

ID

Question

Qnum Answer

1 **Vermont Hospital Mutual Aid Network**

2 **Emergency Preparedness Data Collection Form**

3

**Please provide answers in Column D of this spreadsheet in the form of Y or N (yes or no), unless otherwise stated**

4

5 **Hospital: Brattleboro Memorial Hospital**

6 **Contact Person for this data collection form:**

7 **Date:**

8

9 **1. RADIO & PHONE COMMUNICATION**

**ANSWERS**

10	11	1a. Do you have an INTERNAL emergency communication radio system? Y/N	1a	Y
11	12	1b. Do you have an EXTERNAL emergency communication radio system? Y/N	1b	Y
12		1c. What frequencies does your EXTERNAL communication radio system operate on? (please list all in the column to the right)	1c	Ultra high signal goes for 3 miles
13			1c	
14			1c	
15			1c	
16			1c	
17			1c	
18			1c	
19			1c	N
20		1d. Do you have a satellite phone system? Y/N	1d	
21		1e. Do you have a satellite down link capability for videos? (i.e. CDC, etc.) Y/N	1e	N
22		1f. In an emergency, is there someone accessible and responsible, at all hours and each day of the week, to received and distribute emergency communications from Dept. of Health or Office of Emergency Management? Y/N	1f	Y
23		1g. What is this position?	1g	Nursing Supervisor
24		1h. How can they be reached?	1h	802-257-0341
25				
26		<b>2. HOSPITAL INDICATORS</b>		
27		2a. Does your emergency department have a list of reportable diseases and the Dept. of Health and Human Services telephone number POSTED to facilitate reporting?	2a	Y
28		2b. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 0-12 HOURS?	2b	No but we should have one soon
29		2c. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 12 HOURS?	2c	No but we should have one soon
30		2d. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 24 HOURS?	2d	N but we should have one soon
31		2e. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 72 HOURS?	2e	No but we should have one soon
32				
33		<b>3. SECURITY</b>		
34		3a. Are there procedures in place to control the exits and entrances to your facility? Y/N	3a	Y
35		3b. Does your facility have lock down procedures? Y/N	3b	Y
36		3c. Is the entry/exit identifies in your plan and easily identified for arriving medical personnel or equipment? Y/N	3c	N
37		3d. Do you have external maps available of the facility identifying the following		
38		3d1. Command Post (Y/N)	3d1	N
39		3d2. Triage Area(s) (Y/N)	3d2	N
40		3d3. Parking Area(s) (Y/N)	3d3	N
41		3d4. Decontamination facilities (Y/N)	3d4	N
42		3d5. Media Designated Area(s) (Y/N)	3d5	N
43		3d6. Family Designated Area(s) (Y/N)	3d6	N
44		3d7. Staging Area(s) for incoming personnel and equipment (Y/N)	3d7	N
45		3e. Is there a process in place to identify arriving donated medical personnel (i.e. match identifications with list sent by the donating hospital)? Y/N	3e.	N
46		3f. Are identification badges available for visiting staff? Y/N	3f.	N
47		3g. Are appropriate personnel designated to meet visiting personnel and direct them to the appropriate site? Y/N	3g.	N
48		3h. Is there a process in place to document borrowed and loaned pharmaceuticals supplies and equipment? Y/N	3h	N
49		3i. Are procedures in place to direct borrowed or loaned pharmaceuticals supplies and equipment to the appropriate site? Y/N	3i	N

50	3j. Are procedures in place for directing the media? Y/N	<b>3j</b>	Y
51	3k. Are procedures in place for directing patient family members? Y/N	<b>3k</b>	Y
52	3l. Are procedures in place for controlling/directing spontaneous/unsolicited volunteers? Y/N	<b>3l</b>	Y
	3m. Does your institution have a divert policy if it becomes incapacitated for any reason (i.e. contaminated) Y/N	<b>3m</b>	Y
54	3n. Does your institution have a designated location for patient decontamination? Y/N	<b>3n</b>	Y
55	3o. If so, what is the threshold capacity before outside assistance is needed?	<b>3o</b>	Can only do one at a time
56	3p. Who will staff decontamination operations?	<b>3p</b>	Nursing and Medical staff
57	3q. Is there staff 24/7 that can perform decon operations? Y/N	<b>3q</b>	Y
58			
59	<b>4. TRANSPORTATION</b>		
	4a. Do you have the contact names and numbers of services that can provide transportation?		
60	Y/N	<b>4a</b>	Y
61	4b. Have you identified a site for helicopter landing in the DAY? Y/N	<b>4b</b>	Y
62	4c. Have you identified a site for helicopter landing in the NIGHT? Y/N	<b>4c</b>	Y
	4d. Have you identified a site for helicopter landing during WEATHER CONSIDERATIONS?		
63	Y/N	<b>4d</b>	Y
64			
65	<b>5. PERSONNEL</b>		
	5a. Are you prepared to provide the following regarding your hospital's request for personnel from another facility?		
67	5a1. Photo ID (if necessary) to incoming personnel? Y/N	<b>5a1</b>	Y
68	5a2. If no, do you plan to in the future? Y/N	<b>5a2</b>	
69	5a3. The type and number of personnel needed? Y/N	<b>5a3</b>	Y
70	5a4. An estimate of how quickly the request must be met? Y/N	<b>5a4</b>	Y
71	5a5. The entry point at the hospital? Y/N	<b>5a5</b>	Y
72	5a6. Do you have an off-site staging center for staff? Y/N	<b>5a6</b>	Y
73	5a7. An estimate of how long the personnel will be needed? Y/N	<b>5a7</b>	Y
	5b. Has your institution undertaken a review of its Medical Staff by-laws and policies with respect to the issue of accepting the credential of licensed medical professionals in an emergency situation from other participating hospitals? Y/N	<b>5b</b>	N
74	5c. Does your disaster plan include demobilizing procedures (i.e. post-event stress debriefing) Y/N	<b>5c</b>	Y
75	Y/N		
76			
77	<b>6. PHARMACEUTICALS</b>		
	6a. Are there procedures in effect that allow for proper preparation and transporting of pharmaceuticals? Y/N	<b>6a</b>	N
78	6b. Are pharmaceutical supplies identified or stored for use during a disaster? Y/N	<b>6b</b>	N
79			
80			
81	<b>7. EQUIPMENT AND MEDICAL SUPPLIES</b>		
	7a. Are you prepared to identify the following information regarding the loaning or borrowing of equipment or medical materials?		
82			
83	7a1. The quantity needed or what is available to loan? Y/N	<b>7a1</b>	N
84	7a2. An estimate of how quickly the request must/can be met? Y/N	<b>7a2</b>	N
85	7a3. The time interval which the material resources will be needed/can be borrowed? Y/N	<b>7a3</b>	N
86	7a4. The location to which the material resources should be delivered? Y/N	<b>7a4</b>	N
87	7a5. The condition of the material prior to loaning? Y/N	<b>7a5</b>	N
88	7b. Are requisition forms available to document loaned medical supplies or equipment? Y/N	<b>7b</b>	N
89	7c. Is there an appropriate person assigned to verify and confirm delivery? Y/N	<b>7c</b>	N
	7d. Is there a procedure to tag incoming medical equipment to maintain its on-loan identity? Y/N	<b>7d</b>	N
90	7e. Do procedures exist that address how to handle resources that may show up without having been requested? Y/N	<b>7e</b>	N
91			
92	7f. Are the following supplies identified and stored for use during a disaster?		
93	7f1. Medical supplies (Y/N)	<b>7f1</b>	Y
94	7f2. Medical equipment (Y/N)	<b>7f2</b>	N
95	7f3. Equipment and supplies (Y/N)	<b>7f3</b>	N
96	7f4. Oxygen (Y/N)	<b>7f4</b>	N
97	7f5. Ventilators (Y/N)	<b>7f5</b>	N
98	7f6. Hepa Filter Masks (Y/N)	<b>7f6</b>	Y
99	7f7. N 95 Masks (Y/N)	<b>7f7</b>	Y
100	7f8. Regular Masks (Y/N)	<b>7f8</b>	Y
101	7f9. Gloves (Y/N)	<b>7f9</b>	Y
102	7f10. Litters (Y/N)	<b>7f10</b>	N
103	7f11. Bed pans and urinals (Y/N)	<b>7f11</b>	N
104	7f12. Linen (Y/N)	<b>7f12</b>	N
105	7f13. Wheelchairs (Y/N)	<b>7f13</b>	N

106 7f14. Beds (Y/N)	7f14	N
107 7f15. Flashlights and batteries (Y/N)	7f15	Y
108 7f16. Food (Y/N)	7f16	Y
109 7f17. Water for immediate use (Y/N)	7f17	Y
110 7f18. Cellular telephones or other communication linkages (Y/N)	7f18	Y
111 7f19. Adequate fuel supply for emergency generators (Y/N)	7f19	Y
112 7f20. Weather alert receiver (Y/N)	7f20	Y
113 7f21. Sand bags and rolls of plastic if located in flood prone areas (Y/N)	7f21	N
114 7f22. Plywood to protect windows (Y/N)	7f22	N
7g. Are there emergency "disaster kits" located on patient floors, treatment areas or other designated areas that are immediately accessible of a disaster were to occur and are they inspected at least annually? (Y/N)	7g	Y
7h. Have agreements been made with vendors (in and outside of your location) to furnish supplies/equipment during a disaster? (Y/N)	7h	N
7i. Are status reports given daily on supplies and equipment during a recovery period? Y/N	7i	N
7j. What personal protective equipment do you have at the facility with regard to HAZMAT and Decontamination?		
119 7j1. Type of Self-contained breathing apparatus	7j1	
120 7j2. Number of Self-contained breathing apparatus	7j2	
121 7j3. Cylinder duration	7j3	
122 7j4. Average number of spare cylinders	7j4	
123 7j5. Number of chemical protective suits (Level A)	7j5	
124 7j6. Number of chemical protective suits (Level B)	7j6	
125 7j7. Number of respirators	7j7	
126 7j8. Type of respirators	7j8	
127 7j9. Respiratory canister types	7j9	
128 7k. Are staff trained to use the personal protective equipment (PPE)? Y/N	7k	
129 7l. How many staff are training to use PPE?	7l	
130 7m. Are staff trained to perform Decon? Y/N	7m	Y
131 7n. How many staff can perform Decon?	7n	
132		
133 <b>8. TRANSFER / EVACUATION OF PATIENTS</b>		
8a. Is a mechanism in place to have the required documentation (i.e. medical records) available for patients being evacuated? Y/N	8a	Y
8b. Is a mechanism in place to have an accepting physician for each patient being transferred to your facility? Y/N	8b	Y
8c. Is there a process in place to notify the family of transferred patients? Y/N	8c	Y
8d. Is there a mechanism to provide temporary courtesy privileges to the transferred patient's physician from the evacuated facility? Y/N	8d	N
138		
139 <b>9. COLLABORATIVE COMMUNITY PLANNING</b>		
9a. Have you identified community resources? Y/N	9a	Y
9b. Are there signed statements of understandings with these resources? Y/N	9b	N
9c. Have you done collaborative planning in your community with key agencies such as:		
9c1. American Red Cross (Y/N)	9c1	Y
9c2. Local Police (Y/N)	9c2	Y
9c3. Fire Department (Y/N)	9c3	Y
9c4. State Police (Y/N)	9c4	Y
9c5. Salvation Army (Y/N)	9c5	
9c6. Chamber of Commerce (Y/N)	9c6	
9c7. Public Utilities (Y/N)	9c7	
9c8. Water Treatment (Y/N)	9c8	
9c9. Telephone Services (Y/N)	9c9	
9c10. Home Health Services (Y/N)	9c10	
9c11. Long Term Care facilities (Y/N)	9c11	
9c12. Community Health Centers (Y/N)	9c12	
9c13. Other Social Service Agencies (Y/N)	9c13	
9c14. Local EMS providers (Y/N)	9c14	
9d. Is there a mechanism in place to ensure that the same resources are not required or simultaneously utilized by more than one party? (Y/N)	9d	N
9e. Has your facility participated in a disaster drill with other organizations likely to be involved in an actual disaster? Y/N	9e	Y
159		
160 <b>10. THANK YOU FOR PARTICIPATING IN THE INTERROGATORIES!</b>		
<b>PLEASE RETURN COMPLETED SPREADSHEET TO LUCIE GARAND, VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS BY EMAIL AT <a href="mailto:lucie@vahhs.org">lucie@vahhs.org</a>.</b>		
161 <b>THANK YOU!</b>		

ID

Question

Qnum Answer

1 **Vermont Hospital Mutual Aid Network**

2 **Emergency Preparedness Data Collection Form**

3

**Please provide answers in Column D of this spreadsheet in the form of Y or N (yes or no), unless otherwise stated**

4

5

6 **Hospital: Copley Hospital**

7 **Contact Person for this data collection form:**

Tracy Webster

8 **Date:**

5/23/2003

9

10 **1. RADIO & PHONE COMMUNICATION**

**ANSWERS**

11 1a. Do you have an INTERNAL emergency communication radio system? Y/N

**1a** Y - handheld radios

12 1b. Do you have an EXTERNAL emergency communication radio system? Y/N

**1b** Y

13 1c. What frequencies does your EXTERNAL communication radio system operate on? (please list all in the column to the right)

**1c** HEAR 1,2

14

**1c**

15

**1c**

16

**1c**

17

**1c**

18

**1c**

19

**1c**

20 1d. Do you have a satellite phone system? Y/N

**1d** N

21 1e. Do you have a satellite down link capability for videos? (i.e. CDC, etc.) Y/N

**1e** N

22 1f. In an emergency, is there someone accessible and responsible, at all hours and each day of the week, to received and distribute emergency communications from Dept. of Health and Human Services or Office of Emergency Management? Y/N

**1f** Y

23 1g. What is this position?

**1g** Clinical Coordinator

24 1h. How can they be reached?

**1h** 888-4231 Beeper #105

25

26 **2. HOSPITAL INDICATORS**

27 2a. Does your emergency department have a list of reportable diseases and the Dept. of Health and Human Services telephone number POSTED to facilitate reporting?

**2a** Not in ED - in lab

28 2b. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 0-12 HOURS?

**2b** N

29 2c. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 12 HOURS?

**2c** N

30 2d. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 24 HOURS?

**2d** N

31 2e. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 72 HOURS?

**2e** N

32

33 **3. SECURITY**

34 3a. Are there procedures in place to control the exits and entrances to your facility? Y/N

**3a** N

35 3b. Does your facility have lock down procedures? Y/N

**3b** N - developing

36 3c. Is the entry/exit identifies in your plan and easily identified for arriving medical personnel or equipment? Y/N

**3c** N

37 3d. Do you have external maps available of the facility identifying the following

N

38 3d1. Command Post (Y/N)

**3d1** N

39 3d2. Triage Area(s) (Y/N)

**3d2** N

40 3d3. Parking Area(s) (Y/N)

**3d3** N

41 3d4. Decontamination facilities (Y/N)

**3d4** N

42 3d5. Media Designated Area(s) (Y/N)

**3d5** N

43 3d6. Family Designated Area(s) (Y/N)

**3d6** N

44 3d7. Staging Area(s) for incoming personnel and equipment (Y/N)

**3d7** N

45 3e. Is there a process in place to identify arriving donated medical personnel (i.e. match identifications with list sent by the donating hospital)? Y/N

**3e.** N

46 3f. Are identification badges available for visiting staff? Y/N

**3f.** N

47 3g. Are appropriate personnel designated to meet visiting personnel and direct them to the appropriate site? Y/N

**3g.** N

48 3h. Is there a process in place to document borrowed and loaned pharmaceuticals supplies and equipment? Y/N

**3h** N

49 3i. Are procedures in place to direct borrowed or loaned pharmaceuticals supplies and equipment to the appropriate site? Y/N

**3i** N

50 3j. Are procedures in place for directing the media? Y/N	<b>3j</b>	Y
51 3k. Are procedures in place for directing patient family members? Y/N	<b>3k</b>	Y
52 3l. Are procedures in place for controlling/directing spontaneous/unsolicited volunteers? Y/N	<b>3l</b>	Y
3m. Does your institution have a divert policy if it becomes incapacitated for any reason (i.e. contaminated) Y/N	<b>3m</b>	N
54 3n. Does your institution have a designated location for patient decontamination? Y/N	<b>3n</b>	N
55 3o. If so, what is the threshold capacity before outside assistance is needed?	<b>3o</b>	N/A
56 3p. Who will staff decontamination operations?	<b>3p</b>	Morristown F.D.
57 3q. Is there staff 24/7 that can perform decon operations? Y/N	<b>3q</b>	N
58		
59 <b>4. TRANSPORTATION</b>		
4a. Do you have the contact names and numbers of services that can provide transportation?		
60 Y/N	<b>4a</b>	Y
61 4b. Have you identified a site for helicopter landing in the DAY? Y/N	<b>4b</b>	Y
62 4c. Have you identified a site for helicopter landing in the NIGHT? Y/N	<b>4c</b>	Y
4d. Have you identified a site for helicopter landing during WEATHER CONSIDERATIONS?		
63 Y/N	<b>4d</b>	Y
64		
65 <b>5. PERSONNEL</b>		
5a. Are you prepared to provide the following regarding your hospital's request for personnel from another facility?		
66		
67 5a1. Photo ID (if necessary) to incoming personnel? Y/N	<b>5a1</b>	N
68 5a2. If no, do you plan to in the future? Y/N	<b>5a2</b>	Y
69 5a3. The type and number of personnel needed? Y/N	<b>5a3</b>	
70 5a4. An estimate of how quickly the request must be met? Y/N	<b>5a4</b>	
71 5a5. The entry point at the hospital? Y/N	<b>5a5</b>	
72 5a6. Do you have an off-site staging center for staff? Y/N	<b>5a6</b>	
73 5a7. An estimate of how long the personnel will be needed? Y/N	<b>5a7</b>	
5b. Has your institution undertaken a review of its Medical Staff by-laws and policies with respect to the issue of accepting the credential of licensed medical professionals in an emergency situation from other participating hospitals? Y/N	<b>5b</b>	DK
74 5c. Does your disaster plan include demobilizing procedures (i.e. post-event stress debriefing) Y/N	<b>5c</b>	Y
75 Y/N		
76		
77 <b>6. PHARMACEUTICALS</b>		
6a. Are there procedures in effect that allow for proper preparation and transporting of pharmaceuticals? Y/N	<b>6a</b>	DK
78 6b. Are pharmaceutical supplies identified or stored for use during a disaster? Y/N	<b>6b</b>	DK
79		
80		
81 <b>7. EQUIPMENT AND MEDICAL SUPPLIES</b>		
7a. Are you prepared to identify the following information regarding the loaning or borrowing of equipment or medical materials?		Y
82		
83 7a1. The quantity needed or what is available to loan? Y/N	<b>7a1</b>	Y
84 7a2. An estimate of how quickly the request must/can be met? Y/N	<b>7a2</b>	Y
85 7a3. The time interval which the material resources will be needed/can be borrowed? Y/N	<b>7a3</b>	Y
86 7a4. The location to which the material resources should be delivered? Y/N	<b>7a4</b>	Y
87 7a5. The condition of the material prior to loaning? Y/N	<b>7a5</b>	Y
88 7b. Are requisition forms available to document loaned medical supplies or equipment? Y/N	<b>7b</b>	Y
89 7c. Is there an appropriate person assigned to verify and confirm delivery? Y/N	<b>7c</b>	Y
7d. Is there a procedure to tag incoming medical equipment to maintain its on-loan identity? Y/N	<b>7d</b>	DK
90		
7e. Do procedures exist that address how to handle resources that may show up without having been requested? Y/N	<b>7e</b>	N
91		
92 7f. Are the following supplies identified and stored for use during a disaster?		
93 7f1. Medical supplies (Y/N)	<b>7f1</b>	Y
94 7f2. Medical equipment (Y/N)	<b>7f2</b>	N
95 7f3. Equipment and supplies (Y/N)	<b>7f3</b>	N
96 7f4. Oxygen (Y/N)	<b>7f4</b>	N
97 7f5. Ventilators (Y/N)	<b>7f5</b>	N
98 7f6. Hepa Filter Masks (Y/N)	<b>7f6</b>	N
99 7f7. N 95 Masks (Y/N)	<b>7f7</b>	N
100 7f8. Regular Masks (Y/N)	<b>7f8</b>	N
101 7f9. Gloves (Y/N)	<b>7f9</b>	N
102 7f10. Litters (Y/N)	<b>7f10</b>	N
103 7f11. Bed pans and urinals (Y/N)	<b>7f11</b>	N
104 7f12. Linen (Y/N)	<b>7f12</b>	N
105 7f13. Wheelchairs (Y/N)	<b>7f13</b>	N

106 7f14. Beds (Y/N)	7f14	N
107 7f15. Flashlights and batteries (Y/N)	7f15	N
108 7f16. Food (Y/N)	7f16	N
109 7f17. Water for immediate use (Y/N)	7f17	Y
110 7f18. Cellular telephones or other communication linkages (Y/N)	7f18	N
111 7f19. Adequate fuel supply for emergency generators (Y/N)	7f19	Y
112 7f20. Weather alert receiver (Y/N)	7f20	N
113 7f21. Sand bags and rolls of plastic if located in flood prone areas (Y/N)	7f21	N
114 7f22. Plywood to protect windows (Y/N)	7f22	N
7g. Are there emergency "disaster kits" located on patient floors, treatment areas or other designated areas that are immediately accessible of a disaster were to occur and are they inspected at least annually? (Y/N)	7g	N
7h. Have agreements been made with vendors (in and outside of your location) to furnish supplies/equipment during a disaster? (Y/N)	7h	Y
7i. Are status reports given daily on supplies and equipment during a recovery period? Y/N	7i	Y
7j. What personal protective equipment do you have at the facility with regard to HAZMAT and Decontamination?		
119 7j1. Type of Self-contained breathing apparatus	7j1	NONE
120 7j2. Number of Self-contained breathing apparatus	7j2	NONE
121 7j3. Cylinder duration	7j3	NONE
122 7j4. Average number of spare cylinders	7j4	NONE
123 7j5. Number of chemical protective suits (Level A)	7j5	NONE
124 7j6. Number of chemical protective suits (Level B)	7j6	NONE
125 7j7. Number of respirators	7j7	NONE
126 7j8. Type of respirators	7j8	NONE
127 7j9. Respiratory canister types	7j9	NONE
128 7k. Are staff trained to use the personal protective equipment (PPE)? Y/N	7k	N
129 7l. How many staff are training to use PPE?	7l	NONE
130 7m. Are staff trained to perform Decon? Y/N	7m	N
131 7n. How many staff can perform Decon?	7n	NONE
132		
133 <b>8. TRANSFER / EVACUATION OF PATIENTS</b>		
8a. Is a mechanism in place to have the required documentation (i.e. medical records) available for patients being evacuated? Y/N	8a	Y
8b. Is a mechanism in place to have an accepting physician for each patient being transferred to your facility? Y/N	8b	Y
8c. Is there a process in place to notify the family of transferred patients? Y/N	8c	Y
8d. Is there a mechanism to provide temporary courtesy privileges to the transferred patient's physician from the evacuated facility? Y/N	8d	N
138		
139 <b>9. COLLABORATIVE COMMUNITY PLANNING</b>		
9a. Have you identified community resources? Y/N	9a	Y
9b. Are there signed statements of understandings with these resources? Y/N	9b	N
142 9c. Have you done collaborative planning in your community with key agencies such as:		
143 9c1. American Red Cross (Y/N)	9c1	N
144 9c2. Local Police (Y/N)	9c2	Y
145 9c3. Fire Department (Y/N)	9c3	Y
146 9c4. State Police (Y/N)	9c4	Y
147 9c5. Salvation Army (Y/N)	9c5	N
148 9c6. Chamber of Commerce (Y/N)	9c6	Y
149 9c7. Public Utilities (Y/N)	9c7	N
150 9c8. Water Treatment (Y/N)	9c8	N
151 9c9. Telephone Services (Y/N)	9c9	N
152 9c10. Home Health Services (Y/N)	9c10	N
153 9c11. Long Term Care facilities (Y/N)	9c11	Y
154 9c12. Community Health Centers (Y/N)	9c12	N
155 9c13. Other Social Service Agencies (Y/N)	9c13	Y
156 9c14. Local EMS providers (Y/N)	9c14	Y
9d. Is there a mechanism in place to ensure that the same resources are not required or simultaneously utilized by more than one party? (Y/N)	9d	DK
9e. Has your facility participated in a disaster drill with other organizations likely to be involved in an actual disaster? Y/N	9e	Y
159		
160 <b>10. THANK YOU FOR PARTICIPATING IN THE INTERROGATORIES!</b>		
<b>PLEASE RETURN COMPLETED SPREADSHEET TO LUCIE GARAND, VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS BY EMAIL AT <a href="mailto:lucie@vahhs.org">lucie@vahhs.org</a>.</b>		
161 <b>THANK YOU!</b>		

ID

Question

Qnum Answer

1 **Vermont Hospital Mutual Aid Network**

2 **Emergency Preparedness Data Collection Form**

3

**Please provide answers in Column D of this spreadsheet in the form of Y or N (yes or no), unless otherwise stated**

4

5 **Hospital: Central Vermont Hospital**

6 **Contact Person for this data collection form:**

7 **Date:**

8

9 **1. RADIO & PHONE COMMUNICATION**

**ANSWERS**

10	11	1a. Do you have an INTERNAL emergency communication radio system? Y/N	1a	Y	
11	12	1b. Do you have an EXTERNAL emergency communication radio system? Y/N	1b	Y	
12		1c. What frequencies does your EXTERNAL communication radio system operate on? (please list all in the column to the right)	1c		155350
13			1c		
14			1c		
15			1c		
16			1c		
17			1c		
18			1c		
19			1c		
20	20	1d. Do you have a satellite phone system? Y/N	1d	N	
21	21	1e. Do you have a satellite down link capability for videos? (i.e. CDC, etc.) Y/N	1e	Y	
22		1f. In an emergency, is there someone accessible and responsible, at all hours and each day of the week, to received and distribute emergency communications from Dept. of Health and Human Services or Office of Emergency Management? Y/N	1f	Y	
23	23	1g. What is this position?	1g		Nursing Supervisor
24	24	1h. How can they be reached?	1h		Pager # 479-6353
25					
26		<b>2. HOSPITAL INDICATORS</b>			
27		2a. Does your emergency department have a list of reportable diseases and the Dept. of Health and Human Services telephone number POSTED to facilitate reporting?	2a	Y	
28		2b. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 0-12 HOURS?	2b	Y	
29		2c. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 12 HOURS?	2c	Y	
30		2d. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 24 HOURS?	2d	Y	
31		2e. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 72 HOURS?	2e	Y	
32					
33		<b>3. SECURITY</b>			
34	34	3a. Are there procedures in place to control the exits and entrances to your facility? Y/N	3a	Y	
35	35	3b. Does your facility have lock down procedures? Y/N	3b		Y-Infant Abduction Plan
36		3c. Is the entry/exit identifies in your plan and easily identified for arriving medical personnel or equipment? Y/N	3c	Y	
37	37	3d. Do you have external maps available of the facility identifying the following			
38	38	3d1. Command Post (Y/N)	3d1	Y	
39	39	3d2. Triage Area(s) (Y/N)	3d2	Y	
40	40	3d3. Parking Area(s) (Y/N)	3d3	Y	
41	41	3d4. Decontamination facilities (Y/N)	3d4	Y	
42	42	3d5. Media Designated Area(s) (Y/N)	3d5	Y	
43	43	3d6. Family Designated Area(s) (Y/N)	3d6	Y	
44	44	3d7. Staging Area(s) for incoming personnel and equipment (Y/N)	3d7	Y	
45		3e. Is there a process in place to identify arriving donated medical personnel (i.e. match identifications with list sent by the donating hospital)? Y/N	3e.	Y	
46	46	3f. Are identification badges available for visiting staff? Y/N	3f.	Y	
47		3g. Are appropriate personnel designated to meet visiting personnel and direct them to the appropriate site? Y/N	3g.	Y	
48		3h. Is there a process in place to document borrowed and loaned pharmaceuticals supplies and equipment? Y/N	3h	Y	
49		3i. Are procedures in place to direct borrowed or loaned pharmaceuticals supplies and equipment to the appropriate site? Y/N	3i	Y	

