**BACKGROUND INFORMATION**

<table>
<thead>
<tr>
<th>A. Hospital name</th>
<th>B. Hospital number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Hospital contact name</th>
<th>D. Hospital contact telephone</th>
<th>E. Census contact name</th>
<th>F. Census contact telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Area code</td>
<td>Number</td>
<td>Area code</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

   1. Yes
   2. No
   3. 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.

<table>
<thead>
<tr>
<th>Does your plan address this type of incident?</th>
<th>Are you currently developing a response for the incident?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
</tr>
<tr>
<td>1. Yes</td>
<td>1. Yes</td>
</tr>
<tr>
<td>2. No</td>
<td>2. No</td>
</tr>
</tbody>
</table>

   a. Biological

   b. Chemical

   c. Nuclear/Radiologic

   d. Explosive/Incendiary

   e. Natural disaster

   f. Other – Please specify:

      [Blank line]

      1. Yes
      2. 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. 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?

<table>
<thead>
<tr>
<th>Type of personnel who received training</th>
<th>Mark (X) appropriate columns OR mark (X) N/A box, if your hospital does not have this type of personnel.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ N/A</td>
<td>□ N/A</td>
</tr>
<tr>
<td>Staff physicians (a)</td>
<td>House officers (intern/resident) (b)</td>
</tr>
<tr>
<td>PA/NP (c)</td>
<td>RN/LPN (d)</td>
</tr>
<tr>
<td>Lab staff (e)</td>
<td>Other (f)</td>
</tr>
</tbody>
</table>

(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.

<table>
<thead>
<tr>
<th>a. Mechanical ventilators on hand</th>
<th>Total number</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Personal protective (HAZMAT) suits – Include all levels.</td>
<td></td>
</tr>
<tr>
<td>c. Negative pressure isolation rooms</td>
<td></td>
</tr>
<tr>
<td>d. Combined ICU/PICU/CCU/PACU beds</td>
<td></td>
</tr>
<tr>
<td>e. Decontamination showers</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>