State of Connecticut
Department of Public Health

Bioterrorism Needs Assessment for Connecticut School Based Health Center Providers

Name of Center: _____

Address: _____

_____

Primary Contact: _____

Information for Primary Contact Listed Above:

Phone:	**( )** _____
Pager/Cell:	**( )** _____
Fax:	**( )** _____
Email:	_____

Name and Title of Person(s) Completing Each Section:

<u>Section</u>		<u>Name</u>	<u>Title</u>
I.	Education/Training	_____	_____
II.	Statistics/Surge Capacity	_____	_____
III.	Isolation Capabilities	_____	_____
IV.	Emer. Mgmt. Planning	_____	_____
V.	Center Facilities	_____	_____
VI.	Workforce Issues	_____	_____
VII.	Information Technology	_____	_____
VIII.	Pharm., Equip Stockpile	_____	_____
IX.	Infection Control	_____	_____
X.	Laboratory Capabilities	_____	_____
XI.	Media Relations	_____	_____
XII.	Telecommunications	_____	_____
XIII.	EOC & Incident Command	_____	_____
XIV.	Exercises and Drills	_____	_____
XV.	Financial Implications	_____	_____

School Based Health Centers may play a vital role in the detection of and response to biological emergencies, including new emerging infections, influenza outbreaks, and terrorist use of biological weapons. The information and data obtained from this questionnaire will be used to help assess the preparedness and capacity of your Center and the State of Connecticut to respond to and treat victims of a biological incident. ***Your responses are considered confidential and will not be identified or released to any other entity without your permission.*** Many of the questions only require a yes or no response. Others will require some research and the assistance of staff with appropriate expertise in your organization. There may be circumstances where additional written comments should be submitted to clarify your organization's status in response to the statement. Thank you for taking the time to complete this questionnaire.

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05-17-04

I.	Biological Agents Education and Training for School Based Health Center Personnel

1. Has your center conducted a bioterrorism education and training needs assessment to identify gaps in employee knowledge, skills and abilities? o Yes o No

   If Yes, identify the groups involved (check all that apply):

MDs	o
Dentists	o
Dental Hygienists	o
RN/LPNs	o
PA/NPs	o
Nurse Midwives	o
CNA/Medical Assistants	o
Pharmacists	o
Mental Health Workers	o
Social Workers	o
Building & Maintenance Staff	o
Security Staff	o
Administration/Bus Off/Recept	o
Other_____	o

2. Does your center conduct in-service training on biological agents? o Yes o No

   If yes:

   a) When was the last training provided?

   o   Within last 3 months

   o   3-6 months

   o   7-12 months

   o   > 12 months

   o   Other _____

   b) What was the amount of time for each class?

   o   1 hour

   o   2 hours

   o   3 hours

   o   4 hours

   o   8 hours

   o   Other _____

   c) Total class time provided in one year?

   _____ hrs.

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3. Approximately what percentage of the following groups of **staff** have received bioterrorism-related education/training in the following areas in the past year, and is attendance at this training documented? *Place a zero (0) in those areas where your staff have not received training and a N/A in those areas where the staff do not exist.* Please indicate how often the education / training is conducted using one of the following identifiers.
M=monthly, Q=quarterly, A=annually, B=biannually

   a) Training in recognition of diseases associated with biological agents

Staff	# and % of Professional Staff	Training Documentation	Mandated	How often conducted
MDs	___/___%	o Yes o No	o Yes o No	_____
Dentists	___/___%	o Yes o No	o Yes o No	_____
Dental Hygienists	___/___%	o Yes o No	o Yes o No	_____
RN/LPNs	___/___%	o Yes o No	o Yes o No	_____
PA/NPs	___/___%	o Yes o No	o Yes o No	_____
Nurse Midwives	___/___%	o Yes o No	o Yes o No	_____
CNA/Medical Assistants	___/___%	o Yes o No	o Yes o No	_____
Pharmacists	___/___%	o Yes o No	o Yes o No	_____
Mental Health Workers	___/___%	o Yes o No	o Yes o No	_____
Social Workers	___/___%	o Yes o No	o Yes o No	_____
Building & Maintenance Staff	___/___%	o Yes o No	o Yes o No	_____
Security Staff	___/___%	o Yes o No	o Yes o No	_____
Administration/Bus Off/Recept	___/___%	o Yes o No	o Yes o No	_____
Other_____	___/___%	o Yes o No	o Yes o No	_____

   b) Training in disease reporting requirements for the State of Connecticut

Staff	# and % of Professional Staff	Training Documentation	Mandated	How often conducted
MDs	___/___%	o Yes o No	o Yes o No	_____
Dentists	___/___%	o Yes o No	o Yes o No	_____
Dental Hygienists	___/___%	o Yes o No	o Yes o No	_____
RN/LPNs	___/___%	o Yes o No	o Yes o No	_____
PA/NPs	___/___%	o Yes o No	o Yes o No	_____
Nurse Midwives	___/___%	o Yes o No	o Yes o No	_____
CNA/Medical Assistants	___/___%	o Yes o No	o Yes o No	_____
Pharmacists	___/___%	o Yes o No	o Yes o No	_____
Mental Health Workers	___/___%	o Yes o No	o Yes o No	_____
Social Workers	___/___%	o Yes o No	o Yes o No	_____
Security Staff	___/___%	o Yes o No	o Yes o No	_____
Administration/Bus Off/Recept	___/___%	o Yes o No	o Yes o No	_____
Other_____	___/___%	o Yes o No	o Yes o No	_____

