American Hospital Association
Chemical and Bioterrorism Preparedness Checklist

This checklist is provided to hospitals to help them describe and assess their present state of preparedness for chemical and biological incidents. The American Hospital Association is grateful to Dr. David Mangelsdorff at the US Army-Baylor Graduate Program in Healthcare Administration and to two of his students, Gina Savini and Dean Doering, who developed the original survey from which this checklist is adapted.

1.0 GENERAL INFORMATION:

1.1 What is the date of the last JCAHO inspection or when is the next inspection scheduled? Last inspection date: ___________
   Next inspection date: ___________
   (DK = Don’t Know)

1.1.1 Were any deficiencies noted for the Environment of Care? Yes No DK
1.1.2 If yes, have they been corrected? Yes No DK

1.2 Is your system/facility designated to receive patients in the National Disaster Management System (NDMS)? Yes No DK

1.3 Is your facility in compliance with the new JCAHO annual exercise/drill Requirements for the Environment of Care? Yes No DK

1.4 Does your facility/system have an internal point of contact (POC) for bioterrorism and chemical incidents?
   POC: _______________________
   Phone/pager: _______________________

1.4.1 If there is no designated POC for this type of incident, who may potentially manage it? Name: _______________________

1.4.2 Does the facility/system emergency/disaster plan include a section on bioterrorism awareness/response? Yes No DK

1.5 Has your facility/system conducted a Hazard Vulnerability Analysis (HVA)? Yes No DK

1.5.1 If yes, does it include a section on bioterrorism? Yes No DK

1.5.2 If no, who is drafting the HVA? Name: _______________________

2.0 COMMUNICATIONS and PUBLIC AFFAIRS:

2.1 Do staff members know who to contact internally upon identification of exposure/symptoms related to bioterrorism/biological agents? Yes No DK

2.1.1 Who is the internal POC? Name: _______________________

2.1.2 Is there an alternative POC? Name: _______________________

2.1.3 How is this person/department contacted? _______________________

2.2 Does your facility/system have specific media and public affairs protocols to be employed during a bioterrorist incident? Yes No DK
2.3 Does the facility/system have a skeleton draft of a public service response for this type of incident?  

Yes  No  DK

2.4 Does your facility/system have backup communications capability in the event that telephones, cell phones and radios are overloaded?  

Yes  No  DK

3.0 ACCESS TO CARE:

3.1 Have resources been designated to reduce barriers and meet the requirements for special populations’ health needs in the event of a threat/emergency due to a biological agent?  

3.1.1 Children  

Yes  No  DK

3.1.2 Elderly persons  

Yes  No  DK

3.1.3 Homeless population  

Yes  No  DK

3.1.4 Remote populations  

Yes  No  DK

3.1.5 Chronically ill who require access to critical services, e.g., kidney dialysis and pharmacy services  

Yes  No  DK

3.1.6 Those who encounter barriers (culture/language)  

Yes  No  DK

3.1.7 Physically and mentally disabled, including homebound  

Yes  No  DK

3.2 Does the facility/system have access to logistical assets to transport mass casualties to collection points and/or to other facilities if your facility/system fills to capacity?  

Yes  No  DK

3.2.1 How many vehicles (capable of patient transport) are in your facility/system inventory?  

# of vehicles: _______________

3.2.2 What is the total capacity of these vehicles?

3.3.2a Ambulatory  

# ambulatory patients: ________

3.3.2b Litter  

# litter patients: ________

3.3 Has your facility/system identified a patient dispersion plan and/or an alternative care site in the event that it cannot support adequate patient care?  

Yes  No  DK

3.3.1 Has your facility/system established procedures to:  

3.3.1a Manage patients and patient tracking to and from the alternative site(s)?  

Yes  No  DK

3.3.1b Transport patients, staff, and equipment to and from the site(s)?  

Yes  No  DK

3.3.1c Establish inter-facility communication between the base and alternative site(s)?  