50	3j. Are procedures in place for directing the media? Y/N	<b>3j</b>	Y
51	3k. Are procedures in place for directing patient family members? Y/N	<b>3k</b>	Y
52	3l. Are procedures in place for controlling/directing spontaneous/unsolicited volunteers? Y/N	<b>3l</b>	Y
	3m. Does your institution have a divert policy if it becomes incapacitated for any reason (i.e. contaminated) Y/N	<b>3m</b>	N
54	3n. Does your institution have a designated location for patient decontamination? Y/N	<b>3n</b>	Y
55	3o. If so, what is the threshold capacity before outside assistance is needed?	<b>3o</b>	2
56	3p. Who will staff decontamination operations?	<b>3p</b>	ED Staff (will be change)
57	3q. Is there staff 24/7 that can perform decon operations? Y/N	<b>3q</b>	N
58			
59	<b>4. TRANSPORTATION</b>		
	4a. Do you have the contact names and numbers of services that can provide transportation?		
60	Y/N	<b>4a</b>	Y-We have a Helipad
61	4b. Have you identified a site for helicopter landing in the DAY? Y/N	<b>4b</b>	Y
62	4c. Have you identified a site for helicopter landing in the NIGHT? Y/N	<b>4c</b>	Y
	4d. Have you identified a site for helicopter landing during WEATHER CONSIDERATIONS?		
63	Y/N	<b>4d</b>	Y
64			
65	<b>5. PERSONNEL</b>		
	5a. Are you prepared to provide the following regarding your hospital's request for personnel from another facility?		
67	5a1. Photo ID (if necessary) to incoming personnel? Y/N	<b>5a1</b>	Y
68	5a2. If no, do you plan to in the future? Y/N	<b>5a2</b>	
69	5a3. The type and number of personnel needed? Y/N	<b>5a3</b>	Y
70	5a4. An estimate of how quickly the request must be met? Y/N	<b>5a4</b>	N
71	5a5. The entry point at the hospital? Y/N	<b>5a5</b>	Y
72	5a6. Do you have an off-site staging center for staff? Y/N	<b>5a6</b>	N (Working on)
73	5a7. An estimate of how long the personnel will be needed? Y/N	<b>5a7</b>	Y
	5b. Has your institution undertaken a review of its Medical Staff by-laws and policies with respect to the issue of accepting the credential of licensed medical professionals in an emergency situation from other participating hospitals? Y/N	<b>5b</b>	Y
74	5c. Does your disaster plan include demobilizing procedures (i.e. post-event stress debriefing) Y/N	<b>5c</b>	Y
75	Y/N		
76			
77	<b>6. PHARMACEUTICALS</b>		
	6a. Are there procedures in effect that allow for proper preparation and transporting of pharmaceuticals? Y/N	<b>6a</b>	Y
78	6b. Are pharmaceutical supplies identified or stored for use during a disaster? Y/N	<b>6b</b>	N
79			
80			
81	<b>7. EQUIPMENT AND MEDICAL SUPPLIES</b>		
	7a. Are you prepared to identify the following information regarding the loaning or borrowing of equipment or medical materials?		
82			
83	7a1. The quantity needed or what is available to loan? Y/N	<b>7a1</b>	Y
84	7a2. An estimate of how quickly the request must/can be met? Y/N	<b>7a2</b>	Y
85	7a3. The time interval which the material resources will be needed/can be borrowed? Y/N	<b>7a3</b>	Y
86	7a4. The location to which the material resources should be delivered? Y/N	<b>7a4</b>	Y
87	7a5. The condition of the material prior to loaning? Y/N	<b>7a5</b>	N
88	7b. Are requisition forms available to document loaned medical supplies or equipment? Y/N	<b>7b</b>	Y
89	7c. Is there an appropriate person assigned to verify and confirm delivery? Y/N	<b>7c</b>	Y
	7d. Is there a procedure to tag incoming medical equipment to maintain its on-loan identity? Y/N	<b>7d</b>	Y
90	7e. Do procedures exist that address how to handle resources that may show up without having been requested? Y/N	<b>7e</b>	Y
91			
92	7f. Are the following supplies identified and stored for use during a disaster?		Y-Limited
93	7f1. Medical supplies (Y/N)	<b>7f1</b>	N
94	7f2. Medical equipment (Y/N)	<b>7f2</b>	Y
95	7f3. Equipment and supplies (Y/N)	<b>7f3</b>	N
96	7f4. Oxygen (Y/N)	<b>7f4</b>	N
97	7f5. Ventilators (Y/N)	<b>7f5</b>	Y
98	7f6. Hepa Filter Masks (Y/N)	<b>7f6</b>	N
99	7f7. N 95 Masks (Y/N)	<b>7f7</b>	N
100	7f8. Regular Masks (Y/N)	<b>7f8</b>	N
101	7f9. Gloves (Y/N)	<b>7f9</b>	N
102	7f10. Litters (Y/N)	<b>7f10</b>	N
103	7f11. Bed pans and urinals (Y/N)	<b>7f11</b>	N
104	7f12. Linen (Y/N)	<b>7f12</b>	N
105	7f13. Wheelchairs (Y/N)	<b>7f13</b>	N

106 7f14. Beds (Y/N)	7f14	Y	
107 7f15. Flashlights and batteries (Y/N)	7f15	N	
108 7f16. Food (Y/N)	7f16	N	
109 7f17. Water for immediate use (Y/N)	7f17	Y	
110 7f18. Cellular telephones or other communication linkages (Y/N)	7f18	Y	
111 7f19. Adequate fuel supply for emergency generators (Y/N)	7f19	N	
112 7f20. Weather alert receiver (Y/N)	7f20	N/A	
113 7f21. Sand bags and rolls of plastic if located in flood prone areas (Y/N)	7f21	N	
114 7f22. Plywood to protect windows (Y/N)	7f22	Y	
7g. Are there emergency "disaster kits" located on patient floors, treatment areas or other designated areas that are immediately accessible of a disaster were to occur and are they inspected at least annually? (Y/N)	7g	Y	
7h. Have agreements been made with vendors (in and outside of your location) to furnish supplies/equipment during a disaster? (Y/N)	7h	Y	
117 7i. Are status reports given daily on supplies and equipment during a recovery period? Y/N	7i	Y	
7j. What personal protective equipment do you have at the facility with regard to HAZMAT and Decontamination?			
119 7j1. Type of Self-contained breathing apparatus	7j1		
120 7j2. Number of Self-contained breathing apparatus	7j2		
121 7j3. Cylinder duration	7j3		
122 7j4. Average number of spare cylinders	7j4		
123 7j5. Number of chemical protective suits (Level A)	7j5	Tyvek Suits 1-case ea.M,L,X-L	
124 7j6. Number of chemical protective suits (Level B)	7j6		
125 7j7. Number of respirators	7j7		6
126 7j8. Type of respirators	7j8	Full Face	
127 7j9. Respiratory canister types	7j9	Charcoal	
128 7k. Are staff trained to use the personal protective equipment (PPE)? Y/N	Y	y	
129 7l. How many staff are training to use PPE?	7l		3
130 7m. Are staff trained to perform Decon? Y/N	7m	Y	
131 7n. How many staff can perform Decon?	7n		3
132			
133 <b>8. TRANSFER / EVACUATION OF PATIENTS</b>			
8a. Is a mechanism in place to have the required documentation (i.e. medical records) available for patients being evacuated? Y/N	8a	Y	
8b. Is a mechanism in place to have an accepting physician for each patient being transferred to your facility? Y/N	8b	Y	
136 8c. Is there a process in place to notify the family of transferred patients? Y/N	8c	Y	
8d. Is there a mechanism to provide temporary courtesy privileges to the transferred patient's physician from the evacuated facility? Y/N	8d	N-Working on	
138			
139 <b>9. COLLABORATIVE COMMUNITY PLANNING</b>			
140 9a. Have you identified community resources? Y/N	9a	Y	
141 9b. Are there signed statements of understandings with these resources? Y/N	9b	N	
142 9c. Have you done collaborative planning in your community with key agencies such as:			
143 9c1. American Red Cross (Y/N)	9c1	N	
144 9c2. Local Police (Y/N)	9c2	Y	
145 9c3. Fire Department (Y/N)	9c3	Y	
146 9c4. State Police (Y/N)	9c4	Y	
147 9c5. Salvation Army (Y/N)	9c5	N	
148 9c6. Chamber of Commerce (Y/N)	9c6	N	
149 9c7. Public Utilities (Y/N)	9c7	N	
150 9c8. Water Treatment (Y/N)	9c8	N	
151 9c9. Telephone Services (Y/N)	9c9	N	
152 9c10. Home Health Services (Y/N)	9c10	N	
153 9c11. Long Term Care facilities (Y/N)	9c11		
154 9c12. Community Health Centers (Y/N)	9c12		
155 9c13. Other Social Service Agencies (Y/N)	9c13		
156 9c14. Local EMS providers (Y/N)	9c14		
9d. Is there a mechanism in place to ensure that the same resources are not required or simultaneously utilized by more than one party? (Y/N)	9d	N-Working on	
9e. Has your facility participated in a disaster drill with other organizations likely to be involved in an actual disaster? Y/N	9e	Y	
159			
160 <b>10. THANK YOU FOR PARTICIPATING IN THE INTERROGATORIES!</b>			
<b>PLEASE RETURN COMPLETED SPREADSHEET TO LUCIE GARAND, VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS BY EMAIL AT <a href="mailto:lucie@vahhs.org">lucie@vahhs.org</a>.</b>			
161 <b>THANK YOU!</b>			

1 **Vermont Hospital Mutual Aid Network**  
 2 **Emergency Preparedness Data Collection Form**

3  
 4 **Please provide answers in Column D of this spreadsheet in the form of Y or N (yes or no), unless otherwise stated**

5  
 6 **Hospital: Champlain Valley Physicians Hospital Medical Center**  
 7 **Contact Person for this data collection form:**

8 **Date:**

9  
 10 **1. RADIO & PHONE COMMUNICATION**

**ANSWERS**

11 1a. Do you have an INTERNAL emergency communication radio system? Y/N	<b>1a</b>	Y
12 1b. Do you have an EXTERNAL emergency communication radio system? Y/N	<b>1b</b>	Y
13 1c. What frequencies does your EXTERNAL communication radio system operate on? (please list all in the column to the right)	<b>1c</b>	EMS Radio
14	<b>1c</b>	852.0125 (county)
15	<b>1c</b>	155.295 (state)
16	<b>1c</b>	
17	<b>1c</b>	Security
18	<b>1c</b>	
19	<b>1c</b>	
20 1d. Do you have a satellite phone system? Y/N	<b>1d</b>	N
21 1e. Do you have a satellite down link capability for videos? (i.e. CDC, etc.) Y/N	<b>1e</b>	N
22 1f. In an emergency, is there someone accessible and responsible, at all hours and each day of the week, to received and distribute emergency communications from Dept. of Health or Office of Emergency Management? Y/N	<b>1f</b>	Y
23 1g. What is this position?	<b>1g</b>	Administrator on Call
24 1h. How can they be reached?	<b>1h</b>	518-561-2000

25  
 26 **2. HOSPITAL INDICATORS**

27 2a. Does your emergency department have a list of reportable diseases and the Dept. of Health and Human Services telephone number POSTED to facilitate reporting?	<b>2a</b>	Y
28 2b. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 0-12 HOURS?	<b>2b</b>	Y
29 2c. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 12 HOURS?	<b>2c</b>	Y
30 2d. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 24 HOURS?	<b>2d</b>	Y
31 2e. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 72 HOURS?	<b>2e</b>	Y

32

33 **3. SECURITY**

34 3a. Are there procedures in place to control the exits and entrances to your facility? Y/N	<b>3a</b>	Y
35 3b. Does your facility have lock down procedures? Y/N	<b>3b</b>	Y
36 3c. Is the entry/exit identifies in your plan and easily identified for arriving medical personnel or equipment? Y/N	<b>3c</b>	Y
37 3d. Do you have external maps available of the facility identifying the following		
38 3d1. Command Post (Y/N)	<b>3d1</b>	Y
39 3d2. Triage Area(s) (Y/N)	<b>3d2</b>	Y
40 3d3. Parking Area(s) (Y/N)	<b>3d3</b>	Y
41 3d4. Decontamination facilities (Y/N)	<b>3d4</b>	Y
42 3d5. Media Designated Area(s) (Y/N)	<b>3d5</b>	Y
43 3d6. Family Designated Area(s) (Y/N)	<b>3d6</b>	Y
44 3d7. Staging Area(s) for incoming personnel and equipment (Y/N)	<b>3d7</b>	Y
45 3e. Is there a process in place to identify arriving donated medical personnel (i.e. match identifications with list sent by the donating hospital)? Y/N	<b>3e.</b>	Y
46 3f. Are identification badges available for visiting staff? Y/N	<b>3f.</b>	Y
47 3g. Are appropriate personnel designated to meet visiting personnel and direct them to the appropriate site? Y/N	<b>3g.</b>	Y
48 3h. Is there a process in place to document borrowed and loaned pharmaceuticals supplies and equipment? Y/N	<b>3h</b>	Y
49 3i. Are procedures in place to direct borrowed or loaned pharmaceuticals supplies and equipment to the appropriate site? Y/N	<b>3i</b>	Y
50 3j. Are procedures in place for directing the media? Y/N	<b>3j</b>	Y
51 3k. Are procedures in place for directing patient family members? Y/N	<b>3k</b>	Y
52 3l. Are procedures in place for controlling/directing spontaneous/unsolicited volunteers? Y/N	<b>3l</b>	Y
53 3m. Does your institution have a divert policy if it becomes incapacitated for any reason (i.e. contaminated) Y/N	<b>3m</b>	Y
54 3n. Does your institution have a designated location for patient decontamination? Y/N	<b>3n</b>	Y
55 3o. If so, what is the threshold capacity before outside assistance is needed?	<b>3o</b>	Two at a time
56 3p. Who will staff decontamination operations?	<b>3p</b>	ED & Facilities Staff
57 3q. Is there staff 24/7 that can perform decon operations? Y/N	<b>3q</b>	Y

58

59 **4. TRANSPORTATION**

60 4a. Do you have the contact names and numbers of services that can provide transportation? Y/N	<b>4a</b>	Y - Have a Helipad
61 4b. Have you identified a site for helicopter landing in the DAY? Y/N	<b>4b</b>	Y
62 4c. Have you identified a site for helicopter landing in the NIGHT? Y/N	<b>4c</b>	Y
63 4d. Have you identified a site for helicopter landing during WEATHER CONSIDERATIONS? Y/N	<b>4d</b>	Y

64

65 **5. PERSONNEL**

66 5a. Are you prepared to provide the following regarding your hospital's request for personnel from another facility?		
67 5a1. Photo ID (if necessary) to incoming personnel? Y/N	<b>5a1</b>	Y
68 5a2. If no, do you plan to in the future? Y/N	<b>5a2</b>	Y
69 5a3. The type and number of personnel needed? Y/N	<b>5a3</b>	Y
70 5a4. An estimate of how quickly the request must be met? Y/N	<b>5a4</b>	Y

71	5a5. The entry point at the hospital? Y/N	<b>5a5</b>	Y
72	5a6. Do you have an off-site staging center for staff? Y/N	<b>5a6</b>	Y
73	5a7. An estimate of how long the personnel will be needed? Y/N	<b>5a7</b>	Y
	5b. Has your institution undertaken a review of its Medical Staff by-laws and policies with respect to the issue of accepting the credential of licensed medical professionals in an emergency situation from other participating hospitals? Y/N	<b>5b</b>	Y
74	5c. Does your disaster plan include demobilizing procedures (i.e. post-event stress debriefing)? Y/N	<b>5c</b>	Y
75			
76			
77	<b>6. PHARMACEUTICALS</b>		
	6a. Are there procedures in effect that allow for proper preparation and transporting of pharmaceuticals? Y/N	<b>6a</b>	Y
78			
79	6b. Are pharmaceutical supplies identified or stored for use during a disaster? Y/N	<b>6b</b>	N
80			
81	<b>7. EQUIPMENT AND MEDICAL SUPPLIES</b>		
	7a. Are you prepared to identify the following information regarding the loaning or borrowing of equipment or medical materials?		
82			
83	7a1. The quantity needed or what is available to loan? Y/N	<b>7a1</b>	Y
84	7a2. An estimate of how quickly the request must/can be met? Y/N	<b>7a2</b>	Y
85	7a3. The time interval which the material resources will be needed/can be borrowed? Y/N	<b>7a3</b>	Y
86	7a4. The location to which the material resources should be delivered? Y/N	<b>7a4</b>	Y
87	7a5. The condition of the material prior to loaning? Y/N	<b>7a5</b>	Y
88	7b. Are requisition forms available to document loaned medical supplies or equipment? Y/N	<b>7b</b>	N
89	7c. Is there an appropriate person assigned to verify and confirm delivery? Y/N	<b>7c</b>	Y
	7d. Is there a procedure to tab incoming medical equipment to maintain its on-loan identity? Y/N	<b>7d</b>	Y
90			
	7e. Do procedures exist that address how to handle resources that may show up without having been requested? Y/N	<b>7e</b>	N
91			
92	7f. Are the following supplies identified and stored for use during a disaster?		
93	7f1. Medical supplies (Y/N)	<b>7f1</b>	N
94	7f2. Medical equipment (Y/N)	<b>7f2</b>	N
95	7f3. Equipment and supplies (Y/N)	<b>7f3</b>	N
96	7f4. Oxygen (Y/N)	<b>7f4</b>	Y
97	7f5. Ventilators (Y/N)	<b>7f5</b>	N
98	7f6. Hepa Filter Masks (Y/N)	<b>7f6</b>	N
99	7f7. N 95 Masks (Y/N)	<b>7f7</b>	N - None as disaster supplies - normal stock adequate
100	7f8. Regular Masks (Y/N)	<b>7f8</b>	N - None as disaster supplies - normal stock adequate
101	7f9. Gloves (Y/N)	<b>7f9</b>	N - None as disaster supplies - normal stock adequate
102	7f10. Litters (Y/N)	<b>7f10</b>	N
103	7f11. Bed pans and urinals (Y/N)	<b>7f11</b>	N
104	7f12. Linen (Y/N)	<b>7f12</b>	N
105	7f13. Wheelchairs (Y/N)	<b>7f13</b>	N
106	7f14. Beds (Y/N)	<b>7f14</b>	N
107	7f15. Flashlights and batteries (Y/N)	<b>7f15</b>	Y
108	7f16. Food (Y/N)	<b>7f16</b>	N
109	7f17. Water for immediate use (Y/N)	<b>7f17</b>	N

110 7f18. Cellular telephones or other communication linkages (Y/N)	<b>7f18</b>	Y
111 7f19. Adequate fuel supply for emergency generators (Y/N)	<b>7f19</b>	Y
112 7f20. Weather alert receiver (Y/N)	<b>7f20</b>	N
113 7f21. Sand bags and rolls of plastic if located in flood prone areas (Y/N)	<b>7f21</b>	Y
114 7f22. Plywood to protect windows (Y/N)	<b>7f22</b>	Y
7g. Are there emergency "disaster kits" located on patient floors, treatment areas or other designated areas that are immediately accessible of a disaster were to occur and are they inspected at least annually? (Y/N)	<b>7g</b>	N
7h. Have agreements been made with vendors (in and outside of your location) to furnish supplies/equipment during a disaster? (Y/N)	<b>7h</b>	Y
117 7i. Are status reports given daily on supplies and equipment during a recovery period? Y/N	<b>7i</b>	Y
7j. What personal protective equipment do you have at the facility with regard to HAZMAT and Decontamination?		Tyvek Suits
119 7j1. Type of Self-contained breathing apparatus	<b>7j1</b>	N
120 7j2. Number of Self-contained breathing apparatus	<b>7j2</b>	N
121 7j3. Cylinder duration	<b>7j3</b>	N
122 7j4. Average number of spare cylinders	<b>7j4</b>	N
123 7j5. Number of chemical protective suits (Level A)	<b>7j5</b>	Tyvek Suits - 50-75
124 7j6. Number of chemical protective suits (Level B)	<b>7j6</b>	N
125 7j7. Number of respirators	<b>7j7</b>	30
126 7j8. Type of respirators	<b>7j8</b>	Half face
127 7j9. Respiratory canister types	<b>7j9</b>	HEPA
128 7k. Are staff trained to use the personal protective equipment (PPE)? Y/N	<b>7k</b>	Y
129 7l. How many staff are training to use PPE?	<b>7l</b>	30
130 7m. Are staff trained to perform Decon? Y/N	<b>7m</b>	Y
131 7n. How many staff can perform Decon?	<b>7n</b>	10
132		
133 <b>8. TRANSFER / EVACUATION OF PATIENTS</b>		
8a. Is a mechanism in place to have the required documentation (i.e. medical records) available for patients being evacuated? Y/N	<b>8a</b>	Y
8b. Is a mechanism in place to have an accepting physician for each patient being transferred to your facility? Y/N	<b>8b</b>	Y
136 8c. Is there a process in place to notify the family of transferred patients? Y/N	<b>8c</b>	Y
8d. Is there a mechanism to provide temporary courtesy privileges to the transferred patient's physician from the evacuated facility? Y/N	<b>8d</b>	Y
138		
139 <b>9. COLLABORATIVE COMMUNITY PLANNING</b>		
140 9a. Have you identified community resources? Y/N	<b>9a</b>	Y
141 9b. Are there signed statements of understandings with these resources? Y/N	<b>9b</b>	Y
142 9c. Have you done collaborative planning in your community with key agencies such as:		
143 9c1. American Red Cross (Y/N)	<b>9c1</b>	Y
144 9c2. Local Police (Y/N)	<b>9c2</b>	Y
145 9c3. Fire Department (Y/N)	<b>9c3</b>	Y
146 9c4. State Police (Y/N)	<b>9c4</b>	Y
147 9c5. Salvation Army (Y/N)	<b>9c5</b>	Y
148 9c6. Chamber of Commerce (Y/N)	<b>9c6</b>	Y
149 9c7. Public Utilities (Y/N)	<b>9c7</b>	Y
150 9c8. Water Treatment (Y/N)	<b>9c8</b>	Y

151	9c9. Telephone Services (Y/N)	<b>9c9</b>	Y
152	9c10. Home Health Services (Y/N)	<b>9c10</b>	Y
153	9c11. Long Term Care facilities (Y/N)	<b>9c11</b>	Y
154	9c12. Community Health Centers (Y/N)	<b>9c12</b>	Y
155	9c13. Other Social Service Agencies (Y/N)	<b>9c13</b>	Y
156	9c14. Local EMS providers (Y/N)	<b>9c14</b>	Y
157	9d. Is there a mechanism in place to ensure that the same resources are not required or simultaneously utilized by more than one party? (Y/N)	<b>9d</b>	Y
158	9e. Has your facility participated in a disaster drill with other organizations likely to be involved in an actual disaster? Y/N	<b>9e</b>	Y

159

160 **10. THANK YOU FOR PARTICIPATING IN THE INTERROGATORIES!**

**PLEASE RETURN COMPLETED SPREADSHEET TO LUCIE GARAND, VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS BY EMAIL AT [lucie@vahhs.org](mailto:lucie@vahhs.org).**

161 **THANK YOU!**

ID

Question

Qnum Answer

1 **Vermont Hospital Mutual Aid Network**

2 **Emergency Preparedness Data Collection Form**

3

**Please provide answers in Column D of this spreadsheet in the form of Y or N (yes or no), unless otherwise stated**

4

5

6 **Hospital: Dartmouth Hitchcock Medical Center**

7 **Contact Person for this data collection form:**

8 **Date:**

9

10 **1. RADIO & PHONE COMMUNICATION**

**ANSWERS**

11 1a. Do you have an INTERNAL emergency communication radio system? Y/N

**1a** Y

12 1b. Do you have an EXTERNAL emergency communication radio system? Y/N

**1b** Y

13 1c. What frequencies does your EXTERNAL communication radio system operate on? (please list all in the column to the right)

**1c** Med 1 155.340

14

**1c** Med 2 155.280

15

**1c**

16

**1c**

17

**1c**

18

**1c**

19

**1c**

20 1d. Do you have a satellite phone system? Y/N

**1d** pending

21 1e. Do you have a satellite down link capability for videos? (i.e. CDC, etc.) Y/N

**1e** Y

22 1f. In an emergency, is there someone accessible and responsible, at all hours and each day of the week, to received and distribute emergency communications from Dept. of Health and Human Services or Office of Emergency Management? Y/N

**1f** Y

23 1g. What is this position?

**1g** ACOS

24 1h. How can they be reached?

**1h** Communications Center

25

603-650-5000

26 **2. HOSPITAL INDICATORS**

27 2a. Does your emergency department have a list of reportable diseases and the Dept. of Health and Human Services telephone number POSTED to facilitate reporting?

**2a** Y

28 2b. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 0-12 HOURS?

**2b** Y

29 2c. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 12 HOURS?

**2c** Y

30 2d. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 24 HOURS?

**2d** Y

31 2e. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 72 HOURS?

**2e** Y

32

33 **3. SECURITY**

34 3a. Are there procedures in place to control the exits and entrances to your facility? Y/N

**3a** Y

35 3b. Does your facility have lock down procedures? Y/N

**3b** Y

36 3c. Is the entry/exit identifies in your plan and easily identified for arriving medical personnel or equipment? Y/N

**3c** Y

37 3d. Do you have external maps available of the facility identifying the following

38 3d1. Command Post (Y/N)

**3d1** N

39 3d2. Triage Area(s) (Y/N)

**3d2** N

40 3d3. Parking Area(s) (Y/N)

**3d3** N

41 3d4. Decontamination facilities (Y/N)

**3d4** N

42 3d5. Media Designated Area(s) (Y/N)

**3d5** N

43 3d6. Family Designated Area(s) (Y/N)

**3d6** N

44 3d7. Staging Area(s) for incoming personnel and equipment (Y/N)

**3d7** N

45 3e. Is there a process in place to identify arriving donated medical personnel (i.e. match identifications with list sent by the donating hospital)? Y/N

**3e** Y

46 3f. Are identification badges available for visiting staff? Y/N

**3f** Y

47 3g. Are appropriate personnel designated to meet visiting personnel and direct them to the appropriate site? Y/N

**3g** Y

48 3h. Is there a process in place to document borrowed and loaned pharmaceuticals supplies and equipment? Y/N

**3h** N

49 3i. Are procedures in place to direct borrowed or loaned pharmaceuticals supplies and equipment to the appropriate site? Y/N

**3i** Y

50 3j. Are procedures in place for directing the media? Y/N	<b>3j</b>	Y
51 3k. Are procedures in place for directing patient family members? Y/N	<b>3k</b>	Y
52 3l. Are procedures in place for controlling/directing spontaneous/unsolicited volunteers? Y/N	<b>3l</b>	Y
3m. Does your institution have a divert policy if it becomes incapacitated for any reason (i.e. contaminated) Y/N	<b>3m</b>	Y
54 3n. Does your institution have a designated location for patient decontamination? Y/N	<b>3n</b>	Y
55 3o. If so, what is the threshold capacity before outside assistance is needed?	<b>3o</b>	3/hr
56 3p. Who will staff decontamination operations?	<b>3p</b>	Ed & Safety Staff
57 3q. Is there staff 24/7 that can perform decon operations? Y/N	<b>3q</b>	Y
58		
59 <b>4. TRANSPORTATION</b>		
4a. Do you have the contact names and numbers of services that can provide transportation?		
60 Y/N	<b>4a</b>	Y
61 4b. Have you identified a site for helicopter landing in the DAY? Y/N	<b>4b</b>	Y
62 4c. Have you identified a site for helicopter landing in the NIGHT? Y/N	<b>4c</b>	Y
4d. Have you identified a site for helicopter landing during WEATHER CONSIDERATIONS?		
63 Y/N	<b>4d</b>	Y
64		
65 <b>5. PERSONNEL</b>		
5a. Are you prepared to provide the following regarding your hospital's request for personnel from another facility?		Y
66		
67 5a1. Photo ID (if necessary) to incoming personnel? Y/N	<b>5a1</b>	Under development
68 5a2. If no, do you plan to in the future? Y/N	<b>5a2</b>	Under development
69 5a3. The type and number of personnel needed? Y/N	<b>5a3</b>	Under development
70 5a4. An estimate of how quickly the request must be met? Y/N	<b>5a4</b>	Under development
71 5a5. The entry point at the hospital? Y/N	<b>5a5</b>	Under development
72 5a6. Do you have an off-site staging center for staff? Y/N	<b>5a6</b>	N
73 5a7. An estimate of how long the personnel will be needed? Y/N	<b>5a7</b>	M
5b. Has your institution undertaken a review of its Medical Staff by-laws and policies with respect to the issue of accepting the credential of licensed medical professionals in an emergency situation from other participating hospitals? Y/N	<b>5b</b>	N
74		
5c. Does your disaster plan include demobilizing procedures (i.e. post-event stress debriefing) Y/N	<b>5c</b>	Y
75		
76		
77 <b>6. PHARMACEUTICALS</b>		
6a. Are there procedures in effect that allow for proper preparation and transporting of pharmaceuticals? Y/N	<b>6a</b>	Y
78		
79 6b. Are pharmaceutical supplies identified or stored for use during a disaster? Y/N	<b>6b</b>	N
80		
81 <b>7. EQUIPMENT AND MEDICAL SUPPLIES</b>		
7a. Are you prepared to identify the following information regarding the loaning or borrowing of equipment or medical materials?		Under development
82		
83 7a1. The quantity needed or what is available to loan? Y/N	<b>7a1</b>	Under development
84 7a2. An estimate of how quickly the request must/can be met? Y/N	<b>7a2</b>	Under development
85 7a3. The time interval which the material resources will be needed/can be borrowed? Y/N	<b>7a3</b>	Under development
86 7a4. The location to which the material resources should be delivered? Y/N	<b>7a4</b>	Under development
87 7a5. The condition of the material prior to loaning? Y/N	<b>7a5</b>	Under development
88 7b. Are requisition forms available to document loaned medical supplies or equipment? Y/N	<b>7b</b>	Under development
89 7c. Is there an appropriate person assigned to verify and confirm delivery? Y/N	<b>7c</b>	Under development
7d. Is there a procedure to tag incoming medical equipment to maintain its on-loan identity? Y/N	<b>7d</b>	Under development
90		
7e. Do procedures exist that address how to handle resources that may show up without having been requested? Y/N	<b>7e</b>	Under development
91		
92 7f. Are the following supplies identified and stored for use during a disaster?		Y
93 7f1. Medical supplies (Y/N)	<b>7f1</b>	Y
94 7f2. Medical equipment (Y/N)	<b>7f2</b>	Y
95 7f3. Equipment and supplies (Y/N)	<b>7f3</b>	Y
96 7f4. Oxygen (Y/N)	<b>7f4</b>	Y
97 7f5. Ventilators (Y/N)	<b>7f5</b>	N
98 7f6. Hepa Filter Masks (Y/N)	<b>7f6</b>	N
99 7f7. N 95 Masks (Y/N)	<b>7f7</b>	N
100 7f8. Regular Masks (Y/N)	<b>7f8</b>	N
101 7f9. Gloves (Y/N)	<b>7f9</b>	N
102 7f10. Litters (Y/N)	<b>7f10</b>	N
103 7f11. Bed pans and urinals (Y/N)	<b>7f11</b>	N
104 7f12. Linen (Y/N)	<b>7f12</b>	N
105 7f13. Wheelchairs (Y/N)	<b>7f13</b>	N

