and protect displaced children rapidly _____	1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(3)</b> Tracking system for accompanied and unaccompanied children _____	1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(4)</b> Reunification of children with families _____	1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(5)</b> Supplies for sheltering healthy displaced children _____	1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>g. Special populations</b>		
<b>(1)</b> Communication with deaf patients _____	1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(2)</b> Communication with blind patients _____	1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(3)</b> Communication with non-English-speaking patients _____	1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(4)</b> Sheltering of mobility-impaired patients _____	1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(5)</b> Sheltering of technology-dependent patients _____	1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(6)</b> Sheltering of pregnant women _____	1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(7)</b> Sheltering of patients with special health care needs _____	1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
<b>(8)</b> Sheltering of mentally challenged patients _____	1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No, <b>not</b> in emergency response plan 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown

**PLEASE CONTINUE WITH QUESTION 3 ON NEXT PAGE**

**3. For which of the following has your hospital developed a written plan for use during a hospital overcrowding incident or a public health emergency? (Public health emergencies include mass casualties from natural disasters, disease outbursts, and accidents or attacks of biological, chemical, nuclear/radiological or explosive/incendiary origin.)**

In emergency response plan?

(1)

Implemented in actual incident during 2007?

(2)

**h. Communications**

**(1)** Notification of alerts from your state/local health department

- 1  Yes  $\longrightarrow$
- 2  No, **not** in emergency response plan
- 3  Unknown

- 1  Yes
- 2  No
- 3  Unknown

**(2)** Participation with local public health departments in public education on influenza vaccination

- 1  Yes  $\longrightarrow$
- 2  No, **not** in emergency response plan
- 3  Unknown

- 1  Yes
- 2  No
- 3  Unknown

**4. In how many mass casualty drills, simulations or exercises has your hospital participated in the last year? Specify number.**

**a. Internal drills**

**(1)** Full-scale simulations . . . . .

Number

**(a)** Number of victims utilized in largest drill last year

(1) Adult . . . . .

(2) Pediatric . . . . .

(3) Elderly . . . . .

Days      Hours      Minutes

**(b)** Length of longest drill last year . . . . .

      

Number

**(2)** Table-top exercises . . . . .

**b. Drills in collaboration with other organizations (e.g., law enforcement, health department, emergency management, fire department, emergency medical services, hazardous materials teams, decontamination teams)**

**(1)** Full-scale simulation . . . . .

Number

**(a)** Number of victims utilized in largest drill last year

(1) Adult . . . . .

(2) Pediatric . . . . .

(3) Elderly . . . . .

Days      Hours      Minutes

**(b)** Length of drill . . . . .

      

Number

**(2)** Table-top exercises . . . . .

**PLEASE CONTINUE WITH QUESTION 4 ON NEXT PAGE**

**4. Continued**

Mark (X) appropriate box

**c.** What scenarios did the drills, simulations or exercises address?

		Yes (1)	No (2)	Unknown (3)
<b>(1)</b>	General disaster and emergency response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(2)</b>	Biologic accidents or attacks	<b>(a)</b> Focus on acute decontamination of aerosol exposure	<input type="checkbox"/>	<input type="checkbox"/>
		<b>(b)</b> Focus on delayed disease outbreak management	<input type="checkbox"/>	<input type="checkbox"/>
<b>(3)</b>	Severe epidemic or pandemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(4)</b>	Mass vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(5)</b>	Mass medication distribution to hospital personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(6)</b>	Mass medication distribution to community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(7)</b>	Chemical accidents or attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(8)</b>	Nuclear or radiological accidents or attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(9)</b>	Decontamination procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(10)</b>	Explosive or incendiary accidents or attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(11)</b>	Special populations	<b>(a)</b> Mentally challenged	<input type="checkbox"/>	<input type="checkbox"/>
		<b>(b)</b> Children	<input type="checkbox"/>	<input type="checkbox"/>
		<b>(c)</b> Frail elderly	<input type="checkbox"/>	<input type="checkbox"/>

**d.** With which organizations were the drills, simulations, or exercises performed?

		Yes (1)	No (2)	Not Present In Community (3)
<b>(1)</b>	State or local law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(2)</b>	State or local public health department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(3)</b>	State or local office of emergency management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(4)</b>	Fire department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(5)</b>	Emergency medical services (EMS) – fire department based	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(6)</b>	Emergency medical services – not based in fire department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(7)</b>	Hazardous materials (HAZMAT) teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(8)</b>	Decontamination teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(9)</b>	School systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(10)</b>	Day care centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(11)</b>	Long-term care facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(12)</b>	Industrial or commercial organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS**

**5. There may be various resources available to hospitals in-house in the event of a mass casualty incident. For the following resources and capabilities, please indicate in total, how many your hospital currently has. If your hospital has none, please indicate with a zero.**

		Number
a.	Mechanical ventilators	
b.	N95 masks	
c.	Personal protective suits with powered air-purifying respirators (PAPR)	
d.	Emergency department treatment spaces	
e.	Critical care beds (e.g., intensive care, pediatric intensive care, coronary care, post-anesthesia care)	
f.	Negative pressure isolation rooms	
g.	Regular inpatient staffed beds	
h.	Decontamination showers – Specify the total number that can be handled per hour	(1) Ambulatory patients
		(2) Stretcher patients
		(3) Small children or infants
i.	Designated cache of antibiotics for hospital employees	

**6. How much funding did your hospital receive through your state or municipal health departments from the HRSA National Bioterrorism Hospital Preparedness Program, by calendar year?**

*Specify dollar amount.*

		Amount
a.	2002	\$
b.	2003	\$
c.	2004	\$
d.	2005	\$
e.	2006	\$
f.	2007	\$

The next questions ask about diversions. Please specify **total** number of hours that your hospital was on each diversion.

		Number of hours
<b>7.</b>	<b>Total number of hours your hospital's emergency department was on ambulance diversion in 2007?</b>	
<b>8.</b>	<b>Total number of hours your hospital was on trauma diversion in 2007?</b>	
<b>9.</b>	<b>Total number of hours your hospital was on diversion for critical care cases in 2007?</b>	

**COMMENTS**