

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

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|-----|--|-----|----|----|
| 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:

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|-------|---|-----|----|----|
| 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 |

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| 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: _____
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3.2.2 What is the total capacity of these vehicles?

3.3.2a	Ambulatory	# ambulatory patients: _____
3.3.2b	Litter	# litter patients: _____

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|-----|--|-----|----|----|
| 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
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3.3.1b	Transport patients, staff, and equipment to and from the site(s)?	Yes	No	DK
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3.3.1c	Establish inter-facility communication between the base and alternative site(s)?	Yes	No	DK
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| 3.4 | Has your facility/system developed a patient tracking/identification system? | Yes | No | DK |
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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:

	(NA= not applicable)	# beds			
5.1.2a Adult medicine beds	NA	_____	Yes	No	DK
5.1.2b Burn unit beds	NA	_____	Yes	No	DK
5.1.2c Intensive Care Unit (ICU) beds	NA	_____	Yes	No	DK
5.1.2d Mortuary space	NA	_____	Yes	No	DK
5.1.2e Multiple trauma beds	NA	_____	Yes	No	DK
5.1.2f Pediatric beds	NA	_____	Yes	No	DK
5.1.2g Respiratory isolation units	NA	_____	Yes	No	DK
5.1.2h Respiratory ventilators	NA	_____	Yes	No	DK
5.1.2i Quarantine areas	NA	_____	Yes	No	DK
5.1.2j Decontamination rooms	NA	_____	Yes	No	DK

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):**

6.5.1 Bacterial agents:		# on hand			
Ciprofloxacin	NA	_____	Yes	No	DK
Doxycycline	NA	_____	Yes	No	DK
Penicillin	NA	_____	Yes	No	DK
Chloramphenicol	NA	_____	Yes	No	DK
Azithromycin	NA	_____	Yes	No	DK
Rifampin	NA	_____	Yes	No	DK
Streptomycin	NA	_____	Yes	No	DK
Gentamicin	NA	_____	Yes	No	DK
6.5.2 Botulism toxin:					
Mechanical respiratory ventilators	NA	_____	Yes	No	DK
Other associated supplies	NA	_____	Yes	No	DK
6.5.3 Cyanides:					
Cyanide antidote kits containing amyl nitrite, sodium nitrite, sodium thiosulfate	NA	_____	Yes	No	DK
6.5.4 Lewisite:					
British Anti-Lewisite	NA	_____	Yes	No	DK
6.5.5 Nerve agents:					
Atropine	NA	_____	Yes	No	DK
Pralidoxime chloride	NA	_____	Yes	No	DK
Diazepam (or lorazepam)	NA	_____	Yes	No	DK
6.5.6 Pulmonary agents:					
Oxygen ventilators	NA	_____	Yes	No	DK
Respiratory care supplies	NA	_____	Yes	No	DK
6.5.7 All agents:					
Resuscitation equipment and supplies	NA	_____	Yes	No	DK
Vasopressors	NA	_____	Yes	No	DK

- 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?
- # on hand**
- 7.2.1 Self-contained breathing apparatus (with tank and full mask) _____ Yes No DK
- 7.2.2 Supplied air respirators (full mask and air-line from hospital air system) _____ Yes No DK
- 7.2.3 Chemical cartridge air purifying respirators _____ Yes No DK
- 7.2.4 HEPA masks (OSHA/NIOSH-approved high efficiency particulate) _____ Yes No DK
- 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) _____
- 8.2.1 Is there annual refresher training? Yes No DK
- 8.2.2 What is the annual number of training hours provided in:
- 8.2.2a Emergency/disaster preparedness? # hours: _____
- 8.2.2b Biological or chemical terrorism? # hours: _____
- 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
- | | #available | # trained | |
|--------------------------|-------------------|------------------|----|
| 8.3.1 Housekeeping Staff | _____ | _____ | DK |
| 8.3.2 Security | _____ | _____ | DK |
| 8.3.3 Food Service | _____ | _____ | DK |
| 8.3.4 Clerical | _____ | _____ | DK |

8.3.5	Pastoral Care	_____	_____	DK
8.3.6	Other Administrative Staff	_____	_____	DK
8.3.7	Medical Logistics	_____	_____	DK
8.3.8	Facilities Staff	_____	_____	DK
8.3.9	Technicians / Ancillary Support	_____	_____	DK
8.3.10	Physicians	_____	_____	DK
8.3.11	Nurses	_____	_____	DK
8.3.12	Nurse Practitioners	_____	_____	DK
8.3.13	Physician assistants	_____	_____	DK
8.3.14	Environmental health workers	_____	_____	DK
8.3.15	Mental health/Social workers	_____	_____	DK
8.3.16	Epidemiologists	_____	_____	DK
8.3.17	Laboratory personnel qualified to analyze biological or chemical agents	_____	_____	DK
8.3.18	Respiratory therapists	_____	_____	DK
8.3.19	Pharmacists	_____	_____	DK
8.3.20	Emergency medical technicians (EMTs)/ paramedics	_____	_____	DK
8.3.21	Health administrators/managers	_____	_____	DK
8.3.22	Risk managers	_____	_____	DK
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		Yes No	DK
8.8.1b	Handling of laboratory specimens		Yes No	DK
8.8.1c	Transportation of laboratory specimens		Yes No	DK
8.8.1d	Contact telephone numbers for reporting/consultation		Yes No	DK
8.8.1e	Guidelines for immediate reporting/consultation with public health officials		Yes No	DK
8.8.1f	Medical management of patients		Yes No	DK
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			
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	Yes	No	DK
10.1.3	Family members	Yes	No	DK
10.2	Does your facility have 'rumor control' protocols to prevent public hysteria?	Yes	No	DK
10.3	Does your facility have a Critical Incident Stress Debriefing (CISD) Team or CISD capability?	Yes	No	DK
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?	Yes	No	DK
11.4	Does your facility/system have procedures/protocols in place for:			
	11.4.1 Acquisition of suspected laboratory specimens?	Yes	No	DK
	11.4.2 Handling of suspected laboratory specimens?	Yes	No	DK
	11.4.3 Transportation of suspected laboratory specimens?	Yes	No	DK
11.5	Are the telephone numbers for the Public Health Department posted in your laboratories?	Yes	No	DK