106 7f14. Beds (Y/N)	7f14	N	
107 7f15. Flashlights and batteries (Y/N)	7f15	Y	
108 7f16. Food (Y/N)	7f16	N	
109 7f17. Water for immediate use (Y/N)	7f17	N	
110 7f18. Cellular telephones or other communication linkages (Y/N)	7f18	Y	
111 7f19. Adequate fuel supply for emergency generators (Y/N)	7f19	Y	
112 7f20. Weather alert receiver (Y/N)	7f20	Y	
113 7f21. Sand bags and rolls of plastic if located in flood prone areas (Y/N)	7f21	N	
114 7f22. Plywood to protect windows (Y/N)	7f22	N	
7g. Are there emergency "disaster kits" located on patient floors, treatment areas or other designated areas that are immediately accessible of a disaster were to occur and are they inspected at least annually? (Y/N)	7g	N	
7h. Have agreements been made with vendors (in and outside of your location) to furnish supplies/equipment during a disaster? (Y/N)	7h	Y	
7i. Are status reports given daily on supplies and equipment during a recovery period? Y/N	7i	Y	
7j. What personal protective equipment do you have at the facility with regard to HAZMAT and Decontamination?			
119 7j1. Type of Self-contained breathing apparatus	7j1	Y	
120 7j2. Number of Self-contained breathing apparatus	7j2		2
121 7j3. Cylinder duration	7j3	20 min	
122 7j4. Average number of spare cylinders	7j4		2
123 7j5. Number of chemical protective suits (Level A)	7j5		0
124 7j6. Number of chemical protective suits (Level B)	7j6		0
125 7j7. Number of respirators	7j7	30+	
126 7j8. Type of respirators	7j8	cartridge	
127 7j9. Respiratory canister types	7j9	Particulates & organic vapors	
128 7k. Are staff trained to use the personal protective equipment (PPE)? Y/N	7k	Y	
129 7l. How many staff are training to use PPE?	7l	90+	
130 7m. Are staff trained to perform Decon? Y/N	7m	Y	
131 7n. How many staff can perform Decon?	7n	60+	
132			
133 <b>8. TRANSFER / EVACUATION OF PATIENTS</b>			
8a. Is a mechanism in place to have the required documentation (i.e. medical records) available for patients being evacuated? Y/N	8a	Y	
8b. Is a mechanism in place to have an accepting physician for each patient being transferred to your facility? Y/N	8b	Y	
8c. Is there a process in place to notify the family of transferred patients? Y/N	8c	Y	
8d. Is there a mechanism to provide temporary courtesy privileges to the transferred patient's physician from the evacuated facility? Y/N	8d	Y	
138			
139 <b>9. COLLABORATIVE COMMUNITY PLANNING</b>			
9a. Have you identified community resources? Y/N	9a	Y	
9b. Are there signed statements of understandings with these resources? Y/N	9b	Y	
9c. Have you done collaborative planning in your community with key agencies such as:		Y	
9c1. American Red Cross (Y/N)	9c1	Y	
9c2. Local Police (Y/N)	9c2	Y	
9c3. Fire Department (Y/N)	9c3	Y	
9c4. State Police (Y/N)	9c4	Y	
9c5. Salvation Army (Y/N)	9c5	Y	
9c6. Chamber of Commerce (Y/N)	9c6	N	
9c7. Public Utilities (Y/N)	9c7	?	
9c8. Water Treatment (Y/N)	9c8	?	
9c9. Telephone Services (Y/N)	9c9	?	
9c10. Home Health Services (Y/N)	9c10	Y	
9c11. Long Term Care facilities (Y/N)	9c11	N	
9c12. Community Health Centers (Y/N)	9c12	Y	
9c13. Other Social Service Agencies (Y/N)	9c13	Y	
9c14. Local EMS providers (Y/N)	9c14	Y	
9d. Is there a mechanism in place to ensure that the same resources are not required or simultaneously utilized by more than one party? (Y/N)	9d	Y	
9e. Has your facility participated in a disaster drill with other organizations likely to be involved in an actual disaster? Y/N	9e	Y	
159			
160 <b>10. THANK YOU FOR PARTICIPATING IN THE INTERROGATORIES!</b>			
<b>PLEASE RETURN COMPLETED SPREADSHEET TO LUCIE GARAND, VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS BY EMAIL AT <a href="mailto:lucie@vahhs.org">lucie@vahhs.org</a>.</b>			
161 <b>THANK YOU!</b>			

ID Question

Qnum Answer

1 **Vermont Hospital Mutual Aid Network**  
2 **Emergency Preparedness Data Collection Form**

3

**Please provide answers in Column D of this spreadsheet in the form of Y or N (yes or no), unless otherwise stated**

4

5

6 **Hospital: Fletcher Allen Health Care**

7 **Contact Person for this data collection form:**

Jack Conry

8 **Date:**

7-Oct-02

9

10 **1. RADIO & PHONE COMMUNICATION**

**ANSWERS**

11 1a. Do you have an INTERNAL emergency communication radio system? Y/N

**1a** yes

12 1b. Do you have an EXTERNAL emergency communication radio system? Y/N

**1b** yes

13 1c. What frequencies does your EXTERNAL communication radio system operate on? (please list all in the column to the right)

**1c** Hear 1 - 155.340

14

**1c** Hear 2 - 155.280

15

**1c**

16

**1c**

17

**1c**

18

**1c**

19

**1c**

20 1d. Do you have a satellite phone system? Y/N

**1d** no

21 1e. Do you have a satellite down link capability for videos? (i.e. CDC, etc.) Y/N

**1e** yes

22 1f. In an emergency, is there someone accessible and responsible, at all hours and each day of the week, to receive and distribute emergency communications from Dept. of Health and Human Services or Office of Emergency Management? Y/N

**1f** yes

23 1g. What is this position?

**1g** Administrative Nurse Coordinator

24 1h. How can they be reached?

**1h** 847-2345

25

26 **2. HOSPITAL INDICATORS**

27 2a. Does your emergency department have a list of reportable diseases and the Dept. of Health and Human Services telephone number POSTED to facilitate reporting?

**2a** yes

28 2b. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 0-12 HOURS?

**2b** yes

29 2c. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 12 HOURS?

**2c** yes

30 2d. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 24 HOURS?

**2d** yes

31 2e. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 72 HOURS?

**2e** yes

32

33 **3. SECURITY**

34 Y/N

**3a** yes

35 3b. Does your facility have lock down procedures? Y/N

**3b** yes

36 3c. Is the entry/exit identifies in your plan and easily identified for arriving medical personnel or equipment? Y/N

**3c** yes

37 3d. Do you have external maps available of the facility identifying the following

38 3d1. Command Post (Y/N)

**3d1** no

39 3d2. Triage Area(s) (Y/N)

**3d2** yes

40 3d3. Parking Area(s) (Y/N)

**3d3** yes

41 3d4. Decontamination facilities (Y/N)

**3d4** yes

42 3d5. Media Designated Area(s) (Y/N)

**3d5** no

43 3d6. Family Designated Area(s) (Y/N)

**3d6** no

44 3d7. Staging Area(s) for incoming personnel and equipment (Y/N)

**3d7** yes

45 3e. Is there a process in place to identify arriving donated medical personnel (i.e. match identifications with list sent by the donating hospital)? Y/N

**3e.** no

46 3f. Are identification badges available for visiting staff? Y/N

**3f.** yes

47 3g. Are appropriate personnel designated to meet visiting personnel and direct them to the appropriate site? Y/N

**3g.** yes

48 3h. Is there a process in place to document borrowed and loaned pharmaceuticals supplies and equipment? Y/N

**3h** yes

49 3i. Are procedures in place to direct borrowed or loaned pharmaceuticals supplies and equipment to the appropriate site? Y/N

**3i** yes

50 3j. Are procedures in place for directing the media? Y/N

**3j** yes

51 3k. Are procedures in place for directing patient family members? Y/N	<b>3k</b>	yes
3l. Are procedures in place for controlling/directing spontaneous/unsolicited		
52 volunteers? Y/N	<b>3l</b>	yes
3m. Does your institution have a divert policy if it becomes incapacitated for any		
53 reason (i.e. contaminated) Y/N	<b>3m</b>	yes
3n. Does your institution have a designated location for patient decontamination?		
54 Y/N	<b>3n</b>	yes
55 3o. If so, what is the threshold capacity before outside assistance is needed?	<b>3o</b>	3-4 patients
56 3p. Who will staff decontamination operations?	<b>3p</b>	Environmental Health and Safety
57 3q. Is there staff 24/7 that can perform decon operations? Y/N	<b>3q</b>	yes
58		
59 <b>4. TRANSPORTATION</b>		
4a. Do you have the contact names and numbers of services that can provide		
60 transportation? Y/N	<b>4a</b>	yes
61 4b. Have you identified a site for helicopter landing in the DAY? Y/N	<b>4b</b>	yes
62 4c. Have you identified a site for helicopter landing in the NIGHT? Y/N	<b>4c</b>	yes
4d. Have you identified a site for helicopter landing during WEATHER		
63 CONSIDERATIONS? Y/N	<b>4d</b>	yes
64		
65 <b>5. PERSONNEL</b>		
5a. Are you prepared to provide the following regarding your hospital's request for		
66 personnel from another facility?		
67 5a1. Photo ID (if necessary) to incoming personnel? Y/N	<b>5a1</b>	yes
68 5a2. If no, do you plan to in the future? Y/N	<b>5a2</b>	na
69 5a3. The type and number of personnel needed? Y/N	<b>5a3</b>	yes
70 5a4. An estimate of how quickly the request must be met? Y/N	<b>5a4</b>	yes
71 5a5. The entry point at the hospital? Y/N	<b>5a5</b>	yes
72 5a6. Do you have an off-site staging center for staff? Y/N	<b>5a6</b>	no, but we could
73 5a7. An estimate of how long the personnel will be needed? Y/N	<b>5a7</b>	yes
5b. Has your institution undertaken a review of its Medical Staff by-laws and policies		
with respect to the issue of accepting the credential of licensed medical		
74 professionals in an emergency situation from other participating hospitals? Y/N	<b>5b</b>	yes
5c. Does your disaster plan include demobilizing procedures (i.e. post-event stress		
75 debriefing) Y/N	<b>5c</b>	yes
76		
77 <b>6. PHARMACEUTICALS</b>		
6a. Are there procedures in effect that allow for proper preparation and transporting		
78 of pharmaceuticals? Y/N	<b>6a</b>	yes
79 6b. Are pharmaceutical supplies identified or stored for use during a disaster? Y/N	<b>6b</b>	Identify - yes, stored - no
80		
81 <b>7. EQUIPMENT AND MEDICAL SUPPLIES</b>		
7a. Are you prepared to identify the following information regarding the loaning or		
82 borrowing of equipment or medical materials?		
83 7a1. The quantity needed or what is available to loan? Y/N	<b>7a1</b>	yes
84 7a2. An estimate of how quickly the request must/can be met? Y/N	<b>7a2</b>	yes
7a3. The time interval which the material resources will be needed/can be		
85 borrowed? Y/N	<b>7a3</b>	yes
86 7a4. The location to which the material resources should be delivered? Y/N	<b>7a4</b>	yes
87 7a5. The condition of the material prior to loaning? Y/N	<b>7a5</b>	yes
7b. Are requisition forms available to document loaned medical supplies or		
88 equipment? Y/N	<b>7b</b>	no
89 7c. Is there an appropriate person assigned to verify and confirm delivery? Y/N	<b>7c</b>	yes
7d. Is there a procedure to tab incoming medical equipment to maintain its on-loan		
90 identity? Y/N	<b>7d</b>	yes
7e. Do procedures exist that address how to handle resources that may show up		
91 without having been requested? Y/N	<b>7e</b>	yes
92 7f. Are the following supplies identified and stored for use during a disaster?		
93 7f1. Medical supplies (Y/N)	<b>7f1</b>	no
94 7f2. Medical equipment (Y/N)	<b>7f2</b>	no
95 7f3. Equipment and supplies (Y/N)	<b>7f3</b>	no
96 7f4. Oxygen (Y/N)	<b>7f4</b>	no
97 7f5. Ventilators (Y/N)	<b>7f5</b>	no
98 7f6. Hepa Filter Masks (Y/N)	<b>7f6</b>	no
99 7f7. N 95 Masks (Y/N)	<b>7f7</b>	no
100 7f8. Regular Masks (Y/N)	<b>7f8</b>	no
101 7f9. Gloves (Y/N)	<b>7f9</b>	no
102 7f10. Litters (Y/N)	<b>7f10</b>	no
103 7f11. Bed pans and urinals (Y/N)	<b>7f11</b>	no
104 7f12. Linen (Y/N)	<b>7f12</b>	no

105	7f13. Wheelchairs (Y/N)	<b>7f13</b>	no
106	7f14. Beds (Y/N)	<b>7f14</b>	no
107	7f15. Flashlights and batteries (Y/N)	<b>7f15</b>	no
108	7f16. Food (Y/N)	<b>7f16</b>	no
109	7f17. Water for immediate use (Y/N)	<b>7f17</b>	no
110	7f18. Cellular telephones or other communication linkages (Y/N)	<b>7f18</b>	no
111	7f19. Adequate fuel supply for emergency generators (Y/N)	<b>7f19</b>	no
112	7f20. Weather alert receiver (Y/N)	<b>7f20</b>	no
113	7f21. Sand bags and rolls of plastic if located in flood prone areas (Y/N)	<b>7f21</b>	no
114	7f22. Plywood to protect windows (Y/N)	<b>7f22</b>	no
	7g. Are there emergency "disaster kits" located on patient floors, treatment areas or other designated areas that are immediately accessible of a disaster were to occur and are they inspected at least annually? (Y/N)	<b>7g</b>	yes
115	7h. Have agreements been made with vendors (in and outside of your location) to furnish supplies/equipment during a disaster? (Y/N)	<b>7h</b>	yes
116	7i. Are status reports given daily on supplies and equipment during a recovery period? Y/N	<b>7i</b>	yes
117	7j. What personal protective equipment do you have at the facility with regard to HAZMAT and Decontamination?		
118	7j1. Type of Self-contained breathing apparatus	<b>7j1</b>	none
119	7j2. Number of Self-contained breathing apparatus	<b>7j2</b>	none
120	7j3. Cylinder duration	<b>7j3</b>	na
121	7j4. Average number of spare cylinders	<b>7j4</b>	na
122	7j5. Number of chemical protective suits (Level A)	<b>7j5</b>	none
123	7j6. Number of chemical protective suits (Level B)	<b>7j6</b>	none
124	7j7. Number of respirators	<b>7j7</b>	paper - 4, apr >30 - 30, n95 - 500
125	7j8. Type of respirators	<b>7j8</b>	paper, apr, n95
126	7j9. Respiratory canister types	<b>7j9</b>	HEPA, Organic, Acid Mist
127	7k. Are staff trained to use the personal protective equipment (PPE)? Y/N	<b>7k</b>	yes - limited (core team)
128	7l. How many staff are training to use PPE?	<b>7l</b>	n95 - 500, paper - 10, apr - 10
129	7m. Are staff trained to perform Decon? Y/N	<b>7m</b>	yes (core team)
130	7n. How many staff can perform Decon?	<b>7n</b>	10
131			
132			
133	<b>8. TRANSFER / EVACUATION OF PATIENTS</b>		
	8a. Is a mechanism in place to have the required documentation (i.e. medical records) available for patients being evacuated? Y/N	<b>8a</b>	yes
134	8b. Is a mechanism in place to have an accepting physician for each patient being transferred to your facility? Y/N	<b>8b</b>	yes
135	8c. Is there a process in place to notify the family of transferred patients? Y/N	<b>8c</b>	yes
136	8d. Is there a mechanism to provide temporary courtesy privileges to the transferred patient's physician from the evacuated facility? Y/N	<b>8d</b>	no
137			
138			
139	<b>9. COLLABORATIVE COMMUNITY PLANNING</b>		
140	9a. Have you identified community resources? Y/N	<b>9a</b>	yes
141	9b. Are there signed statements of understandings with these resources? Y/N	<b>9b</b>	yes
142	9c. Have you done collaborative planning in your community with key agencies such as:		
143	9c1. American Red Cross (Y/N)	<b>9c1</b>	yes
144	9c2. Local Police (Y/N)	<b>9c2</b>	yes
145	9c3. Fire Department (Y/N)	<b>9c3</b>	yes
146	9c4. State Police (Y/N)	<b>9c4</b>	yes
147	9c5. Salvation Army (Y/N)	<b>9c5</b>	yes
148	9c6. Chamber of Commerce (Y/N)	<b>9c6</b>	no
149	9c7. Public Utilities (Y/N)	<b>9c7</b>	yes
150	9c8. Water Treatment (Y/N)	<b>9c8</b>	yes
151	9c9. Telephone Services (Y/N)	<b>9c9</b>	yes
152	9c10. Home Health Services (Y/N)	<b>9c10</b>	VNA - yes
153	9c11. Long Term Care facilities (Y/N)	<b>9c11</b>	Nursing homes yes
154	9c12. Community Health Centers (Y/N)	<b>9c12</b>	no
155	9c13. Other Social Service Agencies (Y/N)	<b>9c13</b>	no
156	9c14. Local EMS providers (Y/N)	<b>9c14</b>	yes
	9d. Is there a mechanism in place to ensure that the same resources are not required or simultaneously utilized by more than one party? (Y/N)	<b>9d</b>	no
157	9e. Has your facility participated in a disaster drill with other organizations likely to be involved in an actual disaster? Y/N	<b>9e</b>	yes
158			
159			
160	<b>10. THANK YOU FOR PARTICIPATING IN THE INTERROGATORIES!</b>		
	<b>PLEASE RETURN COMPLETED SPREADSHEET TO LUCIE GARAND,</b>		
	<b>VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS BY EMAIL</b>		
161	<b>AT lucie@vahhs.org. THANK YOU!</b>		

ID

Question

Qnum Answer

1 **Vermont Hospital Mutual Aid Network**

2 **Emergency Preparedness Data Collection Form**

3

**Please provide answers in Column D of this spreadsheet in the form of Y or N (yes or no), unless otherwise stated**

4

5

6 **Hospital: Gifford Medical Center**

7 **Contact Person for this data collection form:**

Denise Simpson

8 **Date:**

5/23/2002

9

10 **1. RADIO & PHONE COMMUNICATION**

**ANSWERS**

11 1a. Do you have an INTERNAL emergency communication radio system? Y/N

**1a** Yes

12 1b. Do you have an EXTERNAL emergency communication radio system? Y/N

**1b** Yes

13 1c. What frequencies does your EXTERNAL communication radio system operate on? (please list all in the column to the right)

**1c** 155.340 ambulance

14

**1c** 154.515 ambulance

15

**1c**

16

**1c**

17

**1c**

18

**1c**

19

**1c**

20 1d. Do you have a satellite phone system? Y/N

**1d** no

21 1e. Do you have a satellite down link capability for videos? (i.e. CDC, etc.) Y/N

**1e** no

22 1f. In an emergency, is there someone accessible and responsible, at all hours and each day of the week, to received and distribute emergency communications from Dept. of Health and Human Services or Office of Emergency Management? Y/N

**1f** no

23 1g. What is this position?

**1g**

24 1h. How can they be reached?

**1h**

25

26 **2. HOSPITAL INDICATORS**

27 2a. Does your emergency department have a list of reportable diseases and the Dept. of Health and Human Services telephone number POSTED to facilitate reporting?

**2a** yes

28 2b. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 0-12 HOURS?

**2b** yes

29 2c. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 12 HOURS?

**2c** yes

30 2d. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 24 HOURS?

**2d** yes

31 2e. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 72 HOURS?

**2e** yes

32

33 **3. SECURITY**

34 3a. Are there procedures in place to control the exits and entrances to your facility? Y/N

**3a** yes

35 3b. Does your facility have lock down procedures? Y/N

**3b** no

36 3c. Is the entry/exit identifies in your plan and easily identified for arriving medical personnel or equipment? Y/N

**3c** n/a

37 3d. Do you have external maps available of the facility identifying the following

no

38 3d1. Command Post (Y/N)

**3d1** n/a

39 3d2. Triage Area(s) (Y/N)

**3d2** n/a

40 3d3. Parking Area(s) (Y/N)

**3d3** n/a

41 3d4. Decontamination facilities (Y/N)

**3d4** n/a

42 3d5. Media Designated Area(s) (Y/N)

**3d5** n/a

43 3d6. Family Designated Area(s) (Y/N)

**3d6** n/a

44 3d7. Staging Area(s) for incoming personnel and equipment (Y/N)

**3d7** yes

45 3e. Is there a process in place to identify arriving donated medical personnel (i.e. match identifications with list sent by the donating hospital)? Y/N

**3e.** no

46 3f. Are identification badges available for visiting staff? Y/N

**3f.** no

47 3g. Are appropriate personnel designated to meet visiting personnel and direct them to the appropriate site? Y/N

**3g.** no

48 3h. Is there a process in place to document borrowed and loaned pharmaceuticals supplies and equipment? Y/N

**3h** yes

49 3i. Are procedures in place to direct borrowed or loaned pharmaceuticals supplies and equipment to the appropriate site? Y/N

**3i** yes

50 3j. Are procedures in place for directing the media? Y/N	<b>3j</b>	yes
51 3k. Are procedures in place for directing patient family members? Y/N	<b>3k</b>	yes
52 3l. Are procedures in place for controlling/directing spontaneous/unsolicited volunteers? Y/N	<b>3l</b>	no
53 3m. Does your institution have a divert policy if it becomes incapacitated for any reason (i.e. contaminated) Y/N	<b>3m</b>	no
54 3n. Does your institution have a designated location for patient decontamination? Y/N	<b>3n</b>	yes
55 3o. If so, what is the threshold capacity before outside assistance is needed?	<b>3o</b>	0-1
56 3p. Who will staff decontamination operations?	<b>3p</b>	fire dept/hospital
57 3q. Is there staff 24/7 that can perform decon operations? Y/N	<b>3q</b>	no
58		
59 <b>4. TRANSPORTATION</b>		
60 4a. Do you have the contact names and numbers of services that can provide transportation? Y/N	<b>4a</b>	yes
61 4b. Have you identified a site for helicopter landing in the DAY? Y/N	<b>4b</b>	yes
62 4c. Have you identified a site for helicopter landing in the NIGHT? Y/N	<b>4c</b>	yes
63 4d. Have you identified a site for helicopter landing during WEATHER CONSIDERATIONS? Y/N	<b>4d</b>	no
64		
65 <b>5. PERSONNEL</b>		
66 5a. Are you prepared to provide the following regarding your hospital's request for personnel from another facility?		
67 5a1. Photo ID (if necessary) to incoming personnel? Y/N	<b>5a1</b>	yes
68 5a2. If no, do you plan to in the future? Y/N	<b>5a2</b>	n/a
69 5a3. The type and number of personnel needed? Y/N	<b>5a3</b>	yes
70 5a4. An estimate of how quickly the request must be met? Y/N	<b>5a4</b>	yes
71 5a5. The entry point at the hospital? Y/N	<b>5a5</b>	yes
72 5a6. Do you have an off-site staging center for staff? Y/N	<b>5a6</b>	yes
73 5a7. An estimate of how long the personnel will be needed? Y/N	<b>5a7</b>	yes
74 5b. Has your institution undertaken a review of its Medical Staff by-laws and policies with respect to the issue of accepting the credential of licensed medical professionals in an emergency situation from other participating hospitals? Y/N	<b>5b</b>	yes
75 5c. Does your disaster plan include demobilizing procedures (i.e. post-event stress debriefing)? Y/N	<b>5c</b>	no - practice not procedure
76		
77 <b>6. PHARMACEUTICALS</b>		
78 6a. Are there procedures in effect that allow for proper preparation and transporting of pharmaceuticals? Y/N	<b>6a</b>	yes
79 6b. Are pharmaceutical supplies identified or stored for use during a disaster? Y/N	<b>6b</b>	yes
80		
81 <b>7. EQUIPMENT AND MEDICAL SUPPLIES</b>		
82 7a. Are you prepared to identify the following information regarding the loaning or borrowing of equipment or medical materials?		
83 7a1. The quantity needed or what is available to loan? Y/N	<b>7a1</b>	yes
84 7a2. An estimate of how quickly the request must/can be met? Y/N	<b>7a2</b>	yes
85 7a3. The time interval which the material resources will be needed/can be borrowed? Y/N	<b>7a3</b>	yes
86 7a4. The location to which the material resources should be delivered? Y/N	<b>7a4</b>	yes
87 7a5. The condition of the material prior to loaning? Y/N	<b>7a5</b>	yes
88 7b. Are requisition forms available to document loaned medical supplies or equipment? Y/N	<b>7b</b>	no
89 7c. Is there an appropriate person assigned to verify and confirm delivery? Y/N	<b>7c</b>	yes
90 7d. Is there a procedure to tag incoming medical equipment to maintain its on-loan identity? Y/N	<b>7d</b>	yes
91 7e. Do procedures exist that address how to handle resources that may show up without having been requested? Y/N	<b>7e</b>	yes
92 7f. Are the following supplies identified and stored for use during a disaster?		yes
93 7f1. Medical supplies (Y/N)	<b>7f1</b>	yes
94 7f2. Medical equipment (Y/N)	<b>7f2</b>	yes
95 7f3. Equipment and supplies (Y/N)	<b>7f3</b>	yes
96 7f4. Oxygen (Y/N)	<b>7f4</b>	yes
97 7f5. Ventilators (Y/N)	<b>7f5</b>	yes
98 7f6. Hepa Filter Masks (Y/N)	<b>7f6</b>	no
99 7f7. N 95 Masks (Y/N)	<b>7f7</b>	yes
100 7f8. Regular Masks (Y/N)	<b>7f8</b>	yes
101 7f9. Gloves (Y/N)	<b>7f9</b>	yes
102 7f10. Litters (Y/N)	<b>7f10</b>	yes
103 7f11. Bed pans and urinals (Y/N)	<b>7f11</b>	yes
104 7f12. Linen (Y/N)	<b>7f12</b>	yes
105 7f13. Wheelchairs (Y/N)	<b>7f13</b>	yes

106 7f14. Beds (Y/N)	<b>7f14</b>	yes	
107 7f15. Flashlights and batteries (Y/N)	<b>7f15</b>	yes	
108 7f16. Food (Y/N)	<b>7f16</b>	yes	
109 7f17. Water for immediate use (Y/N)	<b>7f17</b>	yes	
110 7f18. Cellular telephones or other communication linkages (Y/N)	<b>7f18</b>	yes	
111 7f19. Adequate fuel supply for emergency generators (Y/N)	<b>7f19</b>	yes	
112 7f20. Weather alert receiver (Y/N)	<b>7f20</b>	no	
113 7f21. Sand bags and rolls of plastic if located in flood prone areas (Y/N)	<b>7f21</b>	no	
114 7f22. Plywood to protect windows (Y/N)	<b>7f22</b>	no	
7g. Are there emergency "disaster kits" located on patient floors, treatment areas or other designated areas that are immediately accessible of a disaster were to occur and are they inspected at least annually? (Y/N)	<b>7g</b>	no	
7h. Have agreements been made with vendors (in and outside of your location) to furnish supplies/equipment during a disaster? (Y/N)	<b>7h</b>	yes	
117 7i. Are status reports given daily on supplies and equipment during a recovery period? Y/N	<b>7i</b>	yes	
7j. What personal protective equipment do you have at the facility with regard to HAZMAT and Decontamination?			
119 7j1. Type of Self-contained breathing apparatus	<b>7j1</b>	no	
120 7j2. Number of Self-contained breathing apparatus	<b>7j2</b>		0
121 7j3. Cylinder duration	<b>7j3</b>	no	
122 7j4. Average number of spare cylinders	<b>7j4</b>		0
123 7j5. Number of chemical protective suits (Level A)	<b>7j5</b>		0
124 7j6. Number of chemical protective suits (Level B)	<b>7j6</b>		0
125 7j7. Number of respirators	<b>7j7</b>		0
126 7j8. Type of respirators	<b>7j8</b>	n/a	
127 7j9. Respiratory canister types	<b>7j9</b>		0
128 7k. Are staff trained to use the personal protective equipment (PPE)? Y/N	<b>7k</b>	n/a	
129 7l. How many staff are training to use PPE?	<b>7l</b>	n/a	
130 7m. Are staff trained to perform Decon? Y/N	<b>7m</b>		0
131 7n. How many staff can perform Decon?	<b>7n</b>		
132			
<b>133 8. TRANSFER / EVACUATION OF PATIENTS</b>			
8a. Is a mechanism in place to have the required documentation (i.e. medical records) available for patients being evacuated? Y/N	<b>8a</b>	yes	
8b. Is a mechanism in place to have an accepting physician for each patient being transferred to your facility? Y/N	<b>8b</b>	yes	
136 8c. Is there a process in place to notify the family of transferred patients? Y/N	<b>8c</b>	yes	
8d. Is there a mechanism to provide temporary courtesy privileges to the transferred patient's physician from the evacuated facility? Y/N	<b>8d</b>	temporary	
138			
<b>139 9. COLLABORATIVE COMMUNITY PLANNING</b>			
140 9a. Have you identified community resources? Y/N	<b>9a</b>	yes	
141 9b. Are there signed statements of understandings with these resources? Y/N	<b>9b</b>	no	
142 9c. Have you done collaborative planning in your community with key agencies such as:			
143 9c1. American Red Cross (Y/N)	<b>9c1</b>	n/a	
144 9c2. Local Police (Y/N)	<b>9c2</b>	yes	
145 9c3. Fire Department (Y/N)	<b>9c3</b>	yes	
146 9c4. State Police (Y/N)	<b>9c4</b>	yes	
147 9c5. Salvation Army (Y/N)	<b>9c5</b>	n/a	
148 9c6. Chamber of Commerce (Y/N)	<b>9c6</b>	yes	
149 9c7. Public Utilities (Y/N)	<b>9c7</b>	yes	
150 9c8. Water Treatment (Y/N)	<b>9c8</b>	yes	
151 9c9. Telephone Services (Y/N)	<b>9c9</b>	yes	
152 9c10. Home Health Services (Y/N)	<b>9c10</b>	yes	
153 9c11. Long Term Care facilities (Y/N)	<b>9c11</b>	n/a	
154 9c12. Community Health Centers (Y/N)	<b>9c12</b>	no	
155 9c13. Other Social Service Agencies (Y/N)	<b>9c13</b>	n/a	
156 9c14. Local EMS providers (Y/N)	<b>9c14</b>	yes	
9d. Is there a mechanism in place to ensure that the same resources are not required or simultaneously utilized by more than one party? (Y/N)	<b>9d</b>	no	
9e. Has your facility participated in a disaster drill with other organizations likely to be involved in an actual disaster? Y/N	<b>9e</b>	yes	
159			
<b>160 10. THANK YOU FOR PARTICIPATING IN THE INTERROGATORIES!</b>			
<b>PLEASE RETURN COMPLETED SPREADSHEET TO LUCIE GARAND, VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS BY EMAIL AT <a href="mailto:lucie@vahhs.org">lucie@vahhs.org</a>.</b>			
<b>161 THANK YOU!</b>			

ID

Question

Qnum Answer

1 **Vermont Hospital Mutual Aid Network**

2 **Emergency Preparedness Data Collection Form**

3

**Please provide answers in Column D of this spreadsheet in the form of Y or N (yes or no), unless otherwise stated**

4

5

6 **Hospital: Mt. Ascutney Hospital**

7 **Contact Person for this data collection form:**

Beth Gould

8 **Date:**

10/5/2002

9

10 **1. RADIO & PHONE COMMUNICATION**

**ANSWERS**

11 1a. Do you have an INTERNAL emergency communication radio system? Y/N

**1a** y

12 1b. Do you have an EXTERNAL emergency communication radio system? Y/N

**1b** y

13 1c. What frequencies does your EXTERNAL communication radio system operate on? (please list all in the column to the right)

**1c**

14

**1c**

15

**1c**

16

**1c**

17

**1c**

18

**1c**

19

**1c**

20 1d. Do you have a satellite phone system? Y/N

**1d** n

21 1e. Do you have a satellite down link capability for videos? (i.e. CDC, etc.) Y/N

**1e** n

22 1f. In an emergency, is there someone accessible and responsible, at all hours and each day of the week, to received and distribute emergency communications from Dept. of Health and Human Services or Office of Emergency Management? Y/N

**1f** y

23 1g. What is this position?