c) Training in chain-of-custody protocols and procedures

Staff	# and % of Professional Staff	Training Documentation	Mandated	How often conducted
MDs	___/___%	o Yes o No	o Yes o No	_____
Dentists	___/___%	o Yes o No	o Yes o No	_____
Dental Hygienists	___/___%	o Yes o No	o Yes o No	_____
RN/LPNs	___/___%	o Yes o No	o Yes o No	_____
PA/NPs	___/___%	o Yes o No	o Yes o No	_____
Nurse Midwives	___/___%	o Yes o No	o Yes o No	_____
CNA/Medical Assistants	___/___%	o Yes o No	o Yes o No	_____
Pharmacists	___/___%	o Yes o No	o Yes o No	_____
Mental Health Workers	___/___%	o Yes o No	o Yes o No	_____
Social Workers	___/___%	o Yes o No	o Yes o No	_____
Building & Maintenance Staff	___/___%	o Yes o No	o Yes o No	_____
Security Staff	___/___%	o Yes o No	o Yes o No	_____
Administration/Bus Off/Recept	___/___%	o Yes o No	o Yes o No	_____
Other_____	___/___%	o Yes o No	o Yes o No	_____

d) Triage and isolation of rash illness including smallpox

Staff	# and % of Professional Staff	Training Documentation	Mandated	How often conducted
MDs	___/___%	o Yes o No	o Yes o No	_____
Dentists	___/___%	o Yes o No	o Yes o No	_____
Dental Hygienists	___/___%	o Yes o No	o Yes o No	_____
RN/LPNs	___/___%	o Yes o No	o Yes o No	_____
PA/NPs	___/___%	o Yes o No	o Yes o No	_____
Nurse Midwives	___/___%	o Yes o No	o Yes o No	_____
CNA/Medical Assistants	___/___%	o Yes o No	o Yes o No	_____
Pharmacists	___/___%	o Yes o No	o Yes o No	_____
Mental Health Workers	___/___%	o Yes o No	o Yes o No	_____
Social Workers	___/___%	o Yes o No	o Yes o No	_____
Building & Maintenance Staff	___/___%	o Yes o No	o Yes o No	_____
Security Staff	___/___%	o Yes o No	o Yes o No	_____
Administration/Bus Off/Recept	___/___%	o Yes o No	o Yes o No	_____
Other_____	___/___%	o Yes o No	o Yes o No	_____

e) Management of people exposed to powder that may contain anthrax
spores

Staff	# and % of Professional Staff	Training Documentation	Mandated	How often conducted
MDs	___/___%	o Yes o No	o Yes o No	_____
Dentists	___/___%	o Yes o No	o Yes o No	_____
Dental Hygienists	___/___%	o Yes o No	o Yes o No	_____
RN/LPNs	___/___%	o Yes o No	o Yes o No	_____
PA/NPs	___/___%	o Yes o No	o Yes o No	_____
Nurse Midwives	___/___%	o Yes o No	o Yes o No	_____
CNA/Medical Assistants	___/___%	o Yes o No	o Yes o No	_____
Pharmacists	___/___%	o Yes o No	o Yes o No	_____
Mental Health Workers	___/___%	o Yes o No	o Yes o No	_____
Social Workers	___/___%	o Yes o No	o Yes o No	_____
Building & Maintenance Staff	___/___%	o Yes o No	o Yes o No	_____
Security Staff	___/___%	o Yes o No	o Yes o No	_____
Administration/Bus Off/Recept	___/___%	o Yes o No	o Yes o No	_____
Other_____	___/___%	o Yes o No	o Yes o No	_____

4. What additional topics are currently covered in your center's emergency preparedness training
program (check all that apply)?
   o   All hazards situations
   o   Incident Command
   o   Risk Communication
   o   Worker Safety
   o   Psychosocial Consequences
   o   Vaccination for Biological Agents
   o   Communication and Notification Systems
   o   Legal issues
   o   Other _____

5. Who provides the biological agents training to your staff?

   θ   In-house instructor (please list) _____

   θ   Outside consultant (please list) _____

   θ   Other (please list) _____

   b) N/A

6. What education and training format is utilized? (check all that apply)

   θ   Classroom/seminar training

   θ   Home study manuals (i.e., self-study)

   θ   Computer based training

   c) Video

   θ   Other, please specify _____

   d) N/A

7. Which distance learning technologies does your center have available either on-site or off-site?
(check all that apply)

- Internet-based videoconferencing   On Site o Off Site o

- Videostreaming (DSL/cable needed)   On Site o Off Site o

- Satellite Video/Audio/Data broadcast uplink capability   On Site o Off Site o

- Satellite Video/Audio/Data broadcast downlink capability   On Site o Off Site o

- Internet-delivered course   On Site o Off Site o

- CD-ROM   On Site o Off Site o

- Audio conferencing   On Site o Off Site o

- None   o

If the answer to the above is Satellite, please answer the following: (check all that apply)

  θ C Band

  θ KU Band

  θ Dual Band

  e) Digital

  θ Steerable

  f) Fixed

8. Has your center sent staff to emergency preparedness training seminars offered outside of the organization in the past year?

o Yes o No

If Yes, please indicate the approximate number or proportion of professional staff trained and

by what type of program, using the codes below:

** Use the following codes:

Training Programs	Codes
• **S**mallpox	S
• **A**nthrax	A
• **H**emorrhagic fever	H
• **P**lague	P
• **B**otulism	B
• **C**hemical terrorism	C
• **I**rradiation	I
• **G**eneral emergency preparedness	G
• **E**xplosive	E

Staff	# and % of Professional Staff	Training	Type of Program (use codes listed above)
MDs	___/___%	o Yes o No	_____
Dentists	___/___%	o Yes o No	_____
Dental Hygienists	___/___%	o Yes o No	_____
RN/LPNs	___/___%	o Yes o No	_____
PA/NPs	___/___%	o Yes o No	_____
Nurse Midwives	___/___%	o Yes o No	_____
CNA/Medical Assistants	___/___%	o Yes o No	_____
Pharmacists	___/___%	o Yes o No	_____
Mental Health Workers	___/___%	o Yes o No	_____
Social Workers	___/___%	o Yes o No	_____
Building & Maintenance Staff	___/___%	o Yes o No	_____
Security Staff	___/___%	o Yes o No	_____
Administration/Bus Off/Recept	___/___%	o Yes o No	_____
Other_____	___/___%	o Yes o No	_____

