



**EMERGENCY PREPAREDNESS ASSESSMENT
SURVEY & RESOURCE INVENTORY**

General Information:

Name of Agency: _____

Address: _____

Phone: _____

Party Responsible for Survey/Inventory Completion:

Name _____ Title: _____

Phone #: _____ Email: _____

(Persons completing individuals sections should be identified on the appropriate section.)

Emergency Preparedness Coordinator:

Name _____ Title: _____

Phone #: _____ Email: _____

TABLE OF CONTENTS

| | |
|---|-----------|
| Survey Instructions & Definitions..... | ii |
| I. Planning and Incident Command | 1 |
| A. General Planning Questions | 2 |
| B. Emergency Command Structure..... | 4 |
| C. Plan Implementation & Staff Notification/Responsibilities..... | 5 |
| II. Operations and Logistics..... | 6 |
| A. Personnel Augmentation | 7 |
| B. Decontamination & Quarantine Capability | 8 |
| C. Pharmaceuticals & Medical Equipment..... | 9 |
| III. Education and Training | 10 |
| IV. Communications Technology..... | 12 |
| V. Resource Inventory..... | 13 |
| A. Essential Services | 14 |
| A. Pharmaceuticals and Medical Supplies & Personal Protective Equipment..... | 15 |
| B. Communication Equipment..... | 16 |
| VI. Emergency Management and Local Coordination | 17 |

SURVEY INSTRUCTIONS & DEFINITIONS

The Emergency Preparedness Assessment Survey and Resource Inventory is formatted to allow different individuals to complete each part. Obviously many of the questions are quite technical, and, as your response is for your entire facility, it is recommended that individuals with expertise in these areas be consulted on the more technically oriented items.

The **Assessment Survey**, which is primarily composed of yes/no questions, makes up the first four components (Part I – IV) of this tool:

- I. Planning and Incident Command
 - A. General Planning Questions
 - B. Emergency Command Structure
 - C. Plan Implementation & Staff Notification/Responsibilities

- II. Operations and Logistics
 - A. Personnel Augmentation
 - B. Decontamination & Quarantine Capability
 - C. Pharmaceuticals & Medical Equipment

- III. Education and Training
- IV. Communications Technology

Part V, the **Resource Inventory** is also divided into several component parts, including:

- A. Essential Services
 - B. Pharmaceuticals and Medical Supplies & Personal Protective Equipment
 - C. Communication Equipment.
-
- VI. Emergency Management and Local Coordination

If you have questions regarding any aspect of the survey please contact the team member as indicated below:

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DEFINITIONS

Common Command Structure – A command system to coordinate the efforts of individual agencies for responding to and recovering from all types of hazards (emergencies). This command structure is also responsible for coordination of agency activities with those of the local/county emergency management system.

Drills – Rather small-scale, internally conducted, activities aimed at providing a more “hands-on” teaching environment to familiarize staff with actual procedures necessary for emergency operations. They may be stopped and restarted in order to clarify a point, provide instruction, allow for observations from the evaluator and evaluatee, or to permit the evaluatee a second chance to perform a procedure or activity.

Emergency Preparedness Coordinator – The person in charge of the Emergency Management Plan and director of the agency’s emergency preparedness efforts.

Exercises – Larger-scale and more formal events. They are usually developed and evaluated by an external agency. The end result is some sort of grade as well as a formal critique. An exercise is a test of knowledge and is not to be interrupted except for safety concerns or for a true emergency situation.

Hazard Vulnerability Analysis – The identification of potential emergencies and the direct and indirect effects these emergencies may have on the health care organization’s operations and demand for service.

Internal Disaster Response Medical Team – A “code team” designated and trained to treat victims of biological, chemical, and radiological emergencies.

Isolation – The separation of a person or group of persons from other people to prevent the spread of infection.

Key Players – All staff members who hold an ICS position of section chief or higher.

Mitigation - To moderate (a quality or condition) in force or intensity; alleviate.

Mutual Medical Aid Agreement – A voluntary agreement among facilities for the purpose of providing mutual aid at the time of a medical disaster. Examples include health care facilities linking to a designated facility or facilities as the “first call of help” during a disaster; establishing a partner-network prior to any medical disaster including methods for coordinating communicating between themselves and responding to the media.

National Disaster Management System (NDMS) – A federally coordinated system that augments the Nation's emergency medical response capability. The overall purpose of the NDMS is to establish a single, integrated national medical response capability for assisting state and local authorities in dealing with the medical and health effects of major peacetime disasters

and providing support to the military and Veterans Health Administration medical systems in caring for casualties evacuated back to the U.S. from overseas armed conflicts.