**1g** ED nurse

24 1h. How can they be reached?

**1h** 802-674-7220

25

26 **2. HOSPITAL INDICATORS**

27 2a. Does your emergency department have a list of reportable diseases and the Dept. of Health and Human Services telephone number POSTED to facilitate reporting?

**2a** y

28 2b. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 0-12 HOURS?

**2b** y

29 2c. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 12 HOURS?

**2c** y

30 2d. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 24 HOURS?

**2d** y

31 2e. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 72 HOURS?

**2e** y

32

33 **3. SECURITY**

34 3a. Are there procedures in place to control the exits and entrances to your facility? Y/N

**3a** y

35 3b. Does your facility have lock down procedures? Y/N

**3b** not yet

36 3c. Is the entry/exit identifies in your plan and easily identified for arriving medical personnel or equipment? Y/N

**3c** y

37 3d. Do you have external maps available of the facility identifying the following

38 3d1. Command Post (Y/N)

**3d1** y

39 3d2. Triage Area(s) (Y/N)

**3d2** y

40 3d3. Parking Area(s) (Y/N)

**3d3** y

41 3d4. Decontamination facilities (Y/N)

**3d4** n

42 3d5. Media Designated Area(s) (Y/N)

**3d5** n

43 3d6. Family Designated Area(s) (Y/N)

**3d6** y

44 3d7. Staging Area(s) for incoming personnel and equipment (Y/N)

**3d7** y

45 3e. Is there a process in place to identify arriving donated medical personnel (i.e. match identifications with list sent by the donating hospital)? Y/N

**3e.** y

46 3f. Are identification badges available for visiting staff? Y/N

**3f.** y

47 3g. Are appropriate personnel designated to meet visiting personnel and direct them to the appropriate site? Y/N

**3g.** y

48 3h. Is there a process in place to document borrowed and loaned pharmaceuticals supplies and equipment? Y/N

**3h** y

49 3i. Are procedures in place to direct borrowed or loaned pharmaceuticals supplies and equipment to the appropriate site? Y/N

**3i** y

50	3j. Are procedures in place for directing the media? Y/N	<b>3j</b>		
51	3k. Are procedures in place for directing patient family members? Y/N	<b>3k</b>	y	
52	3l. Are procedures in place for controlling/directing spontaneous/unsolicited volunteers? Y/N	<b>3l</b>	y	
	3m. Does your institution have a divert policy if it becomes incapacitated for any reason (i.e. contaminated) Y/N	<b>3m</b>	n	
54	3n. Does your institution have a designated location for patient decontamination? Y/N	<b>3n</b>	y	
55	3o. If so, what is the threshold capacity before outside assistance is needed?	<b>3o</b>		1
56	3p. Who will staff decontamination operations?	<b>3p</b>	nursing	
57	3q. Is there staff 24/7 that can perform decon operations? Y/N	<b>3q</b>	y	
58				
59	<b>4. TRANSPORTATION</b>			
	4a. Do you have the contact names and numbers of services that can provide transportation?			
60	Y/N	<b>4a</b>		
61	4b. Have you identified a site for helicopter landing in the DAY? Y/N	<b>4b</b>		
62	4c. Have you identified a site for helicopter landing in the NIGHT? Y/N	<b>4c</b>		
	4d. Have you identified a site for helicopter landing during WEATHER CONSIDERATIONS?			
63	Y/N	<b>4d</b>		
64				
65	<b>5. PERSONNEL</b>			
	5a. Are you prepared to provide the following regarding your hospital's request for personnel from another facility?			
67	5a1. Photo ID (if necessary) to incoming personnel? Y/N	<b>5a1</b>	n	
68	5a2. If no, do you plan to in the future? Y/N	<b>5a2</b>	y	
69	5a3. The type and number of personnel needed? Y/N	<b>5a3</b>	y	
70	5a4. An estimate of how quickly the request must be met? Y/N	<b>5a4</b>	y	
71	5a5. The entry point at the hospital? Y/N	<b>5a5</b>	y	
72	5a6. Do you have an off-site staging center for staff? Y/N	<b>5a6</b>	y	
73	5a7. An estimate of how long the personnel will be needed? Y/N	<b>5a7</b>	y	
	5b. Has your institution undertaken a review of its Medical Staff by-laws and policies with respect to the issue of accepting the credential of licensed medical professionals in an emergency situation from other participating hospitals? Y/N	<b>5b</b>	y	
74	5c. Does your disaster plan include demobilizing procedures (i.e. post-event stress debriefing)? Y/N	<b>5c</b>	y	
75	Y/N			
76				
77	<b>6. PHARMACEUTICALS</b>			
	6a. Are there procedures in effect that allow for proper preparation and transporting of pharmaceuticals? Y/N	<b>6a</b>	y	
78	6b. Are pharmaceutical supplies identified or stored for use during a disaster? Y/N	<b>6b</b>	n	
79				
80				
81	<b>7. EQUIPMENT AND MEDICAL SUPPLIES</b>			
	7a. Are you prepared to identify the following information regarding the loaning or borrowing of equipment or medical materials?			
82				
83	7a1. The quantity needed or what is available to loan? Y/N	<b>7a1</b>	y	
84	7a2. An estimate of how quickly the request must/can be met? Y/N	<b>7a2</b>	y	
85	7a3. The time interval which the material resources will be needed/can be borrowed? Y/N	<b>7a3</b>	y	
86	7a4. The location to which the material resources should be delivered? Y/N	<b>7a4</b>	y	
87	7a5. The condition of the material prior to loaning? Y/N	<b>7a5</b>	y	
88	7b. Are requisition forms available to document loaned medical supplies or equipment? Y/N	<b>7b</b>	y	
89	7c. Is there an appropriate person assigned to verify and confirm delivery? Y/N	<b>7c</b>	y	
	7d. Is there a procedure to tag incoming medical equipment to maintain its on-loan identity? Y/N	<b>7d</b>	y	
90				
	7e. Do procedures exist that address how to handle resources that may show up without having been requested? Y/N	<b>7e</b>	y	
91				
92	7f. Are the following supplies identified and stored for use during a disaster?			
93	7f1. Medical supplies (Y/N)	<b>7f1</b>	y	
94	7f2. Medical equipment (Y/N)	<b>7f2</b>	y	
95	7f3. Equipment and supplies (Y/N)	<b>7f3</b>	y	
96	7f4. Oxygen (Y/N)	<b>7f4</b>	n	
97	7f5. Ventilators (Y/N)	<b>7f5</b>	n	
98	7f6. Hepa Filter Masks (Y/N)	<b>7f6</b>	n	
99	7f7. N 95 Masks (Y/N)	<b>7f7</b>	y	
100	7f8. Regular Masks (Y/N)	<b>7f8</b>	y	
101	7f9. Gloves (Y/N)	<b>7f9</b>	y	
102	7f10. Litters (Y/N)	<b>7f10</b>	n	
103	7f11. Bed pans and urinals (Y/N)	<b>7f11</b>	n	
104	7f12. Linen (Y/N)	<b>7f12</b>	n	
105	7f13. Wheelchairs (Y/N)	<b>7f13</b>	n	

106	7f14. Beds (Y/N)	<b>7f14</b>	n
107	7f15. Flashlights and batteries (Y/N)	<b>7f15</b>	y
108	7f16. Food (Y/N)	<b>7f16</b>	y
109	7f17. Water for immediate use (Y/N)	<b>7f17</b>	y
110	7f18. Cellular telephones or other communication linkages (Y/N)	<b>7f18</b>	n
111	7f19. Adequate fuel supply for emergency generators (Y/N)	<b>7f19</b>	y
112	7f20. Weather alert receiver (Y/N)	<b>7f20</b>	y
113	7f21. Sand bags and rolls of plastic if located in flood prone areas (Y/N)	<b>7f21</b>	n
114	7f22. Plywood to protect windows (Y/N)	<b>7f22</b>	n
	7g. Are there emergency "disaster kits" located on patient floors, treatment areas or other designated areas that are immediately accessible of a disaster were to occur and are they inspected at least annually? (Y/N)	<b>7g</b>	y
115	7h. Have agreements been made with vendors (in and outside of your location) to furnish supplies/equipment during a disaster? (Y/N)	<b>7h</b>	y
116	7i. Are status reports given daily on supplies and equipment during a recovery period? Y/N	<b>7i</b>	y
117	7j. What personal protective equipment do you have at the facility with regard to HAZMAT and Decontamination?		
118	7j1. Type of Self-contained breathing apparatus	<b>7j1</b>	n
119	7j2. Number of Self-contained breathing apparatus	<b>7j2</b>	n
120	7j3. Cylinder duration	<b>7j3</b>	n
121	7j4. Average number of spare cylinders	<b>7j4</b>	n
122	7j5. Number of chemical protective suits (Level A)	<b>7j5</b>	n
123	7j6. Number of chemical protective suits (Level B)	<b>7j6</b>	n
124	7j7. Number of respirators	<b>7j7</b>	n
125	7j8. Type of respirators	<b>7j8</b>	n
126	7j9. Respiratory canister types	<b>7j9</b>	n
127	7k. Are staff trained to use the personal protective equipment (PPE)? Y/N	<b>7k</b>	nall
128	7l. How many staff are training to use PPE?	<b>7l</b>	
129	7m. Are staff trained to perform Decon? Y/N	<b>7m</b>	y
130	7n. How many staff can perform Decon?	<b>7n</b>	
131			
132			
133	<b>8. TRANSFER / EVACUATION OF PATIENTS</b>		
	8a. Is a mechanism in place to have the required documentation (i.e. medical records) available for patients being evacuated? Y/N	<b>8a</b>	y
134	8b. Is a mechanism in place to have an accepting physician for each patient being transferred to your facility? Y/N	<b>8b</b>	y
135	8c. Is there a process in place to notify the family of transferred patients? Y/N	<b>8c</b>	y
136	8d. Is there a mechanism to provide temporary courtesy privileges to the transferred patient's physician from the evacuated facility? Y/N	<b>8d</b>	y
137			
138			
139	<b>9. COLLABORATIVE COMMUNITY PLANNING</b>		
140	9a. Have you identified community resources? Y/N	<b>9a</b>	y
141	9b. Are there signed statements of understandings with these resources? Y/N	<b>9b</b>	y
142	9c. Have you done collaborative planning in your community with key agencies such as:		
143	9c1. American Red Cross (Y/N)	<b>9c1</b>	y
144	9c2. Local Police (Y/N)	<b>9c2</b>	y
145	9c3. Fire Department (Y/N)	<b>9c3</b>	y
146	9c4. State Police (Y/N)	<b>9c4</b>	n
147	9c5. Salvation Army (Y/N)	<b>9c5</b>	n
148	9c6. Chamber of Commerce (Y/N)	<b>9c6</b>	y
149	9c7. Public Utilities (Y/N)	<b>9c7</b>	y
150	9c8. Water Treatment (Y/N)	<b>9c8</b>	y
151	9c9. Telephone Services (Y/N)	<b>9c9</b>	y
152	9c10. Home Health Services (Y/N)	<b>9c10</b>	n
153	9c11. Long Term Care facilities (Y/N)	<b>9c11</b>	y
154	9c12. Community Health Centers (Y/N)	<b>9c12</b>	n/a
155	9c13. Other Social Service Agencies (Y/N)	<b>9c13</b>	y
156	9c14. Local EMS providers (Y/N)	<b>9c14</b>	y
	9d. Is there a mechanism in place to ensure that the same resources are not required or simultaneously utilized by more than one party? (Y/N)	<b>9d</b>	n
157	9e. Has your facility participated in a disaster drill with other organizations likely to be involved in an actual disaster? Y/N	<b>9e</b>	y
158			
159			
160	<b>10. THANK YOU FOR PARTICIPATING IN THE INTERROGATORIES!</b>		
	<b>PLEASE RETURN COMPLETED SPREADSHEET TO LUCIE GARAND, VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS BY EMAIL AT <a href="mailto:lucie@vahhs.org">lucie@vahhs.org</a>.</b>		
161	<b>THANK YOU!</b>		

ID Question Qnum Answer

1 **Vermont Hospital Mutual Aid Network**  
 2 **Emergency Preparedness Data Collection Form**

3  
 4 **Please provide answers in Column D of this spreadsheet in the form of Y or N (yes or no),  
 unless otherwise stated**

5  
 6 **Hospital: North Country Hospital**  
 7 **Contact Person for this data collection form:**  
 8 **Date:**

9  
 10 **1. RADIO & PHONE COMMUNICATION**

**ANSWERS**

11 1a. Do you have an INTERNAL emergency communication radio system? Y/N	<b>1a</b>	Y	
12 1b. Do you have an EXTERNAL emergency communication radio system? Y/N	<b>1b</b>	Y	
13 1c. What frequencies does your EXTERNAL communication radio system operate on? (please list all in the column to the right)	<b>1c</b>		
14	<b>1c</b>		155.34
15	<b>1c</b>		
16	<b>1c</b>		
17	<b>1c</b>		
18	<b>1c</b>		
19	<b>1c</b>		
20 1d. Do you have a satellite phone system? Y/N	<b>1d</b>	N	
21 1e. Do you have a satellite down link capability for videos? (i.e. CDC, etc.) Y/N	<b>1e</b>	N	
22 1f. In an emergency, is there someone accessible and responsible, at all hours and each day of the week, to received and distribute emergency communications from Dept. of Health and Human Services or Office of Emergency Management? Y/N	<b>1f</b>	Y	
23 1g. What is this position?	<b>1g</b>	Shift Coordinator or VPn	
24 1h. How can they be reached?	<b>1h</b>	802-334-7331	

25  
 26 **2. HOSPITAL INDICATORS**

27 2a. Does your emergency department have a list of reportable diseases and the Dept. of Health and Human Services telephone number POSTED to facilitate reporting?	<b>2a</b>		
28 2b. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 0-12 HOURS?	<b>2b</b>	Y	
29 2c. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 12 HOURS?	<b>2c</b>	Y	

2d. Do you have a data collection system that can be used to provide a summary of cases, by 30 both volume and type of illness, seen in the emergency department over the past 24 HOURS?	<b>2d</b>	Y	
2e. Do you have a data collection system that can be used to provide a summary of cases, by 31 both volume and type of illness, seen in the emergency department over the past 72 HOURS? 32	<b>2e</b>	Y	
33 <b>3. SECURITY</b>			
34 3a. Are there procedures in place to control the exits and entrances to your facility? Y/N	<b>3a</b>	Y	
35 3b. Does your facility have lock down procedures? Y/N	<b>3b</b>	Y	
36 3c. Is the entry/exit identifies in your plan and easily identified for arriving medical personnel or equipment? Y/N	<b>3c</b>	In plan these are identified, and entry is not identified	
37 3d. Do you have external maps available of the facility identifying the following			
38 3d1. Command Post (Y/N)	<b>3d1</b>	N	
39 3d2. Triage Area(s) (Y/N)	<b>3d2</b>	N	
40 3d3. Parking Area(s) (Y/N)	<b>3d3</b>	N	
41 3d4. Decontamination facilities (Y/N)	<b>3d4</b>	N	
42 3d5. Media Designated Area(s) (Y/N)	<b>3d5</b>	N	
43 3d6. Family Designated Area(s) (Y/N)	<b>3d6</b>	N	
44 3d7. Staging Area(s) for incoming personnel and equipment (Y/N)	<b>3d7</b>	N	
45 3e. Is there a process in place to identify arriving donated medical personnel (i.e. match identifications with list sent by the donating hospital)? Y/N	<b>3e.</b>	N	
46 3f. Are identification badges available for visiting staff? Y/N	<b>3f.</b>	N	
47 3g. Are appropriate personnel designated to meet visiting personnel and direct them to the appropriate site? Y/N	<b>3g.</b>	N	
48 3h. Is there a process in place to document borrowed and loaned pharmaceuticals supplies and equipment? Y/N	<b>3h</b>	Y	
49 3i. Are procedures in place to direct borrowed or loaned pharmaceuticals supplies and equipment to the appropriate site? Y/N	<b>3i</b>	Y	
50 3j. Are procedures in place for directing the media? Y/N	<b>3j</b>	Y	
51 3k. Are procedures in place for directing patient family members? Y/N	<b>3k</b>	Y	
52 3l. Are procedures in place for controlling/directing spontaneous/unsolicited volunteers? Y/N	<b>3l</b>	Control entries	
53 3m. Does your institution have a divert policy if it becomes incapacitated for any reason (i.e. contaminated) Y/N	<b>3m</b>	N	
54 3n. Does your institution have a designated location for patient decontamination? Y/N	<b>3n</b>	Y	
55 3o. If so, what is the threshold capacity before outside assistance is needed?	<b>3o</b>		2
56 3p. Who will staff decontamination operations?	<b>3p</b>	NCH Staff	
57 3q. Is there staff 24/7 that can perform decon operations? Y/N	<b>3q</b>	Y	
58			
59 <b>4. TRANSPORTATION</b>			

60	4a. Do you have the contact names and numbers of services that can provide transportation? Y/N	<b>4a</b>	Y
61	4b. Have you identified a site for helicopter landing in the DAY? Y/N	<b>4b</b>	Y
62	4c. Have you identified a site for helicopter landing in the NIGHT? Y/N	<b>4c</b>	Y
63	4d. Have you identified a site for helicopter landing during WEATHER CONSIDERATIONS? Y/N	<b>4d</b>	
64			
65	<b>5. PERSONNEL</b>		
66	5a. Are you prepared to provide the following regarding your hospital's request for personnel from another facility?		
67	5a1. Photo ID (if necessary) to incoming personnel? Y/N	<b>5a1</b>	Y
68	5a2. If no, do you plan to in the future? Y/N	<b>5a2</b>	
69	5a3. The type and number of personnel needed? Y/N	<b>5a3</b>	Y - WHEN NEEDED
70	5a4. An estimate of how quickly the request must be met? Y/N	<b>5a4</b>	
71	5a5. The entry point at the hospital? Y/N	<b>5a5</b>	Y
72	5a6. Do you have an off-site staging center for staff? Y/N	<b>5a6</b>	N
73	5a7. An estimate of how long the personnel will be needed? Y/N	<b>5a7</b>	Y-BASED UPON SITUATION
74	5b. Has your institution undertaken a review of its Medical Staff by-laws and policies with respect to the issue of accepting the credential of licensed medical professionals in an emergency situation from other participating hospitals? Y/N	<b>5b</b>	Y
75	5c. Does your disaster plan include demobilizing procedures (i.e. post-event stress debriefing) Y/N	<b>5c</b>	Y
76			
77	<b>6. PHARMACEUTICALS</b>		
78	6a. Are there procedures in effect that allow for proper preparation and transporting of pharmaceuticals? Y/N	<b>6a</b>	Y
79	6b. Are pharmaceutical supplies identified or stored for use during a disaster? Y/N	<b>6b</b>	N
80			
81	<b>7. EQUIPMENT AND MEDICAL SUPPLIES</b>		
82	7a. Are you prepared to identify the following information regarding the loaning or borrowing of equipment or medical materials?		
83	7a1. The quantity needed or what is available to loan? Y/N	<b>7a1</b>	N
84	7a2. An estimate of how quickly the request must/can be met? Y/N	<b>7a2</b>	N
85	7a3. The time interval which the material resources will be needed/can be borrowed? Y/N	<b>7a3</b>	N
86	7a4. The location to which the material resources should be delivered? Y/N	<b>7a4</b>	Y
87	7a5. The condition of the material prior to loaning? Y/N	<b>7a5</b>	N
88	7b. Are requisition forms available to document loaned medical supplies or equipment? Y/N	<b>7b</b>	IN PROCESS
89	7c. Is there an appropriate person assigned to verify and confirm delivery? Y/N	<b>7c</b>	N
90	7d. Is there a procedure to tag incoming medical equipment to maintain its on-loan identity? Y/N	<b>7d</b>	IN PROCESS

7e. Do procedures exist that address how to handle resources that may show up without having 91 been requested? Y/N	<b>7e</b>	N	
92 7f. Are the following supplies identified and stored for use during a disaster?			
93 7f1. Medical supplies (Y/N)	<b>7f1</b>	Y	
94 7f2. Medical equipment (Y/N)	<b>7f2</b>	Y	
95 7f3. Equipment and supplies (Y/N)	<b>7f3</b>	Y	
96 7f4. Oxygen (Y/N)	<b>7f4</b>	N	
97 7f5. Ventilators (Y/N)	<b>7f5</b>	N	
98 7f6. Hepa Filter Masks (Y/N)	<b>7f6</b>	N	
99 7f7. N 95 Masks (Y/N)	<b>7f7</b>	N	
100 7f8. Regular Masks (Y/N)	<b>7f8</b>	Y	
101 7f9. Gloves (Y/N)	<b>7f9</b>	N	
102 7f10. Litters (Y/N)	<b>7f10</b>	Y	
103 7f11. Bed pans and urinals (Y/N)	<b>7f11</b>	N	
104 7f12. Linen (Y/N)	<b>7f12</b>	Y	
105 7f13. Wheelchairs (Y/N)	<b>7f13</b>	N	
106 7f14. Beds (Y/N)	<b>7f14</b>	N	
107 7f15. Flashlights and batteries (Y/N)	<b>7f15</b>	Y	
108 7f16. Food (Y/N)	<b>7f16</b>	N	
109 7f17. Water for immediate use (Y/N)	<b>7f17</b>	N	
110 7f18. Cellular telephones or other communication linkages (Y/N)	<b>7f18</b>	N	
111 7f19. Adequate fuel supply for emergency generators (Y/N)	<b>7f19</b>	N	
112 7f20. Weather alert receiver (Y/N)	<b>7f20</b>	N	
113 7f21. Sand bags and rolls of plastic if located in flood prone areas (Y/N)	<b>7f21</b>	N/A	
114 7f22. Plywood to protect windows (Y/N)	<b>7f22</b>	N	
7g. Are there emergency "disaster kits" located on patient floors, treatment areas or other designated areas that are immediately accessible of a disaster were to occur and are they 115 inspected at least annually? (Y/N)	<b>7g</b>	Y	
7h. Have agreements been made with vendors (in and outside of your location) to furnish 116 supplies/equipment during a disaster? (Y/N)	<b>7h</b>	N	
117 7i. Are status reports given daily on supplies and equipment during a recovery period? Y/N	<b>7i</b>	N	
7j. What personal protective equipment do you have at the facility with regard to HAZMAT and 118 Decontamination?			
119 7j1. Type of Self-contained breathing apparatus	<b>7j1</b>		0
120 7j2. Number of Self-contained breathing apparatus	<b>7j2</b>		0
121 7j3. Cylinder duration	<b>7j3</b>		0
122 7j4. Average number of spare cylinders	<b>7j4</b>		0
123 7j5. Number of chemical protective suits (Level A)	<b>7j5</b>		0
124 7j6. Number of chemical protective suits (Level B)	<b>7j6</b>		0
125 7j7. Number of respirators	<b>7j7</b>		0
126 7j8. Type of respirators	<b>7j8</b>		0
127 7j9. Respiratory canister types	<b>7j9</b>		0

128	7k. Are staff trained to use the personal protective equipment (PPE)? Y/N	<b>7k</b>	Y	
129	7l. How many staff are training to use PPE?	<b>7l</b>		
130	7m. Are staff trained to perform Decon? Y/N	<b>7m</b>	Y	
131	7n. How many staff can perform Decon?	<b>7n</b>		50
132				
133	<b>8. TRANSFER / EVACUATION OF PATIENTS</b>			
	8a. Is a mechanism in place to have the required documentation (i.e. medical records) available for patients being evacuated? Y/N	<b>8a</b>	Y	
	8b. Is a mechanism in place to have an accepting physician for each patient being transferred to your facility? Y/N	<b>8b</b>	Y	
136	8c. Is there a process in place to notify the family of transferred patients? Y/N	<b>8c</b>	N	
	8d. Is there a mechanism to provide temporary courtesy privileges to the transferred patient's physician from the evacuated facility? Y/N	<b>8d</b>	IN PROCESS	
138				
139	<b>9. COLLABORATIVE COMMUNITY PLANNING</b>			
140	9a. Have you identified community resources? Y/N	<b>9a</b>	Y	
141	9b. Are there signed statements of understandings with these resources? Y/N	<b>9b</b>	Y	
142	9c. Have you done collaborative planning in your community with key agencies such as:			
143	9c1. American Red Cross (Y/N)	<b>9c1</b>	N	
144	9c2. Local Police (Y/N)	<b>9c2</b>	Y	
145	9c3. Fire Department (Y/N)	<b>9c3</b>	Y	
146	9c4. State Police (Y/N)	<b>9c4</b>	Y	
147	9c5. Salvation Army (Y/N)	<b>9c5</b>	N/A	
148	9c6. Chamber of Commerce (Y/N)	<b>9c6</b>	N	
149	9c7. Public Utilities (Y/N)	<b>9c7</b>	Y	
150	9c8. Water Treatment (Y/N)	<b>9c8</b>	Y	
151	9c9. Telephone Services (Y/N)	<b>9c9</b>	N	
152	9c10. Home Health Services (Y/N)	<b>9c10</b>	N	
153	9c11. Long Term Care facilities (Y/N)	<b>9c11</b>		
154	9c12. Community Health Centers (Y/N)	<b>9c12</b>		
155	9c13. Other Social Service Agencies (Y/N)	<b>9c13</b>		
156	9c14. Local EMS providers (Y/N)	<b>9c14</b>		
	9d. Is there a mechanism in place to ensure that the same resources are not required or simultaneously utilized by more than one party? (Y/N)	<b>9d</b>	N	
158	9e. Has your facility participated in a disaster drill with other organizations likely to be involved in an actual disaster? Y/N	<b>9e</b>	Y	
159				
160	<b>10. THANK YOU FOR PARTICIPATING IN THE INTERROGATORIES!</b>			
	<b>PLEASE RETURN COMPLETED SPREADSHEET TO LUCIE GARAND, VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS BY EMAIL AT <a href="mailto:lucie@vahhs.org">lucie@vahhs.org</a>.</b>			
161	<b>THANK YOU!</b>			