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9. Has your center conducted an assessment on education and training resource needs?
    ο Yes ο No

    If Yes, have you identified gaps in any of the following areas? (check all that apply)

    θ   Technical experts

    θ   Additional faculty/educators

    θ   Adequate facilities

    g) Audio-visual equipment

    θ   Internet access

    θ   Satellite capability

    θ   Text, film or CD-ROM library

    θ   Other _____

10. Are you planning to provide training over the next twelve (12) months?
    ο Yes ο No

11. How does your organization evaluate training? (check all that apply)

    h) Evaluates organizational emergency response competence through drills, simulations, and events

    θ   Evaluates individual emergency response competence through drills, simulations, and events

    θ   Evaluates effectiveness of training through drills, simulations, and events

    i) Revises training based on the results of the evaluation

    θ   Incorporates lessons learned from emergency response drills, simulations, and events

    θ   Other _____

12. Does your center collaborate on community-based emergency response training with organizations outside of the agency? ο Yes ο No

    a) If Yes, which groups are involved? (check all that apply)

    θ   Hospitals

    θ   EMS agency

    θ   Fire Department

    θ   Police Department

    j) Local Public Health Department

    θ   Home Care Agency

    θ   Community Health Centers

    θ   Extended Care Facility (ECF)

    θ   Local/County/State Medical Association

    θ   Other _____

13. How many of your staff are trained in the use of the Individual Protective Equipment (IPE) **respirators** (i.e. PAPR, HEPA mask)**?** Please indicate how often the staff have received education/training, and is attendance at this training documented? *Place a zero (0) in the space if no staff have been trained or N/A if this does not apply to you.*
    M=monthly, Q=quarterly, A=annually, B=biannually

Staff	# and % of Professional Staff	Training Documentation	Mandated	How often conducted
MDs	___/___%	o Yes o No	o Yes o No	_____
Dentists	___/___%	o Yes o No	o Yes o No	_____
Dental Hygienists	___/___%	o Yes o No	o Yes o No	_____
RN/LPNs	___/___%	o Yes o No	o Yes o No	_____
PA/NPs	___/___%	o Yes o No	o Yes o No	_____
Nurse Midwives	___/___%	o Yes o No	o Yes o No	_____
CNA/Medical Assistants	___/___%	o Yes o No	o Yes o No	_____
Pharmacists	___/___%	o Yes o No	o Yes o No	_____
Mental Health Workers	___/___%	o Yes o No	o Yes o No	_____
Social Workers	___/___%	o Yes o No	o Yes o No	_____
Building & Maintenance Staff	___/___%	o Yes o No	o Yes o No	_____
Security Staff	___/___%	o Yes o No	o Yes o No	_____
Administration/Bus Off/Recept	___/___%	o Yes o No	o Yes o No	_____
Other_____	___/___%	o Yes o No	o Yes o No	_____

14. Who in the center is responsible for ensuring ongoing certification/testing of those who use respirators following OSHA guidelines?

    θ   Safety Officer

    θ   Medical Director

    θ   Nursing Clinical Supervisor

    θ   Training & Development Staff

    θ   Outside Vendor _____

    θ   Other _____

15. Please identify, in your agency, any barriers to accessing education and training for bioterrorism preparedness?

    θ   Lack of qualified educators/trainers

    θ   Lack of defined curricula

    θ   Lack of educational material (texts, tests, slides, CD, DVD, etc.)

    c)   Lack of identified coordinator/coordination

    θ   Lack of appropriate funding (including cost of materials, program and staff time)

    θ   Lack of technical equipment (computers, DVD players, internet access, etc.)

    θ   Other _____

II.	Center Statistics, Surge Capacity and Staffing Information

16. Please list the number of full-time and part-time staff at your center by category:

__Staff__	__Full Time__	__Part Time__	__Total__
MDs	_____	_____	_____
Dentists	_____	_____	_____
Dental Hygienists	_____	_____	_____
RN/LPNs	_____	_____	_____
PA/NPs	_____	_____	_____
CNA/Medical Assistants	_____	_____	_____
Pharmacists	_____	_____	_____
Mental Health Workers	_____	_____	_____
Social Workers	_____	_____	_____
Building & Maintenance Staff	_____	_____	_____
Security Staff	_____	_____	_____
Administration/Bus Off/Recept	_____	_____	_____
Other_____	_____	_____	_____
Total	_____	_____	_____

17. What is your average number of daily visits (averaged over the 2003-2004 school year)?

Adult Visits _____

Pediatrics Visits _____

Total Visits _____

18. Please indicate your average operating and surge capacity below:

* *Surge capacity: In the event of an emergency, the immediate or near term use of available human and material resources needed to accommodate the maximum number of additional patient visits and services that your center can provide within 6 hours and within 12 hours for the treatment of mass referral of students, faculty, or casualties.*

Capacity in the following areas	Average Visits Per Day	Approximate Surge Capacity * *Estimated maximum number of additional patient visits/capacity created in* **6 hours** **12 hours**
Adult medical		/
Pediatric medical		/
Infectious Diseases		/
Mental Health		/
Social work services		/
Other Services		/
Dental Services		/
Pharmacy Services		/
TOTAL		/

19. How would your center access additional staff in a disaster situation? (please check all that apply)

- θ   Local registry (agency)

- θ   Increase mandatory length of time per shift

- θ   Change APRN & SW/patient ratios

- θ   Offer services to keep staff at the center (e.g., babysitting, elderly care)

- θ   Use of retirees

20. Does your center participate in credentialing procedures to permit rapid recognition of staff credentials from other facilities or agencies?