Yes  No  DK

3.4 Has your facility/system developed a patient tracking/identification system?  

Yes  No  DK
4.0 BUSINESS (HEALTH CARE) CONTINUITY PLAN:

4.1 Has your facility/system developed a plan that would enable the entire operations or unaffected segments to continue during a biological/chemical disaster, or reestablish operations following a biological/chemical disaster?  Yes  No  DK

Ex. If the emergency room is contaminated/dirty, could the facility’s air handling/ventilation system be shut down for that particular area?

5.0 CAPACITY:

5.1 Has your facility/system assessed its ability to increase capacity in the event of a mass influx in patient presentations or admissions?  Yes  No  DK

5.1.2 Can your facility/system increase capacity for the following services, and if so, by how many beds/units:

<table>
<thead>
<tr>
<th>Service</th>
<th>(NA= not applicable)</th>
<th># beds</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Adult medicine beds</td>
<td>NA</td>
<td>_____</td>
<td></td>
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<td></td>
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<tr>
<td>Burn unit beds</td>
<td>NA</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Intensive Care Unit (ICU) beds</td>
<td>NA</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortuary space</td>
<td>NA</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple trauma beds</td>
<td>NA</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric beds</td>
<td>NA</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Respiratory isolation units</td>
<td>NA</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory ventilators</td>
<td>NA</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarantine areas</td>
<td>NA</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decontamination rooms</td>
<td>NA</td>
<td>_____</td>
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</tr>
</tbody>
</table>

6.0 PHARMACEUTICALS AND EQUIPMENT:

6.1 Has your facility/system assessed its pharmaceutical inventory to determine whether it could support the treatment and provide prophylaxis for mass numbers of patients exposed to biological or chemical agents?  Yes  No  DK

6.2 Has your facility/system identified an emergency pharmaceutical supply system via local pharmacies for pharmaceuticals related to treatment/prophylaxis for biological or chemical agents?  Yes  No  DK

6.3 Has your facility/system identified an emergency pharmaceutical supply system via pharmaceutical vendors related to the prophylaxis and treatment for exposure to biological or chemical agents?  Yes  No  DK

6.4 Does your facility/system have protocols for the following medication distribution scenarios for an incident in the event of limited supplies?  Yes  No  DK

Rank order in terms of precedent for care  1 highest – 5 lowest

6.4.1 Prophylaxis of patient family members
6.4.2 Patients with known exposure/no symptoms
6.4.3 Prophylaxis of providers/staff members
6.4.4 Symptomatic patients
6.4.5 Prophylaxis of staff/provider family members
6.4.6 Prophylaxis of community emergency response personnel

6.5 Does your facility/system pharmaceutical and equipment inventory contain the following items? *(If yes, indicate the approximate average amount on hand):*

<table>
<thead>
<tr>
<th>Item</th>
<th># on hand</th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bacterial agents:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ciprofloxacin</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doxycycline</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Penicillin</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chloramphenicol</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Azithromycin</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rifampin</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Streptomycin</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gentamicin</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Botulism toxin:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mechanical respiratory ventilators</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other associated supplies</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Cyanides:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyanide antidote kits containing amyl nitrite, sodium nitrite, sodium thiosulfate</td>
<td>NA</td>
<td></td>
<td></td>
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<tr>
<td><strong>Lewisite:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>British Anti-Lewisite</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Nerve agents:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atropine</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pralidoxime chloride</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diazepam (or lorazepam)</td>
<td>NA</td>
<td></td>
<td></td>
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<tr>
<td><strong>Pulmonary agents:</strong></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Oxygen ventilators</td>
<td>NA</td>
<td></td>
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<tr>
<td>Respiratory care supplies</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>All agents:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resuscitation equipment and supplies</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Vasopressors</td>
<td>NA</td>
<td></td>
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</tr>
</tbody>
</table>

6.6 Does your facility/system have access to dosage requirements for antidotes and therapies for patients (adult and pediatric) who are exposed to biological or chemical agents? Yes No DK

6.7 Is the necessary drug administering equipment available for the on-hand quantities of antidotes and therapies? Yes No DK

6.8 Does your facility/system have a staff member designated to accept deliveries from the National Pharmaceutical Stockpile in the event of a bioterrorism event? Yes No DK
### 7.0 MEDICAL TREATMENT PROCEDURES:

**7.1** Does your facility/system have procedures to receive patients who are exposed to biological or chemical agents and require medical care?  
- [ ] Yes  
- [ ] No  
- [ ] DK

**7.1.1** Does your facility/system have a procedure to triage patients to appropriate treatment facilities?  
- [ ] Yes  
- [ ] No  
- [ ] DK

**7.1.2** Do procedures address patient and situation confidentiality?  
- [ ] Yes  
- [ ] No  
- [ ] DK

**7.2** Does your facility/system have the following respiratory protective equipment available?  

<table>
<thead>
<tr>
<th>Item</th>
<th># on hand</th>
<th>[ ] Yes</th>
<th>[ ] No</th>
<th>[ ] DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.2.1 Self-contained breathing apparatus (with tank and full mask)</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2.2 Supplied air respirators (full mask and air-line from hospital air system)</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2.3 Chemical cartridge air purifying respirators</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2.4 HEPA masks (OSHA/NIOSH-approved high efficiency particulate)</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**7.3** Does your facility/system have decontamination equipment and a dedicated decontamination area?  
- [ ] Yes  
- [ ] No  
- [ ] DK

**7.3.1** If yes, are there specific training procedures and updates for personnel assigned to this function?  
- [ ] Yes  
- [ ] No  
- [ ] DK

### 8.0 TRAINING AND PERSONNEL:

**8.1** Has your facility/system assessed its workforce to determine their level of emergency preparedness and response capabilities within the past year?  
- [ ] Yes  
- [ ] No  
- [ ] DK

**8.2** When do staff members receive training in emergency/disaster awareness/preparedness? (i.e., initial orientation, periodically, annually)  

| [ ] Initial orientation | [ ] Periodically | [ ] Annually |

**8.2.1** Is there annual refresher training?  
- [ ] Yes  
- [ ] No  
- [ ] DK

**8.2.2** What is the annual number of training hours provided in:  

<table>
<thead>
<tr>
<th>Topic</th>
<th># hours:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.2.2a Emergency/disaster preparedness?</td>
<td></td>
</tr>
<tr>
<td>8.2.2b Biological or chemical terrorism?</td>
<td></td>
</tr>
</tbody>
</table>

**8.3** Has your facility estimated the numbers of staff members who have received 8 hours or more of training in emergency preparedness and response within the past year?  
- [ ] Yes  
- [ ] No  
- [ ] DK

<table>
<thead>
<tr>
<th>Department</th>
<th>#available</th>
<th># trained</th>
<th>[ ] DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.3.1 Housekeeping Staff</td>
<td>_____</td>
<td>_____</td>
<td>DK</td>
</tr>
<tr>
<td>8.3.2 Security</td>
<td>_____</td>
<td>_____</td>
<td>DK</td>
</tr>
<tr>
<td>8.3.3 Food Service</td>
<td>_____</td>
<td>_____</td>
<td>DK</td>
</tr>
<tr>
<td>8.3.4 Clerical</td>
<td>_____</td>
<td>_____</td>
<td>DK</td>
</tr>
</tbody>
</table>
8.3.5 Pastoral Care
8.3.6 Other Administrative Staff
8.3.7 Medical Logistics
8.3.8 Facilities Staff
8.3.9 Technicians / Ancillary Support
8.3.10 Physicians
8.3.11 Nurses
8.3.12 Nurse Practitioners
8.3.13 Physician assistants
8.3.14 Environmental health workers
8.3.15 Mental health/Social workers
8.3.16 Epidemiologists
8.3.17 Laboratory personnel qualified to analyze biological or chemical agents
8.3.18 Respiratory therapists
8.3.19 Pharmacists
8.3.20 Emergency medical technicians (EMTs)/ paramedics
8.3.21 Health administrators/managers
8.3.22 Risk managers

8.4 Does your facility/system have a method for assessing emergency preparedness training and continuing education needs based on the roles/responsibilities of staff members? Yes No DK

8.5 Has your facility/system identified internal resources who are capable of providing training in emergency preparedness/awareness? Yes No DK