Quarantine – The restriction of activities or limitation of freedom of movement of those presumed exposed to a communicable disease in such a manner as to prevent effective contact with those not so exposed. Although quarantine measures may be instituted and enforced for both individuals and populations, the term is used more frequently to discuss measures undertaken at the population-wide level.

Recovery Actions – Recovery actions begin almost concurrently with response activities and are directed at restoring essential services and resuming normal operations. Depending on the emergency's impact on the organization, this phase may require a large amount of resources and time to complete. Recovery not only includes activities related to the facility, but loss of revenues, support of staff, dealing with community reaction, and so forth.

State “All-Hazard” Emergency Operations Plan – This plan, prepared by the New Mexico Department of Public Safety, establishes State Government's response to emergencies/disasters that provides for the safety and welfare of citizens. It outlines the responsibilities, tasks, and interface between State organizations, local governments, and the Federal Government. It also addresses the need for mitigation, preparedness, response, and recovery activities that increase the State's capability to cope with emergencies or disasters.

Surge Capacity - Surge capacity is a term that relates to an institution or system's ability to rapidly expand the number of patients. The idea stems from a system's ability to absorb a "surge" of patients during a disaster. There are many variables to calculating your surge capacity, the most important being the availability of the clinical staff. There is no formula or protocol that is being used nationwide or even locally for determining surge capacity. For the purposes of this survey, try your best to calculate your surge capacity based on what you know of your agency's historical capabilities.

QUESTIONS CODED JC

Many of the questions in this survey are based on Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements. Those questions are coded (JC).

I. PLANNING & EMERGENCY COMMAND STRUCTURE

This first section of the Assessment Survey includes three parts. Each part can be completed by a different individual, if appropriate. Space is provided on the top of each new section for the name of the person completing that section.

- A. General Planning Questions – general contents of the Emergency Management Plan, Hazard Vulnerability Assessment (HVA) information, specific plan topics.
- B. Emergency Command Structure – Coordination with local or county emergency management planning , assignment of agency emergency preparedness coordinator
- C. Plan Implementation & Staff Notification/Responsibilities – Implementation1 procedures, staff alert mechanisms, staff roles and responsibilities.

Agency _____

Name of Person Completing Part I.A _____

Title of Person Completing Part I.A _____

A. General Planning Questions

| | Yes | No |
|---|-----|----|
| 1. Does your agency have an Emergency Management Plan ? (JC) | | |
| 2. Does the plan specifically address bioterrorism awareness/response? | | |
| 3. Does your agency conduct an annual evaluation of its Emergency Management Plan, including its objectives, scope, functionality and effectiveness? (JC) | | |
| 4. Has your agency conducted a <i>Hazard Vulnerability Analysis</i> (HVA, see definitions) in the last 12 months to identify potential emergencies that could affect the need for your agency's services or its ability to provide those services? (JC) | | |
| 5. If your agency conducted an HVA in the last 12 months: | | |
| a. Did the HVA include a section on bioterrorism? | | |
| b. Were priorities among the potential emergencies indicated in the HVA established? (JC) | | |
| c. Were those priorities established in conjunction with local/county emergency management? | | |
| d. Have you identified specific procedures to address those priorities? | | |
| 6. Does your plan address management of the following under emergency conditions | | |
| a. scheduling of patient visits? (JC) | | |
| b. modifying agency services? (JC) | | |
| c. discontinuing services? (JC) | | |
| d. control of patient information? (JC) | | |
| e. patient referral? (JC) | | |
| f. patient transfer? (JC) | | |
| 7. Does your emergency management plan outline a process for determining the patient's emergency plan if your agency is unavailable to assist? | | |
| a. Is there a procedure for identifying who will provide care if agency services are not available? | | |
| b. Do you provide training to alternative care givers? | | |
| 8. Does the emergency management plan address the special needs of: | | |
| a. Patients with dementia? | | |