ο Yes ο No

21. Does your center experience problems staffing your caseload with clinical (licensed or allied health) staff (FT/PT)?

    o Yes   o No

    If Yes, on average during school year 2003-2004, what was the estimated number of **hours per**

    week you were short of clinical staff:

<3	**3-6**	**7-9**	**10-12**	**13-15**	**more than 15**
o	o	o	o	o	o

22. Does your center have a clinical on-call policy?

Mandatory	**Voluntary**
o Yes o No	o Yes o No

23. Does your organization have agreements for alternate clinic space or shelters for meeting a cascading surge of patients?

    o Yes   o No

24. Has your center performed any studies on the special needs (hazard analysis) for the unique population you serve who may have their services at risk?

    o Yes   o No

25. Does your **emergency management plan** address communication with local health, police, and fire departments to coordinate requirements for transportation, special services, or emergency support for your clients?

    o Yes   o No

III.   Isolation Capabilities

26. Do you have an adequate number of clinical staff competent in isolation protocols?

ο Yes ο No

a) If Yes, how many_____?

b) If Yes, what is an adequate number? _____

27. Do you have (or use) portable HEPA filtration units?   ο Yes ο No

a) If Yes, please identify the area where they are utilized and number available.

Section	Available	Number of Units
Clinic Exam Areas	ο Yes ο No	_____
Staff/Personnel	ο Yes ο No	_____
Other	ο Yes ο No	_____

b)   If No, would you consider obtaining these units?   ο Yes ο No

28. Do you have any negative pressure rooms at your facility?

ο Yes ο No

a) If yes, how many negative pressure rooms do you have? _____

IV.	Emergency Management/Disaster Planning

29. Does your center have an **emergency (disaster) management plan** involving biological agents?
ο Yes ο No

   If No, skip to question # 46

30. Does your center's **emergency (disaster) management plan** address your center's role in a mass casualty incident involving biological agents (i.e., new emerging infections, or terrorist use of biological agents such as anthrax, smallpox, plague, etc.)?   ο Yes ο No

   Please have available a copy of your center **emergency management plan** during the interview:

   a) Is the bioterrorism facet of your plan updated annually?   ο Yes ο No

   d) Is the bioterrorism facet of your plan exercised annually? ο Yes ο No

      i.   If Yes, what was the date of your last exercise involving biological agents?
           _____

      ii. If No, how often are exercises conducted? _____

   e) If yes, does your **emergency/disaster plan** include the following? **(check all that apply)**

      ____Earthquake, hurricane, or other natural disaster

      ____First Responder Protocol

      ____Nuclear

      ____Mental Health Services

      ____Emergency Medical Services and Triage

      ____Rehearsals

      ____Other, please specify,_____

      ____Not Applicable

31. Does your **emergency management plan** address requests for state or federal resource assistance?

           ο Yes ο No

32. How is your bioterrorism plan activated?

      ο   By center/parent organization administration?

      ο   By school administration?

      ο   In concert with local hospitals?

      ο   In concert with local Public Health Department staff?

      ο   In concert with state Public Health Department staff?

      ο   By other? _____

      ο   N/A

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33. How are personnel, clinical and affiliated clinical staff within the agency notified about the plan's activation?

   o   Notification by center/parent organization administration?

   o   Notification by school administration?

   o   Notification by clinical staff office?

   o   Notification by local Public Health Department staff?

   o   Notification by state Public Health Department staff?

   o   Notification by other? _____

   o   N/A

34. How does the school based health center evaluate an individual's emergency response competence and knowledge of the plan? (check all that apply)

   o   Drills

   o   Simulations

   o   Review of Events

   o   Post Tests

   o   Other _____

   o   N/A

35. Does your school based health center have an individual designated as the emergency management (disaster) coordinator to oversee all emergency management efforts as they relate to your center's bioterrorism preparedness efforts?

   o Yes o No   If yes, who is the contact? _____

36. Does your center have a disaster medical or clinical director who oversees your center's bioterrorism preparedness efforts?

   o Yes o No   If yes, who is the contact? _____

37. Does your **emergency management plan** address expanding staff availability to meet increased patient volume demands?

   o Yes o No

38. Does the **emergency management plan** address the requirements for special population health needs in the event of a threat or emergency due to a bioterrorism event?

    ο Yes ο No

    If yes, which groups have been included:

    - ο   Children
    - ο   Remote populations
    - ο   Chronically ill
    - ο   Persons of other cultures/languages
    - ο   Physically and/or mentally challenged
    - ο   None of these

39. Does the **emergency management plan** detail how the school based health center works with the following organizations during a bioterrorism incident:

a)	EMS agencies	ο Yes ο No
b)	Local Public Health Department (LPH)	ο Yes ο No
c)	State Department of Public Health	ο Yes ο No
d)	Connecticut Association of School Based Health Centers	ο Yes ο No
e)	Connecticut Hospital Association	ο Yes ο No
f)	Local hospitals	ο Yes ο No
g)	Community based physicians	ο Yes ο No
g)	The host school and Central Office	ο Yes ο No
h)	Extended Care Facility (ECF)	ο Yes ο No
i)	Community Health Centers	ο Yes ο No
j)	Local Office of Emergency Management (OEM)	ο Yes ο No
k)	Local and state law enforcement agencies	ο Yes ο No
l)	Local fire department	ο Yes ο No
m)	Key Vendors (Pharmacy, DME, etc)	ο Yes ο No
n)	American Red Cross	ο Yes ο No
o)	Family Assistance Centers	ο Yes ο No

    i.   If Yes, has your organization discussed with any of these agencies their roles?