ID	Question	Qnum	Answer
1	<b>Vermont Hospital Mutual Aid Network</b>		
2	<b>Emergency Preparedness Data Collection Form</b>		
3			
4	<b>Please provide answers in Column D of this spreadsheet in the form of Y or N (yes or no), unless otherwise stated</b>		
5			
6	<b>Hospital: Northeastern Vermont Regional Hospital</b>		
7	<b>Contact Person for this data collection form:</b>		
8	<b>Date:</b>		
9			
10	<b>1. RADIO &amp; PHONE COMMUNICATION</b>		<b>ANSWERS</b>
11	1a. Do you have an INTERNAL emergency communication radio system? Y/N	<b>1a</b>	Y
12	1b. Do you have an EXTERNAL emergency communication radio system? Y/N	<b>1b</b>	Y
13	1c. What frequencies does your EXTERNAL communication radio system operate on? (please list all in the column to the right)	<b>1c</b>	155.340 PL
14		<b>1c</b>	155.127.3 PO
15		<b>1c</b>	
16		<b>1c</b>	
17		<b>1c</b>	
18		<b>1c</b>	
19		<b>1c</b>	
20	1d. Do you have a satellite phone system? Y/N	<b>1d</b>	N
21	1e. Do you have a satellite down link capability for videos? (i.e. CDC, etc.) Y/N	<b>1e</b>	N
22	1f. In an emergency, is there someone accessible and responsible, at all hours and each day of the week, to received and distribute emergency communications from Dept. of Health and Human Services or Office of Emergency Management? Y/N	<b>1f</b>	YES
23	1g. What is this position?	<b>1g</b>	NURSING SUPERVISOR
24	1h. How can they be reached?	<b>1h</b>	802-748-8141
25			
26	<b>2. HOSPITAL INDICATORS</b>		
27	2a. Does your emergency department have a list of reportable diseases and the Dept. of Health and Human Services telephone number POSTED to facilitate reporting?	<b>2a</b>	Y
28	2b. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 0-12 HOURS?	<b>2b</b>	24/7 IN THE E/R
29	2c. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 12 HOURS?	<b>2c</b>	
30	2d. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 24 HOURS?	<b>2d</b>	
31	2e. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 72 HOURS?	<b>2e</b>	
32			
33	<b>3. SECURITY</b>		
34	3a. Are there procedures in place to control the exits and entrances to your facility? Y/N	<b>3a</b>	Y
35	3b. Does your facility have lock down procedures? Y/N	<b>3b</b>	N
36	3c. Is the entry/exit identifies in your plan and easily identified for arriving medical personnel or equipment? Y/N	<b>3c</b>	N
37	3d. Do you have external maps available of the facility identifying the following		
38	3d1. Command Post (Y/N)	<b>3d1</b>	Y
39	3d2. Triage Area(s) (Y/N)	<b>3d2</b>	Y
40	3d3. Parking Area(s) (Y/N)	<b>3d3</b>	Y
41	3d4. Decontamination facilities (Y/N)	<b>3d4</b>	Y
42	3d5. Media Designated Area(s) (Y/N)	<b>3d5</b>	Y
43	3d6. Family Designated Area(s) (Y/N)	<b>3d6</b>	Y
44	3d7. Staging Area(s) for incoming personnel and equipment (Y/N)	<b>3d7</b>	Y
45	3e. Is there a process in place to identify arriving donated medical personnel (i.e. match identifications with list sent by the donating hospital)? Y/N	<b>3e.</b>	Y
46	3f. Are identification badges available for visiting staff? Y/N	<b>3f.</b>	Y
47	3g. Are appropriate personnel designated to meet visiting personnel and direct them to the appropriate site? Y/N	<b>3g.</b>	Y
48	3h. Is there a process in place to document borrowed and loaned pharmaceuticals supplies and equipment? Y/N	<b>3h</b>	Y
49	3i. Are procedures in place to direct borrowed or loaned pharmaceuticals supplies and equipment to the appropriate site? Y/N	<b>3i</b>	Y
50	3j. Are procedures in place for directing the media? Y/N	<b>3j</b>	Y

51	3k. Are procedures in place for directing patient family members? Y/N	<b>3k</b>	Y
52	3l. Are procedures in place for controlling/directing spontaneous/unsolicited volunteers? Y/N	<b>3l</b>	
	3m. Does your institution have a divert policy if it becomes incapacitated for any reason (i.e. contaminated) Y/N	<b>3m</b>	
54	3n. Does your institution have a designated location for patient decontamination? Y/N	<b>3n</b>	Y
55	3o. If so, what is the threshold capacity before outside assistance is needed?	<b>3o</b>	O
56	3p. Who will staff decontamination operations?	<b>3p</b>	FIRE DEPT.
57	3q. Is there staff 24/7 that can perform decon operations? Y/N	<b>3q</b>	Y
58			
59	<b>4. TRANSPORTATION</b>		
	4a. Do you have the contact names and numbers of services that can provide transportation?		
60	Y/N	<b>4a</b>	
61	4b. Have you identified a site for helicopter landing in the DAY? Y/N	<b>4b</b>	Y
62	4c. Have you identified a site for helicopter landing in the NIGHT? Y/N	<b>4c</b>	Y
	4d. Have you identified a site for helicopter landing during WEATHER CONSIDERATIONS?		
63	Y/N	<b>4d</b>	
64			
65	<b>5. PERSONNEL</b>		
	5a. Are you prepared to provide the following regarding your hospital's request for personnel from another facility?		
66			
67	5a1. Photo ID (if necessary) to incoming personnel? Y/N	<b>5a1</b>	Y
68	5a2. If no, do you plan to in the future? Y/N	<b>5a2</b>	
69	5a3. The type and number of personnel needed? Y/N	<b>5a3</b>	Y
70	5a4. An estimate of how quickly the request must be met? Y/N	<b>5a4</b>	Y
71	5a5. The entry point at the hospital? Y/N	<b>5a5</b>	Y
72	5a6. Do you have an off-site staging center for staff? Y/N	<b>5a6</b>	N
73	5a7. An estimate of how long the personnel will be needed? Y/N	<b>5a7</b>	N
	5b. Has your institution undertaken a review of its Medical Staff by-laws and policies with respect to the issue of accepting the credential of licensed medical professionals in an emergency situation from other participating hospitals? Y/N	<b>5b</b>	Y
74			
	5c. Does your disaster plan include demobilizing procedures (i.e. post-event stress debriefing)?		
75	Y/N	<b>5c</b>	Y
76			
77	<b>6. PHARMACEUTICALS</b>		
	6a. Are there procedures in effect that allow for proper preparation and transporting of pharmaceuticals? Y/N	<b>6a</b>	Y
78			
79	6b. Are pharmaceutical supplies identified or stored for use during a disaster? Y/N	<b>6b</b>	N
80			
81	<b>7. EQUIPMENT AND MEDICAL SUPPLIES</b>		
	7a. Are you prepared to identify the following information regarding the loaning or borrowing of equipment or medical materials?		
82			
83	7a1. The quantity needed or what is available to loan? Y/N	<b>7a1</b>	Y
84	7a2. An estimate of how quickly the request must/can be met? Y/N	<b>7a2</b>	N
85	7a3. The time interval which the material resources will be needed/can be borrowed? Y/N	<b>7a3</b>	Y
86	7a4. The location to which the material resources should be delivered? Y/N	<b>7a4</b>	N
87	7a5. The condition of the material prior to loaning? Y/N	<b>7a5</b>	N
88	7b. Are requisition forms available to document loaned medical supplies or equipment? Y/N	<b>7b</b>	Y
89	7c. Is there an appropriate person assigned to verify and confirm delivery? Y/N	<b>7c</b>	Y
	7d. Is there a procedure to tag incoming medical equipment to maintain its on-loan identity?		
90	Y/N	<b>7d</b>	
	7e. Do procedures exist that address how to handle resources that may show up without having been requested? Y/N	<b>7e</b>	Y
91			
92	7f. Are the following supplies identified and stored for use during a disaster?		
93	7f1. Medical supplies (Y/N)	<b>7f1</b>	N
94	7f2. Medical equipment (Y/N)	<b>7f2</b>	N
95	7f3. Equipment and supplies (Y/N)	<b>7f3</b>	N
96	7f4. Oxygen (Y/N)	<b>7f4</b>	N
97	7f5. Ventilators (Y/N)	<b>7f5</b>	N
98	7f6. Hepa Filter Masks (Y/N)	<b>7f6</b>	N
99	7f7. N 95 Masks (Y/N)	<b>7f7</b>	Y
100	7f8. Regular Masks (Y/N)	<b>7f8</b>	Y
101	7f9. Gloves (Y/N)	<b>7f9</b>	Y
102	7f10. Litters (Y/N)	<b>7f10</b>	N
103	7f11. Bed pans and urinals (Y/N)	<b>7f11</b>	Y
104	7f12. Linen (Y/N)	<b>7f12</b>	Y
105	7f13. Wheelchairs (Y/N)	<b>7f13</b>	N
106	7f14. Beds (Y/N)	<b>7f14</b>	N

107	7f15. Flashlights and batteries (Y/N)	7f15	N	
108	7f16. Food (Y/N)	7f16	Y	
109	7f17. Water for immediate use (Y/N)	7f17	N	
110	7f18. Cellular telephones or other communication linkages (Y/N)	7f18	Y	
111	7f19. Adequate fuel supply for emergency generators (Y/N)	7f19	Y	
112	7f20. Weather alert receiver (Y/N)	7f20	N	
113	7f21. Sand bags and rolls of plastic if located in flood prone areas (Y/N)	7f21	N	
114	7f22. Plywood to protect windows (Y/N)	7f22	N	
	7g. Are there emergency "disaster kits" located on patient floors, treatment areas or other designated areas that are immediately accessible of a disaster were to occur and are they inspected at least annually? (Y/N)	7g	N	
115	7h. Have agreements been made with vendors (in and outside of your location) to furnish supplies/equipment during a disaster? (Y/N)	7h	N	
116				
117	7i. Are status reports given daily on supplies and equipment during a recovery period? Y/N	7i	Y	
	7j. What personal protective equipment do you have at the facility with regard to HAZMAT and Decontamination?			
118				
119	7j1. Type of Self-contained breathing apparatus	7j1	N	
120	7j2. Number of Self-contained breathing apparatus	7j2		0
121	7j3. Cylinder duration	7j3	N	
122	7j4. Average number of spare cylinders	7j4	N	
123	7j5. Number of chemical protective suits (Level A)	7j5	N	
124	7j6. Number of chemical protective suits (Level B)	7j6	N	
125	7j7. Number of respirators	7j7	N	
126	7j8. Type of respirators	7j8	N	
127	7j9. Respiratory canister types	7j9	N	
128	7k. Are staff trained to use the personal protective equipment (PPE)? Y/N	7k	N	
129	7l. How many staff are training to use PPE?	7l	N	
130	7m. Are staff trained to perform Decon? Y/N	7m	N	
131	7n. How many staff can perform Decon?	7n	N	
132				
133	<b>8. TRANSFER / EVACUATION OF PATIENTS</b>			
	8a. Is a mechanism in place to have the required documentation (i.e. medical records) available for patients being evacuated? Y/N	8a	Y	
134				
	8b. Is a mechanism in place to have an accepting physician for each patient being transferred to your facility? Y/N	8b	Y	
135				
136	8c. Is there a process in place to notify the family of transferred patients? Y/N	8c	Y	
	8d. Is there a mechanism to provide temporary courtesy privileges to the transferred patient's physician from the evacuated facility? Y/N	8d	Y	
137				
138				
139	<b>9. COLLABORATIVE COMMUNITY PLANNING</b>			
140	9a. Have you identified community resources? Y/N	9a	Y	
141	9b. Are there signed statements of understandings with these resources? Y/N	9b	Y SOME	
142	9c. Have you done collaborative planning in your community with key agencies such as:		Y	
143	9c1. American Red Cross (Y/N)	9c1	Y	
144	9c2. Local Police (Y/N)	9c2	Y	
145	9c3. Fire Department (Y/N)	9c3	Y	
146	9c4. State Police (Y/N)	9c4	Y	
147	9c5. Salvation Army (Y/N)	9c5	N	
148	9c6. Chamber of Commerce (Y/N)	9c6	N	
149	9c7. Public Utilities (Y/N)	9c7	Y	
150	9c8. Water Treatment (Y/N)	9c8	Y	
151	9c9. Telephone Services (Y/N)	9c9	Y	
152	9c10. Home Health Services (Y/N)	9c10	Y	
153	9c11. Long Term Care facilities (Y/N)	9c11	Y	
154	9c12. Community Health Centers (Y/N)	9c12	Y	
155	9c13. Other Social Service Agencies (Y/N)	9c13	Y	
156	9c14. Local EMS providers (Y/N)	9c14	Y	
	9d. Is there a mechanism in place to ensure that the same resources are not required or simultaneously utilized by more than one party? (Y/N)	9d	Y	
157				
	9e. Has your facility participated in a disaster drill with other organizations likely to be involved in an actual disaster? Y/N	9e	Y	
158				
159				
160	<b>10. THANK YOU FOR PARTICIPATING IN THE INTERROGATORIES!</b>			
	<b>PLEASE RETURN COMPLETED SPREADSHEET TO LUCIE GARAND, VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS BY EMAIL AT <a href="mailto:lucie@vahhs.org">lucie@vahhs.org</a>.</b>			
161	<b>THANK YOU!</b>			

ID

Question

Qnum Answer

1 **Vermont Hospital Mutual Aid Network**

2 **Emergency Preparedness Data Collection Form**

3

**Please provide answers in Column D of this spreadsheet in the form of Y or N (yes or no), unless otherwise stated**

4

5

6 **Hospital: Northwestern Medical Center**

7 **Contact Person for this data collection form:**

8 **Date:**

9

10 **1. RADIO & PHONE COMMUNICATION**

**ANSWERS**

11 1a. Do you have an INTERNAL emergency communication radio system? Y/N

**1a** yes

12 1b. Do you have an EXTERNAL emergency communication radio system? Y/N

**1b** yes

13 1c. What frequencies does your EXTERNAL communication radio system operate on? (please list all in the column to the right)

**1c** Hear 1 155.340

14

**1c** Hear 1 155.280

15

**1c**

16

**1c**

17

**1c**

18

**1c**

19

**1c**

20 1d. Do you have a satellite phone system? Y/N

**1d** no

21 1e. Do you have a satellite down link capability for videos? (i.e. CDC, etc.) Y/N

**1e** no

22 1f. In an emergency, is there someone accessible and responsible, at all hours and each day of the week, to received and distribute emergency communications from Dept. of Health or

Office of Emergency Management? Y/N

**1f** yes

23 1g. What is this position?

**1g** ER Charge Nurse

24 1h. How can they be reached?

**1h** 802 524 1037

25

26 **2. HOSPITAL INDICATORS**

27 2a. Does your emergency department have a list of reportable diseases and the Dept. of Health and Human Services telephone number POSTED to facilitate reporting?

**2a** yes

28 2b. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 0-12 HOURS?

**2b** yes

29 2c. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 12 HOURS?

**2c** yes

30 2d. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 24 HOURS?

**2d** yes

31 2e. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 72 HOURS?

**2e** yes

32

33 **3. SECURITY**

34 3a. Are there procedures in place to control the exits and entrances to your facility? Y/N

**3a** yes

35 3b. Does your facility have lock down procedures? Y/N

**3b** yes

36 3c. Is the entry/exit identifies in your plan and easily identified for arriving medical personnel or equipment? Y/N

**3c** yes

37 3d. Do you have external maps available of the facility identifying the following

38 3d1. Command Post (Y/N)

**3d1** no

39 3d2. Triage Area(s) (Y/N)

**3d2** no

40 3d3. Parking Area(s) (Y/N)

**3d3** no

41 3d4. Decontamination facilities (Y/N)

**3d4** no

42 3d5. Media Designated Area(s) (Y/N)

**3d5** no

43 3d6. Family Designated Area(s) (Y/N)

**3d6** no

44 3d7. Staging Area(s) for incoming personnel and equipment (Y/N)

**3d7** no

45 3e. Is there a process in place to identify arriving donated medical personnel (i.e. match identifications with list sent by the donating hospital)? Y/N

**3e.** no

46 3f. Are identification badges available for visiting staff? Y/N

**3f.** yes

47 3g. Are appropriate personnel designated to meet visiting personnel and direct them to the appropriate site? Y/N

**3g.** yes

48 3h. Is there a process in place to document borrowed and loaned pharmaceuticals supplies and equipment? Y/N

**3h** yes

49 3i. Are procedures in place to direct borrowed or loaned pharmaceuticals supplies and equipment to the appropriate site? Y/N

**3i** yes

50 3j. Are procedures in place for directing the media? Y/N	<b>3j</b>	yes
51 3k. Are procedures in place for directing patient family members? Y/N	<b>3k</b>	yes
52 3l. Are procedures in place for controlling/directing spontaneous/unsolicited volunteers? Y/N	<b>3l</b>	yes
3m. Does your institution have a divert policy if it becomes incapacitated for any reason (i.e. contaminated) Y/N	<b>3m</b>	
54 3n. Does your institution have a designated location for patient decontamination? Y/N	<b>3n</b>	yes
55 3o. If so, what is the threshold capacity before outside assistance is needed?	<b>3o</b>	
56 3p. Who will staff decontamination operations?	<b>3p</b>	ER Staff & Maintenance staff
57 3q. Is there staff 24/7 that can perform decon operations? Y/N	<b>3q</b>	yes
58		
59 <b>4. TRANSPORTATION</b>		
4a. Do you have the contact names and numbers of services that can provide transportation?		
60 Y/N	<b>4a</b>	yes
61 4b. Have you identified a site for helicopter landing in the DAY? Y/N	<b>4b</b>	no
62 4c. Have you identified a site for helicopter landing in the NIGHT? Y/N	<b>4c</b>	no
4d. Have you identified a site for helicopter landing during WEATHER CONSIDERATIONS?		
63 Y/N	<b>4d</b>	no
64		
65 <b>5. PERSONNEL</b>		
5a. Are you prepared to provide the following regarding your hospital's request for personnel from another facility?		
67 5a1. Photo ID (if necessary) to incoming personnel? Y/N	<b>5a1</b>	yes
68 5a2. If no, do you plan to in the future? Y/N	<b>5a2</b>	
69 5a3. The type and number of personnel needed? Y/N	<b>5a3</b>	yes
70 5a4. An estimate of how quickly the request must be met? Y/N	<b>5a4</b>	yes
71 5a5. The entry point at the hospital? Y/N	<b>5a5</b>	yes
72 5a6. Do you have an off-site staging center for staff? Y/N	<b>5a6</b>	yes
73 5a7. An estimate of how long the personnel will be needed? Y/N	<b>5a7</b>	no
5b. Has your institution undertaken a review of its Medical Staff by-laws and policies with respect to the issue of accepting the credential of licensed medical professionals in an emergency situation from other participating hospitals? Y/N	<b>5b</b>	yes
74 5c. Does your disaster plan include demobilizing procedures (i.e. post-event stress debriefing)? Y/N	<b>5c</b>	no
75 Y/N		
76		
77 <b>6. PHARMACEUTICALS</b>		
6a. Are there procedures in effect that allow for proper preparation and transporting of pharmaceuticals? Y/N	<b>6a</b>	yes
78 6b. Are pharmaceutical supplies identified or stored for use during a disaster? Y/N	<b>6b</b>	no
79		
80		
81 <b>7. EQUIPMENT AND MEDICAL SUPPLIES</b>		
7a. Are you prepared to identify the following information regarding the loaning or borrowing of equipment or medical materials?		
82		
83 7a1. The quantity needed or what is available to loan? Y/N	<b>7a1</b>	yes
84 7a2. An estimate of how quickly the request must/can be met? Y/N	<b>7a2</b>	yes
85 7a3. The time interval which the material resources will be needed/can be borrowed? Y/N	<b>7a3</b>	yes
86 7a4. The location to which the material resources should be delivered? Y/N	<b>7a4</b>	yes
87 7a5. The condition of the material prior to loaning? Y/N	<b>7a5</b>	yes
88 7b. Are requisition forms available to document loaned medical supplies or equipment? Y/N	<b>7b</b>	yes
89 7c. Is there an appropriate person assigned to verify and confirm delivery? Y/N	<b>7c</b>	yes
7d. Is there a procedure to tag incoming medical equipment to maintain its on-loan identity?		
90 Y/N	<b>7d</b>	yes
7e. Do procedures exist that address how to handle resources that may show up without having been requested? Y/N	<b>7e</b>	yes
91		
92 7f. Are the following supplies identified and stored for use during a disaster?		
93 7f1. Medical supplies (Y/N)	<b>7f1</b>	yes
94 7f2. Medical equipment (Y/N)	<b>7f2</b>	yes
95 7f3. Equipment and supplies (Y/N)	<b>7f3</b>	no
96 7f4. Oxygen (Y/N)	<b>7f4</b>	yes
97 7f5. Ventilators (Y/N)	<b>7f5</b>	yes
98 7f6. Hepa Filter Masks (Y/N)	<b>7f6</b>	yes
99 7f7. N 95 Masks (Y/N)	<b>7f7</b>	yes
100 7f8. Regular Masks (Y/N)	<b>7f8</b>	yes
101 7f9. Gloves (Y/N)	<b>7f9</b>	yes
102 7f10. Litters (Y/N)	<b>7f10</b>	no
103 7f11. Bed pans and urinals (Y/N)	<b>7f11</b>	no
104 7f12. Linen (Y/N)	<b>7f12</b>	yes
105 7f13. Wheelchairs (Y/N)	<b>7f13</b>	yes

106 7f14. Beds (Y/N)	<b>7f14</b>	yes	
107 7f15. Flashlights and batteries (Y/N)	<b>7f15</b>	yes	
108 7f16. Food (Y/N)	<b>7f16</b>	no	
109 7f17. Water for immediate use (Y/N)	<b>7f17</b>	no	
110 7f18. Cellular telephones or other communication linkages (Y/N)	<b>7f18</b>	yes	
111 7f19. Adequate fuel supply for emergency generators (Y/N)	<b>7f19</b>	yes	
112 7f20. Weather alert receiver (Y/N)	<b>7f20</b>	no	
113 7f21. Sand bags and rolls of plastic if located in flood prone areas (Y/N)	<b>7f21</b>	no	
114 7f22. Plywood to protect windows (Y/N)	<b>7f22</b>	no	
7g. Are there emergency "disaster kits" located on patient floors, treatment areas or other designated areas that are immediately accessible of a disaster were to occur and are they inspected at least annually? (Y/N)	<b>7g</b>	no	
7h. Have agreements been made with vendors (in and outside of your location) to furnish supplies/equipment during a disaster? (Y/N)	<b>7h</b>	yes	
117 7i. Are status reports given daily on supplies and equipment during a recovery period? Y/N	<b>7i</b>	no	
7j. What personal protective equipment do you have at the facility with regard to HAZMAT and Decontamination?			Disposable suits
119 7j1. Type of Self-contained breathing apparatus	<b>7j1</b>	no	
120 7j2. Number of Self-contained breathing apparatus	<b>7j2</b>		0
121 7j3. Cylinder duration	<b>7j3</b>	n/a	
122 7j4. Average number of spare cylinders	<b>7j4</b>		0
123 7j5. Number of chemical protective suits (Level A)	<b>7j5</b>		0
124 7j6. Number of chemical protective suits (Level B)	<b>7j6</b>		0
125 7j7. Number of respirators	<b>7j7</b>		3
126 7j8. Type of respirators	<b>7j8</b>	universal cartidge	
127 7j9. Respiratory canister types	<b>7j9</b>	dust and asbestos	
128 7k. Are staff trained to use the personal protective equipment (PPE)? Y/N	<b>7k</b>	in some	
129 7l. How many staff are training to use PPE?	<b>7l</b>		0
130 7m. Are staff trained to perform Decon? Y/N	<b>7m</b>	no	
131 7n. How many staff can perform Decon?	<b>7n</b>	4 when trained	
132			
<b>133 8. TRANSFER / EVACUATION OF PATIENTS</b>			
8a. Is a mechanism in place to have the required documentation (i.e. medical records) available for patients being evacuated? Y/N	<b>8a</b>	yes	
8b. Is a mechanism in place to have an accepting physician for each patient being transferred to your facility? Y/N	<b>8b</b>	yes	
136 8c. Is there a process in place to notify the family of transferred patients? Y/N	<b>8c</b>	yes	
8d. Is there a mechanism to provide temporary courtesy privileges to the transferred patient's physician from the evacuated facility? Y/N	<b>8d</b>	not yet	
138			
<b>139 9. COLLABORATIVE COMMUNITY PLANNING</b>			
140 9a. Have you identified community resources? Y/N	<b>9a</b>	yes	
141 9b. Are there signed statements of understandings with these resources? Y/N	<b>9b</b>	no	
142 9c. Have you done collaborative planning in your community with key agencies such as:			
143 9c1. American Red Cross (Y/N)	<b>9c1</b>	yes	
144 9c2. Local Police (Y/N)	<b>9c2</b>	yes	
145 9c3. Fire Department (Y/N)	<b>9c3</b>	yes	
146 9c4. State Police (Y/N)	<b>9c4</b>	yes	
147 9c5. Salvation Army (Y/N)	<b>9c5</b>	no	
148 9c6. Chamber of Commerce (Y/N)	<b>9c6</b>	yes	
149 9c7. Public Utilities (Y/N)	<b>9c7</b>	yes	
150 9c8. Water Treatment (Y/N)	<b>9c8</b>	yes	
151 9c9. Telephone Services (Y/N)	<b>9c9</b>	no	
152 9c10. Home Health Services (Y/N)	<b>9c10</b>	no	
153 9c11. Long Term Care facilities (Y/N)	<b>9c11</b>	yes	
154 9c12. Community Health Centers (Y/N)	<b>9c12</b>	yes	
155 9c13. Other Social Service Agencies (Y/N)	<b>9c13</b>	yes	
156 9c14. Local EMS providers (Y/N)	<b>9c14</b>	yes	
9d. Is there a mechanism in place to ensure that the same resources are not required or simultaneously utilized by more than one party? (Y/N)	<b>9d</b>	yes	
9e. Has your facility participated in a disaster drill with other organizations likely to be involved in an actual disaster? Y/N	<b>9e</b>	yes	
159			
<b>160 10. THANK YOU FOR PARTICIPATING IN THE INTERROGATORIES!</b>			
<b>PLEASE RETURN COMPLETED SPREADSHEET TO LUCIE GARAND, VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS BY EMAIL AT <a href="mailto:lucie@vahhs.org">lucie@vahhs.org</a>.</b>			
<b>161 THANK YOU!</b>			

ID

Question

Qnum Answer

1 **Vermont Hospital Mutual Aid Network**

2 **Emergency Preparedness Data Collection Form**

3

**Please provide answers in Column D of this spreadsheet in the form of Y or N (yes or no), unless otherwise stated**

4

5 **Hospital: Grace Cottage**

6 **Contact Person for this data collection form: Bonnie L. Johnson**

7 **Date: 6/28/01**

8

9 **1. RADIO & PHONE COMMUNICATION**

**ANSWERS**

10	11	1a. Do you have an INTERNAL emergency communication radio system? Y/N	<b>1a</b>	Y
11	12	1b. Do you have an EXTERNAL emergency communication radio system? Y/N	<b>1b</b>	Y
12		1c. What frequencies does your EXTERNAL communication radio system operate on? (please list all in the column to the right)	<b>1c</b>	154.4300
13			<b>1c</b>	154.1450
14			<b>1c</b>	154.3850
15			<b>1c</b>	155.3550
16			<b>1c</b>	155.3400
17			<b>1c</b>	155.2800
18			<b>1c</b>	
19			<b>1c</b>	
20	1d.	Do you have a satellite phone system? Y/N	<b>1d</b>	N
21	1e.	Do you have a satellite down link capability for videos? (i.e. CDC, etc.) Y/N	<b>1e</b>	N
22	1f.	In an emergency, is there someone accessible and responsible, at all hours and each day of the week, to received and distribute emergency communications from Dept. of Health and Human Services or Office of Emergency Management? Y/N	<b>1f</b>	Y
23	1g.	What is this position?	<b>1g</b>	Director of EMS
24	1h.	How can they be reached?	<b>1h</b>	802-365-7676 (ph) 802-742-5430 (page) Mututal Aid Dispatch
25				
26		<b>2. HOSPITAL INDICATORS</b>		
27	2a.	Does your emergency department have a list of reportable diseases and the Dept. of Health and Human Services telephone number POSTED to facilitate reporting?	<b>2a</b>	N
28	2b.	Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 0-12 HOURS?	<b>2b</b>	Y
29	2c.	Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 12 HOURS?	<b>2c</b>	Y
30	2d.	Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 24 HOURS?	<b>2d</b>	Y
31	2e.	Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 72 HOURS?	<b>2e</b>	Y
32				
33		<b>3. SECURITY</b>		
34	3a.	Are there procedures in place to control the exits and entrances to your facility? Y/N	<b>3a</b>	N
35	3b.	Does your facility have lock down procedures? Y/N	<b>3b</b>	N
36	3c.	Is the entry/exit identifies in your plan and easily identified for arriving medical personnel or equipment? Y/N	<b>3c</b>	Y
37	3d.	Do you have external maps available of the facility identifying the following		N
38	3d1.	Command Post (Y/N)	<b>3d1</b>	N
39	3d2.	Triage Area(s) (Y/N)	<b>3d2</b>	N
40	3d3.	Parking Area(s) (Y/N)	<b>3d3</b>	N
41	3d4.	Decontamination facilities (Y/N)	<b>3d4</b>	N
42	3d5.	Media Designated Area(s) (Y/N)	<b>3d5</b>	N
43	3d6.	Family Designated Area(s) (Y/N)	<b>3d6</b>	N
44	3d7.	Staging Area(s) for incoming personnel and equipment (Y/N)	<b>3d7</b>	N
45	3e.	Is there a process in place to identify arriving donated medical personnel (i.e. match identifications with list sent by the donating hospital)? Y/N	<b>3e.</b>	N
46	3f.	Are identification badges available for visiting staff? Y/N	<b>3f.</b>	N
47	3g.	Are appropriate personnel designated to meet visiting personnel and direct them to the appropriate site? Y/N	<b>3g.</b>	N
48	3h.	Is there a process in place to document borrowed and loaned pharmaceuticals supplies and equipment? Y/N	<b>3h</b>	Y
49	3i.	Are procedures in place to direct borrowed or loaned pharmaceuticals supplies and equipment to the appropriate site? Y/N	<b>3i</b>	Y