| | Yes | No |
|---|-----|----|
| b. Patients with physical disabilities? | | |
| c. Patients with sensory impairments? | | |
| d. Non-English speaking patients? | | |
| 9. Does the plan address the emotional and mental health needs of: | | |
| a. patients? | | |
| b. patient families? | | |
| c. staff and volunteers? | | |
| 10. In the event mass prophylaxis medication/vaccination is indicated does your plan address a process for patient notification? | | |
| a. Does your plan identify what assistance will be provided to your patients if mass prophylaxis medication/vaccination is required? | | |
| b. Do you plan to provide the prophylaxis medication/vaccination for your patients? | | |
| 11. Does the plan include crisis counseling? | | |
| 12. Does your plan include provisions to ensure paper copies of electronic documents (such as lab results and radiology reports) and medical records are available in case of a power outage or computer failure? | | |
| 13. Does the plan include protocols for keeping track of all expenditures resulting from a "declaration" of a disaster for the possibility of reimbursement? | | |
| 14. Does the plan include a plan for recovery after an emergency? (JC) | | |
| 15. Is someone authorized to oversee recovery and return to normal operations after an emergency? (JC) | | |
| 16. Does your agency participate in exercises of the Emergency Management Plan that involve all key participants? | | |
| 17. Does your agency participate in local drills to familiarize staff with procedures spelled out in the Emergency Management Plan in a "hands-on" setting? | | |
| 18. Are these exercises/drills compliant with JACHO / CHAP standards? | | |

Comments about General Planning Questions:

Agency _____

Name of Person Completing Part I.B _____

Title of Person Completing Part I.B _____

B. Emergency Command Structure

| | Yes | No |
|--|-----|----|
| 1. Does your Emergency Management Plan define a common command structure for responding to and recovering from emergencies? (see definitions) (JC) | | |
| 2. Has someone been appointed <i>emergency preparedness coordinator</i> (see definitions)? | | |
| a. Is this person available on a 24 hour-a-day, 7 day-a-week basis? | | |
| b. If someone has been appointed emergency preparedness coordinator, please provide that person's name and contact information: Name: _____ Title: _____ Phone: _____ Email: _____ | | |
| c. Please list the person who would act as emergency preparedness coordinator in the event the above person was unavailable. Name: _____ Title: _____ Phone: _____ Email: _____ | | |

Comments about Emergency Command Structure:

Agency _____

Name of Person Completing Part I.C _____

Title of Person Completing Part I.C _____

C. Plan Implementation and Staff Notification/Responsibilities

| | Yes | No |
|--|-----|----|
| 1. Can your agency implement the plan within 1-2 hours of alert, regardless of time of day, weekends, and holidays? | | |
| 2. Is there a method in place for notifying internal personnel when emergency response measures are initiated? (JC) | | |
| 3. Is there a backup notification system in case normal channels are unavailable? | | |
| 4. Does the plan describe the specific responsibilities of everyone with a role in the implementation of the plan? (JC) | | |
| 5. Does the Emergency Management plan encourage/assist staff to have family preparedness plans and supplies(<i>i.e.</i> a safe place for their families in case of biological/chemical attack)? | | |
| 6. Does the plan address increased childcare needs for staff? | | |

Comments about Plan Implementation & Staff Notification/Responsibilities:

II. OPERATIONS & LOGISTICS

This section of the Assessment Survey includes three parts. As with Section I, each part of Section II could be completed by a different individual, if appropriate. Space is provided on the top of each new section for the name of the person completing that section.

- A. Personnel Augmentation – policies and procedures to recall staff and incorporate outside personnel when needed in an emergency.
- B. Decontamination & Quarantine Capability – protocols for contaminated patients, decontaminating equipment disposal of contaminated items and quarantine.
- C. Pharmaceuticals & Medical Equipment – protocols for acquiring pharmaceuticals and medical equipment as needed, and policies for dispensing pharmaceuticals.

Agency _____

Name of Person Completing Part II.A _____

Title of Person Completing Part II.A _____

A. Personnel Augmentation

| | Yes | No |
|---|-----|----|
| 1. Does your emergency management plan include a protocol for calling staff back to work? | | |
| 2. What methods do you have of contacting staff to request they return to work? (Check all applicable items.) Phone _____ Cell Phone _____ Email _____ Pager _____ Radio Pager _____ Fax _____ Primary radio station for staff advisories _____ | | |
| 3. Does your agency have a method of calling staff back in to work if the normal communications systems listed above are not operational? If yes, please describe those methods: _____ | | |
| 4. Does your plan have a procedure for staff augmentation in the event of an unusual surge of patients? | | |
| 5. Does your Emergency Management Plan provide for: | | |
| a. official facility volunteers? | | |
| b. "on-the-spot" volunteers? | | |
| 6. Has risk management addressed issues concerning volunteers, including: | | |
| a. insurance? | | |
| b. liability? | | |
| c. safety? | | |
| 7. Does the Emergency Management Plan provide for the rapid credentialing of outside personnel treating victims during an emergency? | | |