    ο Yes ο No

    ii. If Yes, has your organization conducted any drills/exercises with these agencies?

    ο Yes ο No

40. Does the **emergency management plan** assess the ability to manage large numbers of "worried well" patients?

    o Yes o No

41. Is your **emergency management plan** integrated into the city/town/regional emergency management plan?

    o Yes o No

    a) If yes, which ones:

    o   Hospitals

    o   Local EMS agency

    o   EMS Regional Council

    o   Fire Department

    o   Police Department

    o   Local Office of Emergency Management

    o   Local Public Health Department

    o   American Red Cross

    o   FEMA

    o   Center for Disease Control

    o   Other_____

42. Does your **emergency management plan** address the following:

a) Involvement in mass immunization/prophylaxis	o Yes	o No
b) Mass fatality management	o Yes	o No

    If yes, does the plan address the following:

i. Accessing funeral home services	o Yes	o No
ii. Procedures for decontamination/isolation of human remains	o Yes	o No
iii. Environmental safety	o Yes	o No
c) Ensuring adequate Individual Protective Equipment (IPE) for biological agents for agency personnel	o Yes	o No
d) Ensuring adequate supplies are available from local or regional suppliers, or that plans are in place to obtain them in a timely manner in order to be self-sufficient for 48-hours	o Yes	o No
e) Triage of mass casualties that allow for retention, segregation and processing of patients	o Yes	o No
f) Enhancing center security including lock-down procedures and traffic flow containment by utilizing local law enforcement assets	o Yes	o No
j) Designating how people will be identified within the center by a photo ID system	o Yes	o No
k) Notification of parents/families of children in the school	o Yes	o No
l) Tracking expenses incurred during an emergency	o Yes	o No

43. Does your **emergency management plan** address the potential of reassigning center personnel to assist/support local hospitals once you have been able to satisfy your center's surge requirements?

    o Yes o No

44. Does your **emergency management plan** address what other role you could support in area emergency departments, family health centers, Red Cross, or nursing facilities?

    o Yes o No

45. Does your **emergency management plan** address a process to increase your center's patient treatment   capacity within the city/town/region?

    o Yes o No

V.	Center Facilities

46. Do you have other areas within the school based health center or school designated for emergency placement of patients in the event of a declared terrorist event?

ο Yes ο No

a) If Yes, where are these areas located?

ο Hallways

ο Offices

ο Conference Room

ο Lobby

ο Off-site buildings

ο Other _____

47. Do you have additional exam tables available onsite for these alternative patient care areas?
ο Yes ο No

If you answered Yes, please complete a & b.

a) Do you have a mechanism to provide privacy to these patients?

ο Yes ο No

b) Do these overflow patient care areas have ready access to:

Supplemental oxygen source	ο Yes ο No
Running water	ο Yes ο No
Toilets	ο Yes ο No
Suction	ο Yes ο No
Supplies	ο Yes ο No
Hand washing areas	ο Yes ο No
Food and drink	ο Yes ο No

48. Has provision been made for the movement of patients and staff to an immediate area of safe refuge within the school based health center or school in the event that the area must be evacuated or staff and patients relocated?

ο Yes ο No

49. Have off-site satellite locations been pre-determined and confirmed for the transfer of patients and staff in the event of a disaster and or subsequent evacuation?

ο Yes ο No   ο NA

a) Have transportation requirements been pre-designated for the movement of people?

ο Yes   ο No   ο NA

b) Has provision been made for the movement of patient records and documents?

ο Yes   ο No   ο NA

VI.	**Workforce Issues**

50. How many **clinical providers** (MD, NP, PA, Pharmacists, Dentists, MSWs etc.) at your center (including full time/part time) could be called into national service for?

Public Health Service Commission Corps_____(total # of individuals)

National Guard or Reserve Unit_____(total # of individuals)

a) How many clinical providers would be available to support your center in the event of a large-scale incident _____? (total # of individuals)

51. How many **clinical support staff** (RN, LPN, MSW, MHW, Dental Hygienist, CNA, MA, etc.) at your center (including full time/part time) could be called into service for?

Public Health Service Commission Corps_____(total # of individuals)

National Guard or Reserve Unit_____(total # of individuals)

a) How many clinical support staff would be available to support your center in the event of a large-scale incident _____? (total # of individuals)

52. How many **administrative and clerical staff** (coordinator, secretary, receptionists) at your center (including full time/part time) could be called into service?

Public Health Service Commission Corps_____(total # of individuals)

National Guard or Reserve Unit_____(total # of individuals)

a) How many administrative and clerical staff would be available to support your center in the event of a large-scale incident _____? (total # of individuals)

53. Does your center have a plan to address the provision of the following services if staff had to return to work during a community disaster (check all that apply)?

Provided

o Yes o No   Day (night) care for their children
o Yes o No   Day (night) care for their dependent adults
o Yes o No   Day (night) care for their pets
o Yes o No   Sleeping quarters
o Yes o No   Nourishment
o Yes o No   Distribution of medication prophylaxis
o Yes o No   Transportation of staff

54. Does your center have a plan to address extending service hours beyond normal scheduled hours?

    ο Yes ο No

    If yes:

    a) How would you staff these extended hours?

        ο   Mandatory OT

        ο   Clinic staff recall

        ο   Per-diem staff

        ο   Other _____

        ο   N/A

    b) Has there ever been a need to extend hours during a disaster situation?
        ο Yes ο No

55. Does your center have a plan to provide for the pre-credentialing and real-time supervision of clinicians who may be temporarily assigned or recruited to work in your center during an emergency?

    ο Yes ο No

56. Does your center have a plan to provide for the management of volunteer clinical and non-clinical help?

    ο Yes ο No

57. Does your center have a plan to consider how the expansion of patient volume, with your current load, would affect your financial, staffing, supplies, equipment, and information needs?