50	3j. Are procedures in place for directing the media? Y/N	<b>3j</b>	Y
51	3k. Are procedures in place for directing patient family members? Y/N	<b>3k</b>	Y
52	3l. Are procedures in place for controlling/directing spontaneous/unsolicited volunteers? Y/N	<b>3l</b>	N
	3m. Does your institution have a divert policy if it becomes incapacitated for any reason (i.e. contaminated) Y/N	<b>3m</b>	N
54	3n. Does your institution have a designated location for patient decontamination? Y/N	<b>3n</b>	N
55	3o. If so, what is the threshold capacity before outside assistance is needed?	<b>3o</b>	
56	3p. Who will staff decontamination operations?	<b>3p</b>	
57	3q. Is there staff 24/7 that can perform decon operations? Y/N	<b>3q</b>	N
58			
59	<b>4. TRANSPORTATION</b>		
	4a. Do you have the contact names and numbers of services that can provide transportation?		
60	Y/N	<b>4a</b>	Y
61	4b. Have you identified a site for helicopter landing in the DAY? Y/N	<b>4b</b>	Y
62	4c. Have you identified a site for helicopter landing in the NIGHT? Y/N	<b>4c</b>	Y
	4d. Have you identified a site for helicopter landing during WEATHER CONSIDERATIONS?		
63	Y/N	<b>4d</b>	N
64			
65	<b>5. PERSONNEL</b>		
	5a. Are you prepared to provide the following regarding your hospital's request for personnel from another facility?		
67	5a1. Photo ID (if necessary) to incoming personnel? Y/N	<b>5a1</b>	N
68	5a2. If no, do you plan to in the future? Y/N	<b>5a2</b>	N
69	5a3. The type and number of personnel needed? Y/N	<b>5a3</b>	Y
70	5a4. An estimate of how quickly the request must be met? Y/N	<b>5a4</b>	Y
71	5a5. The entry point at the hospital? Y/N	<b>5a5</b>	Y
72	5a6. Do you have an off-site staging center for staff? Y/N	<b>5a6</b>	N
73	5a7. An estimate of how long the personnel will be needed? Y/N	<b>5a7</b>	Y
	5b. Has your institution undertaken a review of its Medical Staff by-laws and policies with respect to the issue of accepting the credential of licensed medical professionals in an emergency situation from other participating hospitals? Y/N	<b>5b</b>	N
74	5c. Does your disaster plan include demobilizing procedures (i.e. post-event stress debriefing) Y/N	<b>5c</b>	Y
75	Y/N		
76			
77	<b>6. PHARMACEUTICALS</b>		
	6a. Are there procedures in effect that allow for proper preparation and transporting of pharmaceuticals? Y/N	<b>6a</b>	Y
78	6b. Are pharmaceutical supplies identified or stored for use during a disaster? Y/N	<b>6b</b>	N
79			
80			
81	<b>7. EQUIPMENT AND MEDICAL SUPPLIES</b>		
	7a. Are you prepared to identify the following information regarding the loaning or borrowing of equipment or medical materials?		
82			
83	7a1. The quantity needed or what is available to loan? Y/N	<b>7a1</b>	Y
84	7a2. An estimate of how quickly the request must/can be met? Y/N	<b>7a2</b>	Y
85	7a3. The time interval which the material resources will be needed/can be borrowed? Y/N	<b>7a3</b>	Y
86	7a4. The location to which the material resources should be delivered? Y/N	<b>7a4</b>	Y
87	7a5. The condition of the material prior to loaning? Y/N	<b>7a5</b>	N
88	7b. Are requisition forms available to document loaned medical supplies or equipment? Y/N	<b>7b</b>	N
89	7c. Is there an appropriate person assigned to verify and confirm delivery? Y/N	<b>7c</b>	Y
	7d. Is there a procedure to tag incoming medical equipment to maintain its on-loan identity? Y/N	<b>7d</b>	N
90	7e. Do procedures exist that address how to handle resources that may show up without having been requested? Y/N	<b>7e</b>	N
91			
92	7f. Are the following supplies identified and stored for use during a disaster?		
93	7f1. Medical supplies (Y/N)	<b>7f1</b>	N
94	7f2. Medical equipment (Y/N)	<b>7f2</b>	N
95	7f3. Equipment and supplies (Y/N)	<b>7f3</b>	N
96	7f4. Oxygen (Y/N)	<b>7f4</b>	N
97	7f5. Ventilators (Y/N)	<b>7f5</b>	N
98	7f6. Hepa Filter Masks (Y/N)	<b>7f6</b>	N
99	7f7. N 95 Masks (Y/N)	<b>7f7</b>	N
100	7f8. Regular Masks (Y/N)	<b>7f8</b>	N
101	7f9. Gloves (Y/N)	<b>7f9</b>	N
102	7f10. Litters (Y/N)	<b>7f10</b>	N
103	7f11. Bed pans and urinals (Y/N)	<b>7f11</b>	N
104	7f12. Linen (Y/N)	<b>7f12</b>	N
105	7f13. Wheelchairs (Y/N)	<b>7f13</b>	N

106 7f14. Beds (Y/N)	7f14	N	
107 7f15. Flashlights and batteries (Y/N)	7f15	N	
108 7f16. Food (Y/N)	7f16	N	
109 7f17. Water for immediate use (Y/N)	7f17	N	
110 7f18. Cellular telephones or other communication linkages (Y/N)	7f18	N	
111 7f19. Adequate fuel supply for emergency generators (Y/N)	7f19	N	
112 7f20. Weather alert receiver (Y/N)	7f20	N	
113 7f21. Sand bags and rolls of plastic if located in flood prone areas (Y/N)	7f21	N	
114 7f22. Plywood to protect windows (Y/N)	7f22	N	
7g. Are there emergency "disaster kits" located on patient floors, treatment areas or other designated areas that are immediately accessible of a disaster were to occur and are they inspected at least annually? (Y/N)	7g	N	
7h. Have agreements been made with vendors (in and outside of your location) to furnish supplies/equipment during a disaster? (Y/N)	7h	N	
7i. Are status reports given daily on supplies and equipment during a recovery period? Y/N	7i	N	
7j. What personal protective equipment do you have at the facility with regard to HAZMAT and Decontamination?			
119 7j1. Type of Self-contained breathing apparatus	7j1	N	
120 7j2. Number of Self-contained breathing apparatus	7j2		0
121 7j3. Cylinder duration	7j3		0
122 7j4. Average number of spare cylinders	7j4		0
123 7j5. Number of chemical protective suits (Level A)	7j5		0
124 7j6. Number of chemical protective suits (Level B)	7j6		0
125 7j7. Number of respirators	7j7		0
126 7j8. Type of respirators	7j8		0
127 7j9. Respiratory canister types	7j9		0
128 7k. Are staff trained to use the personal protective equipment (PPE)? Y/N	7k	N	
129 7l. How many staff are training to use PPE?	7l		0
130 7m. Are staff trained to perform Decon? Y/N	7m	N	
131 7n. How many staff can perform Decon?	7n		0
132			
133 <b>8. TRANSFER / EVACUATION OF PATIENTS</b>			
8a. Is a mechanism in place to have the required documentation (i.e. medical records) available for patients being evacuated? Y/N	8a	Y	
8b. Is a mechanism in place to have an accepting physician for each patient being transferred to your facility? Y/N	8b	Y	
8c. Is there a process in place to notify the family of transferred patients? Y/N	8c	Y	
8d. Is there a mechanism to provide temporary courtesy privileges to the transferred patient's physician from the evacuated facility? Y/N	8d	N	
138			
139 <b>9. COLLABORATIVE COMMUNITY PLANNING</b>			
9a. Have you identified community resources? Y/N	9a	Y	
9b. Are there signed statements of understandings with these resources? Y/N	9b	Y	
9c. Have you done collaborative planning in your community with key agencies such as:			
9c1. American Red Cross (Y/N)	9c1	N	
9c2. Local Police (Y/N)	9c2	Y	
9c3. Fire Department (Y/N)	9c3	Y	
9c4. State Police (Y/N)	9c4	Y	
9c5. Salvation Army (Y/N)	9c5	N	
9c6. Chamber of Commerce (Y/N)	9c6	N	
9c7. Public Utilities (Y/N)	9c7	N	
9c8. Water Treatment (Y/N)	9c8	N	
9c9. Telephone Services (Y/N)	9c9	N	
9c10. Home Health Services (Y/N)	9c10	N	
9c11. Long Term Care facilities (Y/N)	9c11	N	
9c12. Community Health Centers (Y/N)	9c12	N	
9c13. Other Social Service Agencies (Y/N)	9c13	N	
9c14. Local EMS providers (Y/N)	9c14	N	
9d. Is there a mechanism in place to ensure that the same resources are not required or simultaneously utilized by more than one party? (Y/N)	9d	Y	
9e. Has your facility participated in a disaster drill with other organizations likely to be involved in an actual disaster? Y/N	9e	N	
159			
160 <b>10. THANK YOU FOR PARTICIPATING IN THE INTERROGATORIES!</b>			
<b>PLEASE RETURN COMPLETED SPREADSHEET TO LUCIE GARAND, VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS BY EMAIL AT <a href="mailto:lucie@vahhs.org">lucie@vahhs.org</a>.</b>			
161 <b>THANK YOU!</b>			

ID

Question

Qnum Answer

1 **Vermont Hospital Mutual Aid Network**

2 **Emergency Preparedness Data Collection Form**

3

**Please provide answers in Column D of this spreadsheet in the form of Y or N (yes or no), unless otherwise stated**

4

5

6 **Hospital: Porter Medical Center**

7 **Contact Person for this data collection form:**

PAT JANNENE

8 **Date:**

802-388-4759

9

10 **1. RADIO & PHONE COMMUNICATION**

**ANSWERS**

11 1a. Do you have an INTERNAL emergency communication radio system? Y/N

**1a** Y

12 1b. Do you have an EXTERNAL emergency communication radio system? Y/N

**1b** Y

13 1c. What frequencies does your EXTERNAL communication radio system operate on? (please list all in the column to the right)

**1c** 155.22

14

**1c** 155.34

15

**1c** 155.295

16

**1c** 151.865

17

**1c**

18

**1c**

19

**1c**

20 1d. Do you have a satellite phone system? Y/N

**1d** N

21 1e. Do you have a satellite down link capability for videos? (i.e. CDC, etc.) Y/N

**1e** N

22 1f. In an emergency, is there someone accessible and responsible, at all hours and each day of the week, to received and distribute emergency communications from Dept. of Health and Human Services or Office of Emergency Management? Y/N

**1f** Y

23 1g. What is this position?

**1g** NURSING SUPERVISOR

24 1h. How can they be reached?

**1h** 802-388-4701

25

ASK TO BEEP

26 **2. HOSPITAL INDICATORS**

27 2a. Does your emergency department have a list of reportable diseases and the Dept. of Health and Human Services telephone number POSTED to facilitate reporting?

**2a** Y

28 2b. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 0-12 HOURS?

**2b** N

29 2c. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 12 HOURS?

**2c** N

30 2d. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 24 HOURS?

**2d** Y

31 2e. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 72 HOURS?

**2e** N

32

33 **3. SECURITY**

34 3a. Are there procedures in place to control the exits and entrances to your facility? Y/N

**3a** N

35 3b. Does your facility have lock down procedures? Y/N

**3b** N

36 3c. Is the entry/exit identifies in your plan and easily identified for arriving medical personnel or equipment? Y/N

**3c** N

37 3d. Do you have external maps available of the facility identifying the following

38 3d1. Command Post (Y/N)

**3d1** N

39 3d2. Triage Area(s) (Y/N)

**3d2** N

40 3d3. Parking Area(s) (Y/N)

**3d3** N

41 3d4. Decontamination facilities (Y/N)

**3d4** N

42 3d5. Media Designated Area(s) (Y/N)

**3d5** N

43 3d6. Family Designated Area(s) (Y/N)

**3d6** N

44 3d7. Staging Area(s) for incoming personnel and equipment (Y/N)

**3d7** N

45 3e. Is there a process in place to identify arriving donated medical personnel (i.e. match identifications with list sent by the donating hospital)? Y/N

**3e.** N

46 3f. Are identification badges available for visiting staff? Y/N

**3f.** Y

47 3g. Are appropriate personnel designated to meet visiting personnel and direct them to the appropriate site? Y/N

**3g.** N

48 3h. Is there a process in place to document borrowed and loaned pharmaceuticals supplies and equipment? Y/N

**3h** Y

49 3i. Are procedures in place to direct borrowed or loaned pharmaceuticals supplies and equipment to the appropriate site? Y/N

**3i** Y

50 3j. Are procedures in place for directing the media? Y/N	<b>3j</b>	Y
51 3k. Are procedures in place for directing patient family members? Y/N	<b>3k</b>	Y
52 3l. Are procedures in place for controlling/directing spontaneous/unsolicited volunteers? Y/N	<b>3l</b>	Y
3m. Does your institution have a divert policy if it becomes incapacitated for any reason (i.e. contaminated) Y/N	<b>3m</b>	N
54 3n. Does your institution have a designated location for patient decontamination? Y/N	<b>3n</b>	Y
55 3o. If so, what is the threshold capacity before outside assistance is needed?	<b>3o</b>	3 TO 5
56 3p. Who will staff decontamination operations?	<b>3p</b>	ER/ MAINTANCE
57 3q. Is there staff 24/7 that can perform decon operations? Y/N	<b>3q</b>	N
58		
59 <b>4. TRANSPORTATION</b>		
4a. Do you have the contact names and numbers of services that can provide transportation?		
60 Y/N	<b>4a</b>	Y
61 4b. Have you identified a site for helicopter landing in the DAY? Y/N	<b>4b</b>	Y
62 4c. Have you identified a site for helicopter landing in the NIGHT? Y/N	<b>4c</b>	Y
4d. Have you identified a site for helicopter landing during WEATHER CONSIDERATIONS?		
63 Y/N	<b>4d</b>	Y
64		
65 <b>5. PERSONNEL</b>		
5a. Are you prepared to provide the following regarding your hospital's request for personnel from another facility?		Y
66		
67 5a1. Photo ID (if necessary) to incoming personnel? Y/N	<b>5a1</b>	Y
68 5a2. If no, do you plan to in the future? Y/N	<b>5a2</b>	
69 5a3. The type and number of personnel needed? Y/N	<b>5a3</b>	Y
70 5a4. An estimate of how quickly the request must be met? Y/N	<b>5a4</b>	Y
71 5a5. The entry point at the hospital? Y/N	<b>5a5</b>	Y
72 5a6. Do you have an off-site staging center for staff? Y/N	<b>5a6</b>	N
73 5a7. An estimate of how long the personnel will be needed? Y/N	<b>5a7</b>	Y
5b. Has your institution undertaken a review of its Medical Staff by-laws and policies with respect to the issue of accepting the credential of licensed medical professionals in an emergency situation from other participating hospitals? Y/N	<b>5b</b>	Y
74		
5c. Does your disaster plan include demobilizing procedures (i.e. post-event stress debriefing) Y/N	<b>5c</b>	Y
75		
76		
77 <b>6. PHARMACEUTICALS</b>		
6a. Are there procedures in effect that allow for proper preparation and transporting of pharmaceuticals? Y/N	<b>6a</b>	Y
78		
79 6b. Are pharmaceutical supplies identified or stored for use during a disaster? Y/N	<b>6b</b>	Y
80		
81 <b>7. EQUIPMENT AND MEDICAL SUPPLIES</b>		
7a. Are you prepared to identify the following information regarding the loaning or borrowing of equipment or medical materials?		
82		
83 7a1. The quantity needed or what is available to loan? Y/N	<b>7a1</b>	Y
84 7a2. An estimate of how quickly the request must/can be met? Y/N	<b>7a2</b>	Y
85 7a3. The time interval which the material resources will be needed/can be borrowed? Y/N	<b>7a3</b>	Y
86 7a4. The location to which the material resources should be delivered? Y/N	<b>7a4</b>	Y
87 7a5. The condition of the material prior to loaning? Y/N	<b>7a5</b>	Y
88 7b. Are requisition forms available to document loaned medical supplies or equipment? Y/N	<b>7b</b>	Y
89 7c. Is there an appropriate person assigned to verify and confirm delivery? Y/N	<b>7c</b>	Y
7d. Is there a procedure to tab incoming medical equipment to maintain its on-loan identity? Y/N	<b>7d</b>	Y
90		
7e. Do procedures exist that address how to handle resources that may show up without having been requested? Y/N	<b>7e</b>	Y
91		
92 7f. Are the following supplies identified and stored for use during a disaster?		
93 7f1. Medical supplies (Y/N)	<b>7f1</b>	Y
94 7f2. Medical equipment (Y/N)	<b>7f2</b>	YY
95 7f3. Equipment and supplies (Y/N)	<b>7f3</b>	Y
96 7f4. Oxygen (Y/N)	<b>7f4</b>	Y
97 7f5. Ventilators (Y/N)	<b>7f5</b>	Y
98 7f6. Hepa Filter Masks (Y/N)	<b>7f6</b>	Y
99 7f7. N 95 Masks (Y/N)	<b>7f7</b>	Y
100 7f8. Regular Masks (Y/N)	<b>7f8</b>	Y
101 7f9. Gloves (Y/N)	<b>7f9</b>	YYY
102 7f10. Litters (Y/N)	<b>7f10</b>	Y
103 7f11. Bed pans and urinals (Y/N)	<b>7f11</b>	Y
104 7f12. Linen (Y/N)	<b>7f12</b>	YY
105 7f13. Wheelchairs (Y/N)	<b>7f13</b>	Y

106 7f14. Beds (Y/N)	7f14	Y	
107 7f15. Flashlights and batteries (Y/N)	7f15	Y	
108 7f16. Food (Y/N)	7f16	Y	
109 7f17. Water for immediate use (Y/N)	7f17	Y	
110 7f18. Cellular telephones or other communication linkages (Y/N)	7f18	Y	
111 7f19. Adequate fuel supply for emergency generators (Y/N)	7f19	Y	
112 7f20. Weather alert receiver (Y/N)	7f20	Y	
113 7f21. Sand bags and rolls of plastic if located in flood prone areas (Y/N)	7f21	N	
114 7f22. Plywood to protect windows (Y/N)	7f22	N	
7g. Are there emergency "disaster kits" located on patient floors, treatment areas or other designated areas that are immediately accessible of a disaster were to occur and are they inspected at least annually? (Y/N)	7g	N	
7h. Have agreements been made with vendors (in and outside of your location) to furnish supplies/equipment during a disaster? (Y/N)	7h	Y	
117 7i. Are status reports given daily on supplies and equipment during a recovery period? Y/N	7i	N	
7j. What personal protective equipment do you have at the facility with regard to HAZMAT and Decontamination?			LEVEL B SUITS
119 7j1. Type of Self-contained breathing apparatus	7j1		0
120 7j2. Number of Self-contained breathing apparatus	7j2		0
121 7j3. Cylinder duration	7j3		
122 7j4. Average number of spare cylinders	7j4		0
123 7j5. Number of chemical protective suits (Level A)	7j5		0
124 7j6. Number of chemical protective suits (Level B)	7j6		15
125 7j7. Number of respirators	7j7		0
126 7j8. Type of respirators	7j8		
127 7j9. Respiratory canister types	7j9		
128 7k. Are staff trained to use the personal protective equipment (PPE)? Y/N	7k	Y	
129 7l. How many staff are training to use PPE?	7l		5
130 7m. Are staff trained to perform Decon? Y/N	7m	N	
131 7n. How many staff can perform Decon?	7n		0
132			
133 <b>8. TRANSFER / EVACUATION OF PATIENTS</b>			
8a. Is a mechanism in place to have the required documentation (i.e. medical records) available for patients being evacuated? Y/N	8a	Y	
8b. Is a mechanism in place to have an accepting physician for each patient being transferred to your facility? Y/N	8b	Y	
136 8c. Is there a process in place to notify the family of transferred patients? Y/N	8c	Y	
8d. Is there a mechanism to provide temporary courtesy privileges to the transferred patient's physician from the evacuated facility? Y/N	8d	Y	
138			
139 <b>9. COLLABORATIVE COMMUNITY PLANNING</b>			
140 9a. Have you identified community resources? Y/N	9a	Y	
141 9b. Are there signed statements of understandings with these resources? Y/N	9b	N	
142 9c. Have you done collaborative planning in your community with key agencies such as:			
143 9c1. American Red Cross (Y/N)	9c1	N	
144 9c2. Local Police (Y/N)	9c2	Y	
145 9c3. Fire Department (Y/N)	9c3	Y	
146 9c4. State Police (Y/N)	9c4	Y	
147 9c5. Salvation Army (Y/N)	9c5	N	
148 9c6. Chamber of Commerce (Y/N)	9c6	N	
149 9c7. Public Utilities (Y/N)	9c7	Y	
150 9c8. Water Treatment (Y/N)	9c8	Y	
151 9c9. Telephone Services (Y/N)	9c9	Y	
152 9c10. Home Health Services (Y/N)	9c10	Y	
153 9c11. Long Term Care facilities (Y/N)	9c11	Y	
154 9c12. Community Health Centers (Y/N)	9c12	N	
155 9c13. Other Social Service Agencies (Y/N)	9c13	Y	
156 9c14. Local EMS providers (Y/N)	9c14	Y	
9d. Is there a mechanism in place to ensure that the same resources are not required or simultaneously utilized by more than one party? (Y/N)	9d	Y	
9e. Has your facility participated in a disaster drill with other organizations likely to be involved in an actual disaster? Y/N	9e	Y	
159			
160 <b>10. THANK YOU FOR PARTICIPATING IN THE INTERROGATORIES!</b>			
<b>PLEASE RETURN COMPLETED SPREADSHEET TO LUCIE GARAND, VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS BY EMAIL AT <a href="mailto:lucie@vahhs.org">lucie@vahhs.org</a>.</b>			
161 <b>THANK YOU!</b>			

ID

Question

Qnum Answer

1 **Vermont Hospital Mutual Aid Network**

2 **Emergency Preparedness Data Collection Form**

3

**Please provide answers in Column D of this spreadsheet in the form of Y or N (yes or no), unless otherwise stated**

4

5

6 **Hospital: Brattleboro Retreat**

7 **Contact Person for this data collection form: Kurt A. Isaacson**

8 **Date: May 30, 2002**

9

10 **1. RADIO & PHONE COMMUNICATION**

**ANSWERS**

11 1a. Do you have an INTERNAL emergency communication radio system? Y/N

**1a** Yes

12 1b. Do you have an EXTERNAL emergency communication radio system? Y/N

**1b** No

13 1c. What frequencies does your EXTERNAL communication radio system operate on? (please list all in the column to the right)

**1c**

14

**1c**

15

**1c**

16

**1c**

17

**1c**

18

**1c**

19

**1c**

20 1d. Do you have a satellite phone system? Y/N

**1d** No

21 1e. Do you have a satellite down link capability for videos? (i.e. CDC, etc.) Y/N

**1e** Yes

22 1f. In an emergency, is there someone accessible and responsible, at all hours and each day of the week, to received and distribute emergency communications from Dept. of Health and Human Services or Office of Emergency Management? Y/N

**1f** Yes

23 1g. What is this position?

**1g** Administrator On Call

24 1h. How can they be reached?

**1h** 802-257-7785

25

26 **2. HOSPITAL INDICATORS**

27 2a. Does your emergency department have a list of reportable diseases and the Dept. of Health and Human Services telephone number POSTED to facilitate reporting?

**2a** N/A

28 2b. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 0-12 HOURS?

**2b** N/A

29 2c. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 12 HOURS?

**2c** N/A

30 2d. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 24 HOURS?

**2d** N/A

31 2e. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 72 HOURS?