8.6 Has your facility/system identified external organizations that can provide training in emergency preparedness/awareness? Yes No DK

8.7 Have all staff members received training on selection and use of appropriate Personal Protective Equipment (PPE)? Yes No DK

8.7.1 What percent of the total staff has received this type of training? Percent of staff trained:_________

8.7.2 Have providers trained to provide patient care while wearing full PPE? Yes No DK

8.8 Has the system/facility implemented activities to educate health care providers and laboratory workers on topics regarding specific procedures regarding biological and chemical incidents? Yes No DK

8.8.1 If yes, do the training topics include:
8.8.1a Acquisition of laboratory specimens
8.8.1b Handling of laboratory specimens
8.8.1c Transportation of laboratory specimens
8.8.1d Contact telephone numbers for reporting/consultation
8.8.1e Guidelines for immediate reporting/consultation with public health officials
8.8.1f Medical management of patients
8.8.1g Patient decontamination procedures (including those to be used when outside temperatures are extreme) Yes No DK
8.8.1h Identification of hazardous biological agents  Yes  No  DK
8.8.1i Identification of hazardous chemical agents  Yes  No  DK
8.8.1j Role of the healthcare providers in recognizing/suspecting the beginning of an outbreak  Yes  No  DK

8.8.2 Is training required for the following personnel?

8.8.2a Emergency department personnel  Yes  No  DK
8.8.2b Health care providers  Yes  No  DK
8.8.2c Laboratory workers  Yes  No  DK
8.8.2d Morgue personnel  Yes  No  DK
8.8.2e Mortuary professionals  Yes  No  DK
8.8.2f Pathologists  Yes  No  DK
8.8.2g Security personnel  Yes  No  DK

8.10 Are facility/system personnel cross-trained with external organizations who are involved in the city’s/region’s emergency response system?  Yes  No  DK

8.11 Do training programs include a description of the civilian incident command system, i.e., familiarization with the procedures of external organizations involved in response actions?  Yes  No  DK

8.12 Does your facility/system have procedures in place to:

8.15.1 Ensure adequate staffing is available for 24 hour operations?  Yes  No  DK
8.15.2 Ensure that an adequate augmentation plan is in place?  Yes  No  DK
8.15.3 Ensure that staff have family preparedness plans (i.e., where staff family members are safe and accounted for)?  Yes  No  DK
8.15.4 Set aside a location in which family members may stay while the staff member is on shift?  Yes  No  DK

9.0 FACILITY MANAGEMENT/SECURITY:

9.1 Specifically for bioterrorist and chemical incidents, does your facility/system security plan address:

9.1.1 Limiting access to the facility?  Yes  No  DK
9.1.2 Total facility lockdown?  Yes  No  DK
9.1.3 Crowd control?  Yes  No  DK
9.1.4 Controlling the media?  Yes  No  DK
9.1.5 Augmentation of the security force?  Yes  No  DK

9.2 Does your facility/system have secure, offsite backup capability for its information systems?  Yes  No  DK

10.0 PSYCHIATRIC SERVICES AND CRISIS COUNSELING:

10.1 Do your facility’s/system’s training programs include preparation for the emotional and mental health impacts of a terrorist event for the following categories of individuals:

10.1.1 Staff  Yes  No  DK
10.1.2 Patients  
10.1.3 Family members

10.2 Does your facility have ‘rumor control’ protocols to prevent public hysteria?  

10.3 Does your facility have a Critical Incident Stress Debriefing (CISD) Team or CISD capability?

11.0 DIAGNOSTIC CAPABILITIES:

11.1 What percent of laboratory specimens are analyzed in-house?  

11.2 What percent of laboratory specimens are analyzed by contracted laboratories?  

11.3 Has your facility identified alternative laboratories in the event your current laboratories are contaminated/inundated?  

11.4 Does your facility/system have procedures/protocols in place for:  
   11.4.1 Acquisition of suspected laboratory specimens?  
   11.4.2 Handling of suspected laboratory specimens?  
   11.4.3 Transportation of suspected laboratory specimens?  

11.5 Are the telephone numbers for the Public Health Department posted in your laboratories?