    ο Yes ο No

VII.	**Information Technology**

58. Which types of Information technology (IT) expertise does your **agency** have access to? (check all that apply)

   o   Data entry

   o   Geographic Information Systems (GIS)

   o   Network management including communications and messaging expertise

   o   Server application management

   o   Database management including patient care management systems

   o   IT disaster and IT disaster recovery planning

   o   Programming, including database programming

   o   Web-site development

   o   Web-site management (i.e. Web Master)

   o   IT security

   o   Standard data vocabularies

   o   Data modeling

   o   IT internal customer support (i.e. network support)

59. Does your center have a computer based information system?   o Yes o No

   If Yes, does your information system track the following?

a)	Staff availability	o Yes o No
b)	Pharmaceutical/Vaccine supply levels	o Yes o No
c)	Equipment resources	o Yes o No
d)	Internet Access	o Yes o No

60. Does your computer based information technology system consider the following vulnerabilities?

a)	Information Management Network Failure > 4 hours	o Yes o No
b)	Information Management Clinical Systems Failure	o Yes o No
c)	Information Management Business Systems Failure	o Yes o No

61. Are you aware of the following Public Health Information Systems? **(check all that apply)**

   o   HAN (Health Alert Network)

   o   NEDSS (National Electronic Disease Surveillance System)

   o   LRN (Laboratory Response Network)

62. Of which systems are you an active participant? **(check all that apply)**

    o   HAN (Health Alert Network)

    o   NEDSS (National Electronic Disease Surveillance System)

    o   LRN (Laboratory Response Network)

    o   Other (please specify)_____

63. Do you maintain a computer database that has information on non-scheduled

    urgent visits   o Yes o No

    If yes, please answer the following:

    a) Is a patient's "chief complaint" entered into the database? o Yes o No

    b) If yes, is it entered within 24 hours of the patient visit? o Yes o No

    c) If yes to all the above, please give the name and telephone number of the
    person in charge of the database so that we could learn more about this
    system.

    Name _____ Tel _____

VIII. Pharmaceutical, Equipment, Supply Stockpile

(Questions 64 – 75 may refer to the capacity of the parent organization, particularly if a hospital, health department, or community health center)

64. Does your center have a plan to address stockpiling antibiotics, other pharmaceuticals and supplies?

ο Yes ο No

If No, skip to question # 65

If yes:

a) Does your center currently maintain a separate supply of antibiotics to use for prophylaxis treatment of agency staff in the event of a bioterrorism incident?

ο Yes ο No
If Yes:

i.   What is the number of staff you expect to treat? _____

ii. What antibiotics are stocked (check all that apply)?

	Name	P.O. Unit Doses	Inj. Unit Doses
ο	Doxycycline	_____	_____
ο	Tetracycline	_____	_____
ο	Ciprofloxacin	_____	_____
ο	Levofloxacin	_____	_____
ο	Gentamicin	_____	_____
ο	Tobramycin	_____	_____
ο	Vancomycin	_____	_____
ο	___ _____	_____	_____

iii. How quickly can pharmaceutical supplies be accessed?
  ο < 3 hours
  ο 3–6 hours
  ο 7-9 hours
  ο 10-12 hours
  ο >12 hours

iv. Where are these supplies secured?
  ο Onsite
  ο Offsite

v.   Is the storage site secured to the highest standards expected?

vi. Is the transportation system between the supplier and center secure?

65. How many days supply of antibiotics does your pharmacy vendor maintain (based on current average daily usage)?

> o   <1 day
>
> o   1-3 days
>
> o   4-7 days
>
> o   8-14 days
>
> o   > 14 days
>
> Average Daily Visits_____
>
> o   No Contracted Vendor

66. What is the current level of stock for the following pharmaceuticals?

Drug	Available	Unit Doses
Bronchial dilators	o Yes o No	_____
Bulk Atropine	o Yes o No	_____
Pralidoxime Chloride (2-PAM CL)	o Yes o No	_____

67. Does your center stockpile antibiotics (Doxycycline, ciprofloxacin) in order to provide community prophylaxis?

o Yes o No

a) If Yes, how many adult 1-day doses of the following drugs do you have on hand for this purpose?

Drug	Available	P.O. Unit Doses	Inj. Unit Doses
Doxycycline	o Yes o No	_____	_____
Ciprofloxacin	o Yes o No	_____	_____
Other _____	o Yes o No	_____	_____

b)   How would you obtain these supplies?

> o   Local retail supplier
>
> o   Local wholesale supplier
>
> o   Manufacturer
>
> o   Other _____
>
> o   N/A

68. Has your center ever participated in a community or regional pharmaceutical stockpile plan?

o Yes o No   If No, skip to question #_____

69. Does your center have a plan to identify a pharmaceutical stockpile and distribution process?

o Yes o No

70. Do you have Individual Protective Equipment (IPE) **respirators** (e.g. Powered Air Purifying Respirator (PAPR), Self-Contained Breathing Apparatus (SCBA), etc.) immediately accessible for staff?

    o Yes o No

      If No, do you have plans for purchasing any?

    o Yes o No

71. Has your center identified an internal point of contact (POC) within the pharmacy who will coordinate the ability to move local pharmaceuticals to prophylaxis sites?

    o Yes o No

    If yes, please identify the POC and an alternate POC if available

    POC Name: _____

    Phone: _____

    Fax: _____

    Email: _____

    Pager: _____

    Alternate POC Name: _____

    Phone: _____

    Fax: _____

    Email: _____

    Pager: _____

72. Can you identify participating agencies (hospitals, clinics) in your pharmaceutical distribution plan?

    o Yes o No o NA

73. Is there is a pharmaceutical stockpile and distribution back-up plan for alternate distribution sites?

    o Yes o No o NA

74. Have you identified pharmaceutical/supply experts (physicians, pharmacists, veterinarians, etc.) to participate in your pharmaceutical stockpile and distribution response plan?

    o Yes o No o NA

75. Is there a process within your pharmaceutical stockpile and distribution response plan to support the following telephone responses? (Check all that apply)

      o   General Public

      o   Health Care Providers

      o   Pharmacists

      o   State/Federal Governmental Agencies

      o   Other _____

      o   None

      o   NA

76. Do you have medication information sheets (fact sheets) to distribute with any medications used in a bioterrorism event?