Comments about Personnel Augmentation:

Agency _____
 Name of Person Completing Part II.B _____
 Title of Person Completing Part II.B _____

B. Decontamination, and Quarantine Capacity

| | Yes | No |
|---|-----|----|
| 1. Does your plan include protocols for the decontamination of reusable medical equipment? | | |
| 2. Does your decontamination plan include protocols for the disposal of contaminated items, including protective clothing, bedding, and linens? | | |
| 3. Does your plan include protocols for handling and disposing of hazardous materials and medical wastes? | | |
| 4. Does the plan include protocols for contaminated patients? | | |
| 5. Does the plan include protocols for patients with communicable diseases? | | |
| 6. Does your plan include quarantine procedures? | | |

Comments about Decontamination, and Quarantine:

Agency _____

Name of Person Completing Part II.C _____

Title of Person Completing Part II.C _____

C. Pharmaceuticals and Medical Equipment

| | Yes | No |
|--|-----|----|
| 1. Do you have a plan for working with pharmaceutical suppliers during an emergency or after hours? | | |
| a. Does the plan identify pharmaceutical warehouses or major vendors within the local area? | | |
| b. Does the plan outline how pharmaceuticals can be procured, transported, and delivered to the patient during an emergency? | | |
| 2. Do you have protocols or plans for medication distribution for the following: | | |
| a. prophylaxis of patient family members? | | |
| b. patients with known exposure but no symptoms? | | |
| c. symptomatic patients? | | |
| d. prophylaxis of providers/staff members? | | |
| e. prophylaxis of staff/provider family members? | | |
| 3. Is the necessary drug-administering equipment available for the on-hand quantities of antidotes and therapies? | | |

Comments about Pharmaceuticals and Medical Equipment:

Agency _____

Name of Person Completing Part III _____

Title of Person Completing Part III _____

III. Education/Training

| | Yes | No |
|---|-----|----|
| 1. Does your Emergency Management Plan include provisions for the assessment of training needs of staff members by role/responsibility? | | |
| 2. Does your Emergency Management Plan include an orientation and education program for all staff who participate in the implementation of the plan? (JC) | | |
| 3. Is that training offered: | | |
| a. upon employment/new employee orientation? | | |
| b. quarterly? | | |
| c. annually? | | |
| d. other frequency? _____ | | |
| 4. Does the agency conduct education and training that addresses: | | |
| a. recognition of specific types of emergencies, especially symptoms characteristic of biological, chemical, or radiological attacks? | | |
| b. the use of backup communications systems during emergencies? (JC) | | |
| c. the acquisition of supplies and equipment during emergencies? (JC) | | |
| d. the implementation of decontamination measures? | | |
| e. infection control procedures? | | |
| f. on-going education in strict isolation precaution procedures? | | |
| g. rumor control? | | |
| h. appropriate public communication skills? | | |
| i. the emotional and mental health impact from large scale disasters? | | |
| j. when and where to report unusual and known reportable symptoms? | | |
| 5. Has your agency identified internal personnel and resources capable of providing emergency preparedness training to the staff? | | |
| 6. Has your agency identified external agencies capable of providing emergency preparedness training? | | |
| 7. Has your agency conducted training on the use of the Personal Protective Equipment (PPE) necessary in the handling of victims of the following kinds of attacks: | | |
| a. biological (anthrax ... smallpox)? | | |
| b. chemical (gasoline ... chlorine)? | | |
| c. radiological (radioactive ... WIPP)? | | |

Education/Training – cont.

| | Yes | No |
|---|-----|----|
| 8. Have care providers been educated on specific practices and procedures to provide patient care to the following: | | |
| a. biologically infected patients? | | |
| b. chemically contaminated patients? | | |
| c. radiologically contaminated patients? | | |

Comments about Education/Training:

Name of Person Completing Part IV _____
 Title of Person Completing Part IV _____

IV. Communications Technology

| | Yes | No |
|---|-----|----|
| 1. Does your Emergency Management Plan include procedures for communication with patients during an emergency? (JC) | | |
| a. Is there a procedure for communicating with patient families during an emergency? | | |
| b. Does your plan outline an alternative means of communication with patients/families during an emergency if normal channels are unavailable? | | |
| 2. Does your agency have a designated communications coordinator? | | |
| 3. Does your agency have a communications center, including radios, phones and other methods of communication equipment? | | |
| 4. Is there a radio or telecommunications operator/dispatcher on duty 24 hours a day in the communications center? | | |
| 5. Does your agency have alternate methods for rapid internal communication and coordination if your phone system is not operating? What are those methods? _____ | | |

Comments about Communications Technology:

V. RESOURCE INVENTORY

The Resource Inventory has three parts. Each part can be completed by a different individual, if appropriate. Space is provided on the top of each new section for the name of the person completing that section.