**2e** N/A

32

33 **3. SECURITY**

34 3a. Are there procedures in place to control the exits and entrances to your facility? Y/N

**3a** Yes

35 3b. Does your facility have lock down procedures? Y/N

**3b** Yes

36 3c. Is the entry/exit identifies in your plan and easily identified for arriving medical personnel or equipment? Y/N

**3c** Yes

37 3d. Do you have external maps available of the facility identifying the following

38 3d1. Command Post (Y/N)

**3d1** No

39 3d2. Triage Area(s) (Y/N)

**3d2** No

40 3d3. Parking Area(s) (Y/N)

**3d3** Yes

41 3d4. Decontamination facilities (Y/N)

**3d4** No

42 3d5. Media Designated Area(s) (Y/N)

**3d5** No

43 3d6. Family Designated Area(s) (Y/N)

**3d6** No

44 3d7. Staging Area(s) for incoming personnel and equipment (Y/N)

**3d7** No

45 3e. Is there a process in place to identify arriving donated medical personnel (i.e. match identifications with list sent by the donating hospital)? Y/N

**3e.** No

46 3f. Are identification badges available for visiting staff? Y/N

**3f.** No

47 3g. Are appropriate personnel designated to meet visiting personnel and direct them to the appropriate site? Y/N

**3g.** Yes

48 3h. Is there a process in place to document borrowed and loaned pharmaceuticals supplies and equipment? Y/N

**3h** No

49 3i. Are procedures in place to direct borrowed or loaned pharmaceuticals supplies and equipment to the appropriate site? Y/N

**3i** No

50	3j. Are procedures in place for directing the media? Y/N	<b>3j</b>	Yes
51	3k. Are procedures in place for directing patient family members? Y/N	<b>3k</b>	Yes
52	3l. Are procedures in place for controlling/directing spontaneous/unsolicited volunteers? Y/N	<b>3l</b>	Yes
	3m. Does your institution have a divert policy if it becomes incapacitated for any reason (i.e. contaminated) Y/N	<b>3m</b>	No
54	3n. Does your institution have a designated location for patient decontamination? Y/N	<b>3n</b>	No
55	3o. If so, what is the threshold capacity before outside assistance is needed?	<b>3o</b>	N/A
56	3p. Who will staff decontamination operations?	<b>3p</b>	N/A
57	3q. Is there staff 24/7 that can perform decon operations? Y/N	<b>3q</b>	No
58			
59	<b>4. TRANSPORTATION</b>		
	4a. Do you have the contact names and numbers of services that can provide transportation?		
60	Y/N	<b>4a</b>	No
61	4b. Have you identified a site for helicopter landing in the DAY? Y/N	<b>4b</b>	Yes
62	4c. Have you identified a site for helicopter landing in the NIGHT? Y/N	<b>4c</b>	No
	4d. Have you identified a site for helicopter landing during WEATHER CONSIDERATIONS?		
63	Y/N	<b>4d</b>	No
64			
65	<b>5. PERSONNEL</b>		
	5a. Are you prepared to provide the following regarding your hospital's request for personnel from another facility?		
67	5a1. Photo ID (if necessary) to incoming personnel? Y/N	<b>5a1</b>	No
68	5a2. If no, do you plan to in the future? Y/N	<b>5a2</b>	No
69	5a3. The type and number of personnel needed? Y/N	<b>5a3</b>	Yes
70	5a4. An estimate of how quickly the request must be met? Y/N	<b>5a4</b>	No
71	5a5. The entry point at the hospital? Y/N	<b>5a5</b>	Yes
72	5a6. Do you have an off-site staging center for staff? Y/N	<b>5a6</b>	No
73	5a7. An estimate of how long the personnel will be needed? Y/N	<b>5a7</b>	No
	5b. Has your institution undertaken a review of its Medical Staff by-laws and policies with respect to the issue of accepting the credential of licensed medical professionals in an emergency situation from other participating hospitals? Y/N	<b>5b</b>	No
74	5c. Does your disaster plan include demobilizing procedures (i.e. post-event stress debriefing) Y/N	<b>5c</b>	Yes
75	Y/N		
76			
77	<b>6. PHARMACEUTICALS</b>		
	6a. Are there procedures in effect that allow for proper preparation and transporting of pharmaceuticals? Y/N	<b>6a</b>	No
78	6b. Are pharmaceutical supplies identified or stored for use during a disaster? Y/N	<b>6b</b>	No
79			
80			
81	<b>7. EQUIPMENT AND MEDICAL SUPPLIES</b>		
	7a. Are you prepared to identify the following information regarding the loaning or borrowing of equipment or medical materials?		
82			
83	7a1. The quantity needed or what is available to loan? Y/N	<b>7a1</b>	No
84	7a2. An estimate of how quickly the request must/can be met? Y/N	<b>7a2</b>	No
85	7a3. The time interval which the material resources will be needed/can be borrowed? Y/N	<b>7a3</b>	No
86	7a4. The location to which the material resources should be delivered? Y/N	<b>7a4</b>	No
87	7a5. The condition of the material prior to loaning? Y/N	<b>7a5</b>	No
88	7b. Are requisition forms available to document loaned medical supplies or equipment? Y/N	<b>7b</b>	No
89	7c. Is there an appropriate person assigned to verify and confirm delivery? Y/N	<b>7c</b>	No
	7d. Is there a procedure to tag incoming medical equipment to maintain its on-loan identity? Y/N	<b>7d</b>	No
90	7e. Do procedures exist that address how to handle resources that may show up without having been requested? Y/N	<b>7e</b>	No
91			
92	7f. Are the following supplies identified and stored for use during a disaster?		
93	7f1. Medical supplies (Y/N)	<b>7f1</b>	Yes
94	7f2. Medical equipment (Y/N)	<b>7f2</b>	Yes
95	7f3. Equipment and supplies (Y/N)	<b>7f3</b>	Yes
96	7f4. Oxygen (Y/N)	<b>7f4</b>	Yes
97	7f5. Ventilators (Y/N)	<b>7f5</b>	No
98	7f6. Hepa Filter Masks (Y/N)	<b>7f6</b>	Yes
99	7f7. N 95 Masks (Y/N)	<b>7f7</b>	No
100	7f8. Regular Masks (Y/N)	<b>7f8</b>	Yes
101	7f9. Gloves (Y/N)	<b>7f9</b>	Yes
102	7f10. Litters (Y/N)	<b>7f10</b>	Yes
103	7f11. Bed pans and urinals (Y/N)	<b>7f11</b>	No
104	7f12. Linen (Y/N)	<b>7f12</b>	Yes
105	7f13. Wheelchairs (Y/N)	<b>7f13</b>	No

106 7f14. Beds (Y/N)	<b>7f14</b>	No	
107 7f15. Flashlights and batteries (Y/N)	<b>7f15</b>	Yes	
108 7f16. Food (Y/N)	<b>7f16</b>	No	
109 7f17. Water for immediate use (Y/N)	<b>7f17</b>	No	
110 7f18. Cellular telephones or other communication linkages (Y/N)	<b>7f18</b>	Yes	
111 7f19. Adequate fuel supply for emergency generators (Y/N)	<b>7f19</b>	Yes	
112 7f20. Weather alert receiver (Y/N)	<b>7f20</b>	No	
113 7f21. Sand bags and rolls of plastic if located in flood prone areas (Y/N)	<b>7f21</b>	No	
114 7f22. Plywood to protect windows (Y/N)	<b>7f22</b>	No	
7g. Are there emergency "disaster kits" located on patient floors, treatment areas or other designated areas that are immediately accessible of a disaster were to occur and are they inspected at least annually? (Y/N)	<b>7g</b>	Yes	
7h. Have agreements been made with vendors (in and outside of your location) to furnish supplies/equipment during a disaster? (Y/N)	<b>7h</b>	No	
117 7i. Are status reports given daily on supplies and equipment during a recovery period? Y/N	<b>7i</b>	No	
7j. What personal protective equipment do you have at the facility with regard to HAZMAT and Decontamination?			
119 7j1. Type of Self-contained breathing apparatus	<b>7j1</b>	N/A	
120 7j2. Number of Self-contained breathing apparatus	<b>7j2</b>		0
121 7j3. Cylinder duration	<b>7j3</b>	N/A	
122 7j4. Average number of spare cylinders	<b>7j4</b>		0
123 7j5. Number of chemical protective suits (Level A)	<b>7j5</b>		0
124 7j6. Number of chemical protective suits (Level B)	<b>7j6</b>		0
125 7j7. Number of respirators	<b>7j7</b>		0
126 7j8. Type of respirators	<b>7j8</b>		0
127 7j9. Respiratory canister types	<b>7j9</b>		0
128 7k. Are staff trained to use the personal protective equipment (PPE)? Y/N	<b>7k</b>	No	
129 7l. How many staff are training to use PPE?	<b>7l</b>	N/A	
130 7m. Are staff trained to perform Decon? Y/N	<b>7m</b>	No	
131 7n. How many staff can perform Decon?	<b>7n</b>		0
132			
<b>133 8. TRANSFER / EVACUATION OF PATIENTS</b>			
8a. Is a mechanism in place to have the required documentation (i.e. medical records) available for patients being evacuated? Y/N	<b>8a</b>	Yes	
8b. Is a mechanism in place to have an accepting physician for each patient being transferred to your facility? Y/N	<b>8b</b>	No	
136 8c. Is there a process in place to notify the family of transferred patients? Y/N	<b>8c</b>	No	
8d. Is there a mechanism to provide temporary courtesy privileges to the transferred patient's physician from the evacuated facility? Y/N	<b>8d</b>	No	
138			
<b>139 9. COLLABORATIVE COMMUNITY PLANNING</b>			
140 9a. Have you identified community resources? Y/N	<b>9a</b>	Yes	
141 9b. Are there signed statements of understandings with these resources? Y/N	<b>9b</b>	No	
142 9c. Have you done collaborative planning in your community with key agencies such as:			
143 9c1. American Red Cross (Y/N)	<b>9c1</b>	No	
144 9c2. Local Police (Y/N)	<b>9c2</b>	Yes	
145 9c3. Fire Department (Y/N)	<b>9c3</b>	Yes	
146 9c4. State Police (Y/N)	<b>9c4</b>	No	
147 9c5. Salvation Army (Y/N)	<b>9c5</b>	No	
148 9c6. Chamber of Commerce (Y/N)	<b>9c6</b>	No	
149 9c7. Public Utilities (Y/N)	<b>9c7</b>	Yes	
150 9c8. Water Treatment (Y/N)	<b>9c8</b>	No	
151 9c9. Telephone Services (Y/N)	<b>9c9</b>	No	
152 9c10. Home Health Services (Y/N)	<b>9c10</b>	No	
153 9c11. Long Term Care facilities (Y/N)	<b>9c11</b>	No	
154 9c12. Community Health Centers (Y/N)	<b>9c12</b>	No	
155 9c13. Other Social Service Agencies (Y/N)	<b>9c13</b>	No	
156 9c14. Local EMS providers (Y/N)	<b>9c14</b>	No	
9d. Is there a mechanism in place to ensure that the same resources are not required or simultaneously utilized by more than one party? (Y/N)	<b>9d</b>	No	
9e. Has your facility participated in a disaster drill with other organizations likely to be involved in an actual disaster? Y/N	<b>9e</b>	Yes	
159			
<b>160 10. THANK YOU FOR PARTICIPATING IN THE INTERROGATORIES!</b>			
<b>PLEASE RETURN COMPLETED SPREADSHEET TO LUCIE GARAND, VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS BY EMAIL AT <a href="mailto:lucie@vahhs.org">lucie@vahhs.org</a>.</b>			
<b>161 THANK YOU!</b>			

ID Question Qnum Answer

1 **Vermont Hospital Mutual Aid Network**  
2 **Emergency Preparedness Data Collection Form**

3  
4 **Please provide answers in Column D of this spreadsheet in the form of Y or N (yes or no), unless otherwise stated**

5  
6 **Hospital: Rutland Regional Medical Center**  
7 **Contact Person for this data collection form:**  
8 **Date:**

9  
10 **1. RADIO & PHONE COMMUNICATION**

**ANSWERS**

11	1a. Do you have an INTERNAL emergency communication radio system? Y/N	<b>1a</b>	Y	
12	1b. Do you have an EXTERNAL emergency communication radio system? Y/N	<b>1b</b>	Y	
13	1c. What frequencies does your EXTERNAL communication radio system operate on? (please list all in the column to the right)	<b>1c</b>		
14		<b>1c</b>		155.34
15		<b>1c</b>		155.28
16		<b>1c</b>		450.2
17		<b>1c</b>		460.5
18		<b>1c</b>		460.575
19		<b>1c</b>		
20	1d. Do you have a satellite phone system? Y/N	<b>1d</b>	N	
21	1e. Do you have a satellite down link capability for videos? (i.e. CDC, etc.) Y/N	<b>1e</b>	Y	
22	1f. In an emergency, is there someone accessible and responsible, at all hours and each day of the week, to received and distribute emergency communications from Dept. of Health and Human Services or Office of Emergency Management? Y/N	<b>1f</b>	Y	
23	1g. What is this position?	<b>1g</b>		Emergency Dept. Shift Manager
24	1h. How can they be reached?	<b>1h</b>		747-3601, Administrator on call: 775-7111
25				
26	<b>2. HOSPITAL INDICATORS</b>			
27	2a. Does your emergency department have a list of reportable diseases and the Dept. of Health and Human Services telephone number POSTED to facilitate reporting?	<b>2a</b>	Y	
28	2b. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 0-12 HOURS?	<b>2b</b>		
29	2c. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 12 HOURS?	<b>2c</b>		
30	2d. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 24 HOURS?	<b>2d</b>		

2e. Do you have a data collection system that can be used to provide a summary of cases, by  
 31 both volume and type of illness, seen in the emergency department over the past 72 HOURS? **2e**  
 32

**33 3. SECURITY**

34 3a. Are there procedures in place to control the exits and entrances to your facility? Y/N **3a** Y

35 3b. Does your facility have lock down procedures? Y/N **3b** Y

36 3c. Is the entry/exit identifies in your plan and easily identified for arriving medical personnel or  
 equipment? Y/N **3c** Y

37 3d. Do you have external maps available of the facility identifying the following

38 3d1. Command Post (Y/N) **3d1** Y

39 3d2. Triage Area(s) (Y/N) **3d2** Y

40 3d3. Parking Area(s) (Y/N) **3d3** Y

41 3d4. Decontamination facilities (Y/N) **3d4** Y

42 3d5. Media Designated Area(s) (Y/N) **3d5** Y

43 3d6. Family Designated Area(s) (Y/N) **3d6** Y

44 3d7. Staging Area(s) for incoming personnel and equipment (Y/N) **3d7** Y

45 3e. Is there a process in place to identify arriving donated medical personnel (i.e. match  
 identifications with list sent by the donating hospital)? Y/N **3e.** N

46 3f. Are identification badges available for visiting staff? Y/N **3f.** Y

47 3g. Are appropriate personnel designated to meet visiting personnel and direct them to the  
 appropriate site? Y/N **3g.** Y

48 3h. Is there a process in place to document borrowed and loaned pharmaceuticals supplies and  
 equipment? Y/N **3h** Y

49 3i. Are procedures in place to direct borrowed or loaned pharmaceuticals supplies and  
 equipment to the appropriate site? Y/N **3i** Y

50 3j. Are procedures in place for directing the media? Y/N **3j** Y

51 3k. Are procedures in place for directing patient family members? Y/N **3k** Y

52 3l. Are procedures in place for controlling/directing spontaneous/unsolicited volunteers? Y/N **3l** Y

53 3m. Does your institution have a divert policy if it becomes incapacitated for any reason (i.e.  
 contaminated) Y/N **3m** Y

54 3n. Does your institution have a designated location for patient decontamination? Y/N **3n** Y

55 3o. If so, what is the threshold capacity before outside assistance is needed? **3o**

56 3p. Who will staff decontamination operations? **3p** FD and EMS

57 3q. Is there staff 24/7 that can perform decon operations? Y/N **3q**

58

**59 4. TRANSPORTATION**

60 4a. Do you have the contact names and numbers of services that can provide transportation?  
 Y/N **4a**

61 4b. Have you identified a site for helicopter landing in the DAY? Y/N **4b** Y

62 4c. Have you identified a site for helicopter landing in the NIGHT? Y/N **4c** Y

63 4d. Have you identified a site for helicopter landing during WEATHER CONSIDERATIONS?  
 Y/N **4d** Y

64

65 **5. PERSONNEL**

5a. Are you prepared to provide the following regarding your hospital's request for personnel from another facility?		
67 5a1. Photo ID (if necessary) to incoming personnel? Y/N	<b>5a1</b>	Y
68 5a2. If no, do you plan to in the future? Y/N	<b>5a2</b>	
69 5a3. The type and number of personnel needed? Y/N	<b>5a3</b>	Y
70 5a4. An estimate of how quickly the request must be met? Y/N	<b>5a4</b>	Y
71 5a5. The entry point at the hospital? Y/N	<b>5a5</b>	Y
72 5a6. Do you have an off-site staging center for staff? Y/N	<b>5a6</b>	N
73 5a7. An estimate of how long the personnel will be needed? Y/N	<b>5a7</b>	Y
5b. Has your institution undertaken a review of its Medical Staff by-laws and policies with respect to the issue of accepting the credential of licensed medical professionals in an emergency situation from other participating hospitals? Y/N	<b>5b</b>	Y
74 5c. Does your disaster plan include demobilizing procedures (i.e. post-event stress debriefing) Y/N	<b>5c</b>	Y
75		
76		

77 **6. PHARMACEUTICALS**

6a. Are there procedures in effect that allow for proper preparation and transporting of pharmaceuticals? Y/N	<b>6a</b>	Y
78 6b. Are pharmaceutical supplies identified or stored for use during a disaster? Y/N	<b>6b</b>	N
79		
80		

81 **7. EQUIPMENT AND MEDICAL SUPPLIES**

7a. Are you prepared to identify the following information regarding the loaning or borrowing of equipment or medical materials?		
82		
83 7a1. The quantity needed or what is available to loan? Y/N	<b>7a1</b>	Y
84 7a2. An estimate of how quickly the request must/can be met? Y/N	<b>7a2</b>	Y
85 7a3. The time interval which the material resources will be needed/can be borrowed? Y/N	<b>7a3</b>	Y
86 7a4. The location to which the material resources should be delivered? Y/N	<b>7a4</b>	Y
87 7a5. The condition of the material prior to loaning? Y/N	<b>7a5</b>	Y
88 7b. Are requisition forms available to document loaned medical supplies or equipment? Y/N	<b>7b</b>	Y
89 7c. Is there an appropriate person assigned to verify and confirm delivery? Y/N	<b>7c</b>	Y
7d. Is there a procedure to tab incoming medical equipment to maintain its on-loan identity? Y/N	<b>7d</b>	Y
90		
7e. Do procedures exist that address how to handle resources that may show up without having been requested? Y/N	<b>7e</b>	N
91		
92 7f. Are the following supplies identified and stored for use during a disaster?		
93 7f1. Medical supplies (Y/N)	<b>7f1</b>	Y
94 7f2. Medical equipment (Y/N)	<b>7f2</b>	Y
95 7f3. Equipment and supplies (Y/N)	<b>7f3</b>	Y
96 7f4. Oxygen (Y/N)	<b>7f4</b>	Y
97 7f5. Ventilators (Y/N)	<b>7f5</b>	N
98 7f6. Hepa Filter Masks (Y/N)	<b>7f6</b>	N
99 7f7. N 95 Masks (Y/N)	<b>7f7</b>	N

100 7f8. Regular Masks (Y/N)	<b>7f8</b>	N - None as disaster supplies- normal stock adequate
101 7f9. Gloves (Y/N)	<b>7f9</b>	N-Not stored as disaster supplies - normal stock adequate
102 7f10. Litters (Y/N)	<b>7f10</b>	N
103 7f11. Bed pans and urinals (Y/N)	<b>7f11</b>	N
104 7f12. Linen (Y/N)	<b>7f12</b>	N
105 7f13. Wheelchairs (Y/N)	<b>7f13</b>	N
106 7f14. Beds (Y/N)	<b>7f14</b>	N
107 7f15. Flashlights and batteries (Y/N)	<b>7f15</b>	Y
108 7f16. Food (Y/N)	<b>7f16</b>	Y
109 7f17. Water for immediate use (Y/N)	<b>7f17</b>	Y
110 7f18. Cellular telephones or other communication linkages (Y/N)	<b>7f18</b>	N
111 7f19. Adequate fuel supply for emergency generators (Y/N)	<b>7f19</b>	Y
112 7f20. Weather alert receiver (Y/N)	<b>7f20</b>	N
113 7f21. Sand bags and rolls of plastic if located in flood prone areas (Y/N)	<b>7f21</b>	N/A
114 7f22. Plywood to protect windows (Y/N)	<b>7f22</b>	N
7g. Are there emergency "disaster kits" located on patient floors, treatment areas or other designated areas that are immediately accessible of a disaster were to occur and are they inspected at least annually? (Y/N)	<b>7g</b>	N
7h. Have agreements been made with vendors (in and outside of your location) to furnish supplies/equipment during a disaster? (Y/N)	<b>7h</b>	Y-Only a few
7i. Are status reports given daily on supplies and equipment during a recovery period? Y/N	<b>7i</b>	No plokicy, bvut would do as needed
7j. What personal protective equipment do you have at the facility with regard to HAZMAT and Decontamination?		
119 7j1. Type of Self-contained breathing apparatus	<b>7j1</b>	None
120 7j2. Number of Self-contained breathing apparatus	<b>7j2</b>	
121 7j3. Cylinder duration	<b>7j3</b>	
122 7j4. Average number of spare cylinders	<b>7j4</b>	
123 7j5. Number of chemical protective suits (Level A)	<b>7j5</b>	None
124 7j6. Number of chemical protective suits (Level B)	<b>7j6</b>	None
125 7j7. Number of respirators	<b>7j7</b>	
126 7j8. Type of respirators	<b>7j8</b>	
127 7j9. Respiratory canister types	<b>7j9</b>	
128 7k. Are staff trained to use the personal protective equipment (PPE)? Y/N	<b>7k</b>	Level C & D only
129 7l. How many staff are training to use PPE?	<b>7l</b>	
130 7m. Are staff trained to perform Decon? Y/N	<b>7m</b>	N - Currently rely on RFD & RAS Paramedics
131 7n. How many staff can perform Decon?	<b>7n</b>	
132		
<b>133 8. TRANSFER / EVACUATION OF PATIENTS</b>		
8a. Is a mechanism in place to have the required documentation (i.e. medical records) available for patients being evacuated? Y/N	<b>8a</b>	Y
8b. Is a mechanism in place to have an accepting physician for each patient being transferred to your facility? Y/N	<b>8b</b>	Y
8c. Is there a process in place to notify the family of transferred patients? Y/N	<b>8c</b>	Y

137	8d. Is there a mechanism to provide temporary courtesy privileges to the transferred patient's physician from the evacuated facility? Y/N	8d	Y
138			
139	<b>9. COLLABORATIVE COMMUNITY PLANNING</b>		
140	9a. Have you identified community resources? Y/N	9a	Some
141	9b. Are there signed statements of understandings with these resources? Y/N	9b	Some
142	9c. Have you done collaborative planning in your community with key agencies such as:		
143	9c1. American Red Cross (Y/N)	9c1	Y
144	9c2. Local Police (Y/N)	9c2	Y
145	9c3. Fire Department (Y/N)	9c3	Y
146	9c4. State Police (Y/N)	9c4	N
147	9c5. Salvation Army (Y/N)	9c5	N
148	9c6. Chamber of Commerce (Y/N)	9c6	N
149	9c7. Public Utilities (Y/N)	9c7	N
150	9c8. Water Treatment (Y/N)	9c8	N
151	9c9. Telephone Services (Y/N)	9c9	N
152	9c10. Home Health Services (Y/N)	9c10	N
153	9c11. Long Term Care facilities (Y/N)	9c11	
154	9c12. Community Health Centers (Y/N)	9c12	
155	9c13. Other Social Service Agencies (Y/N)	9c13	
156	9c14. Local EMS providers (Y/N)	9c14	
157	9d. Is there a mechanism in place to ensure that the same resources are not required or simultaneously utilized by more than one party? (Y/N)	9d	N
158	9e. Has your facility participated in a disaster drill with other organizations likely to be involved in an actual disaster? Y/N	9e	Y

159

160 **10. THANK YOU FOR PARTICIPATING IN THE INTERROGATORIES!**

**PLEASE RETURN COMPLETED SPREADSHEET TO LUCIE GARAND, VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS BY EMAIL AT [lucie@vahhs.org](mailto:lucie@vahhs.org).**

161 **THANK YOU!**

ID

Question

Qnum Answer

1 **Vermont Hospital Mutual Aid Network**

2 **Emergency Preparedness Data Collection Form**

3

**Please provide answers in Column D of this spreadsheet in the form of Y or N (yes or no), unless otherwise stated**

4

5

6 **Hospital: Springfield Hospital**

7 **Contact Person for this data collection form:**

8 **Date:**

9

10 **1. RADIO & PHONE COMMUNICATION**

**ANSWERS**

11 1a. Do you have an INTERNAL emergency communication radio system? Y/N

**1a** Y

12 1b. Do you have an EXTERNAL emergency communication radio system? Y/N

**1b** Y

13 1c. What frequencies does your EXTERNAL communication radio system operate on? (please list all in the column to the right)

**1c** EMS Radio  
**1c** 155.240 Channel #1  
**1c** 155.280 Channel #2

14

15

16

17

18

19

20 1d. Do you have a satellite phone system? Y/N

**1d** N

21 1e. Do you have a satellite down link capability for videos? (i.e. CDC, etc.) Y/N

**1e** Y

22 1f. In an emergency, is there someone accessible and responsible, at all hours and each day of the week, to received and distribute emergency communications from Dept. of Health and Human Services or Office of Emergency Management? Y/N

**1f** Y

23 1g. What is this position?

**1g** Emergency Dept. Charge Nurse

24 1h. How can they be reached?

**1h** 802-885-7540

25

26 **2. HOSPITAL INDICATORS**

27 2a. Does your emergency department have a list of reportable diseases and the Dept. of Health and Human Services telephone number POSTED to facilitate reporting?

**2a** Y

28 2b. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 0-12 HOURS?

**2b**

29 2c. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 12 HOURS?

**2c**

30 2d. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 24 HOURS?

**2d** Y

31 2e. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 72 HOURS?

**2e** y

32

33 **3. SECURITY**

34 3a. Are there procedures in place to control the exits and entrances to your facility? Y/N

**3a** Y

35 3b. Does your facility have lock down procedures? Y/N

**3b** Y

36 3c. Is the entry/exit identifies in your plan and easily identified for arriving medical personnel or equipment? Y/N

**3c** Y

37 3d. Do you have external maps available of the facility identifying the following

38 3d1. Command Post (Y/N)

**3d1** Y

39 3d2. Triage Area(s) (Y/N)

**3d2** Y

40 3d3. Parking Area(s) (Y/N)

**3d3** N-BEING UPDATED

41 3d4. Decontamination facilities (Y/N)

**3d4** N

42 3d5. Media Designated Area(s) (Y/N)

**3d5** Y

43 3d6. Family Designated Area(s) (Y/N)

**3d6** Y

44 3d7. Staging Area(s) for incoming personnel and equipment (Y/N)

**3d7** Y

45 3e. Is there a process in place to identify arriving donated medical personnel (i.e. match identifications with list sent by the donating hospital)? Y/N

**3e.** N

46 3f. Are identification badges available for visiting staff? Y/N

**3f.** Y

47 3g. Are appropriate personnel designated to meet visiting personnel and direct them to the appropriate site? Y/N

**3g.** Y

48 3h. Is there a process in place to document borrowed and loaned pharmaceuticals supplies and equipment? Y/N

**3h** Y

49 3i. Are procedures in place to direct borrowed or loaned pharmaceuticals supplies and equipment to the appropriate site? Y/N

**3i** Y

50	3j. Are procedures in place for directing the media? Y/N	<b>3j</b>	Y
51	3k. Are procedures in place for directing patient family members? Y/N	<b>3k</b>	Y
52	3l. Are procedures in place for controlling/directing spontaneous/unsolicited volunteers? Y/N	<b>3l</b>	Y
	3m. Does your institution have a divert policy if it becomes incapacitated for any reason (i.e. contaminated) Y/N	<b>3m</b>	N
54	3n. Does your institution have a designated location for patient decontamination? Y/N	<b>3n</b>	
55	3o. If so, what is the threshold capacity before outside assistance is needed?	<b>3o</b>	
56	3p. Who will staff decontamination operations?	<b>3p</b>	
57	3q. Is there staff 24/7 that can perform decon operations? Y/N	<b>3q</b>	
58			
59	<b>4. TRANSPORTATION</b>		
	4a. Do you have the contact names and numbers of services that can provide transportation?		
60	Y/N	<b>4a</b>	Y
61	4b. Have you identified a site for helicopter landing in the DAY? Y/N	<b>4b</b>	N
62	4c. Have you identified a site for helicopter landing in the NIGHT? Y/N	<b>4c</b>	N
	4d. Have you identified a site for helicopter landing during WEATHER CONSIDERATIONS?		
63	Y/N	<b>4d</b>	N
64			
65	<b>5. PERSONNEL</b>		
	5a. Are you prepared to provide the following regarding your hospital's request for personnel from another facility?		
67	5a1. Photo ID (if necessary) to incoming personnel? Y/N	<b>5a1</b>	
68	5a2. If no, do you plan to in the future? Y/N	<b>5a2</b>	
69	5a3. The type and number of personnel needed? Y/N	<b>5a3</b>	N
70	5a4. An estimate of how quickly the request must be met? Y/N	<b>5a4</b>	N
71	5a5. The entry point at the hospital? Y/N	<b>5a5</b>	N
72	5a6. Do you have an off-site staging center for staff? Y/N	<b>5a6</b>	N
73	5a7. An estimate of how long the personnel will be needed? Y/N	<b>5a7</b>	N
	5b. Has your institution undertaken a review of its Medical Staff by-laws and policies with respect to the issue of accepting the credential of licensed medical professionals in an emergency situation from other participating hospitals? Y/N	<b>5b</b>	
74	5c. Does your disaster plan include demobilizing procedures (i.e. post-event stress debriefing) Y/N	<b>5c</b>	Y
75	Y/N		
76			
77	<b>6. PHARMACEUTICALS</b>		
	6a. Are there procedures in effect that allow for proper preparation and transporting of pharmaceuticals? Y/N	<b>6a</b>	N
78	6b. Are pharmaceutical supplies identified or stored for use during a disaster? Y/N	<b>6b</b>	N
79			
80			
81	<b>7. EQUIPMENT AND MEDICAL SUPPLIES</b>		
	7a. Are you prepared to identify the following information regarding the loaning or borrowing of equipment or medical materials?		
82			
83	7a1. The quantity needed or what is available to loan? Y/N	<b>7a1</b>	Y
84	7a2. An estimate of how quickly the request must/can be met? Y/N	<b>7a2</b>	Y
85	7a3. The time interval which the material resources will be needed/can be borrowed? Y/N	<b>7a3</b>	Y
86	7a4. The location to which the material resources should be delivered? Y/N	<b>7a4</b>	Y
87	7a5. The condition of the material prior to loaning? Y/N	<b>7a5</b>	Y
88	7b. Are requisition forms available to document loaned medical supplies or equipment? Y/N	<b>7b</b>	Y
89	7c. Is there an appropriate person assigned to verify and confirm delivery? Y/N	<b>7c</b>	Y
	7d. Is there a procedure to tag incoming medical equipment to maintain its on-loan identity? Y/N	<b>7d</b>	Y
90	7e. Do procedures exist that address how to handle resources that may show up without having been requested? Y/N	<b>7e</b>	N
91			
92	7f. Are the following supplies identified and stored for use during a disaster?		
93	7f1. Medical supplies (Y/N)	<b>7f1</b>	N
94	7f2. Medical equipment (Y/N)	<b>7f2</b>	N
95	7f3. Equipment and supplies (Y/N)	<b>7f3</b>	N
96	7f4. Oxygen (Y/N)	<b>7f4</b>	N
97	7f5. Ventilators (Y/N)	<b>7f5</b>	N
98	7f6. Hepa Filter Masks (Y/N)	<b>7f6</b>	Y
99	7f7. N 95 Masks (Y/N)	<b>7f7</b>	Y
100	7f8. Regular Masks (Y/N)	<b>7f8</b>	Y
101	7f9. Gloves (Y/N)	<b>7f9</b>	Y
102	7f10. Litters (Y/N)	<b>7f10</b>	N
103	7f11. Bed pans and urinals (Y/N)	<b>7f11</b>	N
104	7f12. Linen (Y/N)	<b>7f12</b>	N
105	7f13. Wheelchairs (Y/N)	<b>7f13</b>	N

106 7f14. Beds (Y/N)	7f14	N
107 7f15. Flashlights and batteries (Y/N)	7f15	N
108 7f16. Food (Y/N)	7f16	N
109 7f17. Water for immediate use (Y/N)	7f17	N
110 7f18. Cellular telephones or other communication linkages (Y/N)	7f18	N
111 7f19. Adequate fuel supply for emergency generators (Y/N)	7f19	Y
112 7f20. Weather alert receiver (Y/N)	7f20	N
113 7f21. Sand bags and rolls of plastic if located in flood prone areas (Y/N)	7f21	N
114 7f22. Plywood to protect windows (Y/N)	7f22	N
7g. Are there emergency "disaster kits" located on patient floors, treatment areas or other designated areas that are immediately accessible of a disaster were to occur and are they inspected at least annually? (Y/N)	7g	N
7h. Have agreements been made with vendors (in and outside of your location) to furnish supplies/equipment during a disaster? (Y/N)	7h	Y
117 7i. Are status reports given daily on supplies and equipment during a recovery period? Y/N	7i	N
7j. What personal protective equipment do you have at the facility with regard to HAZMAT and Decontamination?		NONE AVAILABLE
119 7j1. Type of Self-contained breathing apparatus	7j1	
120 7j2. Number of Self-contained breathing apparatus	7j2	
121 7j3. Cylinder duration	7j3	
122 7j4. Average number of spare cylinders	7j4	
123 7j5. Number of chemical protective suits (Level A)	7j5	
124 7j6. Number of chemical protective suits (Level B)	7j6	
125 7j7. Number of respirators	7j7	
126 7j8. Type of respirators	7j8	
127 7j9. Respiratory canister types	7j9	
128 7k. Are staff trained to use the personal protective equipment (PPE)? Y/N	7k	N
129 7l. How many staff are training to use PPE?	7l	
130 7m. Are staff trained to perform Decon? Y/N	7m	N
131 7n. How many staff can perform Decon?	7n	
132		
133 <b>8. TRANSFER / EVACUATION OF PATIENTS</b>		
8a. Is a mechanism in place to have the required documentation (i.e. medical records) available for patients being evacuated? Y/N	8a	Y
8b. Is a mechanism in place to have an accepting physician for each patient being transferred to your facility? Y/N	8b	Y
136 8c. Is there a process in place to notify the family of transferred patients? Y/N	8c	Y
8d. Is there a mechanism to provide temporary courtesy privileges to the transferred patient's physician from the evacuated facility? Y/N	8d	N
138		
139 <b>9. COLLABORATIVE COMMUNITY PLANNING</b>		
140 9a. Have you identified community resources? Y/N	9a	Y
141 9b. Are there signed statements of understandings with these resources? Y/N	9b	N
142 9c. Have you done collaborative planning in your community with key agencies such as:		
143 9c1. American Red Cross (Y/N)	9c1	N
144 9c2. Local Police (Y/N)	9c2	
145 9c3. Fire Department (Y/N)	9c3	
146 9c4. State Police (Y/N)	9c4	
147 9c5. Salvation Army (Y/N)	9c5	
148 9c6. Chamber of Commerce (Y/N)	9c6	
149 9c7. Public Utilities (Y/N)	9c7	
150 9c8. Water Treatment (Y/N)	9c8	
151 9c9. Telephone Services (Y/N)	9c9	
152 9c10. Home Health Services (Y/N)	9c10	
153 9c11. Long Term Care facilities (Y/N)	9c11	
154 9c12. Community Health Centers (Y/N)	9c12	
155 9c13. Other Social Service Agencies (Y/N)	9c13	
156 9c14. Local EMS providers (Y/N)	9c14	
9d. Is there a mechanism in place to ensure that the same resources are not required or simultaneously utilized by more than one party? (Y/N)	9d	
9e. Has your facility participated in a disaster drill with other organizations likely to be involved in an actual disaster? Y/N	9e	
159		
160 <b>10. THANK YOU FOR PARTICIPATING IN THE INTERROGATORIES!</b>		
<b>PLEASE RETURN COMPLETED SPREADSHEET TO LUCIE GARAND, VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS BY EMAIL AT <a href="mailto:lucie@vahhs.org">lucie@vahhs.org</a>.</b>		
161 <b>THANK YOU!</b>		

ID

Question

Qnum Answer

1 **Vermont Hospital Mutual Aid Network**2 **Emergency Preparedness Data Collection Form**

3

**Please provide answers in Column D of this spreadsheet in the form of Y or N (yes or no), unless otherwise stated**

4

5

6 **Hospital: Southwestern Vermont Health Care**7 **Contact Person for this data collection form:**

Pat Hebert and Judy Corbett

8 **Date:**

9

10 **1. RADIO & PHONE COMMUNICATION****ANSWERS**

11 1a. Do you have an INTERNAL emergency communication radio system? Y/N

1a y

12 1b. Do you have an EXTERNAL emergency communication radio system? Y/N

1b y

13 1c. What frequencies does your EXTERNAL communication radio system operate on? (please list all in the column to the right)

1c 155.34

14

1c

15

1c

16

1c

17

1c

18

1c

19

1c

20 1d. Do you have a satellite phone system? Y/N

1d n

21 1e. Do you have a satellite down link capability for videos? (i.e. CDC, etc.) Y/N

1e n

22 1f. In an emergency, is there someone accessible and responsible, at all hours and each day of the week, to received and distribute emergency communications from Dept. of Health and Human Services or Office of Emergency Management? Y/N

1f

23 1g. What is this position?

1g IC

24 1h. How can they be reached?

1h

25

26

**2. HOSPITAL INDICATORS**

27 2a. Does your emergency department have a list of reportable diseases and the Dept. of Health and Human Services telephone number POSTED to facilitate reporting?

2a y

28 2b. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 0-12 HOURS?

2b y

29 2c. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 12 HOURS?

2c y

30 2d. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 24 HOURS?

2d y

31 2e. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 72 HOURS?

2e y

32

**3. SECURITY**

34 3a. Are there procedures in place to control the exits and entrances to your facility? Y/N

3a y

35 3b. Does your facility have lock down procedures? Y/N

3b y

36 3c. Is the entry/exit identifies in your plan and easily identified for arriving medical personnel or equipment? Y/N

3c ?

37 3d. Do you have external maps available of the facility identifying the following

38 3d1. Command Post (Y/N)

3d1 n

39 3d2. Triage Area(s) (Y/N)

3d2 n

40 3d3. Parking Area(s) (Y/N)

3d3 y

41 3d4. Decontamination facilities (Y/N)

3d4 y

42 3d5. Media Designated Area(s) (Y/N)

3d5 n

43 3d6. Family Designated Area(s) (Y/N)

3d6 n

44 3d7. Staging Area(s) for incoming personnel and equipment (Y/N)

3d7 n

45 3e. Is there a process in place to identify arriving donated medical personnel (i.e. match identifications with list sent by the donating hospital)? Y/N

3e. y

46 3f. Are identification badges available for visiting staff? Y/N

3f. y

47 3g. Are appropriate personnel designated to meet visiting personnel and direct them to the appropriate site? Y/N

3g. y

48 3h. Is there a process in place to document borrowed and loaned pharmaceuticals supplies and equipment? Y/N

3h. y

49 3i. Are procedures in place to direct borrowed or loaned pharmaceuticals supplies and equipment to the appropriate site? Y/N

3i. y

50 3j. Are procedures in place for directing the media? Y/N

3j. y

51 3k. Are procedures in place for directing patient family members? Y/N

3k. y

52 3l. Are procedures in place for controlling/directing spontaneous/unsolicited volunteers? Y/N	<b>3l</b>		y
3m. Does your institution have a divert policy if it becomes incapacitated for any reason (i.e. contaminated)? Y/N	<b>3m</b>		y
54 3n. Does your institution have a designated location for patient decontamination? Y/N	<b>3n</b>	y	
55 3o. If so, what is the threshold capacity before outside assistance is needed?	<b>3o</b>		
56 3p. Who will staff decontamination operations?	<b>3p</b>	Decon Team	
57 3q. Is there staff 24/7 that can perform decon operations? Y/N	<b>3q</b>	y	
58			
<b>59 4. TRANSPORTATION</b>			
4a. Do you have the contact names and numbers of services that can provide transportation?			
60 Y/N	<b>4a</b>	y	
61 4b. Have you identified a site for helicopter landing in the DAY? Y/N	<b>4b</b>	y	
62 4c. Have you identified a site for helicopter landing in the NIGHT? Y/N	<b>4c</b>	y	
4d. Have you identified a site for helicopter landing during WEATHER CONSIDERATIONS?			
63 Y/N	<b>4d</b>	y	
64			
<b>65 5. PERSONNEL</b>			
5a. Are you prepared to provide the following regarding your hospital's request for personnel from another facility?			
67 5a1. Photo ID (if necessary) to incoming personnel? Y/N	<b>5a1</b>	y	
68 5a2. If no, do you plan to in the future? Y/N	<b>5a2</b>		
69 5a3. The type and number of personnel needed? Y/N	<b>5a3</b>	n	
70 5a4. An estimate of how quickly the request must be met? Y/N	<b>5a4</b>	y	
71 5a5. The entry point at the hospital? Y/N	<b>5a5</b>	y	
72 5a6. Do you have an off-site staging center for staff? Y/N	<b>5a6</b>	y	
73 5a7. An estimate of how long the personnel will be needed? Y/N	<b>5a7</b>	n	
5b. Has your institution undertaken a review of its Medical Staff by-laws and policies with respect to the issue of accepting the credential of licensed medical professionals in an emergency situation from other participating hospitals? Y/N	<b>5b</b>	y	
74 5c. Does your disaster plan include demobilizing procedures (i.e. post-event stress debriefing)? Y/N	<b>5c</b>	y	
75 Y/N			
76			
<b>77 6. PHARMACEUTICALS</b>			
6a. Are there procedures in effect that allow for proper preparation and transporting of pharmaceuticals? Y/N	<b>6a</b>	y	
79 6b. Are pharmaceutical supplies identified or stored for use during a disaster? Y/N	<b>6b</b>	n	
80			
<b>81 7. EQUIPMENT AND MEDICAL SUPPLIES</b>			
7a. Are you prepared to identify the following information regarding the loaning or borrowing of equipment or medical materials?			
82 7a1. The quantity needed or what is available to loan? Y/N	<b>7a1</b>	y	
84 7a2. An estimate of how quickly the request must/can be met? Y/N	<b>7a2</b>	y	
85 7a3. The time interval which the material resources will be needed/can be borrowed? Y/N	<b>7a3</b>	y	
86 7a4. The location to which the material resources should be delivered? Y/N	<b>7a4</b>	y	
87 7a5. The condition of the material prior to loaning? Y/N	<b>7a5</b>	y	
88 7b. Are requisition forms available to document loaned medical supplies or equipment? Y/N	<b>7b</b>	n	
89 7c. Is there an appropriate person assigned to verify and confirm delivery? Y/N	<b>7c</b>	y	
7d. Is there a procedure to tab incoming medical equipment to maintain its on-loan identity?			
90 Y/N	<b>7d</b>	n	
7e. Do procedures exist that address how to handle resources that may show up without having been requested? Y/N	<b>7e</b>	n	
92 7f. Are the following supplies identified and stored for use during a disaster?			
93 7f1. Medical supplies (Y/N)	<b>7f1</b>	n	
94 7f2. Medical equipment (Y/N)	<b>7f2</b>	n	
95 7f3. Equipment and supplies (Y/N)	<b>7f3</b>	n	
96 7f4. Oxygen (Y/N)	<b>7f4</b>	n	
97 7f5. Ventilators (Y/N)	<b>7f5</b>	n	
98 7f6. Hepa Filter Masks (Y/N)	<b>7f6</b>	y	
99 7f7. N 95 Masks (Y/N)	<b>7f7</b>	y	
100 7f8. Regular Masks (Y/N)	<b>7f8</b>	y	
101 7f9. Gloves (Y/N)	<b>7f9</b>	y	
102 7f10. Litters (Y/N)	<b>7f10</b>	n	
103 7f11. Bed pans and urinals (Y/N)	<b>7f11</b>	y	
104 7f12. Linen (Y/N)	<b>7f12</b>	y	
105 7f13. Wheelchairs (Y/N)	<b>7f13</b>	y	
106 7f14. Beds (Y/N)	<b>7f14</b>	y	
107 7f15. Flashlights and batteries (Y/N)	<b>7f15</b>	y	
108 7f16. Food (Y/N)	<b>7f16</b>	y	

109	7f17. Water for immediate use (Y/N)	<b>7f17</b>	y	
110	7f18. Cellular telephones or other communication linkages (Y/N)	<b>7f18</b>	y	
111	7f19. Adequate fuel supply for emergency generators (Y/N)	<b>7f19</b>	y	
112	7f20. Weather alert receiver (Y/N)	<b>7f20</b>		
113	7f21. Sand bags and rolls of plastic if located in flood prone areas (Y/N)	<b>7f21</b>	n	
114	7f22. Plywood to protect windows (Y/N)	<b>7f22</b>	n	
	7g. Are there emergency "disaster kits" located on patient floors, treatment areas or other designated areas that are immediately accessible of a disaster were to occur and are they inspected at least annually? (Y/N)	<b>7g</b>	n	
115	7h. Have agreements been made with vendors (in and outside of your location) to furnish supplies/equipment during a disaster? (Y/N)	<b>7h</b>	y	
117	7i. Are status reports given daily on supplies and equipment during a recovery period? Y/N	<b>7i</b>		
	7j. What personal protective equipment do you have at the facility with regard to HAZMAT and Decontamination?			
119	7j1. Type of Self-contained breathing apparatus	<b>7j1</b>	escape bottles	
120	7j2. Number of Self-contained breathing apparatus	<b>7j2</b>		4
121	7j3. Cylinder duration	<b>7j3</b>	5 minutes	
122	7j4. Average number of spare cylinders	<b>7j4</b>		
123	7j5. Number of chemical protective suits (Level A)	<b>7j5</b>		0
124	7j6. Number of chemical protective suits (Level B)	<b>7j6</b>	30+	
125	7j7. Number of respirators	<b>7j7</b>		6
126	7j8. Type of respirators	<b>7j8</b>	pressure demand SAR	
127	7j9. Respiratory canister types	<b>7j9</b>		
128	7k. Are staff trained to use the personal protective equipment (PPE)? Y/N	<b>7k</b>	y	
129	7l. How many staff are training to use PPE?	<b>7l</b>		12
130	7m. Are staff trained to perform Decon? Y/N	<b>7m</b>	y	
131	7n. How many staff can perform Decon?	<b>7n</b>		9 plus more to train
132				
133	<b>8. TRANSFER / EVACUATION OF PATIENTS</b>			
	8a. Is a mechanism in place to have the required documentation (i.e. medical records) available for patients being evacuated? Y/N	<b>8a</b>	y	
	8b. Is a mechanism in place to have an accepting physician for each patient being transferred to your facility? Y/N	<b>8b</b>	y	
136	8c. Is there a process in place to notify the family of transferred patients? Y/N	<b>8c</b>	y	
	8d. Is there a mechanism to provide temporary courtesy privileges to the transferred patient's physician from the evacuated facility? Y/N	<b>8d</b>	y	
138				
139	<b>9. COLLABORATIVE COMMUNITY PLANNING</b>			in progress
140	9a. Have you identified community resources? Y/N	<b>9a</b>	y	
141	9b. Are there signed statements of understandings with these resources? Y/N	<b>9b</b>	n	
142	9c. Have you done collaborative planning in your community with key agencies such as:			in progress
143	9c1. American Red Cross (Y/N)	<b>9c1</b>		
144	9c2. Local Police (Y/N)	<b>9c2</b>	y	
145	9c3. Fire Department (Y/N)	<b>9c3</b>	y	
146	9c4. State Police (Y/N)	<b>9c4</b>	y	
147	9c5. Salvation Army (Y/N)	<b>9c5</b>		
148	9c6. Chamber of Commerce (Y/N)	<b>9c6</b>		
149	9c7. Public Utilities (Y/N)	<b>9c7</b>	y	
150	9c8. Water Treatment (Y/N)	<b>9c8</b>	y	
151	9c9. Telephone Services (Y/N)	<b>9c9</b>		
152	9c10. Home Health Services (Y/N)	<b>9c10</b>	y	
153	9c11. Long Term Care facilities (Y/N)	<b>9c11</b>	y	
154	9c12. Community Health Centers (Y/N)	<b>9c12</b>	y	
155	9c13. Other Social Service Agencies (Y/N)	<b>9c13</b>	y	
156	9c14. Local EMS providers (Y/N)	<b>9c14</b>	y	
	9d. Is there a mechanism in place to ensure that the same resources are not required or simultaneously utilized by more than one party? (Y/N)	<b>9d</b>		
157	9e. Has your facility participated in a disaster drill with other organizations likely to be involved in an actual disaster? Y/N	<b>9e</b>	y	
159				
160	<b>10. THANK YOU FOR PARTICIPATING IN THE INTERROGATORIES!</b>			
	<b>PLEASE RETURN COMPLETED SPREADSHEET TO LUCIE GARAND, VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS BY EMAIL AT <a href="mailto:lucie@vahhs.org">lucie@vahhs.org</a>.</b>			
161	<b>THANK YOU!</b>			

ID

Question

Qnum Answer

1 **Vermont Hospital Mutual Aid Network**2 **Emergency Preparedness Data Collection Form**

3

**Please provide answers in Column D of this spreadsheet in the form of Y or N (yes or no), unless otherwise stated**

4

5

6 **Hospital: Veterans Administration Center**7 **Contact Person for this data collection form: Jerry Cartier**8 **Date: 27 AUG 02**

9

10 **1. RADIO & PHONE COMMUNICATION****ANSWERS**

11 1a. Do you have an INTERNAL emergency communication radio system? Y/N

1a y

12 1b. Do you have an EXTERNAL emergency communication radio system? Y/N

1b y

13 1c. What frequencies does your EXTERNAL communication radio system operate on? (please list all in the column to the right)

1c I have no idea

14

1c

15

1c

16

1c

17

1c

18

1c

19

1c

20 1d. Do you have a satellite phone system? Y/N

1d n

21 1e. Do you have a satellite down link capability for videos? (i.e. CDC, etc.) Y/N

1e n

1f. In an emergency, is there someone accessible and responsible, at all hours and each day of the week, to received and distribute emergency communications from Dept. of Health and Human Services or Office of Emergency Management? Y/N

1f y

22 1g. What is this position?

1g Admi. Officer of the Day

23 1h. How can they be reached?

1h 802-295-5700

24

25

26 **2. HOSPITAL INDICATORS**

27 2a. Does your emergency department have a list of reportable diseases and the Dept. of Health and Human Services telephone number POSTED to facilitate reporting?

2a y

28 2b. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 0-12 HOURS?

2b y

29 2c. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 12 HOURS?

2c y

30 2d. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 24 HOURS?

2d y

31 2e. Do you have a data collection system that can be used to provide a summary of cases, by both volume and type of illness, seen in the emergency department over the past 72 HOURS?

2e y

32

33 **3. SECURITY**

34 3a. Are there procedures in place to control the exits and entrances to your facility? Y/N

3a y

35 3b. Does your facility have lock down procedures? Y/N

3b y

36 3c. Is the entry/exit identifies in your plan and easily identified for arriving medical personnel or equipment? Y/N

3c y

37 3d. Do you have external maps available of the facility identifying the following

n

38 3d1. Command Post (Y/N)

3d1

39 3d2. Triage Area(s) (Y/N)

3d2

40 3d3. Parking Area(s) (Y/N)

3d3

41 3d4. Decontamination facilities (Y/N)

3d4

42 3d5. Media Designated Area(s) (Y/N)

3d5

43 3d6. Family Designated Area(s) (Y/N)

3d6

44 3d7. Staging Area(s) for incoming personnel and equipment (Y/N)

3d7

45 3e. Is there a process in place to identify arriving donated medical personnel (i.e. match identifications with list sent by the donating hospital)? Y/N

3e. y

46 3f. Are identification badges available for visiting staff? Y/N

3f. y

47 3g. Are appropriate personnel designated to meet visiting personnel and direct them to the appropriate site? Y/N

3g. y

48 3h. Is there a process in place to document borrowed and loaned pharmaceuticals supplies and equipment? Y/N

3h y

49 3i. Are procedures in place to direct borrowed or loaned pharmaceuticals supplies and equipment to the appropriate site? Y/N

3i y

50 3j. Are procedures in place for directing the media? Y/N

3j y

51	3k. Are procedures in place for directing patient family members? Y/N	<b>3k</b>	y
52	3l. Are procedures in place for controlling/directing spontaneous/unsolicited volunteers? Y/N	<b>3l</b>	y
	3m. Does your institution have a divert policy if it becomes incapacitated for any reason (i.e. contaminated) Y/N	<b>3m</b>	y
54	3n. Does your institution have a designated location for patient decontamination? Y/N	<b>3n</b>	n
55	3o. If so, what is the threshold capacity before outside assistance is needed?	<b>3o</b>	n
56	3p. Who will staff decontamination operations?	<b>3p</b>	n
57	3q. Is there staff 24/7 that can perform decon operations? Y/N	<b>3q</b>	n
58			
59	<b>4. TRANSPORTATION</b>		
60	4a. Do you have the contact names and numbers of services that can provide transportation? Y/N	<b>4a</b>	y
61	4b. Have you identified a site for helicopter landing in the DAY? Y/N	<b>4b</b>	y
62	4c. Have you identified a site for helicopter landing in the NIGHT? Y/N	<b>4c</b>	y
63	4d. Have you identified a site for helicopter landing during WEATHER CONSIDERATIONS? Y/N	<b>4d</b>	n
64			
65	<b>5. PERSONNEL</b>		
	5a. Are you prepared to provide the following regarding your hospital's request for personnel from another facility?		
67	5a1. Photo ID (if necessary) to incoming personnel? Y/N	<b>5a1</b>	y
68	5a2. If no, do you plan to in the future? Y/N	<b>5a2</b>	
69	5a3. The type and number of personnel needed? Y/N	<b>5a3</b>	y
70	5a4. An estimate of how quickly the request must be met? Y/N	<b>5a4</b>	y
71	5a5. The entry point at the hospital? Y/N	<b>5a5</b>	y
72	5a6. Do you have an off-site staging center for staff? Y/N	<b>5a6</b>	n
73	5a7. An estimate of how long the personnel will be needed? Y/N	<b>5a7</b>	y
	5b. Has your institution undertaken a review of its Medical Staff by-laws and policies with respect to the issue of accepting the credential of licensed medical professionals in an emergency situation from other participating hospitals? Y/N	<b>5b</b>	y
74	5c. Does your disaster plan include demobilizing procedures (i.e. post-event stress debriefing) Y/N	<b>5c</b>	y
75			
76			
77	<b>6. PHARMACEUTICALS</b>		
	6a. Are there procedures in effect that allow for proper preparation and transporting of pharmaceuticals? Y/N	<b>6a</b>	y
78			
79	6b. Are pharmaceutical supplies identified or stored for use during a disaster? Y/N	<b>6b</b>	n
80			
81	<b>7. EQUIPMENT AND MEDICAL SUPPLIES</b>		
	7a. Are you prepared to identify the following information regarding the loaning or borrowing of equipment or medical materials?		
82			
83	7a1. The quantity needed or what is available to loan? Y/N	<b>7a1</b>	y
84	7a2. An estimate of how quickly the request must/can be met? Y/N	<b>7a2</b>	y
85	7a3. The time interval which the material resources will be needed/can be borrowed? Y/N	<b>7a3</b>	y
86	7a4. The location to which the material resources should be delivered? Y/N	<b>7a4</b>	y
87	7a5. The condition of the material prior to loaning? Y/N	<b>7a5</b>	y
88	7b. Are requisition forms available to document loaned medical supplies or equipment? Y/N	<b>7b</b>	y
89	7c. Is there an appropriate person assigned to verify and confirm delivery? Y/N	<b>7c</b>	y
90	7d. Is there a procedure to tag incoming medical equipment to maintain its on-loan identity? Y/N	<b>7d</b>	y
	7e. Do procedures exist that address how to handle resources that may show up without having been requested? Y/N	<b>7e</b>	y
91			
92	7f. Are the following supplies identified and stored for use during a disaster?		
93	7f1. Medical supplies (Y/N)	<b>7f1</b>	n
94	7f2. Medical equipment (Y/N)	<b>7f2</b>	n
95	7f3. Equipment and supplies (Y/N)	<b>7f3</b>	n
96	7f4. Oxygen (Y/N)	<b>7f4</b>	n
97	7f5. Ventilators (Y/N)	<b>7f5</b>	n
98	7f6. Hepa Filter Masks (Y/N)	<b>7f6</b>	n
99	7f7. N 95 Masks (Y/N)	<b>7f7</b>	n
100	7f8. Regular Masks (Y/N)	<b>7f8</b>	n
101	7f9. Gloves (Y/N)	<b>7f9</b>	n
102	7f10. Litters (Y/N)	<b>7f10</b>	n
103	7f11. Bed pans and urinals (Y/N)	<b>7f11</b>	n
104	7f12. Linen (Y/N)	<b>7f12</b>	n
105	7f13. Wheelchairs (Y/N)	<b>7f13</b>	n
106	7f14. Beds (Y/N)	<b>7f14</b>	n
107	7f15. Flashlights and batteries (Y/N)	<b>7f15</b>	n

108	7f16. Food (Y/N)	<b>7f16</b>	n	
109	7f17. Water for immediate use (Y/N)	<b>7f17</b>	n	
110	7f18. Cellular telephones or other communication linkages (Y/N)	<b>7f18</b>	n	
111	7f19. Adequate fuel supply for emergency generators (Y/N)	<b>7f19</b>	y	
112	7f20. Weather alert receiver (Y/N)	<b>7f20</b>	n	
113	7f21. Sand bags and rolls of plastic if located in flood prone areas (Y/N)	<b>7f21</b>	n	
114	7f22. Plywood to protect windows (Y/N)	<b>7f22</b>	n	
	7g. Are there emergency "disaster kits" located on patient floors, treatment areas or other designated areas that are immediately accessible of a disaster were to occur and are they inspected at least annually? (Y/N)	<b>7g</b>	n	
	7h. Have agreements been made with vendors (in and outside of your location) to furnish supplies/equipment during a disaster? (Y/N)	<b>7h</b>	n	
117	7i. Are status reports given daily on supplies and equipment during a recovery period? Y/N	<b>7i</b>	y	
	7j. What personal protective equipment do you have at the facility with regard to HAZMAT and Decontamination?			
119	7j1. Type of Self-contained breathing apparatus	<b>7j1</b>	none	
120	7j2. Number of Self-contained breathing apparatus	<b>7j2</b>	none	
121	7j3. Cylinder duration	<b>7j3</b>	none	
122	7j4. Average number of spare cylinders	<b>7j4</b>	none	
123	7j5. Number of chemical protective suits (Level A)	<b>7j5</b>	none	
124	7j6. Number of chemical protective suits (Level B)	<b>7j6</b>	none	
125	7j7. Number of respirators	<b>7j7</b>	none	
126	7j8. Type of respirators	<b>7j8</b>		
127	7j9. Respiratory canister types	<b>7j9</b>	none	
128	7k. Are staff trained to use the personal protective equipment (PPE)? Y/N	<b>7k</b>	y	
129	7l. How many staff are training to use PPE?	<b>7l</b>		7
130	7m. Are staff trained to perform Decon? Y/N	<b>7m</b>	y	
131	7n. How many staff can perform Decon?	<b>7n</b>		7
132				
133	<b>8. TRANSFER / EVACUATION OF PATIENTS</b>			
	8a. Is a mechanism in place to have the required documentation (i.e. medical records) available for patients being evacuated? Y/N	<b>8a</b>	y	
	8b. Is a mechanism in place to have an accepting physician for each patient being transferred to your facility? Y/N	<b>8b</b>	y	
136	8c. Is there a process in place to notify the family of transferred patients? Y/N	<b>8c</b>	y	
	8d. Is there a mechanism to provide temporary courtesy privileges to the transferred patient's physician from the evacuated facility? Y/N	<b>8d</b>	y	
138				
139	<b>9. COLLABORATIVE COMMUNITY PLANNING</b>			
140	9a. Have you identified community resources? Y/N	<b>9a</b>	y	
141	9b. Are there signed statements of understandings with these resources? Y/N	<b>9b</b>	n	
142	9c. Have you done collaborative planning in your community with key agencies such as:			
143	9c1. American Red Cross (Y/N)	<b>9c1</b>	n	
144	9c2. Local Police (Y/N)	<b>9c2</b>	n	
145	9c3. Fire Department (Y/N)	<b>9c3</b>	y	
146	9c4. State Police (Y/N)	<b>9c4</b>	n	
147	9c5. Salvation Army (Y/N)	<b>9c5</b>	n	
148	9c6. Chamber of Commerce (Y/N)	<b>9c6</b>	n	
149	9c7. Public Utilities (Y/N)	<b>9c7</b>	n	
150	9c8. Water Treatment (Y/N)	<b>9c8</b>	n	
151	9c9. Telephone Services (Y/N)	<b>9c9</b>	n	
152	9c10. Home Health Services (Y/N)	<b>9c10</b>	n	
153	9c11. Long Term Care facilities (Y/N)	<b>9c11</b>	n	
154	9c12. Community Health Centers (Y/N)	<b>9c12</b>	n	
155	9c13. Other Social Service Agencies (Y/N)	<b>9c13</b>	n	
156	9c14. Local EMS providers (Y/N)	<b>9c14</b>	y	
	9d. Is there a mechanism in place to ensure that the same resources are not required or simultaneously utilized by more than one party? (Y/N)	<b>9d</b>	n	
157	9e. Has your facility participated in a disaster drill with other organizations likely to be involved in an actual disaster? Y/N	<b>9e</b>	y	
159				
160	<b>10. THANK YOU FOR PARTICIPATING IN THE INTERROGATORIES!</b>			
	<b>PLEASE RETURN COMPLETED SPREADSHEET TO LUCIE GARAND, VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS BY EMAIL AT <a href="mailto:lucie@vahhs.org">lucie@vahhs.org</a>.</b>			
161	<b>THANK YOU!</b>			