ο Yes ο No

If yes, what other languages are they available in:

    ο   Spanish

    ο   French

    ο   Russian

    ο   German

    ο   Portuguese

    ο   Vietnamese/Laotian

    ο   Chinese

    ο   Other _____

77. Has your school based health center planned for implementing vaccination health screening and/or universal vaccination programs in your school?

    ο Yes ο No

IX.	Infection Control

78. For which of the following disease suspects has your center developed written, center-specific infection control protocols for isolation of the patient and for management of possibly exposed staff? (Check Y or N) For each where you answer "Y", please put the date (Month/Year) when the protocol was last updated.

Suspected Diseases	**Protocol for Patient Isolation**	**Date**	**Protocol for Management of Exposed Staff**	**Date**
Chickenpox	o Yes o No	_____	o Yes o No	_____
Tuberculosis (Active)	o Yes o No	_____	o Yes o No	_____
Smallpox	o Yes o No	_____	o Yes o No	_____
Hemorrhagic fever	o Yes o No	_____	o Yes o No	_____
Plague	o Yes o No	_____	o Yes o No	_____
Unknown rash with fever	o Yes o No	_____	o Yes o No	_____

79. Does your protocol, for management of a person with a rash that could be infectious (e.g., chickenpox), include an *immediate triage step* to place the patient in isolation and therefore prevent the patient from exposing others?
    o Yes o No

80. Does your center have a *written list* of designated persons to call *immediately* for consultation if a case of possible smallpox or other biological agents were to be identified by your staff?
    o Yes o No

    If Yes, please give the name and titles of each person who is listed on the protocol as a consultant to be called.

    _____ _____
    (Name)   (Title)

    _____ _____
    (Name)   (Title)

    _____ _____
    (Name)   (Title)

    _____ _____
    (Name)   (Title)

    _____ _____
    (Name)   (Title)

81. Approximately how many persons with each of the following diseases (suspected or known) were serviced in the past year?

Disease	**Average # of Patients Over the Past Year**
Chickenpox	_____
Herpes zoster	_____
Other rash illness requiring isolation	_____
Tuberculosis (Active)	_____
Unknown rash with fever	_____

 a) Approximately how many cases of chickenpox were seen by your staff in the past week? ____ past month? ____

 b) Approximately how many cases of rash illness (excluding chickenpox) were seen by your staff in the past week? ____

82. Does your center have a surveillance system in place that you use for tracking patients presenting with problems or complaints in order to detect unusual patterns of visits or admissions?

 o Yes o No

83. Does your center have a protocol to notify certain individuals if a possible cluster or sharp increase in people with a given illness occurs?   o Yes o No

 If Yes, who (and how – phone, fax, etc.) does the center notify when clusters of illnesses are recognized and can they be notified 24-hours per day (check all that apply)?

		24-hour Notification	**How Contacted**
o	Center infection control personnel	o Yes o No	_____
o	Other designated (resource) in-house personnel	o Yes o No	_____
o	Local Health Department	o Yes o No	_____
o	State Health Department	o Yes o No	_____
o	Other, please specify_____	o Yes o No	_____

X.	Laboratory Capabilities

84. Do you have an affiliation with a laboratory staffed 24 hours a day, 7days a week?

ο Yes ο No

85. Does your center have protocols or procedures for the handling of laboratory specimens in the event of a biological terrorism incident?

ο Yes ο No

   a) If yes indicate which disease states you have protocols/procedures for:

      θ   Anthrax

      θ   Plague

      θ   Tularemia

      θ   Brucellosis

      θ   Q Fever

      θ   Rash Illness

      θ   Other, please specify _____

   b) If yes, have you ever exercised or drilled utilizing these procedures/protocols?

      ο Yes ο No

   c) If yes, do these protocols or procedures address the following (please check all that apply)

      θ   Collection

      θ   Clinical History

      θ   Labeling

      θ   Chain of custody (similar to drug sample and rape packages)

      θ   Secure storage

      θ   Processing

      θ   Transportation to secondary laboratory

      θ   Storage

      θ   Referral to Department of Public Health (DPH) lab

      θ   Contacting the State Bioresponse Lab Coordinator

      θ   Contacting Local/State law enforcement

      θ   Contacting the FBI

      θ   Decontamination of bio-hazardous waste

      θ   Safe disposal of waste

      θ   Packaging of suspected BT infectious material for transport to DPH lab

86. Does your center have a laboratory on site?   ο Yes ο No

   a) If yes, is the microbiology lab in a controlled and secure area? (Check all that apply)

      ο Video

      ο Card key

      ο Locks

      ο Security guard/police

   b) If yes, what type of continuing education does your laboratory staff traditionally attend?

      ο Video satellite broadcasts

      ο Teleconferences

      ο Regional Meetings/Workshops

      ο Grand rounds

      ο In-Service

XI.   Media Relations

87. Does your school based health center or school have specific media and public affairs protocols to be employed during a potential or actual bioterrorism incident?

    ο Yes ο No

    a) Does your center have a written plan for handling requests for disaster/bioterrorism information from the media in concert with the local Health Department and hospitals?

    ο Yes ο No

    b) Does your center have a bioterrorism response plan that designates a spokesperson, as well as a backup, as the Public Information Officer (PIO) 24/7?

    ο Yes ο No

    c) Does your center have a skeleton draft of a public service response for a bioterrorism incident?

    ο Yes ο No

88. Has staff been instructed to refer information inquiries to the appropriate person?

    ο Yes ο No

89. Has the center PIO received formal training in managing disaster communication?

    ο Yes ο No

90. Does the center or school have an established system that can be used in large-scale emergencies to take public inquiries, particularly from parents/families of school children?

    ο Yes ο No

91. Does the center have pre-printed materials providing detailed information on the signs,

    symptoms, and treatment protocols for potentially exposed victims?

    ο Yes ο No   If Yes, please check all that apply:

    ο Biological Incident

    ο Radiological Incident

    ο Chemical Incident

    ο Explosive/Incendiary Incident

    ο None of these

XII.	Telecommunications

92. Which communications technologies does your agency have access to? (please check all that apply)

ο E-mail accessed through dial-up modem

ο E-mail accessed through "always on" digital subscriber line (DSL), T1, or T3 line, cable modem

ο Fax machine

ο Fax, using computer fax server for simultaneous broadcast fax

ο Computer generated fax capability using email applications (i.e. Microsoft Outlook)

ο Computer generated message capability using xml format

ο Personal digital assistant (i.e. Blackberry)

ο Broadcast recorded voice messaging (i.e. telephony)

ο Conference phone

ο Conference phone bridge

ο Cell phone

ο Satellite phone

ο Digital pagers (numeric only)

ο One-way alpha-numeric pagers

ο Two-way alpha-numeric pagers

ο Two-way radios

ο High-frequency radios

ο HAM radios

ο Translation services (i.e telephone company translation service such as AT&T Language Line)

93. Is there a plan for alternative communication systems in the event that normal systems (e.g., telephone, facsimile, cellular phones, and paging) become overloaded or fail during disasters?

ο Yes ο No

94. Have special communication networks been established and tested that will maintain communication between the center and the local Public Health Department and public safety agencies in a disaster event (EMS, police, fire, etc.)?

ο Yes ο No

95. Does your center telecommunications program consider the following vulnerabilities?

a)	Communications Failure PBX	ο Yes ο No
b)	Communications Failure Trunk Overload	ο Yes ο No
c)	Communications Failure SBC/SNET	ο Yes ο No
d)	Communications Pager Failure	ο Yes ο No

XIII. Emergency Operations Center and Incident Command Structure

96. Has your center implemented an Incident Command System (ICS) facility-wide?

    ο Yes ο No
If Yes, which one do you use _____

If No, is your center a member of your local Emergency Operations Center (EOC)?
ο Yes ο No

97. What type of communication/information resources does your Emergency Operations Center (EOC) have available (may require research to answer this question)?

    ο Radio

    ο Internet

    ο Telephone

    ο Multiple Phone Lines

    ο 2-Way Portable Radios

    ο NOAA Radio

    ο TV, local

    ο TV, cable
    ο Other_____
    ο None

98. (If yes to #96) If utilizing the Incident Command System (ICS) as your framework for hierarchy in a disaster scenario, have you identified positions, not an individual, to fill each role?

ICS Position	Current Position
Incident Commander	
Public Information Officer	
Clinical Director	
Safety and Security Officer	
Human Services Director	
Finance Chief	
Operations Chief	

XIV. Exercises and Drills

99. Has the Center or school participated in specific drills or exercises in the past year?
    o Yes o No   If Yes, please check all that apply:

Problem		**Functional Drills**	
	Tabletop Exercises	**Community Wide Drill**	**Staff Included***
Biological			
Smallpox	o	o	_____
Anthrax	o	o	_____
Hemorrhagic fever	o	o	_____
Plague	o	o	_____
Other Agents	o	o	_____
Other Terrorist Acts			
Chemical	o	o	_____
Radiation/Nuclear	o	o	_____
Incendiary Device	o o		_____
Explosive Device	o	o	_____
Cyberterrorism	o	o	_____
Utility Disruption	o	o	_____

   * Use the following codes:

Specialty	**Codes**
• MDs	MD
• Dentists/Dental Hygienists	DD
• RN/LPNs	RN
• Pharmacist	RX
• PAs/NPs	PAs/NPs
• CNA/Med Asst	CAN/MA
• Bldg/Maintenance	BM
• Security	SE
• Administration/Bus Off/Recept	ADM
• Social Worker staff	SW
• Mental Health Worker	MHW

100.   Has the Center or school conducted drills/exercises during the following times or under the following circumstances? (check all that apply)

   o Day shift

   o Evening shift

   o Weekday

   o Weekend

   o Extreme weather

   o None of these

XV.   Financial Implications

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101.   Please identify if the following have been included in the operating and capital budget process
(of the health center or as part of the parent organization)?   (check where appropriate)

ITEM	FY '04 OPERATING BUDGET	FY'04 CAPITALBUDGET
TRAINING		
a) Training staff in procedures for dealing with terrorist acts related to:		
i. Biological Agents	o Yes o No	o Yes o No
ii. Chemical Agents	o Yes o No	o Yes o No
iii. Radioactive Agents	o Yes o No	o Yes o No
FACILITIES		
b) Upgrading Emergency Power Capability	o Yes o No	o Yes o No
c) Upgrading security arrangements	o Yes o No	o Yes o No
d) Upgrading communications equipment	o Yes o No	o Yes o No
EQUIPMENT/SUPPLIES		
e) Purchase of IPE* equipment	o Yes o No	o Yes o No
f) Increasing emergency stockpiles of medications and supplies	o Yes o No	o Yes o No

*Individual Protective Equipment

INFORMATION SYSTEMS		
g) Upgrading of information systems to improve the availability of capacity, surveillance and other data	o Yes o No	o Yes o No

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