

Pandemic and Emergency Response Preparedness Supplement

[final questionnaire will contain both the OMB required statements and the NCHS confidentiality statement.]

The following questions are proposed for a 2008 Pandemic and Emergency Response Preparedness Supplement, to track trends in hospital preparedness from the baselines established in the 2003 and 2004 Bioterrorism and Mass Casualty Preparedness Supplements. Modifications are based on experience with the data from these prior surveys, and on an effort to provide unique data not being asked in other surveys being fielded.

- Does your emergency response plan specifically address each of these types of incidents?
 - Epidemics/pandemics
 - Biological accidents or attacks
 - Chemical accidents or attacks
 - Nuclear/radiological accidents or attacks
 - Explosive accidents or attacks
 - Natural disasters

- Does your emergency response plan specifically address these special populations?
 - Pediatric
 - Elderly
 - Medically fragile
 - Deaf
 - Blind

- Since September 11, 2001, 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, disasters)?
 - Other hospitals
 - Emergency medical services (EMS)
 - Fire department
 - Hazardous materials (HAZMAT) teams
 - State or local law enforcement
 - Federal Bureau of Investigation (FBI)
 - State or local public health department
 - State or local office of emergency management

- With which of the following actions has your hospital implemented during a hospital overcrowding incident or a public health emergency (e.g. disasters, mass casualties, disease outbreaks, terrorism)? (Choices will include yes, no, and not in emergency response plan.)

Collaboration with outside entities

- 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
- 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
- MOU with a regional burn center to accept patients in transfer in the aftermath of an explosive or incendiary mass casualty incident
- Regional communication systems to track:
 - emergency department closures or diversions
 - available intensive care unit beds
 - available hospital beds
 - specialty coverage
- Mutual aid agreements with other agencies to share supplies and equipment

Expansion of on-site surge capacity

- Cancellation of elective procedures and admissions
- Expansion of isolation capacity for airborne diseases (e.g. cohorting in designated units with negative airflow)
- Conversion of inpatient units to augment ICU capacity (e.g. post-anesthesia care unit, same-day surgery)
- Establishment of alternate care areas on site (with beds, staffing and equipment)
 - inpatient unit hallways
 - decommissioned ward space
 - non-clinical space (e.g. offices, storage areas, conference rooms)
- Setting up temporary facilities when the hospital is unusable (without power or flooded, etc.)
- Agreements with other outpatient facilities to augment outpatient services during a public health emergency

Priority setting for limited resources

- Methods to deliver potassium iodide in response to radioactive release
- Regional multi-hospital coordination of standards of care during a pandemic or other mass casualty incident
- Process to be followed when adjusted standards of care are necessary for use and withdrawal of mechanical ventilation
- Triage processes for other limited intensive care resources

Expanding on-site health care work force

- Staff absenteeism from personal or family repercussions from the emergency
- Advance registration of volunteer health professionals
- Mutual aid agreements with other agencies to share health care providers
- Continuity of operations

Mass casualty management

- Fatality management
- Establishing an on-site large capacity morgue during a mass casualty incident
- Hospital evacuations

Pediatric

- Guidelines on increasing pediatric surge capacity
- Protocol to identify and protect displaced children rapidly
- Tracking system for accompanied and unaccompanied children
- Reunification of children with families

Special populations

- Mechanisms to minimize communication difficulties in dealing with handicapped or vulnerable populations
- Sheltering of pregnant women
- Sheltering of patients with special health care needs

Communications

- Notification of alerts from your state/local health department
- Participation with local public health in public influenza education, vaccination or awareness campaigns

- In how many mass casualty drills, simulations or exercises has your hospital participated in the last year?
 - Internal drills
 - Full scale simulation
 - How many victims?
 - How long did the drill last?
 - Table-top exercises
 - Drills in collaboration with other organizations (e.g. law enforcement, health department, emergency management, fire department, emergency medical services, hazardous materials teams, decontamination teams)
 - Full scale simulation
 - How many victims?
 - How long did the drill last?
 - Table-top exercises

- What scenarios did the drills, simulations or exercises address?
 - General disaster and emergency response
 - Biologic accidents or attacks
 - Severe epidemic or pandemic
 - Mass vaccinations
 - Mass medication distribution to hospital personnel
 - Mass medication distribution to community
 - Chemical accidents or attacks
 - Nuclear or radiological accidents or attacks
 - Decontamination procedures
 - Explosive or incendiary accidents or attacks
- With which organizations were the drills or exercises performed? (Choices will be yes, no, not present in community)
 - State or local law enforcement
 - State or local public health department
 - State or local office of emergency management
 - Fire department
 - Emergency medical services (EMS) – fire department based
 - Emergency medical services – not based in fire department
 - Hazardous materials (HAZMAT) teams
 - Decontamination teams
 - School systems
 - Day care organizations
 - Long-term care facilities
 - Industrial or commercial organizations
- What resources and capabilities does your hospital have available in-house in the event of a mass casualty incident (total numbers)?
 - Mechanical ventilators
 - N95 masks to supply all patient care providers for at least one week
 - Personal protective suits with powered air-purifying respirators (PAPR)
 - Emergency department treatment spaces
 - Critical care beds (e.g. intensive care, pediatric intensive care, coronary care, post-anesthesia care)
 - Negative pressure isolation rooms
 - Regular inpatient staffed beds
 - Decontamination showers
 - How many ambulatory patients can be handled per hour?
 - How many stretcher patients can the shower handle per hour?
 - Designated cache of antibiotics for hospital employees
- What is the total number of hours that your hospital's emergency department was on ambulance diversion in 2007?
- What is the total number of hours that your hospital was on trauma diversion in 2007?

- What is the total number of hours that your hospital was on diversion for critical care cases in 2007?
- Title of person completing the survey supplement