- A. Essential Services
- B. Pharmaceuticals and Medical Supplies & Personal Protective Equipment
- C. Communication Equipment

Agency _____

Name of Person Completing Part V. A _____

Title of Person Completing Part V. A _____

A. Essential Services

| | Yes | No |
|--|-----|----|
| 1. Does your Emergency Management Plan include specific provisions for the coordination of patient's re-supply of: | | |
| a. food? | | |
| b. water? | | |
| c. electricity? | | |
| d. other fuel sources? | | |
| e. ventilation? | | |
| h. compressed air? | | |
| i. medical gases? | | |
| j. sanitary sewer system? | | |

Comments about Essential Services?

Agency _____

Name of Person Completing Part A _____

Title of Person Completing Part A _____

A. Pharmaceuticals and Medical Supplies and Personal Protective Equipment

| | | | |
|---|-----------|---------------|-----|
| 1. In the event of a disaster, operating at surge capacity, for how many days can your facility operate without outside delivery of: | # of days | N/A | |
| a. pharmaceuticals | | | |
| b. syringes and needles | | | |
| c. respiratory supplies | | | |
| d. IV fluids | | | |
| e. dressings and wound care supplies | | | |
| 2. Stock level of personal protective equipment items maintained and readily available within your agency- (please list the number of each item currently in stock and provide an estimate of how many routine days that stock would last.) | | | |
| Item | #stocked | #days covered | N/A |
| a. HEPA masks (OSHA/NIOSH- approved high efficiency particulate personal respirators)? | | | |
| b. non-sterile gloves | | | |
| c. eye protection | | | |
| 1) goggles | | | |
| 2) saline eye wash | | | |

Comments about Pharmaceuticals, Medical Supplies and Personal Protective Equipment?

Agency _____

Name of Person Completing Part B _____

Title of Person Completing Part B _____

B. Communication Equipment

| | Yes | No |
|--|-----|----|
| 1. Does your agency have any portable (hand-held) radios that allow you to talk to: | | |
| a. EMS personnel | | |
| b. Fire Department personnel | | |
| c. Public Health Office | | |
| d. local/county emergency management center | | |
| 2. Does your agency have backup power for your radio(s)? | | |
| 3. Does your facility have a cable or satellite capable TV to give "real time" updates on news coverage of emergency disaster situations as well as Public Service Announcements and Public Safety emergency alert broadcasts? | | |
| 4. Does your agency have an AM/FM radio that can be dedicated for use to receive Public Service Announcement and Public Safety Emergency Alert Broadcasts? | | |

Comments about Communication Equipment?

Agency _____

Name of Person Completing Part VI _____

Title of Person Completing Part VI _____

VI. Emergency Management and Local Coordination

| | Yes | No |
|---|-----|----|
| 1. Is your Emergency Management Plan integrated and consistent with: | | |
| a. local emergency management plans? | | |
| b. county emergency management plans? | | |
| c. local hospital plans? | | |
| 2. Has a liaison been appointed and trained to maintain contact with the local/county emergency response team? | | |
| 3. Does your agency keep a current contact list (other than in a municipal phone book) available and easily accessible to key players of emergency response agencies that you may need to contact during emergency/disaster situations? | | |
| a. Has the contact list been updated in the past 12 months? | | |
| 5. Does the plan outline the procedure for alerting local/county emergency response agencies of possible community emergencies (e.g. evidence of a possible bioterrorist attack)? | | |
| 6. Does your plan include provisions for collaborative training with other agencies involved in emergency response? | | |
| 7. Is your agency participating in a "Medical Mutual Aid Agreement" (see definitions)? | | |
| a. If you answered "yes" above, with what facility or facilities? _____ | | |
| Please provide a copy of the agreement. | | |
| 8. Can your agency provide any of the following in the event of an emergency: | | |
| a. staff? | | |
| b. medical equipment? | | |
| c. medical supplies? | | |
| d. pharmaceutical supplies? | | |
| e. patient or staff transportation? | | |
| f. patient reception from evacuated or overwhelmed facilities? | | |
| 9. Does your plan define the agency's role in relation to those of local or county emergency response agencies? (JC) | | |

Comments about Emergency Management and Local Coordination: