



**HOSPITAL EMERGENCY PREPAREDNESS
ASSESSMENT SURVEY & RESOURCE INVENTORY**

2002 AND 2005 SURVEY COMPARISONS

NEW MEXICO HOSPITAL AND HEALTH SYSTEMS ASSOCIATION

JUNE 30, 2006

TABLE OF CONTENTS

Executive Summary	<i>i</i>
Part One: Introduction	1
Background	2
Overview of Survey.....	2
Survey Administration.....	3
Licensed Beds, Average Daily Census, and Surge Capacity	4
Part Two: General Findings	5
A. Planning & Incident Management	6
B. Staff Recall & Personnel.....	11
C. Education & Training.....	12
D. Public Information & Media Relations.....	13
E. Security	14
F. Decontamination & Isolation Capacity.....	15
G. Pharmaceuticals & Laboratory.....	18
H. PPE, Medical Equipment & Supplies	20
I. Communication Equipment	21
Part Three: Conclusions	24

Attachments:

Attachment A	2005 Survey Instrument
Attachment B	2005 Hospital Capacity
Attachment C	2005 Assessment Survey Detailed Tables

EXECUTIVE SUMMARY

In the spring of 2002, the United States Health Resources and Services Administration (HRSA) made funds available to the States through cooperative agreements to enhance hospital and health system preparedness for public health emergencies. That fall, the New Mexico Hospitals and Health Systems Association (NMHSA), in partnership with the New Mexico Department of Health (NMDOH) conducted an assessment of the level of readiness of New Mexico's hospitals to respond to a large-scale health emergency. The assessment focused on acute care facilities with emergency departments staffed 24 hours a day, 365 days a year. Findings from 39 hospitals were analyzed and a report was issued in April 2003.

In the summer of 2005, NMHSA, in conjunction with the Bioterrorism Hospital Preparedness Program (BHPP) of the NMDOH's Office of Health Emergency Management (OHEM), and the HRSA/BHPP Work Group, conducted a follow-up study to assess hospital readiness after three years of federal funding.

In both years, many of the survey items were drawn from JCAHO standards and/or State licensing regulations. Others were developed by the HRSA/BHPP Work Group to correspond with critical capacities identified in the federal guidance issued as part of the HRSA Cooperative Agreement.

The 2002 Emergency Preparedness Assessment Survey and Resource Inventory was intended to serve several purposes, including providing a baseline regarding hospital readiness, identifying gaps, and making decisions about the most appropriate and effective dispersal of HRSA grant money. The 2005 follow-up survey was intended to assess the current status of hospital readiness, to measure progress and describe changes over the last several years, and to guide the emphasis of the NMDOH HRSA/BHPP efforts in the coming months and years.

In general, the findings of the 2005 Hospital Emergency Preparedness Assessment show some important improvements in terms of hospital planning and preparedness since 2002. This is especially true in terms of:

- developing specific procedures for handling medical surge (though not necessarily including reconfiguration of hospital space);
- implementing an Incident Command System (ICS);
- coordinating with local emergency management, especially in terms of collaborative training and drills;
- developing protocols for dealing with victims of various types of incidents (an all-hazard approach);
- dealing with facility and spontaneous volunteers;
- providing training in rumor control, risk management, and media relations;
- providing training in the use of PPE and procedures for patient care for biologically infected patients and chemically and radiologically contaminated patients;
- developing protocols and procedures for acquiring, handling, packaging, and transporting specimens, and providing training in those protocols and procedures (though the relative percentage of hospitals with plans for restocking pharmaceuticals dropped); and
- increasing the availability and connectivity of communication equipment and procedures, especially in terms of connections with EMS and fire personnel outside the hospital and with EMSsystem®.

Areas with little change or of continuing concern include:

- planning for populations with special response needs - across the board such planning for specific populations is still in place in fewer than 50% of the responding hospitals;
- planning for the behavioral health consequences of an emergency or disaster appears less frequent, and training in managing those consequences remains below 50%;
- planning for the management of donations of goods and money is in place in few than 30% of the responding hospitals;
- there are fewer plans with identification of an alternate site if the hospital is evacuated than there were in 2002, though $\frac{3}{4}$ of these hospitals still have such plans; and
- communication equipment and related issue data show a number of continuing concerns – posting of frequencies, lack of radio checks, few plans for HAM back up, limited EMSCOM capabilities, insufficient numbers of hand held radios, and inadequate capacity to communicate with other local response entities.

There are at least two important caveats in looking at those findings that show some decrease in capability and capacity since 2002:

- The hospitals included in 2005 were not strictly comparable with those included in 2002, since five IHS Hospitals and the VA Hospital were not included in 2005 and two hospitals (Guadalupe County and Union County General) did not participate in 2002. This was especially an issue in terms of the availability of NPI rooms and others facilities and supplies.
- There has been a great deal of training, drill, and exercises over the past few years, notably the NMDOH OHEM HRSA/BHPP regional hospital training seminars as well training offered by CREST at the UNM Center for Disaster Medicine, the Department of Public Safety, federal agencies, and local emergency managers. This has potentially heightened the awareness of hospital emergency response personnel about the realities of emergency management on the scale being discussed here, and made their own assessments of the adequacy of their plans and procedures more stringent.

PART ONE
INTRODUCTION

Background

In the spring of 2002, the United States Health Resources and Services Administration (HRSA) made funds available to the States through cooperative agreements to enhance hospital and health system preparedness for public health emergencies. That fall, the New Mexico Hospitals and Health Systems Association (NMHSA), in partnership with the New Mexico Department of Health (NMDOH), conducted an assessment of the level of readiness of New Mexico's hospitals to respond to a large-scale health emergency. Shaening and Associates, Inc., provided assistance in this effort in terms of survey construction, data entry and analysis. The assessment focused on acute care facilities with emergency departments staffed 24 hours a day, 365 days a year. Findings from 39 hospitals were analyzed, and a report was issued in April 2003.

In the summer of 2005, NMHSA, in conjunction with the Bioterrorism Hospital Preparedness Program (BHPP) of the NMDOH's Office of Health Emergency Management (OHEM), and the HRSA/BHPP Work Group, conducted a follow-up study. Again, Shaening and Associates, Inc., provided assistance in terms of survey construction, data entry and analysis, and report preparation.

In both years, many of the survey items were drawn from JCAHO standards and/or State licensing regulations. Others were developed by the HRSA/BHPP Work Group to correspond with critical capacities identified in the federal guidance issued as part of the HRSA Cooperative Agreement.

The 2002 Emergency Preparedness Assessment Survey and Resource Inventory was intended to serve several purposes, including providing a baseline regarding hospital readiness, identifying gaps, and making decisions about the most appropriate and effective dispersal of HRSA grant money. The 2005 follow-up survey was intended to assess the current status of hospital readiness, to measure progress and describe changes over the last several years, and to guide the emphasis of the NMDOH HRSA/BHPP efforts in the coming months and years.

Overview of the Survey

The 2005 survey instrument (which is included in Attachment A) was divided into nine parts:

- A. Planning & Incident Management, including general planning issues, planning for medical surge, emergency management and ICS, community coordination and collaboration, specific planning provisions, and miscellaneous logistics and recovery planning.
- B. Staff Recall & Personnel Augmentation
- C. Education & Training
- D. Public Information & Media Relations
- E. Security
- F. Decontamination & Isolation Capacity
- G. Pharmaceuticals & Laboratory
- H. PPE, Medical Equipment & Supplies
- I. Communication Equipment

Many of the items are directly comparable to items on the 2002 survey, but others are not. Some of those are new items which were not asked in 2002, and others are reworded questions which can be compared in a general way to issues covered in 2002. The differences reflect new knowledge in this rapidly changing field as well as new emphases of HRSA and/or NMDOH in their planning, preparedness, and response activities.

Survey Administration

The 2002 assessment focused on acute care facilities with emergency departments staffed 24 hours a day, 365 days a year. Overall, thirty-nine (39) hospitals statewide, including Indian Health System (IHS) hospitals, completed survey forms and were included in the analysis.

Responses to the 2005 assessment were received from 35 hospitals; two of which were not included in the 2002 assessment (Guadalupe County and Union County General). Six of the hospitals included in the 2002 assessment were not included in 2005. Those six (five IHS hospitals and the Veterans Affairs Hospital) will be assessed separately at a later date.

**Table 1
Hospitals Participating in 2002 and 2005 Surveys**

	2002	2005		2002	2005
Acoma-Cañoncito-Laguna Hospital	X		Memorial Medical Center	X	X
Albuquerque Regional Medical Center (St. Joseph's Medical Center)	X	X	Mimbres Memorial Hospital & Nursing Home	X	X
Alta Vista Regional Hospital (Northeastern Regional Hospital)	X	X	Miners' Colfax Medical Center	X	X
Artesia General Hospital	X	X	Mountain View Regional Medical Center	X	X
Carlsbad Medical Center, LLC	X	X	Nor-Lea General Hospital	X	X
Cibola General Hospital	X	X	Northern Navajo Medical Center	X	
Dr. Dan C. Trigg Memorial Hospital	X	X	Plains Regional Medical Center	X	X
Eastern New Mexico Medical Center	X	X	Presbyterian Hospital	X	X
Española Hospital	X	X	Presbyterian Kaseman Hospital	X	X
Gallup Indian Medical Center	X		Rehoboth McKinley Christian Health Care Services	X	X
Gerald Champion Regional Medical Center	X	X	Roosevelt General Hospital	X	X
Gila Regional Medical Center	X	X	San Juan Regional Medical Center	X	X
Guadalupe County Hospital		X	Sierra Vista Hospital	X	X
Heart Hospital of New Mexico	X	X	Socorro General Hospital	X	X
Holy Cross Hospital	X	X	St. Vincent Regional Medical Center	X	X
IHS Hospital – Crownpoint	X		Union County General Hospital		X
IHS Hospital – Zuni	X		University Hospital	X	X
Lea Regional Medical Center	X	X	Veterans Affairs Hospital	X	
Lincoln County Medical Center	X	X	West Mesa Medical Center (St. Joseph's West Mesa)	X	X
Los Alamos Medical Center	X	X	Women's Hospital (St. Joseph's Northeast Heights)	X	X
Lovelace Medical Center	X	X			

In 2005, 17 of the responding hospitals were in EMS Region 1, 6 in EMS Region 2, and 12 in EMS Region 3.

Licensed Beds, Average Daily Census, and Surge Capacity

Questions about the number of licensed beds, average daily census, and projected surge capacity were not included in the 2005 survey, but this information was gathered in follow-up calls to the participating hospitals. Detail tables with this information on 2005 results may be found in Attachment B.

Licensed Beds: All 35 hospitals participated in the 2005 survey follow-up phone calls. They report a total of 3911 licensed beds. Nearly two-thirds of the 35 hospitals included in the 2005 survey (22, 62.9%) have fewer than 100 licensed beds; 17% have between 101 and 200 licensed beds, and 7 have over 200. One hospital has 485 licensed beds.

Emergency Department Beds: Half (17) of the 34 hospitals reporting this data have 10 or fewer ED beds; another 10 (29.4%) have between 11 and 20 beds, and 7 (20.5%) have over 20 beds.

Average Daily Census: One-third (10) of the 30 hospitals reporting this data have an average daily census of less than 20; 8 (26.7%) have between 20 and 50, another 8 (26.7%) have between 60 and 95, and 4 (13.3%) have between 145 and 390.

Average Daily Census/Critical Care: Almost a quarter of the hospitals reporting this data (7, 23.3%) report no critical care beds in their average daily census. Another 53.3% have 10 or fewer beds, and 23.3% have between 12 and 84 critical care beds.

Surge/Critical Care: Only 17 hospitals provided estimates of the surge capacity for critical care; eight of those projected zero capacity. The other nine hospitals projected a total surge capacity for critical care of 36.

Surge/Non-Critical Care: Twenty-one hospitals projected a total surge capacity of 338 for non-critical care. Almost half of the 21 responding hospitals (47.6%) estimated a capacity of 10 or fewer.

Total Surge Capacity: Twenty-three hospitals projected a total surge capacity of 410.

Survey Findings & Conclusions

Part Two of this report discusses survey findings and compares those findings, when possible, to the findings from the 2002 survey. Detail tables for 2005 are provided in Attachment C. Part Three of the report presents summaries and conclusions.

PART TWO
GENERAL FINDINGS

A. Planning & Incident Management

1. General Planning Issues

All the hospitals included in the assessments in both 2002 and 2005 have **Emergency Management Plans** in place. In 2005, all 35 hospitals evaluated their Emergency Management Plans annually, while in 2002 only 33 of the 39 had done annual evaluations. As seen in the table below, for both survey years, most hospitals were likely to have conducted a Hazard Vulnerability Analysis (HVA). In 2005, most hospitals said they revised their Emergency Management Plans based on their HVAs, even if they had not conducted one in the last year. (This item was not included in the 2002 survey). In both years, most hospitals conducted exercises of their plans and critiqued those exercises.

In 2005, about three-quarters of the hospitals reported they had provisions for operating for prolonged periods under emergency conditions. This question was not specifically asked in 2002, but hospitals were asked whether their plan included protocols for resupplying essential services. Depending on the specific essential service, between 28 (for steam and sanitary sewer systems) and 36 (for water) hospitals reported they had such protocols.

Table 2
General Planning Issues

	2002		2005	
	#	%	#	%
Does your hospital conduct an annual evaluation of its Emergency Management Plan?	33	84.6	35	100.0
Has your hospital conducted a <i>Hazard Vulnerability Analysis</i> (HVA) in the last 12 months?	30	76.9	29	82.9
Do you revise your Emergency Management Plan to address the high risks identified in your HVA?	NA	NA	31	91.2
Do you conduct exercises of your Emergency Management Plan? Of those who conduct exercises:	38	97.4	34	97.1
a. Are all the key players (see definitions) involved?	NA	NA	34	97.1
b. Is a formal critique performed?	36	92.3	33	94.3
c. Does the critique process include all key players?	NA	NA	32	91.4
d. Is there a method for incorporating lessons learned from the critique into a revision of your Emergency Management Plan?	33	91.7	33	94.3
Does your Emergency Management Plan include provisions for operating for prolonged periods under emergency conditions?	NA	NA	26	74.3

2. Medical Surge

Although a slightly higher percentage of hospitals reported that their plans included provisions for responding to medical surge in 2002 than was seen in 2005, specific protocols to deal with surge (e.g., canceling elective surgeries or elective admissions) were far more likely to be present in 2005. However, in 2005 only 57% reported plans for the reconfiguration of hospital space to care for large

numbers of casualties, while in 2002, 82% reported such plans. This result may be due to current OHEM efforts to implement NM-MEMS (New Mexico Modular Emergency Medical System). The expectation is that hospitals would articulate very specific measures; such detail was not yet being asked for in 2002.

**Table 3
Medical Surge**

	2002		2005	
	#	%	#	%
Does your Emergency Management Plan provide for response to medical surge (see definitions)?	35	89.7	30	85.7
Does your Emergency Management Plan include protocols for:				
a. clearing non-emergency patients from the Emergency Department?	NA	NA	32	91.4
b. clearing visitors from the Emergency Department?	NA	NA	31	88.6
c. canceling elective surgeries?	27	75.0	32	91.4
d. canceling elective admissions?	27	69.2	32	91.4
e. discharging or transferring patients?	36	92.3	33	94.3
Does your plan call for the determination of rapidly available or open beds that can be converted for patient care?	28	82.4	31	88.6
Does your plan provide for the reconfiguration of hospital space to care for large numbers of casualties?	32	82.1	20	57.1

In 2005, hospitals were asked how many additional beds would result from the reconfiguration of hospital space, and what percentage increase that would represent. More than half of the 23 hospitals responding to this question said their reconfiguration would result in 11 or fewer additional beds and an increase of 20% or less.

3. Emergency Management

In 2005, all hospitals reported they utilize an incident command system (ICS). In 2002, all hospitals reported some form of internal chain of command. They weren't specifically asked about utilizing ICS in 2002, but 28 of the 39 had staff members who had received ICS training. In 2005, 30 of the 35 hospitals (86%) had a staff member who had been appointed as Hospital Emergency Response Coordinator (HERC), while in 2002, 32 of 39 (82%) had a designated disaster coordinator. In 2005, 25 hospitals (71%) had back-up HERCs, and 26 (74%) had a HERC or back-up available 24/7.

As seen in Table 4, by 2005 all hospitals had a designated Emergency Operations Center (EOC), compared to 90% in 2002, and, in both years, all EOCs were located away from the Emergency Department. However, in 2005 hospitals were somewhat less likely to have an alternate location for the EOC identified. Fewer than half the hospitals in 2005 had specific emergency communication equipment available in the EOC. (See more information about Communication Equipment in Table 4.)

**Table 4
Emergency Operations Centers**

	2002		2005	
	#	%	#	%
Is there a designated hospital Emergency Operations Center (EOC)?	NA	NA	35	100.0
Is the EOC located away from the Emergency Department?	35	89.7	35	100.0
Has an alternate location for the EOC been identified in the event the first location is unavailable?	26	74.3	23	65.7
Does the hospital EOC include a VHF base station radio (to communicate with police and/or fire departments)?*	19	48.7	16	45.7
Is the EOC's communications equipment on the emergency power back-up system?*	34	87.2	24	70.6
Is there a communications coordinator assigned to the EOC?	NA	NA	21	60.0
Does your EOC have a cable/satellite-capable TV to provide "real time" updates on news coverage of emergencies/disasters as well as Public Service Announcements & Emergency Alert Broadcasts?*	34	87.2	17	48.6
Does your EOC have an AM/FM radio that can be dedicated for use to receive Public Service Announcements and Public Safety Emergency Alert Broadcasts?*	30	78.9	18	51.4

* In 2002, these questions were not asked specifically in terms of the EOC, and the equipment and systems could have been located anywhere in the hospital.

4. Communication Coordination & Collaboration

Most of the questions included in this section were not specifically asked in the 2002 survey. The new questions reflect an increased emphasis on coordination and collaboration at the local/county level in terms of preparedness and response, including revised state licensing regulations requiring such coordination. In the 2005 survey, key findings regarding community coordination (not specifically addressed in 2002) included:

- 27 hospitals (79%) reported their Emergency Management Plans include procedures for alerting the local Emergency Manager of possible community emergencies;
- 33 hospitals (94%) maintain current contact lists of emergency response agencies;
- 22 hospitals (63%) reported their community had conducted an HVA within the last year; in each of those cases, the hospital had participated in the community HVA, and hospital plans reflected HVA outcomes in 19 of those hospitals;
- 28 hospitals (80%) reported that their city/county had a written Emergency Operations Plan (EOP), but more hospitals (30, 86%) reported their city/county conducted drills/exercises of their EOPs.

In both 2002 and 2005, hospitals were asked about their coordination with local EOPs, including participation in training, drills, and exercises. As seen in the Table 5, hospitals were considerably more likely to have participated in joint training, drills and exercises in 2005 than in 2002.

**Table 5
Community Coordination & Collaboration**

	2002		2005	
	#	%	#	%
Does your city/county have a written Emergency Operations Plan?	NA	NA	28	80.0
Is your hospital Emergency Management Plan coordinated with the local (city/county) Emergency Operations Plan (EOP)?	31	79.5	22	64.7
Does your local (city/county) EOP address your hospital's added security needs in the event of a disaster or emergency?	NA	NA	20	58.8
Does your hospital participate in collaborative training with other agencies involved in your local (city/county) EOP?	24	61.5	28	82.4
Does your city/county conduct drills/exercises of its EOP?	NA	NA	30	85.7
a. Does your hospital participate in those drills/exercises?	30	78.9	29	85.3
b. Is a formal critique performed?	NA	NA	28	82.4
c. Does the critique process include all key players (see definitions)?	NA	NA	26	76.5
d. Is there a method for incorporating lessons learned from the critique into a revision of the local EOP?	NA	NA	28	82.4

5. Specific Planning Provisions

In 2005, hospitals were somewhat more likely to consider their plans “all hazards plans,” including provisions for caring for victims of chemical, biological, and radiological incidents, as seen in Table 6a below.

**Table 6a
All-Hazard Planning Provisions**

	2002		2005	
	#	%	#	%
Is your Emergency Management Plan an “all hazard plan;” in other words, does it include guidelines for the care of victims of the following kinds of incidents (intentional and non-intentional):				
a. chemical?	29	74.4	31	88.6
b. biological?	25	64.1	31	88.6
c. radiological?	28	71.8	31	88.6
d. nuclear?	NA	NA	29	82.9
e. explosive?	NA	NA	30	85.7

In terms of addressing the needs of specific population groups, there has been very little progress from 2002 to 2005. Planning for these groups appears in less than half of the Emergency Management Plans of hospitals.

**Table 6b
All-Hazard Planning Provisions**

	2002		2005	
	#	%	#	%
Does the Emergency Management Plan address the special needs of:				
a. children?	14	35.9	15	43.0
b. pregnant women?	14	35.9	13	37.1
c. the elderly?	14	35.9	13	37.1
d. the immunocompromised?	11	28.2	13	37.1
e. psychological/psychiatric patients?	13	33.3	14	40.0
f. non-English speaking people?	15	38.5	15	42.9
g. the disabled?	15	38.5	15	42.9
h. obese patients?	NA	NA	12	34.3

As seen in Table 7, in 2005, as in 2002, emergency management plans in fewer than three-quarters of the hospitals address the immediate emotional and mental health needs of patients. In 2005, hospitals were slightly more likely to address the emotional and mental health needs of visitors and of staff and volunteers.

**Table 7
Emotional/Mental Health Planning Provisions**

	2002		2005	
	#	%	#	%
During emergencies or disasters, does the plan address the immediate emotional and mental health needs of:				
a. patients?	28	71.8	25	71.4
b. visitors?	27	69.2	25	71.4
c. staff and volunteers?	26	66.7	27	77.1

6. Miscellaneous Logistics & Recovery Planning

Approximately 90% of hospitals in both 2002 and 2005 reported that their Emergency Management Plans include written evacuation procedures, but in 2005 considerably fewer (74% compared to 95%) said they had identified an alternate site in case evacuation of the primary hospital facility is necessary. Again, this may be due to more specific expectations in 2005 compared to 2002.

Hospitals are still not prepared to deal with donations of goods and money – each year, approximately 29% said they had such provisions, but there were slight improvements in terms of other logistical and recovery planning. While in 2002 only 54% had protocols for keeping track of expenditures resulting from a disaster, in 2005, 66% had such protocols. In 2002, 67% of hospital plans had provisions for recovery after an emergency, and in 2005, 71% had recovery provisions.

In 2005, the plans of 24 of the 35 hospitals (69%) included procedures for storage/transfer of bodies, while in 2002 only 22 of 39 hospitals (56%) included such procedures. Current mortuary capacity in responding hospitals is quite small, with 13 hospitals reporting no capacity at all. Only five hospitals have a morgue capacity of 8 or more. In terms of potential surge capacity, 21 hospitals reported a capacity of 8 or more, and 12 of those report a capacity of 20 or more; however, some of these include storage with no refrigeration available.

Finally, this section of the 2005 survey addressed radio communication: 23 (66%) Emergency Management Plans included a section on radio communication. (This item was not specifically included in the 2002 survey.)

B. Staff Recall & Personnel Augmentation

Not much change is seen between 2002 and 2005 in terms of procedures for staff recall, but more hospitals are addressing factors which might prevent staff from reporting to work, and more hospitals are developing procedures for credentialing outside professionals and coordinating both facility and “spontaneous” volunteers.

Table 8
Staff Recall & Personnel Augmentation

	2002		2005	
	#	%	#	%
Does your Emergency Management Plan specifically provide for staff recall during a disaster or emergency?	NA	NA	35	100.0
Does your hospital have a method of calling staff back in to work if normal communications systems are not operational?	26	68.4	25	71.4
Have mechanisms been developed for briefing or bringing personnel “up to speed” immediately before and during a large-scale disaster or emergency?	34	87.2	29	82.9
Does your Emergency Management Plan address factors which might prevent staff from reporting to work during a disaster or emergency (e.g., overtime pay, child care needs, prophylaxis for staff and family members, other family concerns, transportation, etc.)?	16*	41.0*	22	62.9
Does your Emergency Management Plan provide for the rapid credentialing of outside physicians and mid-level practitioners treating victims in your hospital during a disaster or emergency?	22	56.4	26	74.3
Does your Emergency Management Plan provide for coordination and assignment of hospital/facility volunteers (e.g., hospital auxiliary, etc.)?	21	53.8	25	71.4
Does your Emergency Management Plan provide for coordination and assignment of spontaneous (on the spot) volunteers?	9	23.1	17	48.6

* Only child care needs were addressed in the 2002 survey.

C. Education & Training

As seen in Table 9, while only about two-thirds of hospital Emergency Management Plans include provisions for periodic assessments of training needs, most hospitals provide training and conduct drills in staff roles and responsibilities. In terms of training content, in 2005 more hospitals were providing training in rumor control and public communication, use of PPE, and practices and procedures to care for infected and contaminated patients.

Table 9
Education & Training

	2002		2005	
	#	%	#	%
Does your Emergency Management Plan include provisions for the periodic assessment of training needs of staff members by role/responsibility in disasters or emergencies?	27	69.2	24	68.6
Do staff members receive training in implementing their roles and responsibilities in your Emergency Management Plan?	36	92.3	30	85.7
Does your hospital conduct regular drills, in a "hands-on" setting, to familiarize staff with their roles and responsibilities under your Emergency Management Plan?	38	97.4	32	91.4
Does your hospital provide education or training for staff members on:				
a. recognition of specific types of disasters or emergencies, especially symptoms characteristic of biological, chemical, or radiological attacks?	27	69.2	23	65.7
b. operation of the EMS radio, including using the radio to communicate with other hospitals/clinics that are also on the statewide EMS network?	28	71.8	25	71.4
b. the use of backup communications systems during disasters or emergencies?	29	74.4	25	71.4
c. the acquisition of supplies and equipment during disasters or emergencies?	29	74.4	25	71.4
d. the implementation of decontamination measures in case of a biological, radiological, or chemical disaster or emergency?	31	79.5	29	82.9
e. infection control procedures for a biological, radiological, or chemical disaster or emergency?	29	74.4	23	65.7
f. medical isolation procedures?	31	83.8	28	80.0
g. rumor control and appropriate public communication skills?	21	53.8	25	71.4

**Table 9
Education & Training (cont.)**

	2002		2005	
	#	%	#	%
Does your hospital provide education or training for staff members on the use of the Personal Protective Equipment (PPE) necessary in the handling of victims of the following kinds of attacks:				
a. biological (e.g., anthrax, smallpox)?	24	61.5	27	77.1
b. chemical (e.g., gasoline, chlorine)?	20	51.3	27	77.1
c. radiological (e.g., radioactive, WIPP)?	21	53.8	22	62.9
Does your hospital provide education or training for staff members on specific practices and procedures to provide patient care to the following:				
a. biologically infected patients?	20	54.1	24	68.6
b. chemically contaminated patients?	22	57.9	23	65.7
c. radiologically contaminated patients?	21	55.3	21	60.0
Does your hospital provide education or training for staff members on the recognition, treatment, and referral for behavioral health consequences related to large-scale disasters or emergencies for:				
a. staff?	20	51.3	18	51.4
b. patients?	19	48.7	15	42.9
c. visitors?	18	46.2	15	42.9

D. Public Information & Media Relations

As seen in Table 10, hospitals were less likely in 2005 than in 2002 to have designated staff persons responsible for public information and the dissemination of information to the media, although those persons were somewhat more likely to have received specific training in these areas of responsibility.

In 2005, hospital plans were more likely than in 2002 to include provisions for periodic media updates and to ensure that public information and media relationships are coordinated with other agencies, including local emergency managers and NMDOH.

**Table 10
Public Information & Media Relations**

	2002		2005	
	#	%	#	%
a. Does your Emergency Management Plan designate a staff person to be responsible for public information in the event of a disaster or emergency?	38	97.4	31	88.6
b. Has that person received specific training in risk communication?	18	47.4	17	53.1
a. Has an internal spokesperson been designated to coordinate the dissemination of information to the media?	38	97.4	31	88.6
b. Has that person received specific training in media relations?	23	60.5	22	64.7
Does your Emergency Management Plan designate an area for the media located away from patient care areas?	35	89.7	33	94.3
Does your Emergency Management Plan include protocols for dealing with information requests from the media?	34	87.2	30	85.7
Does your Emergency Management Plan include a mechanism for periodic updates of the media?	26	66.7	29	82.9
Does your Emergency Management Plan ensure that public information and media relationships will be coordinated with other agencies, including local (city/county) emergency response agencies, the Department of Health, and the FBI?	NA	NA	28	80.0
Does your hospital make the names of patients and the deceased available to a database for public inquiry?	14	37.8	11	31.4

E. Security

In 2005, hospitals were more likely than in 2002 to have provisions for security force augmentation during a disaster or emergency and to have the capability to lock-down the facility, controlling all entrances and exits. However, there were few other differences in terms of specific security provisions in Emergency Management Plans. See Table 11 for detail on security provisions.

**Table 11
Security**

	2002		2005	
	#	%	#	%
Does your Emergency Management Plan provide for security force augmentation during a disaster or emergency?	32	82.1	30	85.7
Does your hospital have the capability to lock-down, so that all entrances and exits may be controlled?	30	76.9	33	94.3
a. Have designated staff been trained in the lock-down procedure?	26	83.9	29	85.3
b. Has the lock-down procedure been tested?	24	77.4	26	76.5
Does your Emergency Management Plan include protocols for:				
a. interior traffic control (corridors, elevators, work areas, etc.)?	33	84.6	29	82.9
b. vehicular traffic control and parking?	33	84.6	29	82.9
c. unimpeded access for ambulances and emergency vehicles?	34	87.2	30	85.7
d. access to loading areas for supply trucks & other service vehicles?	30	76.9	26	74.3
e. pedestrian and crowd control?	32	82.1	29	82.9
f. direction of authorized personnel and visitors to the appropriate entrances?	33	84.6	30	85.7

F. Decontamination & Isolation Capacity

As seen in Table 12, in 2005, hospitals were somewhat more likely to have specific protocols for decontamination, isolation, hospitalization/treatment, and referral for definitive care for biological, chemical, and radiological incidents than in 2002, especially for chemical incidents.

**Table 12
Patient Protocols by Incident Type (Biological, Chemical, Radiological)**

	2002		2005	
	#	%	#	%
Does your Emergency Management Plan include specific protocols for biological incidents, including:				
a. decontamination?	29	74.4	29	82.9
b. isolation?	28	71.8	29	82.9
c. hospitalization/treatment?	27	69.2	28	80.0
d. referral for definitive care?	24	63.2	23	65.7

Table 12
Patient Protocols by Incident Type (cont.)

	2002		2005	
	#	%	#	%
Does your Emergency Management Plan include specific protocols for chemical incidents, including:				
a. decontamination?	26	66.7	30	85.7
b. isolation?	25	64.1	29	82.9
c. hospitalization/treatment?	24	61.5	30	85.7
d. referral for definitive care?	21	53.8	24	68.6
Does your Emergency Management Plan include specific protocols for radiological incidents, including:				
a. decontamination?	25	64.1	25	71.4
b. isolation?	22	56.4	25	71.4
c. hospitalization/treatment?	22	56.4	25	71.4
d. referral for definitive care?	19	48.7	21	60.0

Questions about hospitals' decontamination capacity are not comparable between 2002 and 2005. In 2005, hospitals were specifically asked about decontaminating multiple ambulatory patients and, separately, multiple non-ambulatory patients within a short period of time in locations both inside and outside the hospital. In 2002, hospitals were simply asked about dedicated decontamination areas within the hospital, without a separate category for ambulatory and non-ambulatory and without specifying *multiple* patients within a short period of time.

In 2002, 38 of the 39 hospitals (97%) reported that they had a dedicated decontamination area within the hospital; of which:

- 72% had protocols for decontaminating wounded patients on stretchers;
- 74% had hot water;
- fewer than 50% had heat or could be operational during a water or electrical outage, and
- only 21% allowed for separation of genders.

In 2005, 31 of 35 hospitals (89%) reported they had the capacity to decontaminate multiple **ambulatory** patients within a short period of time, and 22 (63%) reported they could decontaminate multiple **non-ambulatory** patients within a short period of time. Only 27 hospitals could provide an estimate of the number of **ambulatory** patients they could decontaminate within a short period of time; 14 of those reported a capacity of 10 or fewer, and an additional 9 reported a capacity between 12 and 20. Only 20 hospitals could provide an estimate of the number of **non-ambulatory** patients they could decontaminate within a short period of time; one reported no capacity, and 16 of the remaining 19 hospitals reported a capacity of 10 or fewer.

Most hospitals reported their decontamination facilities are located outside the hospitals. While these facilities were still unlikely to have heat or to be operational during a water or electricity outage, they were more likely than in 2002 to allow separation of genders. (See Table 13.)

Table 13
2005 Survey
Decontamination Capacity

	#	%
Does your hospital have the capacity to decontaminate multiple ambulatory patients within a short period of time?	31	88.6
a. Is your multiple ambulatory patient decontamination area located outside the hospital?	29	85.3
b. Does it have hot water?	16	47.1
c. Does it have heat?	3	8.8
d. Is it operational during water or electricity outage?	8	23.5
e. Does it allow for separation of genders?	21	61.8
Does your hospital have the capacity to decontaminate multiple non-ambulatory patients within a short period of time?	22	62.9
a. Is your multiple non-ambulatory patient decontamination area located outside the hospital?	19	61.3
b. Does it have hot water?	18	58.1
c. Does it have heat?	4	12.9
d. Is it operational during water or electricity outage?	9	30.0
e. Does it allow for separation of genders?	13	41.9

As seen in Table 14, hospitals were more likely in 2005 than in 2002 to have specific protocols for decontaminating equipment and rooms or facilities that housed patients with infectious diseases and for disposing of contaminated items and hazardous materials.

Table 14
Decontamination Protocols

	2002		2005	
	#	%	#	%
Do your decontamination procedures include protocols for:				
a. the decontamination of reusable medical equipment?	16	42.1	20	57.1
b. the disposal of contaminated items, including protective clothing, bedding, and linens?	29	74.4	27	77.1
c. handling and disposing of hazardous materials?	30	76.9	28	80.0
d. the decontamination of rooms or facilities that were used to house patients with an infectious disease (e.g. smallpox)?	27	69.2	27	77.1

One of the gaps identified in the 2002 survey was an inadequate number of Negative Pressure Isolation (NPI) rooms in hospitals statewide. At that time, there were a total of 196 NPI rooms in 37 hospitals, and an additional 26 in the Emergency Departments of 22 hospitals. It's difficult to make direct comparisons with the 2005 data, since five IHS hospitals and the VA Hospital were not included that year and two hospitals (Guadalupe County Hospital and Union County General) were not included in 2002. In 2002, the IHS and VA hospitals had a total of 32 NPI rooms in the inpatient areas and 4 in the EDs. In 2005, Guadalupe County had no NPI room in the ED and none in the inpatient area and Union County had one NPI room in the ED and none in the inpatient area.

Removing the IHS and VA hospitals, Guadalupe County Hospital and Union County General from the picture, the data show the following increases:

	2002	2005	% Increase
NPI rooms in inpatient areas (statewide)	164	184	12.2%
NPI rooms in Emergency Departments (statewide)	22	39	77.3%

In 2005, hospitals statewide reported they could hold a total of 263 patients at one time in negative pressure isolation, with the possibility of an additional 298 during a disaster or emergency. Five of the 35 hospitals (14%) reported they have a plan for the conversion of an entire hospital patient care area to negative pressure in the event mass respiratory isolation is needed. (These items were not specifically addressed in the 2002 survey.)

G. Pharmaceuticals & Laboratory

In 2002, 82% of the hospitals responding to this item (31 of the 38) reported plans for restocking pharmaceutical supplies during a disaster or emergency. (In most cases, 84% and 71% respectively, the plans identified the warehouses or vendors in the area and outlined how the pharmaceuticals would be procured, transported, and delivered to the hospitals.) In 2005, the percentage of hospitals reporting plans for restocking pharmaceutical supplies had dropped to 69% (24 of the 35 hospitals). Again, most hospitals with plans (83%) said the plans identified the warehouses or vendors in the area and outlined procedures for procurement, transport, and delivery. It is unclear why the percentage of hospitals with specific plans would have decreased.

In 2002, 87% of the hospitals responding to this item (33 of 38) reported protocols and procedures in place for “the acquisition and handling of laboratory specimens and the transportation of specimens to the NMDOH Scientific Laboratory Division (SLD). This item was expanded into eight separate items in 2005, and, as seen in Table 15 below, most hospitals have protocols and procedures in place for laboratory specimens and laboratory personnel have received training in those protocols and procedures.

In 2002, 22 of the 37 hospitals responding to this item (60%) reported having protocols for handling specimens in the event the laboratory is contaminated or overwhelmed. In 2005, this percentage dropped to 50% (17 of the 34 hospitals responding to this item). In 2002, 25 hospitals (68%) reported contingency plans to receive blood and blood products if normal delivery measures were not possible; this percentage increased in 2005 to 77% (26 of 34 hospitals responding to this item).

Table 15
2005 Survey
Laboratory Protocols & Procedures

	#	%
Does your hospital laboratory have protocols and procedures in place for laboratory specimens, including:		
a. acquisition of specimens?	32	94.1
b. handling of specimens?	31	91.2
c. packaging specimens?	31	91.2
d. transport of specimens to the Scientific Laboratory Division (SLD)?	29	85.3
Have your hospital laboratory personnel received training in protocols and procedures for:		
a. acquisition of specimens?	32	94.1
b. handling of specimens?	32	94.1
c. packaging specimens?	31	91.2
d. transport of specimens to the Scientific Laboratory Division (SLD)?	30	88.2

The 2005 survey included a few additional items regarding hospital laboratories which were not included on the 2002 survey.

Table 16
2005 Survey
Other Laboratory Issues

	#	%
Are the telephone numbers of the following posted in your laboratory?		
a. CDC?	25	73.5
b. NMDOH Scientific Laboratory Division (SLD)?	29	85.3
c. NMDOH Epidemiology and Response Division?	28	82.4
Have your hospital laboratory personnel received "Biosafety Level" training?	27	77.1
Do you have a Level 2 Biosafety cabinet in your hospital laboratory?	22	62.9
Do you have an autoclave in your hospital laboratory?	5	14.3
Do you have access to an incinerator?	2	5.7

H. PPE, Medical Equipment & Supplies

In 2002, hospitals reported a statewide total of 32 self-contained breathing apparatus, 32 supplied air respirators, and 130 chemical cartridge air purifying respirators. In 2005, many of these numbers were dramatically lower. While there was reportedly a statewide total of 34 self-contained breathing apparatus, hospitals only reported a total of seven supplied air respirators (33 of the 35 hospitals reported they had none), and 79 chemical cartridge air purifying respirators (22 hospitals reported they had none). Similarly, the numbers of each type of ventilator included in the survey were also lower in 2005. *However, it's critical to keep in mind that five IHS hospitals and the VA hospital were not included in the 2005 data.*

Table 17
Protective Respiratory Supplies & Ventilators

	Statewide Totals	
	2002	2005
Protective Respiratory Supplies		
self-contained breathing apparatus (with tank and full mask)	32	34
supplied air respirators (full mask & air-line from hospital air system)	32	7
chemical cartridge air purifying respirators	130	79
powered air-purifying respirators (PAPR) with APF of 1000 or greater	NA	205
Ventilators		
adult only	161	156
adult which can accommodate pediatric (not counted above)	179	153
pediatric only (not counted above)	99	86

Hospitals were asked about the number of days they could operate at normal capacity with current levels (without re-supply) of eight categories of protective equipment and medical equipment and supplies. In 2002, hospitals estimated a number of days, and those estimates were reported in statewide averages. In 2005, hospitals estimated within ranges of days.

- HEPA masks: in 2005, 82.3% of hospitals estimated they could operate at normal capacity for 14 days or fewer; in 2002, the statewide average was 13.3 days.
- gloves: in 2005, 73.6% of hospitals estimated they could operate at normal capacity for 14 days or fewer; in 2002, the statewide average was 24.2 days.
- eye protection: in 2005, 73.6% of hospitals estimated they could operate at normal capacity for 14 days or fewer; in 2002, the statewide average was 10.0 days.
- gown/splash protection EPA masks: in 2005, 88.3% of hospitals estimated they could operate at normal capacity for 14 days or fewer; in 2002, the statewide average was 10.0 days.
- syringes & needles: in 2005, 73.6% of hospitals estimated they could operate at normal capacity for 14 days or fewer; this item was not included in the 2002 survey.

- respiratory supplies: in 2005, 85.3% of hospitals estimated they could operate at normal capacity for 14 days or fewer; this item was not included in the 2002 survey.
- IV fluids: in 2005, 94.1% of hospitals estimated they could operate at normal capacity for 14 days or fewer; this item was not included in the 2002 survey.
- dressings & wound care supplies: in 2005, 70.6% of hospitals estimated they could operate at normal capacity for 14 days or fewer; this item was not included in the 2002 survey.

More detail on the 2005 findings is presented in Table 18 below.

Table 18
Days of Operation with Current Supplies
2005 Survey
(Number of Hospitals in Each Category; n = 34)

	< 7 days	7 – 14 days	15 – 21 days	22 – 28 days	> 28 days
a. HEPA masks (OSHA/NIOSH-approved high efficiency particulate)	13	15	3	0	3
b. gloves	9	16	6	0	3
c. eye protection	9	16	4	0	5
d. gown/splash protection	11	19	1	0	3
e. syringes & needles	9	16	5	1	3
f. respiratory supplies	8	21	2	1	2
g. IV fluids	12	20	1	0	1
h. dressings & wound care supplies	8	16	5	1	4

I. Communication Equipment

Hospital capacity in terms of communication equipment, as seen in Table 19 on the next page, has improved in some respects, declined in other respects, and remained fairly static in some other areas. For example, more hospitals have alternate methods for rapid internal communication/coordination in 2005 than in 2002 (89% compared to 84%), while a decline is seen in some general logistical areas such as posting lists of radio frequencies next to the UHF radio, knowing who to call for 24-hour repairs to the radio, and maintaining a copy of the EMS Radio Communications User Manual.

Significant gains have been made since 2002 in terms of hospitals having radios which allow communication with EMS and fire department personnel outside the hospital, the E-9-1-1 dispatch center, local emergency management and the local public health office. In addition, the percentage of hospitals with access to EMSsystem® has increased from 69% to 85%, with an additional hospital pending.

**Table 19
Communication Equipment**

	2002		2005	
	#	%	#	%
Does your hospital have an alternate method for rapid internal communication/coordination if your phone system is not operating?	32	84.2	31	88.6
a. Does your hospital have a list of radio frequencies on the FCC license posted next to the UHF radio for ready reference?	26	66.7	14	41.2
b. Does your hospital have a corresponding channel and frequencies list?	NA	NA	13	38.2
Does your staff do daily "radio checks" with Santa Fe Control to test the "transmit" and "receive" capabilities of your radio?	NA	NA	5	15.2
Does your Emergency Management team know who to call for 24-hour emergency repairs to your radio?	33	84.6	23	67.6
Does your hospital have a copy of the September 1998 Emergency Medical Services (EMS) Radio Communications User Manual?	17	44.7	10	29.4
Does your Emergency Management Plan include provisions to request a HAM radio operator with HAM radio equipment to set up a backup communications system if needed during emergency/disaster situations?	NA	NA	13	38.2
a. Does your EMS Communications System radio (EMSCOM radio) have the capacity to add additional frequencies? (Do you have unused channels on your radio that would allow the addition of new frequencies?)	23	62.2	20	58.8
b. Does your EMSCOM radio have a scanning capability?	26	72.2	23	67.6
c. If it has a scan capability, do you use it?	17	65.4	14	45.2
d. Is your EMSCOM radio at a volume that allows constant monitoring?	35	94.6	31	91.2
a. Does your EMSCOM radio have more than one control head that enables its use from more than one location, e.g., one in the emergency room and another at the nurses' station? If you answer 'no', do not answer item b below; skip to Question 9.	15	39.5	13	38.2
b. Does the "on/off" switch or volume control affect the radio at the other location? In other words, if the radio is turned off (or down) at the nurse's station does it also turn off (or down) the one at the ER?	3	12.5	3	10.7
Does your hospital have any portable (hand-held) radios that allow you to talk to:				
a. EMS personnel outside your hospital?	10	25.6	20	58.8
b. fire department personnel outside your hospital?	19	50.0	18	52.9
Does your hospital have an 800 trunking radio system that ties you in with other local government emergency response agencies?	11	28.9	5	14.7

	2002		2005	
	#	%	#	%
Does your hospital have the ability to communicate by radio with:				
a. your E-9-1-1 dispatch center?	13	34.2	22	64.7
b. your local/county emergency management center?	11	28.2	16	47.1
c. your local or district public health office?	3	7.7	5	14.7
Does your hospital have backup power for the radio(s) in your Emergency Department?	34	87.2	32	94.1
a. Does your hospital have access to the web-based EMSsystem® program?	27	69.2	29	85.3
b. Is that access high speed?	NA	NA	27	79.4
Is your hospital connected to the University of New Mexico via fiber optic cable for telemedicine?	4	11.1	4	12.1

**PART THREE
CONCLUSIONS**

A. Planning & Incident Management

1. General Planning Issues

- Hospitals were somewhat more likely in 2005 than in 2002 to conduct annual evaluations of their Emergency Management Plans.
- Hospitals were also somewhat more likely to have conducted a Hazard Vulnerability Analysis (HVA) in the last 12 months; and 91% of hospitals revised their Emergency Management Plans to address the high risks identified in the HVA.

2. Medical Surge

- Nearly 90% of hospitals reported they had plans for responding to medical surge in 2002; that figure dropped slightly to 86% in 2005.
- However, specific protocols for dealing with surge (canceling elective surgeries and admissions, discharging patients, etc.) were far more likely to be present in 2005 than in 2002.

3. Emergency Management

In general, hospitals were further along in their emergency planning process in 2005 than they were in 2002:

- In 2005, all hospitals reported they use an incident command system (ICS). This question was not asked in the same way in 2002, but at that time only 72% of the hospitals reported they had staff members who had received ICS training.
- Hospitals were somewhat more likely to have identified Hospital Emergency Response Coordinators (HERCs) in 2005 than in 2002, these were identified in 2002 as “designated disaster coordinators”.
- In 2005, hospitals were slightly more likely to have a designated EOC, but less likely to have an alternate location for the EOC.
- Although percentages of EOCs with specific communications equipment (VHF base station radio, cable/satellite-capable TV, and AM/FM radio for Emergency Alert Broadcasts) seem lower in 2005 than in 2002, the 2002 survey did not specifically ask about this equipment being located in the EOC, so it could have been elsewhere in the hospital.

4. Community Coordination & Collaboration

This area has received increasing emphasis in the three years since the first survey was conducted, and this emphasis is reflected in the survey findings:

- In 2005, all 28 hospitals who reported their community had a written Emergency Operations Plan (EOP) said they had participated in collaborative training with other agencies. In 2002, only 62% had participated.
- The percentage of hospitals participating in city/county drills or exercises of their EOPs rose from 79% to 85%.

5. Specific Planning Provisions

- In 2005, hospitals were more likely to include provisions for caring for victims of chemical, biological, and radiological incidents than they were in 2002.
- However, the percentage of hospitals whose plans include specific provisions for the special needs of special population groups (children, pregnant women, the elderly, and immunocompromised) remains below 50%.
- Also, there has not been a substantial increase in the percentage of emergency management plans which address the immediate emotional and mental health needs of patients, visitors, and staff and volunteers; fewer than 75% each year had such provisions.

6. Miscellaneous Logistics & Recovery Planning

There were mixed findings in this miscellaneous category in terms of changes between 2002 and 2005.

- In both years approximately 90% of hospitals plans included written evacuation procedures, but the percentage with identified alternate sites for evacuation dropped in 2005 to 74% from 95%.
- In 2005, there were still only a few hospitals (about 29%) prepared to deal with donations of goods and money.
- However, in 2005, hospitals were somewhat more likely to include provisions for keeping track of expenditures and general recovery efforts.
- Hospitals were slightly more prepared to deal with the storage/transfer of bodies in 2005 than in 2002, but current mortuary is still quite small; 13 hospitals report no capacity at all.

B. Staff Recall & Personnel Augmentation

In 2005, hospitals were in general better prepared to deal with certain key issues in terms of staff recall and personnel augmentation:

- More hospital plans were addressing factors which might prevent staff from reporting to work during a disaster or emergency (e.g., overtime pay, child care, family concerns, etc.)
- More hospitals plans provide for rapid credentialing of outside professionals.
- More hospitals were prepared to work with both facility and spontaneous volunteers.

C. Education & Training

General findings about education and training were not substantially different between 2002 and 2005, but some training in some specific content areas was more available in 2005:

- Most hospitals conduct training on staff roles and responsibilities in their Emergency Management Plans, but only about two-thirds conduct regular training needs assessments.
- The availability of training in most of the content areas addressed in the survey had not changed much since 2002, except the following:

- more training was available in rumor control and appropriate public communication skills (71% of hospitals provided such training, compared to 54% in 2002);
- more training was available in the use of PPE, especially for chemical attacks;
- somewhat more training was available in procedures for patient care for biologically infected patients and chemically and radiologically contaminated patients.

D. Public Information & Media Relations

In general, hospitals seem better prepared to provide public information and to deal effectively with the media during a disaster than they were in 2002:

- While in 2005 hospitals were less likely than in 2002 to have designated public information spokespersons and media coordinators, these individuals were more likely to have received specific training in those areas of responsibility.
- More hospitals plans in 2005 included provisions for periodic media updates than in 2002.

E. Security

More hospitals have lock-down capability in 2005 than did in 2002 (94% compared to 77%), but other security provisions had not changed considerably. However, even in 2002 these provisions were in place in most hospitals (over 80%).

F. Decontamination & Isolation Capacity

Hospitals have made considerable progress since 2002 in terms of decontamination and isolation capacity:

- More hospitals have protocols in place in 2005 than in 2002 for providing decontamination, isolation, hospitalization/treatment, and referral for definitive care in biological, chemical and radiological incidents. This progress is particularly evident in terms of chemical incidents; for example, in 2002 only 67% of hospitals had protocols for decontamination in chemical incidents, and in 2005, 86% had such protocols.
- Changes in terms of hospitals' decontamination capacity are hard to assess, since these questions were asked differently in the two surveys. By 2005, 31 of 35 hospitals report the capacity to decontaminate multiple ambulatory patients within a short period of time, and 22 have the capacity to decontaminate multiple non-ambulatory patients.
- Decontamination facilities are still typically unlikely to have heat or be operational during a water or electricity outage, but they are more likely to allow separation of genders.
- Hospitals in 2005 were somewhat more likely to have specific protocols in place for decontaminating medical equipment and rooms and for disposing of contaminated items and hazardous materials.
- In general, it appears that hospitals have more Negative Pressure Isolation (NPI) rooms available in 2005 than in 2002, although these findings were not directly comparable since not all the hospitals included in 2002 were surveyed in 2005.

G. Pharmaceuticals and Laboratory

Some interesting differences were seen in this section in terms of hospital protocols and procedures for pharmaceuticals and laboratory specimens:

- The percentage of hospitals with plans for restocking pharmaceuticals dropped from 82% to 69%.
- However, more hospitals have protocols and procedures for acquiring, handling, packaging, and transporting specimens, and most laboratory personnel (88% – 94%) have received training in these protocols and procedures.

H. PPE, Medical Equipment & Supplies

There are some concerns about the findings in 2005 regarding the availability of protective respiratory supplies, although it must be kept in mind that five IHS hospitals and the VA hospital were not included in the 2005 study.

- While the number of self-contained breathing apparatus appears to have remained rather constant, the availability of supplied air respirators and chemical cartridge air purifying respirators has decreased dramatically (from 32 to 7 and from 130 to 79 respectively).
- The number of ventilators of all types has also decreased.
- In general, the amount of time hospitals could operate at normal capacity with current levels of equipment and supplies (without restocking) has not changed considerably since 2002; most hospitals could operate for two weeks or less with most categories of equipment and supplies.

I. Communication Equipment

For the most part, hospitals have made some progress in terms of communication equipment and procedures since 2002.

- More hospitals have alternate methods for internal communication/coordination (89% compared to 84%).
- In 2005, compared to 2002, more hospitals have radios which allow communication with EMS and fire department personnel outside the hospital, the E-9-1-1 dispatch center, local emergency management, and the local public health office.
- The percentage of hospitals with access to EMSsystem® has increased from 69% to 85%, with an additional hospital pending.

Summary

In general, the findings of the 2005 Hospital Emergency Preparedness Assessment show some important improvements in terms of hospital planning and preparedness since 2002. This is especially true in terms of:

- developing specific procedures for handling medical surge (though not necessarily including reconfiguration of hospital space);
- implementing an Incident Command System (ICS);
- coordinating with local emergency management, especially in terms of collaborative training and drills;
- developing protocols for dealing with victims of various types of incidents (an all-hazard approach);
- dealing with facility and spontaneous volunteers;
- providing training in rumor control, risk management, and media relations;
- providing training in the use of PPE and procedures for patient care for biologically infected patients and chemically and radiologically contaminated patients;
- developing protocols and procedures for acquiring, handling, packaging, and transporting specimens, and providing training in those protocols and procedures (though the relative percentage of hospitals with plans for restocking pharmaceuticals dropped); and
- increasing the availability and connectivity of communication equipment and procedures, especially in terms of connections with EMS and fire personnel outside the hospital and with EMSsystem®.

Areas with little change or of continuing concern include:

- planning for populations with special response needs - across the board such planning for specific populations is still in place in fewer than 50% of the responding hospitals;
- planning for the behavioral health consequences of an emergency or disaster appears less frequent, and training in managing those consequences remains below 50%;
- planning for the management of donations of goods and money is in place in few than 30% of the responding hospitals;
- there are fewer plans with identification of an alternate site if the hospital is evacuated than there were in 2002, though $\frac{3}{4}$ of these hospitals still have such plans; and
- communication equipment and related issue data show a number of continuing concerns – posting of frequencies, lack of radio checks, few plans for HAM back up, limited EMSCOM capabilities, insufficient numbers of hand held radios, and inadequate capacity to communicate with other local response entities.

There are at least two important caveats in looking at those findings that show some decrease in capability and capacity since 2002:

- The hospitals included in 2005 were not strictly comparable with those included in 2002, since five IHS Hospitals and the VA Hospital were not included in 2005 and two hospitals (Guadalupe County and Union County General) did not participate in 2002. This was especially an issue in terms of the availability of NPI rooms and others facilities and supplies.
- There has been a great deal of training, drill, and exercises over the past few years, notably the NMDOH OHEM HRSA/BHPP regional hospital training seminars as well training

offered by CREST at the UNM Center for Disaster Medicine, the Department of Public Safety, federal agencies, and local emergency managers. This has potentially heightened the awareness of hospital emergency response personnel about the realities of emergency management on the scale being discussed here, and made their own assessments of the adequacy of their plans and procedures more stringent.

Attachment A

2005 EMERGENCY PREPAREDNESS ASSESSMENT & RESOURCE INVENTORY SURVEY FORM



EMERGENCY PREPAREDNESS ASSESSMENT & RESOURCE INVENTORY

DUE: Monday, August 15, 2005

Party Responsible for Assessment & Inventory Completion:

Name _____ Title: _____

Phone #: _____ Fax #: _____

Email: _____

Hospital Emergency Response Coordinator:

Name _____ Title: _____

Phone #: _____ Email: _____

Please return by Monday, August 15, 2005 to:

New Mexico Hospitals & Health Systems Association
Attn: Caryn Relkin, Projects Manager
2121 Osuna NE
Albuquerque, NM 87113-1001
Phone: 505-343-0010
Email: CRelkin@NMHSC.com

Table of Contents

Introduction	ii
A. Planning & Incident Management.....	2
B. Staff Recall & Personnel Augmentation.....	5
C. Education & Training	6
D. Public Information & Media Relations	8
E. Security	9
F. Decontamination & Isolation Capacity	10
G. Pharmaceuticals & Laboratory	12
H. PPE, Medical Equipment & Supplies.....	14
I. Communication Equipment.....	15

Attachment: Definitions

A. PLANNING & INCIDENT MANAGEMENT

		Yes	No
General Planning Issues	1. Does your hospital conduct an annual evaluation of its Emergency Management Plan?		
	2. Has your hospital conducted a <i>Hazard Vulnerability Analysis</i> (HVA) (see definitions) in the last 12 months?		
	3. Do you revise your Emergency Management Plan to address the high risks identified in your HVA?		
	4. Does your Emergency Management Plan include provisions for operating for prolonged periods under emergency conditions?		
	5. Do you conduct exercises (see definitions) of your Emergency Management Plan? If you answer 'no', do not answer items a-d below; skip to Question 6.		
	a. Are all the key players (see definitions) involved?		
	b. Is a formal critique performed?		
	c. Does the critique process include all key players?		
	d. Is there a method for incorporating lessons learned from the critique into a revision of your Emergency Management Plan?		
Medical Surge	6. Does your Emergency Management Plan provide for response to medical surge (see definitions)?		
	7. Does your Emergency Management Plan include protocols for:		
	a. clearing non-emergency patients from the Emergency Department?		
	b. clearing visitors from the Emergency Department?		
	c. canceling elective surgeries?		
	d. canceling elective admissions?		
	e. discharging or transferring patients?		
	8. Does your plan call for the determination of rapidly available or open beds that can be converted for patient care?		
	9. Does your plan provide for the reconfiguration of hospital space to care for large numbers of casualties? If you answer 'no', do not answer items a-b below; skip to Question 10.		
	a. How many additional beds would result from the reconfiguration of hospital space? _____		
	b. What percentage increase would that represent? _____		

A. Planning & Incident Management (cont.)

		Yes	No
Emergency Management	10. Does your Emergency Management Plan utilize an incident command system (ICS)? (see definitions)		
	11. a. Has a staff member been appointed as your Hospital Emergency Response Coordinator (HERC) (see definitions)?		
	b. Has a staff member been appointed as a backup HERC?		
	c. If your hospital has appointed a HERC and/or backup, is he/she available 24/7?		
	12. Is there a designated hospital Emergency Operations Center (EOC)? If you answer 'no', do not answer items a-g; skip to Question 13.		
	a. Is the EOC located away from the Emergency Department?		
	b. Has an alternate location for the EOC been identified in the event the first location is unavailable?		
	c. Does the hospital EOC include a VHF base station radio (to communication with police and/or fire departments)?		
	d. Is the EOC's communications equipment on the emergency power back-up system?		
	e. Is there a communications coordinator assigned to the EOC?		
	f. Does your EOC have a cable/satellite-capable TV to provide "real time" updates on news coverage of emergencies/disasters as well as Public Service Announcements & Emergency Alert Broadcasts?		
	g. Does your EOC have an AM/FM radio that can be dedicated for use to receive Public Service Announcements and Public Safety Emergency Alert Broadcasts?		
Community Coordination & Collaboration	13. Does your Emergency Management Plan outline the procedure for alerting the local (city/county) Emergency Manager of possible community emergencies?		
	14. Does your hospital maintain a current contact list of emergency response agencies that may need to be contacted during an emergency or disaster situation?		
	15. Has your city/county conducted an HVA (see definitions) within the last year? If you answer 'no', do not answer items a-b below; skip to Question 16.		
	a. Did your hospital participate in your local (city/county) HVA?		
	b. Does your hospital's Emergency Management Plan reflect the outcomes of that hazard vulnerability analysis?		
	16. Does your city/county have a written Emergency Operations Plan? If you answer 'no', do not answer items a-c; skip to Question 17.		
	a. Is your hospital Emergency Management Plan coordinated with the local (city/county) Emergency Operations Plan (EOP)?		
b. Does your local (city/county) EOP address your hospital's added security needs in the event of a disaster or emergency?			
c. Does your hospital participate in collaborative training with other agencies involved in your local (city/county) EOP?			

A. Planning & Incident Management (cont.)

		Yes	No
Community Collab (cont.)	17. Does your city/county conduct drills/exercises (see definitions) of its EOP? If you answer 'no', do not answer items a-d below; skip to Question 18.		
	a. Does your hospital participate in those drills/exercises?		
	b. Is a formal critique performed?		
	c. Does the critique process include all key players (see definitions)?		
	d. Is there a method for incorporating lessons learned from the critique into a revision of the local EOP?		
Specific Planning Provisions	18. Is your Emergency Management Plan an "all hazard plan;" in other words, does it include guidelines for the care of victims of the following kinds of incidents (intentional and non-intentional):		
	a. chemical?		
	b. biological?		
	c. radiological?		
	d. nuclear?		
	e. explosive?		
	19. Does your Emergency Management Plan address the special needs of:		
	a. children?		
	b. pregnant women?		
	c. the elderly?		
	d. the immunocompromised?		
	e. psychological/psychiatric patients?		
f. non-English speaking people?			
g. the disabled?			
h. obese patients?			
Misc. Logistics & Recovery Planning	20. During emergencies or disasters, does the plan address the immediate emotional and mental health needs of:		
	a. patients?		
	b. visitors?		
	c. staff and volunteers?		
	21. Does your Emergency Management Plan include written evacuation procedures?		
22. Does your Emergency Management Plan identify an alternate site in case evacuation of the primary hospital facility is necessary?			
23. Does your Emergency Management Plan include a section on radio communication?			
24. Does your Emergency Management Plan include provisions to deal with donations of goods and money?			

A. Planning & Incident Management (cont.)

		Yes	No
Logistics & Recovery Planning (cont.)	25. a. Does your Emergency Management Plan include procedures for the mass storage/transfer of bodies during a disaster that results in multiple fatalities?		
	b. What is your current mortuary capacity? _____		
	c. What is your maximum surge mortuary capacity? _____		
	26. Does your Emergency Management Plan include protocols for keeping track of all expenditures resulting from a declaration of a disaster for the possibility of reimbursement?		
	27. Does your Emergency Management Plan include provisions for <i>recovery</i> after an emergency?		

Comments on Part A, Planning & Incident Management:

B. Staff Recall & Personnel Augmentation

	Yes	No
1. Does your Emergency Management Plan specifically provide for staff recall during a disaster or emergency?		
2. Does your hospital have a method of calling staff back in to work if normal communications systems are not operational?		
3. Have mechanisms been developed for briefing or bringing personnel "up to speed" immediately before and during a large-scale disaster or emergency?		
4. Does your Emergency Management Plan address factors which might prevent staff from reporting to work during a disaster or emergency (e.g., overtime pay, child care needs, prophylaxis for staff and family members, other family concerns, transportation, etc.)?		
5. Does your Emergency Management Plan provide for the rapid credentialing of outside physicians and mid-level practitioners treating victims in your hospital during a disaster or emergency?		
6. Does your Emergency Management Plan provide for coordination and assignment of hospital/facility volunteers (e.g., hospital auxiliary, etc.)?		
7. Does your Emergency Management Plan provide for coordination and assignment of spontaneous (on the spot) volunteers?		

Comments on Part B, Staff Recall & Personnel Augmentation:

C. Education & Training

	Yes	No
1. Does your Emergency Management Plan include provisions for the periodic assessment of training needs of staff members by role/responsibility in disasters or emergencies?		
2. Do staff members receive training in implementing their roles and responsibilities in your Emergency Management Plan?		
3. Does your hospital conduct regular drills, in a "hands-on" setting, to familiarize staff with their roles and responsibilities under your Emergency Management Plan?		
4. Does your hospital provide education or training for staff members on:		
a. recognition of specific types of disasters or emergencies, especially symptoms characteristic of biological, chemical, or radiological attacks?		
b. operation of the EMS radio, including using the radio to communicate with other hospitals/clinics that are also on the statewide EMS network?		
b. the use of backup communications systems during disasters or emergencies?		
c. the acquisition of supplies and equipment during disasters or emergencies?		
d. the implementation of decontamination measures in case of a biological, radiological, or chemical disaster or emergency?		
e. infection control procedures for a biological, radiological, or chemical disaster or emergency?		
f. medical isolation procedures?		
g. rumor control and appropriate public communication skills?		
5. Does your hospital provide education or training for staff members on the use of the Personal Protective Equipment (PPE) necessary in the handling of victims of the following kinds of attacks:		
a. biological (e.g., anthrax, smallpox)?		
b. chemical (e.g., gasoline, chlorine)?		
d. radiological (e.g., radioactive, WIPP)?		
6. Does your hospital provide education or training for staff members on specific practices and procedures to provide patient care to the following:		
a. biologically infected patients?		
b. chemically contaminated patients?		
c. radiologically contaminated patients?		

C. Education & Training (cont.)

	Yes	No
7. Does your hospital provide education or training for staff members on the recognition, treatment, and referral for behavioral health consequences related to large-scale disasters or emergencies for:		
a. staff?		
b. patients?		
c. visitors?		

Comments on Part C, Education & Training:

D. Public Information & Media Relations

	Yes	No
1. a. Does your Emergency Management Plan designate a staff person to be responsible for public information in the event of a disaster or emergency? If you answer 'no', do not answer item b below; skip to Question 2.		
b. Has that person received specific training in risk communication (see definitions)?		
2. a. Has an internal spokesperson been designated to coordinate the dissemination of information to the media? If you answer 'no', do not answer item b below; skip to Question 3.		
b. Has that person received specific training in media relations?		
3. Does your Emergency Management Plan designate an area for the media located away from patient care areas?		
4. Does your Emergency Management Plan include protocols for dealing with information requests from the media?		
5. Does your Emergency Management Plan include a mechanism for periodic updates of the media?		
6. Does your Emergency Management Plan ensure that public information and media relationships will be coordinated with other agencies, including local (city/county) emergency response agencies, the Department of Health, and the FBI?		
7. Does your hospital make the names of patients and the deceased available to a database for public inquiry?		

Comments on Part D, Public Information & Media Relations:

E. SECURITY

	Yes	No
1. Does your Emergency Management Plan provide for security force augmentation during a disaster or emergency?		
2. Does your hospital have the capability to lock-down, so that all entrances and exits may be controlled? If you answer 'no', do not answer items a-b below; skip to Question 3.		
a. Have designated staff been trained in the lock-down procedure?		
b. Has the lock-down procedure been tested?		
3. Does your Emergency Management Plan include protocols for:		
a. interior traffic control (corridors, elevators, work areas, etc.)?		
b. vehicular traffic control and parking?		
c. unimpeded access for ambulances and emergency vehicles?		
d. access to loading areas for supply trucks and other service vehicles?		
e. pedestrian and crowd control?		
f. direction of authorized personnel and visitors to the appropriate entrances?		

Comments on Part E, Security:

F. Decontamination & Isolation Capacity

	Yes	No
1. Does your Emergency Management Plan include specific protocols for biological incidents, including:		
a. decontamination?		
b. isolation?		
c. hospitalization/treatment?		
d. referral for definitive care?		
2. Does your Emergency Management Plan include specific protocols for chemical incidents, including:		
a. decontamination?		
b. isolation?		
c. hospitalization/treatment?		
d. referral for definitive care?		
3. Does your Emergency Management Plan include specific protocols for radiological incidents, including:		
a. decontamination?		
b. isolation?		
c. hospitalization/treatment?		
d. referral for definitive care?		
4. Does your hospital have the capacity to decontaminate multiple ambulatory patients within a short period of time? If you answer 'no', do not answer items a-f below; skip to Question 5.		
a. Is your multiple ambulatory patient decontamination area located outside the hospital?		
b. Does it have hot water?		
c. Does it have heat?		
d. Is it operational during water or electricity outage?		
e. Does it allow for separation of genders?		
f. How many ambulatory persons can be decontaminated per hour? _____		
5. Does your hospital have the capacity to decontaminate multiple non-ambulatory patients within a short period of time? If you answer 'no', do not answer items a-f below; skip to Question 6.		
a. Is your multiple non-ambulatory patient decontamination area located outside the hospital?		
b. Does it have hot water?		
c. Does it have heat?		
d. Is it operational during water or electricity outage?		
e. Does it allow for separation of genders?		
f. How many non-ambulatory persons can be decontaminated per hour? _____		

F. Decontamination & Isolation Capacity (cont.)

	Yes	No
6. Do your decontamination procedures include protocols for:		
a. the decontamination of reusable medical equipment?		
b. the disposal of contaminated items, including protective clothing, bedding, and linens?		
c. handling and disposing of hazardous materials?		
d. the decontamination of rooms or facilities that were used to house patients with an infectious disease (e.g. smallpox)?		

7. How many negative pressure isolation rooms or the equivalent (see definitions) do you have in your hospital Emergency Department (ED)? _____
8. How many negative pressure isolation rooms or the equivalent (see definitions) do you have in the inpatient areas of your hospital? _____
9. How many patients can be held in negative-pressure isolation at one time within your entire facility? _____
10. How many patients could be held in negative-pressure isolation above current estimated capacity during a disaster or emergency? _____
11. Does your hospital have a plan for the conversion of an entire hospital patient care area to negative pressure in the event mass respiratory isolation is needed, in addition to the capacity reported in Question 8 above?
- _____ Yes
- _____ No

Comments on Part F, Decontamination & Isolation Capacity

G. Pharmaceuticals & Laboratory

	Yes	No
1. Do you have a plan for restocking pharmaceutical supplies during a disaster or emergency or after hours? If you answer 'no', do not answer items a-b below; skip to Question 2.		
a. Does the plan identify pharmaceutical warehouses or major vendors within the local area?		
b. Does the plan outline how pharmaceuticals can be procured, transported, and delivered to your hospital within a secure environment?		
2. a. Does your hospital have immediate, on-site access to information regarding the antidote dosages and treatment protocols required for patients (adult and pediatric) who are exposed to biological agents?		
b. Does your hospital have immediate, on-site access to information regarding the antidote dosages and treatment protocols required for patients (adult and pediatric) who are exposed to chemical agents?		
3. Does your hospital laboratory have protocols and procedures in place for laboratory specimens, including:		
a. acquisition of specimens?		
b. handling of specimens?		
c. packaging specimens?		
d. transport of specimens to the Scientific Laboratory Division (SLD)?		
4. Have your hospital laboratory personnel received training in protocols and procedures for:		
a. acquisition of specimens?		
b. handling of specimens?		
c. packaging specimens?		
d. transport of specimens to the Scientific Laboratory Division (SLD)?		
5. Are the telephone numbers of the following posted in your laboratory?		
a. CDC?		
b. NMDOH Scientific Laboratory Division (SLD)?		
c. NMDOH Epidemiology and Response Division?		
6. Does your hospital laboratory have protocols in place for handling specimens in the event that the laboratory is contaminated or overwhelmed?		
7. Does your hospital laboratory have contingency plans in place to receive blood and blood products if normal delivery measures are not possible?		

G. Pharmaceuticals & Laboratory (cont.)

	Yes	No
8. Have your hospital laboratory personnel received "Biosafety Level" (see definitions) training?		
9. Do you have a Level 2 Biosafety cabinet in your hospital laboratory?		
10. Do you have an autoclave in your hospital laboratory?		
11. Do you have access to an incinerator?		

Comments on Part G, Pharmaceuticals & Laboratory:

H. PPE, Medical Equipment & Supplies

1. How many of each of the following protective respiratory supplies do you currently have on hand:
 - a. self-contained breathing apparatus (with tank and full mask)? _____
 - b. supplied air respirators (full mask & air-line from hospital air system)? _____
 - c. chemical cartridge air purifying respirators? _____
 - d. powered air-purifying respirators (PAPR) with APF of 1000 or greater? _____

2. How many of each of the following ventilators do you currently have on hand:
 - a. adult only? _____
 - b. adult which can accommodate pediatric (not counted above)? _____
 - c. pediatric only (not counted above)? _____

3. In the table below, please check the box that corresponds to the **number of days** your hospital could operate at normal capacity with your current levels (without re-supply) of the following:

	< 7 days	7 – 14 days	15 – 21 days	22 – 28 days	> 28 days
a. HEPA masks (OSHA/NIOSH-approved high efficiency particulate)					
b. gloves					
c. eye protection					
d. gown/splash protection					
e. syringes & needles					
f. respiratory supplies					
g. IV fluids					
h. dressings & wound care supplies					

Comments on Part H, PPE, Medical Equipment & Supplies

I. Communication Equipment

	Yes	No
1. Does your hospital have an alternate method for rapid internal communication/coordination if your phone system is not operating?		
2. a. Does your hospital have a list of radio frequencies on the FCC license posted next to the UHF radio for ready reference?		
b. Does your hospital have a corresponding channel and frequencies list?		
3. Does your staff do daily "radio checks" with Santa Fe Control to test the "transmit" and "receive" capabilities of your radio?		
4. Does your Emergency Management team know who to call for 24-hour emergency repairs to your radio?		
5. Does your hospital have a copy of the September 1998 Emergency Medical Services (EMS) Radio Communications User Manual?		
6. Does your Emergency Management Plan include provisions to request a HAM radio operator with HAM radio equipment to set up a backup communications system if needed during emergency/disaster situations?		
7. a. Does your EMS Communications System radio (EMSCOM radio) have the capacity to add additional frequencies? (Do you have unused channels on your radio that would allow the addition of new frequencies?)		
b. Does your EMSCOM radio have a scanning capability?		
c. If it has a scan capability, do you use it?		
d. Is your EMSCOM radio at a volume that allows constant monitoring?		
8. a. Does your EMSCOM radio have more than one control head that enables its use from more than one location, e.g., one in the emergency room and another at the nurses' station? If you answer 'no', do not answer item b below; skip to Question 9.		
b. Does the "on/off" switch or volume control affect the radio at the other location? In other words, if the radio is turned off (or down) at the nurse's station does it also turn off (or down) the one at the ER?		
9. Does your hospital have any portable (hand-held) radios that allow you to talk to:		
a. EMS personnel outside your hospital?		
b. fire department personnel outside your hospital?		
10. Does your hospital have an 800 trunking radio system that ties you in with other local government emergency response agencies?		

I. Communication Equipment (cont.)

	Yes	No
11. Does your hospital have the ability to communicate by radio with:		
a. your E-9-1-1 dispatch center?		
b. your local/county emergency management center?		
c. your local or district public health office?		
12. Does your hospital have backup power for the radio(s) in your Emergency Department?		
13. a. Does your hospital have access to the web-based EMSsystem® program?		
b. Is that access high speed?		
14. Is your hospital connected to the University of New Mexico via fiber optic cable for telemedicine?		

Comments on Part I, Communication Equipment

DEFINITIONS

Biosafety Levels – Biosafety Levels are the levels of protection provided to the laboratory technician/operator through combinations of practices and physical containment.

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

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

Hazard Vulnerability Analysis (HVA) – **An HVA involves the identification of potential emergencies and the direct and indirect effects these emergencies may have on an organization’s or jurisdiction’s operations and demand for service. An HVA is integral to effective response planning and is best accomplished through a multi-agency (multidisciplinary) coordinated effort.**

Hospital Emergency Response Coordinator (HERC) – The HERC is the identified hospital employee who is routinely (by job description) responsible for emergency management planning, including the liaison with local and state agencies.

Incident Command System (ICS) – The Incident Command System (ICS) is a component of the National Incident Management System (NIMS), which was established by the U.S. Department of Homeland Security in 2004 as the mandated national approach to the management of domestic incidents. ICS is a standardized on-scene emergency management framework that provides an integrated organizational structure reflecting the complexity and demands of single or multiple incidents. ICS has five primary components: Incident Command, Operations, Planning, Logistics, and Finance/Administration. The Hospital Emergency Incident Command System (HEICS) is a modification of ICS that is used by many hospitals. According to the National Bioterrorism Hospital Preparedness Program, HEICS has been determined to be NIMS-compliant.

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

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

Negative Pressure Isolation Room – For the purpose of this survey, a Negative Pressure Isolation Room is a room, which has negative air pressure in relation to the corridor. This room can either be permanently constructed (per building codes) with negative air flow capability or can be “converted” using a product purchased and approved for such negative air flow. One “conversion product” equals one room.

Recovery – In emergency planning and preparedness, *recovery* refers to the development and implementation of service and site restoration plans; long-term care and treatment of affected

persons; evaluation of the incident to identify lessons learned; post-incident reporting; and development of initiatives to mitigate the effects of future incidents.

Risk Communication – Risk Communication is a specific type of public information, designed to provide the public with accurate, honest, and consistent information about emergency situations as they unfold.

Medical Surge – Medical Surge describes the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community.

Medical Surge Capacity refers to the ability to evaluate and care for a markedly increased volume of patients—one that challenges or exceeds normal operating capacity. The surge requirements may extend beyond direct patient care to include such tasks as extensive laboratory studies or epidemiological investigations.

Medical Surge Capability - refers to the ability to manage patients requiring unusual or very specialized medical evaluation and care. Surge requirements span the range of specialized medical and health services (expertise, information, procedures, equipment, or personnel) that are not normally available at the location where they are needed (e.g., pediatric care provided at non-pediatric facilities). Surge capability also includes patient problems that require special intervention to protect medical providers, other patients, and the integrity of the medical care facility.

Attachment B

2005 EMERGENCY PREPAREDNESS ASSESSMENT & RESOURCE INVENTORY

Hospital Capacity Data

Licensed Beds – 2005 Survey

	Frequency	Valid Percent
10	1	2.9
22	1	2.9
24	1	2.9
25	7	20.0
31	1	2.9
33	1	2.9
36	1	2.9
49	2	5.7
55	2	5.7
68	1	2.9
79	1	2.9
80	1	2.9
98	1	2.9
99	1	2.9
106	1	2.9
122	1	2.9
127	1	2.9
162	1	2.9
167	1	2.9
170	1	2.9
203	1	2.9
250	1	2.9
254	1	2.9
256	1	2.9
286	1	2.9
360	1	2.9
485	1	2.9
Total	35	100.0

Total Statewide = 3911

Average = 111.74

Emergency Department Beds

No. Beds	Frequency	Valid Percent
2	2	5.9
3	2	5.9
4	1	2.9
5	2	5.9
6	3	8.8
7	1	2.9
8	2	5.9
10	4	11.8
11	1	2.9
12	3	8.8
16	2	5.9
17	2	5.9
19	1	2.9
20	1	2.9
23	1	2.9
24	2	5.9
25	1	2.9
31	1	2.9
39	1	2.9
55	1	2.9
Total	34	100.0
Missing	1	
Total	35	

Total Statewide = 478

Average = 14.06

Average Daily Census

	Frequency	Valid Percent
3	1	3.3
5	3	10.0
7	1	3.3
8	2	6.7
10	1	3.3
13	1	3.3
18	1	3.3
21	1	3.3
24	1	3.3
30	2	6.7
35	2	6.7
45	1	3.3
50	1	3.3
60	1	3.3
65	1	3.3
69	1	3.3
75	1	3.3
78	1	3.3
81	1	3.3
85	1	3.3
95	1	3.3
145	1	3.3
160	1	3.3
360	1	3.3
390	1	3.3
Total	30	100.0
Missing	5	
Total	35	

Total Statewide = 2015

Average = 67.17

Number of Average Daily Census Beds that are Critical Care

	Frequency	Valid Percent
0	7	23.3
1	3	10.0
3	2	6.7
4	3	10.0
5	1	3.3
6	1	3.3
7	2	6.7
8	3	10.0
10	1	3.3
12	2	6.7
19	1	3.3
20	1	3.3
22	1	3.3
61	1	3.3
84	1	3.3
Total	30	100.0
Missing	5	
Total	35	

Total Statewide = 310

Average = 10.33

Number of Average Daily Census Beds that are Non-Critical Care

	Frequency	Valid Percent
3	1	3.3
5	3	10.0
6	1	3.3
8	2	6.7
9	1	3.3
12	1	3.3
14	1	3.3
16	1	3.3
19	1	3.3
26	2	6.7
27	1	3.3
28	1	3.3
33	1	3.3
35	1	3.3
50	1	3.3
61	1	3.3
62	1	3.3
66	1	3.3
72	1	3.3
73	1	3.3
74	1	3.3
78	1	3.3
125	1	3.3
137	1	3.3
299	1	3.3
306	1	3.3
Total	30	100.0
Missing	5	
Total	35	

Total Statewide = 1688

Average = 56.27

Surge Critical Care

	Frequency	Valid Percent
0	8	47.1
1	1	5.9
2	4	23.5
3	1	5.9
4	1	5.9
6	1	5.9
14	1	5.9
Total	17	100.0
Missing	18	
Total	35	

Total Statewide = 36

Average = 2.12

Surge Non-Critical Care

	Frequency	Valid Percent
3	1	4.8
5	1	4.8
6	3	14.3
9	1	4.8
10	4	19.0
13	2	9.5
16	1	4.8
18	1	4.8
21	1	4.8
25	3	14.3
28	1	4.8
36	1	4.8
43	1	4.8
Total	21	100.0
Missing	14	
Total	35	

Total Statewide = 338

Average = 16.10

Surge Total

	Frequency	Valid Percent
4	1	4.3
5	1	4.3
9	1	4.3
10	8	34.8
12	1	4.3
15	2	8.7
18	1	4.3
23	1	4.3
25	3	13.0
30	1	4.3
31	1	4.3
43	1	4.3
50	1	4.3
Total	23	100.0
Missing	12	
Total	35	

Total Statewide = 410

Average = 17.83

Total "projected capacity"

	Frequency	Valid Percent
8	1	3.3
10	1	3.3
12	1	3.3
14	1	3.3
17	1	3.3
18	1	3.3
23	2	6.7
24	1	3.3
33	1	3.3
36	1	3.3
44	1	3.3
45	3	10.0
55	1	3.3
60	1	3.3
62	1	3.3
65	1	3.3
79	1	3.3
85	2	6.7
88	1	3.3
106	1	3.3
110	1	3.3
138	1	3.3
145	1	3.3
160	1	3.3
400	1	3.3
430	1	3.3
Total	30	100.0
Missing	5	
Total	35	

Total Statewide = 2465

Average = 82.17

Attachment C

2005 EMERGENCY PREPAREDNESS ASSESSMENT & RESOURCE INVENTORY 2005

Detailed Tables

A. Planning & Incident Management

A.1. Does your hospital conduct an annual evaluation of its Emergency Management (EM) Plan?

	Frequency	Valid Percent
Yes	35	100.0

A.2. Has your hospital conducted a Hazard Vulnerability Analysis (HVA) (see definitions) in the last 12 months?

	Frequency	Valid Percent
Yes	29	82.9
No	6	17.1
Total	35	100.0

A.3. Do you revise your Emergency Management Plan to address the high risks identified in your HVA?

	Frequency	Valid Percent
Yes	31	91.2
No	3	8.8
Total	34	100.0
Missing	1	
Total	35	

A.4. Does your Emergency Management Plan include provisions for operating for prolonged periods under emergency conditions?

	Frequency	Valid Percent
Yes	26	74.3
No	9	25.7
Total	35	100.0

A.5. Do you conduct exercises (see definitions) of your Emergency Management Plan?

	Frequency	Valid Percent
Yes	34	97.1
No	1	2.9
Total	35	100.0

A.5.a. Do you conduct exercises (see definitions) of your Emergency Management Plan? Are all the key players (see definitions) involved?

	Frequency	Valid Percent
Yes	34	97.1
No	1	2.9
Total	35	100.0

A.5.b. Do you conduct exercises (see definitions) of your Emergency Management Plan? Is a formal critique performed?

	Frequency	Valid Percent
Yes	33	94.3
No	2	5.7
Total	35	100.0

A.5.c. Do you conduct exercises (see definitions) of your Emergency Management Plan? Does the formal critique process include all key players?

	Frequency	Valid Percent
Yes	32	91.4
No	3	8.6
Total	35	100.0

A.5.d. Do you conduct exercises (see definitions) of your Emergency Management Plan? Is there a method for incorporating lessons learned from the critique into a revision of your Emergency Management Plan?

	Frequency	Valid Percent
Yes	33	94.3
No	2	5.7
Total	35	100.0

A.6. Does your Emergency Management Plan provide for response to medical surge (see definitions)?

	Frequency	Valid Percent
Yes	30	85.7
No	5	14.3
Total	35	100.0

A.7a. Does your Emergency Management Plan include protocols for: clearing non-emergency patients from the Emergency Department?

	Frequency	Valid Percent
Yes	32	91.4
No	3	8.6
Total	35	100.0

A.7b. Does your Emergency Management Plan include protocols for: clearing visitors from the Emergency Department?

	Frequency	Valid Percent
Yes	31	88.6
No	4	11.4
Total	35	100.0

A.7.c. Does your Emergency Management Plan include protocols for: canceling elective surgeries?

	Frequency	Valid Percent
Yes	32	91.4
No	3	8.6
Total	35	100.0

A.7.d. Does your Emergency Management Plan include protocols for: canceling elective admissions?

	Frequency	Valid Percent
Yes	32	91.4
No	2	5.7
N/A	1	2.9
Total	35	100.0

A.7.e. Does your Emergency Management Plan include protocols for: discharging or transferring patients?

	Frequency	Valid Percent
Yes	33	94.3
No	2	5.7
Total	35	100.0

A.8. Does your plan call for the determination of rapidly available or open beds that can be converted for patient care?

	Frequency	Valid Percent
Yes	31	88.6
No	4	11.4
Total	35	100.0

A.9. Does your plan provide for the reconfiguration of hospital space to care for large numbers of casualties?

	Frequency	Valid Percent
Yes	20	57.1
No	15	42.9
Total	35	100.0

A.9.a. Does your plan provide for the reconfiguration of hospital space to care for large numbers of casualties? How many additional beds would result from the reconfiguration of hospital space?

	Frequency	Valid Percent
0	3	13.0
2	1	4.3
5	1	4.3
10	6	26.1
11	2	8.7
12	1	4.3
15	2	8.7
25	2	8.7
30	1	4.3
35	1	4.3
40	1	4.3
43	1	4.3
100	1	4.3
Total	23	100.0
Missing	12	
Total	35	

A.9.b. Does your plan provide for the reconfiguration of hospital space to care for large numbers of casualties? What percentage increase would that represent?

	Frequency	Valid Percent
0	3	13.0
2	1	4.3
10	1	4.3
11	1	4.3
12	1	4.3
14	1	4.3
18	1	4.3
20	4	17.4
24	1	4.3
25	1	4.3
30	3	13.0
33	1	4.3
45	1	4.3
50	1	4.3
60	1	4.3
100	1	4.3
Total	23	100.0
Missing	12	
Total	35	

A.10. Does your Emergency Management Plan utilize an incident command system (ICS)? (see definitions)

	Frequency	Valid Percent
Yes	35	100.0

A.11.a. Has a staff member been appointed as your Hospital Emergency Response Coordinator (HERC) (see definitions)?

	Frequency	Valid Percent
Yes	30	85.7
No	5	14.3
Total	35	100.0

A.11.b. Has a staff member been appointed as a backup HERC?

	Frequency	Valid Percent
Yes	25	71.4
No	10	28.6
Total	35	100.0

A.11.c. If your hospital has appointed a HERC and/or backup, is he/she available 24/7?

	Frequency	Valid Percent
Yes	26	74.3
No	8	22.9
Total	1	2.9
	35	100.0

A.12. Is there a designated hospital Emergency Operations Center (EOC)?

	Frequency	Valid Percent
Yes	35	100.0

A.12.a. Is the EOC located away from the Emergency Department?

	Frequency	Valid Percent
Yes	35	100.0

A.12.b. Has an alternate location for the EOC been identified in the event the first location is unavailable?

	Frequency	Valid Percent
Yes	23	65.7
No	12	34.3
Total	35	100.0

A. 12.c. Does the hospital EOC include a VHF base station radio (to communication with police and/or fire departments)?

	Frequency	Valid Percent
Yes	16	45.7
No	19	54.3
Total	35	100.0

A.12.d. Is the EOC's communications equipment on the emergency power back-up system?

	Frequency	Valid Percent
Yes	24	70.6
No	10	29.4
Total	34	100.0
Missing	1	
Total	35	

A.12.e. Is there a communications coordinator assigned to the EOC?

	Frequency	Valid Percent
Yes	21	60.0
No	14	40.0
Total	35	100.0

A.12.f. Does your EOC have a cable/satellite-capable TV to provide "real time" updates on news coverage of emergencies/disasters as well as Public Service Announcements & Emergency Alert Broadcasts?

	Frequency	Valid Percent
Yes	17	48.6
No	18	51.4
Total	35	100.0

A.12.g. Does your EOC have an AM/FM radio that can be dedicated for use to receive Public Service Announcements and Public Safety Emergency Alert Broadcasts?

	Frequency	Valid Percent
Yes	18	51.4
No	17	48.6
Total	35	100.0

A.13. Does your Emergency Management Plan outline the procedure for alerting the local (city/county) Emergency Manager of possible community emergencies?

	Frequency	Valid Percent
Yes	27	79.4
No	7	20.6
Total	34	100.0
Missing	1	
Total	35	

A.14. Does your hospital maintain a current contact list of emergency response agencies that may need to be contacted during an emergency or disaster situation?

	Frequency	Valid Percent
Yes	33	94.3
No	2	5.7
Total	35	100.0

A.15. Has your city/county conducted an HVA (see definitions) within the last year?

	Frequency	Valid Percent
Yes	22	62.9
No	13	37.1
Total	35	100.0

A.15.a. Has your city/county conducted an HVA (see definitions) within the last year? Did your hospital participate in your local (city/county) HVA?

	Frequency	Valid Percent
Yes	22	71.0
No	9	29.0
Total	31	100.0
Missing	4	
Total	35	

A.15.b. Has your city/county conducted an HVA (see definitions) within the last year? Does your hospital's Emergency Management Plan reflect the outcomes of that hazard vulnerability analysis?

	Frequency	Valid Percent
Yes	19	61.3
No	12	38.7
Total	31	100.0
Missing	4	
Total	35	

A.16. Does your city/county have a written Emergency Operations Plan?

	Frequency	Valid Percent
Yes	28	80.0
No	7	20.0
Total	35	100.0

A.16.a. Does your city/county have a written Emergency Operations Plan? Is your hospital Emergency Management Plan coordinated with the local (city/county) Emergency Operations Plan (EOP)?

	Frequency	Valid Percent
Yes	22	64.7
No	12	35.3
Total	34	100.0
Missing	1	
Total	35	

A.16.b. Does your city/county have a written Emergency Operations Plan? Does your local (city/county) EOP address your hospital's added security needs in the event of a disaster or emergency?

	Frequency	Valid Percent
Yes	20	58.8
No	14	41.2
Total	34	100.0
Missing	1	
Total	35	

A.16.c. Does your city/county have a written Emergency Operations Plan? Does your hospital participate in collaborative training with other agencies involved in your local (city/county) EOP?

	Frequency	Valid Percent
Yes	28	82.4
No	6	17.6
Total	34	100.0
Missing	1	
Total	35	

A.17. Does your city/county conduct drills/exercises (see definitions) of its EOP?

	Frequency	Valid Percent
Yes	30	85.7
No	5	14.3
Total	35	100.0

A.17.a. Does your city/county conduct drills/exercises (see definitions) of its EOP? Does your hospital participate in those drills/exercises?

	Frequency	Valid Percent
Yes	29	85.3
No	5	14.7
Total	34	100.0
Missing	1	
Total	35	

A.17.b. Does your city/county conduct drills/exercises (see definitions) of its EOP? Is a formal critique performed?

	Frequency	Valid Percent
Yes	28	82.4
No	6	17.6
Total	34	100.0
Missing	1	
Total	35	

A.17.c. Does your city/county conduct drills/exercises (see definitions) of its EOP? Does the critique process include all key players (see definitions)?

	Frequency	Valid Percent
Yes	26	76.5
No	8	23.5
Total	34	100.0
Missing	1	
Total	35	

A.17.d. Does your city/county conduct drills/exercises (see definitions) of its EOP? Is there a method for incorporating lessons learned from the critique into a revision of the local EOP?

	Frequency	Valid Percent
Yes	28	82.4
No	6	17.6
Total	34	100.0
Missing	1	
Total	35	

A.18.a. Is your Emergency Management Plan an "all hazard plan;" in other words, does it include guidelines for the care of victims of the following kinds of incidents (intentional and non-intentional): chemical?

	Frequency	Valid Percent
Yes	31	88.6
No	4	11.4
Total	35	100.0

A.18.b. Is your Emergency Management Plan an "all hazard plan;" in other words, does it include guidelines for the care of victims of the following kinds of incidents (intentional and non-intentional): biological?

	Frequency	Valid Percent
Yes	31	88.6
No	4	11.4
Total	35	100.0

A.18.c. Is your Emergency Management Plan an "all hazard plan;" in other words, does it include guidelines for the care of victims of the following kinds of incidents (intentional and non-intentional): radiological?

	Frequency	Valid Percent
Yes	31	88.6
No	4	11.4
Total	35	100.0

A.18.d. Is your Emergency Management Plan an "all hazard plan;" in other words, does it include guidelines for the care of victims of the following kinds of incidents (intentional and non-intentional): nuclear?

	Frequency	Valid Percent
Yes	29	82.9
No	6	17.1
Total	35	100.0

A.18.e. Is your Emergency Management Plan an "all hazard plan;" in other words, does it include guidelines for the care of victims of the following kinds of incidents (intentional and non-intentional): explosive?

	Frequency	Valid Percent
Yes	30	85.7
No	5	14.3
Total	35	100.0

A.19.a. Does your Emergency Management Plan address the special needs of: children?

	Frequency	Valid Percent
Yes	15	42.9
No	20	57.1
Total	35	100.0

A.19.b. Does your Emergency Management Plan address the special needs of: pregnant women?

	Frequency	Valid Percent
Yes	13	37.1
No	22	62.9
Total	35	100.0

A.19.c. Does your Emergency Management Plan address the special needs of: the elderly?

	Frequency	Valid Percent
Yes	13	37.1
No	22	62.9
Total	35	100.0

A.19.d. Does your Emergency Management Plan address the special needs of: the immunocompromised?

	Frequency	Valid Percent
Yes	13	37.1
No	22	62.9
Total	35	100.0

A.19.e. Does your Emergency Management Plan address the special needs of: psychological/psychiatric patients?

	Frequency	Valid Percent
Yes	14	40.0
No	21	60.0
Total	35	100.0

A.19.f. Does your Emergency Management Plan address the special needs of: non-English speaking people?

	Frequency	Valid Percent
Yes	15	42.9
No	20	57.1
Total	35	100.0

A.19.g. Does your Emergency Management Plan address the special needs of: the disabled?

	Frequency	Valid Percent
Yes	15	42.9
No	20	57.1
Total	35	100.0

A.19.h. Does your Emergency Management Plan address the special needs of: obese people?

	Frequency	Valid Percent
Yes	12	34.3
No	23	65.7
Total	35	100.0

A.20.a. During emergencies or disasters, does the plan address the immediate emotional and mental health needs of: patients?

	Frequency	Valid Percent
Yes	25	71.4
No	10	28.6
Total	35	100.0

A.20.b. During emergencies or disasters, does the plan address the immediate emotional and mental health needs of: visitors?

	Frequency	Valid Percent
Yes	25	71.4
No	10	28.6
Total	35	100.0

A.20.c. During emergencies or disasters, does the plan address the immediate emotional and mental health needs of: staff and volunteers?

	Frequency	Valid Percent
Yes	27	77.1
No	8	22.9
Total	35	100.0

A.21. Does your Emergency Management Plan include written evacuation procedures?

	Frequency	Valid Percent
Yes	31	91.2
No	3	8.8
Total	34	100.0
Missing	1	
Total	35	

A.22. Does your Emergency Management Plan identify an alternate site in case evacuation of the primary hospital facility is necessary?

	Frequency	Valid Percent
Yes	26	74.3
No	9	25.7
Total	35	100.0

A.23. Does your Emergency Management Plan include a section on radio communication?

	Frequency	Valid Percent
Yes	23	65.7
No	12	34.3
Total	35	100.0

A.24. Does your Emergency Management Plan include provisions to deal with donations of goods and money?

	Frequency	Valid Percent
Yes	10	28.6
No	25	71.4
Total	35	100.0

A.25.a. Does your Emergency Management Plan include procedures for the mass storage/transfer of bodies during a disaster that results in multiple fatalities?

	Frequency	Valid Percent
Yes	24	68.6
No	11	31.4
Total	35	100.0

A.25.b. Does your Emergency Management Plan include procedures for the mass storage/transfer of bodies during a disaster that results in multiple fatalities? What is your current mortuary capacity?

	Frequency	Valid Percent
0	13	38.2
1	1	2.9
2	6	17.6
3	3	8.8
4	3	8.8
5	3	8.8
8	1	2.9
9	1	2.9
10	1	2.9
12	1	2.9
14	1	2.9
Total	34	100.0
Missing	1	
Total	35	

A.25.c. Does your Emergency Management Plan include procedures for the mass storage/transfer of bodies during a disaster that results in multiple fatalities? What is your maximum surge mortuary capacity?

	Frequency	Valid Percent
0	4	12.1
1	1	3.0
2	1	3.0
3	2	6.1
4	1	3.0
5	1	3.0
8	1	3.0
10	5	15.2
12	1	3.0
15	1	3.0
16	1	3.0
20	3	9.1
25	1	3.0
30	4	12.1
40	1	3.0
50	2	6.1
200	1	3.0
Unknown	2	6.1
Total	33	100.0
Missing	2	
Total	35	

A.26. Does your Emergency Management Plan include protocols for keeping track of all expenditures resulting from a declaration of a disaster for the possibility of reimbursement?

	Frequency	Valid Percent
Yes	23	65.7
No	11	31.4
Don't know/Unknown	1	2.9
Total	35	100.0

A.27. Does your Emergency Management Plan include provisions for recovery after an emergency?

	Frequency	Valid Percent
Yes	25	71.4
No	10	28.6
Total	35	100.0

B. Staff Recall & Personnel Augmentation

B.1. Does your Emergency Management Plan specifically provide for staff recall during a disaster or emergency?

	Frequency	Valid Percent
Yes	35	100.0

B.2. Does your hospital have a method of calling staff back in to work if normal communications systems are not operational?

	Frequency	Valid Percent
Yes	25	71.4
No	10	28.6
Total	35	100.0

B.3. Have mechanisms been developed for briefing or bringing personnel "up to speed" immediately before and during a large-scale disaster or emergency?

	Frequency	Valid Percent
Yes	29	82.9
No	6	17.1
Total	35	100.0

B.4. Does your EM Plan address factors which might prevent staff from reporting to work during a disaster or emergency (e.g., overtime pay, child care needs, prophylaxis for staff and family members, other family concerns, transportation, etc.)?

	Frequency	Valid Percent
Yes	22	62.9
No	13	37.1
Total	35	100.0

B.5. Does your Emergency Management Plan provide for the rapid credentialing of outside physicians and mid-level practitioners treating victims in your hospital during a disaster or emergency?

	Frequency	Valid Percent
Yes	26	74.3
No	9	25.7
Total	35	100.0

B.6. Does your Emergency Management Plan provide for coordination and assignment of hospital/facility volunteers (e.g., hospital auxiliary, etc.)?

	Frequency	Valid Percent
Yes	25	71.4
No	10	28.6
Total	35	100.0

B.7. Does your Emergency Management Plan provide for coordination and assignment of spontaneous (on the spot) volunteers?

	Frequency	Valid Percent
Yes	17	48.6
No	18	51.4
Total	35	100.0

C. Education & Training

C.1. Does your Emergency Management Plan include provisions for the periodic assessment of training needs of staff members by role/responsibility in disasters or emergencies?

	Frequency	Valid Percent
Yes	24	68.6
No	11	31.4
Total	35	100.0

C.2. Do staff members receive training in implementing their roles and responsibilities in your Emergency Management Plan?

	Frequency	Valid Percent
Yes	30	85.7
No	5	14.3
Total	35	100.0

C.3. Does your hospital conduct regular drills, in a "hands-on" setting, to familiarize staff with their roles and responsibilities under your Emergency Management Plan?

	Frequency	Valid Percent
Yes	32	91.4
No	3	8.6
Total	35	100.0

C.4.a. Does your hospital provide education or training for staff members on: recognition of specific types of disasters or emergencies, especially symptoms characteristic of biological, chemical, or radiological attacks?

	Frequency	Valid Percent
Yes	23	65.7
No	12	34.3
Total	35	100.0

C.4.b. Does your hospital provide education or training for staff members on: operation of the EMS radio, including using the radio to communicate with other hospitals/clinics that are also on the statewide EMS network?

	Frequency	Valid Percent
Yes	25	71.4
No	10	28.6
Total	35	100.0

C.4.c. Does your hospital provide education or training for staff members on: the use of backup communications systems during disasters or emergencies?

	Frequency	Valid Percent
Yes	25	71.4
No	10	28.6
Total	35	100.0

C.4.d. Does your hospital provide education or training for staff members on: the acquisition of supplies and equipment during disasters or emergencies?

	Frequency	Valid Percent
Yes	25	71.4
No	10	28.6
Total	35	100.0

C.4.e. Does your hospital provide education or training for staff members on: the implementation of decontamination measures in case of a biological, radiological, or chemical disaster or emergency?

	Frequency	Valid Percent
Yes	29	82.9
No	6	17.1
Total	35	100.0

C.4.f. Does your hospital provide education or training for staff members on: infection control procedures for a biological, radiological, or chemical disaster or emergency?

	Frequency	Valid Percent
Yes	23	65.7
No	12	34.3
Total	35	100.0

C.4.g. Does your hospital provide education or training for staff members on: medical isolation procedures?

	Frequency	Valid Percent
Yes	28	80.0
No	7	20.0
Total	35	100.0

C.4.h. Does your hospital provide education or training for staff members on: rumor control and appropriate public communication skills?

	Frequency	Valid Percent
Yes	25	71.4
No	10	28.6
Total	35	100.0

C.5.a. Does your hospital provide education or training for staff members on the use of the Personal Protective Equipment (PPE) necessary in the handling of victims of the following kinds of attacks: biological (e.g., anthrax, smallpox)?

	Frequency	Valid Percent
Yes	27	77.1
No	7	20.0
Don't know/Unknown	1	2.9
Total	35	100.0

C.5.b. Does your hospital provide education or training for staff members on the use of the Personal Protective Equipment (PPE) necessary in the handling of victims of the following kinds of attacks: chemical (e.g., gasoline, chlorine)?

	Frequency	Valid Percent
Yes	27	77.1
No	7	20.0
Don't know/Unknown	1	2.9
Total	35	100.0

C.5.c. Does your hospital provide education or training for staff members on the use of the Personal Protective Equipment (PPE) necessary in the handling of victims of the following kinds of attacks: radiological (e.g., radioactive, WIPP)?

	Frequency	Valid Percent
Yes	22	62.9
No	12	34.3
Don't know/Unknown	1	2.9
Total	35	100.0

C.6.a. Does your hospital provide education or training for staff members on specific practices and procedures to provide patient care to the following: biologically infected patients?

	Frequency	Valid Percent
Yes	24	68.6
No	10	28.6
Don't know/Unknown	1	2.9
Total	35	100.0

C.6.b. Does your hospital provide education or training for staff members on specific practices and procedures to provide patient care to the following: chemically contaminated patients?

	Frequency	Valid Percent
Yes	23	65.7
No	11	31.4
Don't know/Unknown	1	2.9
Total	35	100.0

C.6.c. Does your hospital provide education or training for staff members on specific practices and procedures to provide patient care to the following: radiologically contaminated patients?

	Frequency	Valid Percent
Yes	21	60.0
No	13	37.1
Don't know/Unknown	1	2.9
Total	35	100.0

C.7.a. Does your hospital provide education or training for staff members on the recognition, treatment, and referral for behavioral health consequences related to large-scale disasters or emergencies for: staff?

	Frequency	Valid Percent
Yes	18	51.4
No	17	48.6
Total	35	100.0

C.7.b. Does your hospital provide education or training for staff members on the recognition, treatment, and referral for behavioral health consequences related to large-scale disasters or emergencies for: patients?

	Frequency	Valid Percent
Yes	15	42.9
No	20	57.1
Total	35	100.0

C.7.c. Does your hospital provide education or training for staff members on the recognition, treatment, and referral for behavioral health consequences related to large-scale disasters or emergencies for: visitors?

	Frequency	Valid Percent
Yes	15	42.9
No	20	57.1
Total	35	100.0

D. Public Information & Media Relations

D.1.a. Does your Emergency Management Plan designate a staff person to be responsible for public information in the event of a disaster or emergency?

	Frequency	Valid Percent
Yes	31	88.6
No	4	11.4
Total	35	100.0

D.1.b. Does your Emergency Management Plan designate a staff person to be responsible for public information in the event of a disaster or emergency? Has that person received specific training in risk communication?

	Frequency	Valid Percent
Yes	17	53.1
No	15	46.9
Total	32	100.0
Missing	3	
Total	35	

D.2.a. Has an internal spokesperson been designated to coordinate the dissemination of information to the media?

	Frequency	Valid Percent
Yes	31	88.6
No	4	11.4
Total	35	100.0

D.2.b. Has an internal spokesperson been designated to coordinate the dissemination of information to the media? Has that person received specific training in media relations?

	Frequency	Valid Percent
Yes	22	64.7
No	12	35.3
Total	34	100.0
Missing	1	
Total	35	

D.3. Does your Emergency Management Plan designate an area for the media located away from patient care areas?

	Frequency	Valid Percent
Yes	33	94.3
No	2	5.7
Total	35	100.0

D.4. Does your Emergency Management Plan include protocols for dealing with information requests from the media?

	Frequency	Valid Percent
Yes	30	85.7
No	5	14.3
Total	35	100.0

D.5. Does your Emergency Management Plan include a mechanism for periodic updates of the media?

	Frequency	Valid Percent
Yes	29	82.9
No	6	17.1
Total	35	100.0

D.6. Does your Emergency Management Plan ensure that public information and media relationships will be coordinated with other agencies, including local (city/county) emergency response agencies, the Department of Health, and the FBI?

	Frequency	Valid Percent
Yes	28	80.0
No	7	20.0
Total	35	100.0

D.7. Does your hospital make the names of patients and the deceased available to a database for public inquiry?

	Frequency	Valid Percent
Yes	11	31.4
No	23	65.7
Don't know/Unknown	1	2.9
Total	35	100.0

E. Security

E.1. Does your Emergency Management Plan provide for security force augmentation during a disaster or emergency?

	Frequency	Valid Percent
Yes	30	85.7
No	4	11.4
Don't know/Unknown	1	2.9
Total	35	100.0

E.2. Does your hospital have the capability to lock-down, so that all entrances and exits may be controlled?

	Frequency	Valid Percent
Yes	33	94.3
No	2	5.7
Total	35	100.0

E.2.a. Does your hospital have the capability to lock-down, so that all entrances and exits may be controlled? Have designated staff been trained in the lock-down procedure?

	Frequency	Valid Percent
Yes	29	85.3
No	5	14.7
Total	34	100.0
Missing	1	
Total	35	

E.2.b. Does your hospital have the capability to lock-down, so that all entrances and exits may be controlled? Has the lock-down procedure been tested?

	Frequency	Valid Percent
Yes	26	76.5
No	8	23.5
Total	34	100.0
Missing	1	
Total	35	

E.3.a. Does your Emergency Management Plan include protocols for: interior traffic control (corridors, elevators, work areas, etc.)?

	Frequency	Valid Percent
Yes	29	82.9
No	6	17.1
Total	35	100.0

E.3.b. Does your Emergency Management Plan include protocols for: vehicular traffic control and parking?

	Frequency	Valid Percent
Yes	29	82.9
No	6	17.1
Total	35	100.0

E.3.c. Does your Emergency Management Plan include protocols for: unimpeded access for ambulances and emergency vehicles?

	Frequency	Valid Percent
Yes	30	85.7
No	5	14.3
Total	35	100.0

E.3.d. Does your Emergency Management Plan include protocols for: access to loading areas for supply trucks and other service vehicles?

	Frequency	Valid Percent
Yes	26	74.3
No	9	25.7
Total	35	100.0

E.3.e. Does your Emergency Management Plan include protocols for: pedestrian and crowd control?

	Frequency	Valid Percent
Yes	29	82.9
No	6	17.1
Total	35	100.0

E.3.f. Does your Emergency Management Plan include protocols for: direction of authorized personnel and visitors to the appropriate entrances?

	Frequency	Valid Percent
Yes	30	85.7
No	5	14.3
Total	35	100.0

F. Decontamination & Isolation Capacity

F.1.a. Does your Emergency Management Plan include specific protocols for biological incidents, including: decontamination?

	Frequency	Valid Percent
Yes	29	82.9
No	6	17.1
Total	35	100.0

F.1.b. Does your Emergency Management Plan include specific protocols for biological incidents, including: isolation?

	Frequency	Valid Percent
Yes	29	82.9
No	6	17.1
Total	35	100.0

F.1.c. Does your Emergency Management Plan include specific protocols for biological incidents, including: hospitalization/treatment?

	Frequency	Valid Percent
Yes	28	80.0
No	7	20.0
Total	35	100.0

F.1 d. Does your Emergency Management Plan include specific protocols for biological incidents, including: referral for definitive care?

	Frequency	Valid Percent
Yes	23	65.7
No	12	34.3
Total	35	100.0

F.2.a. Does your Emergency Management Plan include specific protocols for chemical incidents, including: decontamination?

	Frequency	Valid Percent
Yes	30	85.7
No	5	14.3
Total	35	100.0

F.2.b. Does your Emergency Management Plan include specific protocols for chemical incidents, including: isolation?

	Frequency	Valid Percent
Yes	29	82.9
No	6	17.1
Total	35	100.0

F.2.c. Does your Emergency Management Plan include specific protocols for chemical incidents, including: hospitalization/treatment?

	Frequency	Valid Percent
Yes	30	85.7
No	5	14.3
Total	35	100.0

F.2.d. Does your Emergency Management Plan include specific protocols for chemical incidents, including: referral for definitive care?

	Frequency	Valid Percent
Yes	24	68.6
No	11	31.4
Total	35	100.0

F.3.a. Does your Emergency Management Plan include specific protocols for radiological incidents, including: decontamination?

	Frequency	Valid Percent
Yes	25	71.4
No	9	25.7
Don't know/Unknown	1	2.9
Total	35	100.0

F.3.b. Does your Emergency Management Plan include specific protocols for radiological incidents, including: isolation?

	Frequency	Valid Percent
Yes	25	71.4
No	9	25.7
Don't know/Unknown	1	2.9
Total	35	100.0

F.3.c. Does your Emergency Management Plan include specific protocols for radiological incidents, including: hospitalization/treatment?

	Frequency	Valid Percent
Yes	25	71.4
No	9	25.7
Don't know/Unknown	1	2.9
Total	35	100.0

F.3.d. Does your Emergency Management Plan include specific protocols for radiological incidents, including: referral for definitive care?

	Frequency	Valid Percent
Yes	21	60.0
No	13	37.1
Don't know/Unknown	1	2.9
Total	35	100.0

F.4. Does your hospital have the capacity to decontaminate multiple ambulatory patients within a short period of time?

	Frequency	Valid Percent
Yes	31	88.6
No	4	11.4
Total	35	100.0

F.4.a. Does your hospital have the capacity to decontaminate multiple ambulatory patients within a short period of time? Is your multiple ambulatory patient decontamination area located outside the hospital?

	Frequency	Valid Percent
Yes	29	85.3
No	5	14.7
Total	34	100.0
Missing	1	
Total	35	

F.4.b. Does your hospital have the capacity to decontaminate multiple ambulatory patients within a short period of time? Does it have hot water?

	Frequency	Valid Percent
Yes	16	47.1
No	18	52.9
Total	34	100.0
Missing	1	
Total	35	

**F.4.c. Does your hospital have the capacity to decontaminate multiple ambulatory patients within a short period of time?
Does it have heat?**

	Frequency	Valid Percent
Yes	3	8.8
No	31	91.2
Total	34	100.0
Missing	1	
Total	35	

**F.4.d. Does your hospital have the capacity to decontaminate multiple ambulatory patients within a short period of time?
Is it operational during water or electricity outage?**

	Frequency	Valid Percent
Yes	8	23.5
No	26	76.5
Total	34	100.0
Missing	1	
Total	35	

**F.4.e. Does your hospital have the capacity to decontaminate multiple ambulatory patients within a short period of time?
Does it allow for separation of genders?**

	Frequency	Valid Percent
Yes	21	61.8
No	13	38.2
Total	34	100.0
Missing	1	
Total	35	

F.4.f. Does your hospital have the capacity to decontaminate multiple ambulatory patients within a short period of time? How many ambulatory persons can be decontaminated per hour?

	Frequency	Valid Percent
2	4	12.9
4	1	3.2
6	1	3.2
8	4	12.9
10	4	12.9
12	3	9.7
15	3	9.7
20	3	9.7
22	1	3.2
24	1	3.2
50	1	3.2
70	1	3.2
Unknown	4	12.9
Total	31	100.0
Missing	4	
Total	35	

F.5. Does your hospital have the capacity to decontaminate multiple non-ambulatory patients within a short period of time?

	Frequency	Valid Percent
Yes	22	62.9
No	13	37.1
Total	35	100.0

F.5.a. Does your hospital have the capacity to decontaminate multiple non-ambulatory patients within a short period of time? Is your multiple non-ambulatory patient decontamination area located outside the hospital?

	Frequency	Valid Percent
Yes	19	61.3
No	12	38.7
Total	31	100.0
Missing	4	
Total	35	

F.5.b. Does your hospital have the capacity to decontaminate multiple non-ambulatory patients within a short period of time? Does it have hot water?

	Frequency	Valid Percent
Yes	18	58.1
No	13	41.9
Total	31	100.0
Missing	4	
Total	35	

F.5.c. Does your hospital have the capacity to decontaminate multiple non-ambulatory patients within a short period of time? Does it have heat?

	Frequency	Valid Percent
Yes	4	12.9
No	27	87.1
Total	31	100.0
Missing	4	
total	35	

F.5.d. Does your hospital have the capacity to decontaminate multiple non-ambulatory patients within a short period of time? Is it operational during water or electricity outage?

	Frequency	Valid Percent
Yes	9	30.0
No	21	70.0
Total	30	100.0
Missing	5	
Total	35	

F.5.e. Does your hospital have the capacity to decontaminate multiple non-ambulatory patients within a short period of time? Does it allow for separation of genders?

	Frequency	Valid Percent
Yes	13	41.9
No	18	58.1
Total	31	100.0
Missing	4	
Total	35	

F.5.f. Does your hospital have the capacity to decontaminate multiple non-ambulatory patients within a short period of time? How many non-ambulatory persons can be decontaminated per hour?

	Frequency	Valid Percent
0	1	4.5
2	1	4.5
3	1	4.5
4	4	18.2
5	6	27.3
6	1	4.5
8	1	4.5
10	2	9.1
12	2	9.1
20	1	4.5
Unknown	2	9.1
Total	22	100.0
Missing	13	
Total	35	

F.6.a. Do your decontamination procedures include protocols for: the decontamination of reusable medical equipment?

	Frequency	Valid Percent
Yes	20	57.1
No	15	42.9
Total	35	100.0

F.6.b. Do your decontamination procedures include protocols for: the disposal of contaminated items, including protective clothing, bedding, and linens?

	Frequency	Valid Percent
Yes	27	77.1
No	8	22.9
Total	35	100.0

F.6.c. Do your decontamination procedures include protocols for: handling and disposing of hazardous materials?

	Frequency	Valid Percent
Yes	28	80.0
No	7	20.0
Total	35	100.0

F.6.d. Do your decontamination procedures include protocols for: the decontamination of rooms or facilities that were used to house patients with an infectious disease (e.g. smallpox)?

	Frequency	Valid Percent
Yes	27	77.1
No	8	22.9
Total	35	100.0

F.7. How many negative pressure isolation rooms or the equivalent (see definitions) do you have in your hospital Emergency Department (ED)?

	Frequency	Valid Percent
0	5	14.3
1	21	60.0
2	8	22.9
3	1	2.9
Total	35	100.0

F.8. How many negative pressure isolation rooms or the equivalent (see definitions) do you have in the inpatient areas of your hospital?

	Frequency	Valid Percent
0	2	5.7
1	3	8.6
2	9	25.7
3	7	20.0
4	3	8.6
5	2	5.7
7	2	5.7
8	1	2.9
9	2	5.7
10	1	2.9
17	1	2.9
18	1	2.9
35	1	2.9
Total	35	100.0

F.9. How many patients can be held in negative-pressure isolation at one time within your entire facility?

	Frequency	Valid Percent
0	2	5.7
1	1	2.9
2	8	22.9
3	3	8.6
4	2	5.7
5	5	14.3
6	2	5.7
8	1	2.9
9	2	5.7
10	1	2.9
11	3	8.6
13	1	2.9
18	1	2.9
23	1	2.9
34	1	2.9
35	1	2.9
Total	35	100.0

F.10. How many patients could be held in negative-pressure isolation above current estimated capacity during a disaster or emergency?

	Frequency	Valid Percent
0	6	17.1
1	1	2.9
2	4	11.4
3	1	2.9
4	5	14.3
5	4	11.4
6	1	2.9
8	1	2.9
9	2	5.7
10	2	5.7
12	3	8.6
22	2	5.7
24	1	2.9
44	1	2.9
46	1	2.9
Total	35	100.0

F.11. Does your hospital have a plan for the conversion of an entire hospital patient care area to negative pressure in the event mass respiratory isolation is needed, in addition to the capacity reported in Question 8 above?

	Frequency	Valid Percent
Yes	5	14.3
No	30	85.7
Total	35	100.0

G. Pharmaceuticals & Laboratory

G.1. Do you have a plan for restocking pharmaceutical supplies during a disaster or emergency or after hours?

	Frequency	Valid Percent
Yes	24	68.6
No	11	31.4
Total	35	100.0

G.1.a. Do you have a plan for restocking pharmaceutical supplies during a disaster or emergency or after hours? Does the plan identify pharmaceutical warehouses or major vendors within the local area?

	Frequency	Valid Percent
Yes	20	64.5
No	11	35.5
Total	31	100.0
Missing	4	
Total	35	

G.1.b. Do you have a plan for restocking pharmaceutical supplies during a disaster or emergency or after hours? Does the plan outline how pharmaceuticals can be procured, transported, and delivered to your hospital within a secure environment?

	Frequency	Valid Percent
Yes	20	64.5
No	11	35.5
Total	31	100.0
Missing	4	
Total	35	

G.2.a. Does your hospital have immediate, on-site access to information regarding the antidote dosages and treatment protocols required for patients (adult and pediatric) who are exposed to biological agents?

	Frequency	Valid Percent
Yes	29	82.9
No	6	17.1
Total	35	100.0

G.2.b. Does your hospital have immediate, on-site access to information regarding the antidote dosages and treatment protocols required for patients (adult and pediatric) who are exposed to chemical agents?

	Frequency	Valid Percent
Yes	30	85.7
No	5	14.3
Total	35	100.0

G.3.a. Does your hospital laboratory have protocols and procedures in place for laboratory specimens, including: acquisition of specimens?

	Frequency	Valid Percent
Yes	32	94.1
No	2	5.9
Total	34	100.0
Missing	1	
Total	35	

G.3.b. Does your hospital laboratory have protocols and procedures in place for laboratory specimens, including: handling of specimens?

	Frequency	Valid Percent
Yes	31	91.2
No	3	8.8
Total	34	100.0
Missing	1	
Total	35	

G.3.c. Does your hospital laboratory have protocols and procedures in place for laboratory specimens, including: packaging specimens?

	Frequency	Valid Percent
Yes	31	91.2
No	3	8.8
Total	34	100.0
Missing	1	
Total	35	

G.3.d. Does your hospital laboratory have protocols and procedures in place for laboratory specimens, including: transport of specimens to the Scientific Laboratory Division (SLD)?

	Frequency	Valid Percent
Yes	29	85.3
No	5	14.7
Total	34	100.0
Missing	1	
Total	35	

G.4.a. Have your hospital laboratory personnel received training in protocols and procedures for: acquisition of specimens?

	Frequency	Valid Percent
Yes	32	94.1
No	2	5.9
Total	34	100.0
Missing	1	
	35	

G.4.b. Have your hospital laboratory personnel received training in protocols and procedures for: handling of specimens?

	Frequency	Valid Percent
Yes	32	94.1
No	2	5.9
Total	34	100.0
Missing	1	
Total	35	

G.4.c. Have your hospital laboratory personnel received training in protocols and procedures for: packaging specimens?

	Frequency	Valid Percent
Yes	31	91.2
No	3	8.8
Total	34	100.0
Missing	1	
Total	35	

G.4.d. Have your hospital laboratory personnel received training in protocols and procedures for: transport of specimens to the Scientific Laboratory Division (SLD)?

	Frequency	Valid Percent
Yes	30	88.2
No	4	11.8
Total	34	100.0
Missing	1	
Total	35	

G.5.a. Are the telephone numbers of the following posted in your laboratory? CDC?

	Frequency	Valid Percent
Yes	25	73.5
No	9	26.5
Total	34	100.0
Missing	1	
Total	35	

G.5.b. Are the telephone numbers of the following posted in your laboratory? NMDOH Scientific Laboratory Division (SLD)?

	Frequency	Valid Percent
Yes	29	85.3
No	5	14.7
Total	34	100.0
Missing	1	
Total	35	

G.5.c. Are the telephone numbers of the following posted in your laboratory? NMDOH Epidemiology and Response Division?

	Frequency	Valid Percent
Yes	28	82.4
No	6	17.6
Total	34	100.0
Missing	1	
Total	35	

G.6. Does your hospital laboratory have protocols in place for handling specimens in the event that the laboratory is contaminated or overwhelmed?

	Frequency	Valid Percent
Yes	17	50.0
No	17	50.0
Total	34	100.0
Missing	1	
Total	35	

G.7. Does your hospital laboratory have contingency plans in place to receive blood and blood products if normal delivery measures are not possible?

	Frequency	Valid Percent
Yes	26	76.5
No	8	23.5
Total	34	100.0
Missing	1	
Total	35	

G.8. Have your hospital laboratory personnel received "Biosafety Level" (see definitions) training?

	Frequency	Valid Percent
Yes	27	77.1
No	7	20.0
Don't know/Unknown	1	2.9
Total	35	100.0

G.9. Do you have a Level 2 Biosafety cabinet in your hospital laboratory?

	Frequency	Valid Percent
Yes	22	62.9
No	13	37.1
Total	35	100.0

G.10. Do you have an autoclave in your hospital laboratory?

	Frequency	Valid Percent
Yes	5	14.3
No	29	82.9
Don't know/Unknown	1	2.9
Total	35	100.0

G.11. Do you have access to an incinerator?

	Frequency	Valid Percent
Yes	2	5.7
No	32	91.4
Don't know/Unknown	1	2.9
Total	35	100.0

H. PPE, Medical Equipment & Supplies

H.1.a. How many of each of the following protective respiratory supplies do you currently have on hand: self-contained breathing apparatus (with tank and full mask)?

	Frequency	Valid Percent
0	28	80.0
1	1	2.9
3	2	5.7
4	1	2.9
5	1	2.9
6	1	2.9
12	1	2.9
Total	35	100.0

H.1.b. How many of each of the following protective respiratory supplies do you currently have on hand: supplied air respirators (full mask & air-line from hospital air system)?

	Frequency	Valid Percent
0	33	94.3
3	1	2.9
4	1	2.9
Total	35	100.0

H.1.c. How many of each of the following protective respiratory supplies do you currently have on hand: chemical cartridge air purifying respirators?

	Frequency	Valid Percent
0	22	62.9
1	1	2.9
2	2	5.7
3	2	5.7
4	1	2.9
5	2	5.7
10	3	8.6
12	2	5.7
Total	35	100.0

H.1.d. How many of each of the following protective respiratory supplies do you currently have on hand: powered air-purifying respirators (PAPR) with APF of 1000 or greater?

	Frequency	Valid Percent
0	2	5.7
2	3	8.6
3	11	31.4
4	2	5.7
5	2	5.7
6	7	20.0
8	2	5.7
9	1	2.9
10	2	5.7
12	1	2.9
19	1	2.9
30	1	2.9
Total	35	100.0

H.2.a. How many of each of the following ventilators do you currently have on hand: adult only?

	Frequency	Valid Percent
0	8	24.2
1	4	12.1
2	3	9.1
3	6	18.2
4	1	3.0
5	1	3.0
6	3	9.1
7	1	3.0
11	1	3.0
15	1	3.0
16	1	3.0
22	1	3.0
30	1	3.0
Unknown	1	3.0
Total	33	100.0
Missing	2	
Total	35	

H.2.b. How many of each of the following ventilators do you currently have on hand: adult which can accommodate pediatric (not counted above)?

	Frequency	Valid Percent
0	12	35.3
1	5	14.7
2	5	14.7
3	2	5.9
4	1	2.9
5	2	5.9
6	1	2.9
9	2	5.9
11	1	2.9
14	1	2.9
20	1	2.9
49	1	2.9
Total	34	100.0
Missing	1	
Total	35	

H.2.c. How many of each of the following ventilators do you currently have on hand: pediatric only (not counted above)?

	Frequency	Valid Percent
0	14	40.0
1	8	22.9
2	9	25.7
3	2	5.7
5	1	2.9
49	1	2.9
Total	35	100.0

H.3.a. In the table below, please check the box that corresponds to the number of days your hospital could operate at normal capacity with your current levels (without re-supply) of the following: HEPA masks (OSHA/NIOSH-approved high efficiency particles)

	Frequency	Valid Percent
Less than 7 days	13	38.2
7-14 days	15	44.1
15-21 days	3	8.8
more than 28 days	3	8.8
Total	34	100.0
Missing	1	
Total	35	

H.3.b. In the table below, please check the box that corresponds to the number of days your hospital could operate at normal capacity with your current levels (without re-supply) of the following: gloves

	Frequency	Valid Percent
Less than 7 days	9	26.5
7-14 days	16	47.1
15-21 days	6	17.6
more than 28 days	3	8.8
Total	34	100.0
Missing	1	
Total	35	

H.3.c. In the table below, please check the box that corresponds to the number of days your hospital could operate at normal capacity with your current levels (without re-supply) of the following: eye protection

	Frequency	Valid Percent
Less than 7 days	9	26.5
7-14 days	16	47.1
15-21 days	4	11.8
more than 28 days	5	14.7
Total	34	100.0
Missing	1	
Total	35	

H.3.d. In the table below, please check the box that corresponds to the number of days your hospital could operate at normal capacity with your current levels (without re-supply) of the following: gown/splash protection

	Frequency	Valid Percent
Less than 7 days	11	32.4
7-14 days	19	55.9
15-21 days	1	2.9
more than 28 days	3	8.8
Total	34	100.0
Missing	1	
Total	35	

H.3.e. In the table below, please check the box that corresponds to the number of days your hospital could operate at normal capacity with your current levels (without re-supply) of the following: syringes & needles

	Frequency	Valid Percent
Less than 7 days	9	26.5
7-14 days	16	47.1
15-21 days	5	14.7
22-28 days	1	2.9
more than 28 days	3	8.8
Total	34	100.0
Missing	1	
Total	35	

H.3.f. In the table below, please check the box that corresponds to the number of days your hospital could operate at normal capacity with your current levels (without re-supply) of the following: respiratory supplies

	Frequency	Valid Percent
Less than 7 days	8	23.5
7-14 days	21	61.8
15-21 days	2	5.9
22-28 days	1	2.9
more than 28 days	2	5.9
Total	34	100.0
Missing	1	
Total	35	

H.3.g. In the table below, please check the box that corresponds to the number of days your hospital could operate at normal capacity with your current levels (without re-supply) of the following: IV fluids

	Frequency	Valid Percent
Less than 7 days	12	35.3
7-14 days	20	58.8
15-21 days	1	2.9
more than 28 days	1	2.9
Total	34	100.0
Missing	1	
Total	35	

H.3.h. In the table below, please check the box that corresponds to the number of days your hospital could operate at normal capacity with your current levels (without re-supply) of the following: dressings & wound care supplies

	Frequency	Valid Percent
Less than 7 days	8	23.5
7-14 days	16	47.1
15-21 days	5	14.7
22-28 days	1	2.9
more than 28 days	4	11.8
Total	34	100.0
Missing	1	
Total	35	

I. Communication Equipment

I.1. Does your hospital have an alternate method for rapid internal communication/coordination if your phone system is not operating?

	Frequency	Valid Percent
Yes	31	88.6
No	4	11.4
Total	35	100.0

I.2.a. Does your hospital have a list of radio frequencies on the FCC license posted next to the UHF radio for ready reference?

	Frequency	Valid Percent
Yes	14	41.2
No	20	58.8
Total	34	100.0
Missing	1	
Total	35	

I.2.b. Does your hospital have a corresponding channel and frequencies list?

	Frequency	Valid Percent
Yes	13	38.2
No	21	61.8
Total	34	100.0
Missing	1	
Total	35	

I.3. Does your staff do daily "radio checks" with Santa Fe Control to test the "transmit" and "receive" capabilities of your radio?

	Frequency	Valid Percent
Yes	5	15.2
No	28	84.8
Total	33	100.0
Missing	2	
Total	35	

I.4. Does your Emergency Management team know who to call for 24-hour emergency repairs to your radio?

	Frequency	Valid Percent
Yes	23	67.6
No	10	29.4
Don't know/Unknown	1	2.9
Total	34	100.0
Missing	1	
Total	35	

I.5. Does your hospital have a copy of the September 1998 Emergency Medical Services (EMS) Radio Communications User Manual?

	Frequency	Valid Percent
Yes	10	29.4
No	24	70.6
Total	34	100.0
Missing	1	
Total	35	

I.6. Does your Emergency Management Plan include provisions to request a HAM radio operator with HAM radio equipment to set up a backup communications system if needed during emergency/disaster situations?

	Frequency	Valid Percent
Yes	13	38.2
No	21	61.8
Total	34	100.0
Missing	1	
Total	35	

I.7.a. Does your EMS Communications System radio (EMSCOM radio) have the capacity to add additional frequencies? (Do you have unused channels on your radio that would allow the addition of new frequencies?)

	Frequency	Valid Percent
Yes	20	58.8
No	13	38.2
Don't know/Unknown	1	2.9
Total	34	100.0
Missing	1	
Total	35	

I.7.b. Does your EMS/COM radio have a scanning capability?

	Frequency	Valid Percent
Yes	23	67.6
No	10	29.4
Don't know/Unknown	1	2.9
Total	34	100.0
Missing	1	
Total	35	

I.7.c. If it has a scan capability, do you use it?

	Frequency	Valid Percent
Yes	14	45.2
No	14	45.2
N/A	2	6.5
Don't know/Unknown	1	3.2
Total	31	100.0
Missing	4	
Total	35	

I.7.d. Is your EMS/COM radio at a volume that allows constant monitoring?

	Frequency	Valid Percent
Yes	31	91.2
No	3	8.8
Total	34	100.0
Missing	1	
Total	35	

I.8.a. Does your EMS/COM radio have more than one control head that enables its use from more than one location, e.g., one in the emergency room and another at the nurses' station? If you answer 'no', do not answer item b below; skip to Question 9.

	Frequency	Valid Percent
Yes	13	38.2
No	21	61.8
Total	34	100.0
Missing	1	
Total	35	

I.8.b. Does the "on/off" switch or volume control affect the radio at the other location? In other words, if the radio is turned off (or down) at the nurse's station does it also turn off (or down) the one at the ER?

	Frequency	Valid Percent
Yes	3	10.7
No	25	89.3
Total	28	100.0
Missing	7	
Total	35	

I.9.a. Does your hospital have any portable (hand-held) radios that allow you to talk to: EMS personnel outside your hospital?

	Frequency	Valid Percent
Yes	20	58.8
No	13	38.2
Don't know/Unknown	1	2.9
Total	34	100.0
Missing	1	
Total	35	

I.9.b. Does your hospital have any portable (hand-held) radios that allow you to talk to: fire department personnel outside your hospital?

	Frequency	Valid Percent
Yes	18	52.9
No	15	44.1
Don't know/Unknown	1	2.9
Total	34	100.0
Missing	1	
Total	35	

I.10. Does your hospital have an 800 trunking radio system that ties you in with other local government emergency response agencies?

	Frequency	Valid Percent
Yes	5	14.7
No	28	82.4
Don't know/Unknown	1	2.9
Total	34	100.0
Missing	1	
Total	35	

I.11.a. Does your hospital have the ability to communicate by radio with: your E9-1-1 dispatch center?

	Frequency	Valid Percent
Yes	22	64.7
No	11	32.4
Don't know/Unknown	1	2.9
Total	34	100.0
Missing	1	
Total	35	

I.11.b. Does your hospital have the ability to communicate by radio with: your local/county emergency management center?

	Frequency	Valid Percent
Yes	16	47.1
No	17	50.0
Don't know/Unknown	1	2.9
Total	34	100.0
Missing	1	
Total	35	

I.11.c. Does your hospital have the ability to communicate by radio with: your local or district public health office?

	Frequency	Valid Percent
Yes	5	14.7
No	28	82.4
Don't know/Unknown	1	2.9
Total	34	100.0
Missing	1	
Total	35	

I.12. Does your hospital have backup power for the radio(s) in your Emergency Department?

	Frequency	Valid Percent
Yes	32	94.1
No	2	5.9
Total	34	100.0
Missing	1	
Total	35	

I.13.a. Does your hospital have access to the web-based EMSsystem® program?

	Frequency	Valid Percent
Yes	29	85.3
No	5	14.7
Total	34	100.0
Missing	1	
Total	35	

I.13.b. Does your hospital have access to the web-based EMSsystem® program? Is that access high speed?

	Frequency	Valid Percent
Yes	27	79.4
No	6	17.6
N/A	1	2.9
Total	34	100.0
Missing	1	
Total	35	

I.14. Is your hospital connected to the University of New Mexico via fiber optic cable for telemedicine?

	Frequency	Valid Percent
Yes	4	12.1
No	29	87.9
Total	33	100.0
Missing	2	
Total	35	

Descriptive Statistics

	N	Minimum	Maximum	Mean
Licensed Beds	35	10	485	111.74
Emergency Department Beds	34	2	55	14.06
Average Daily Census	30	3	390	67.17
Number of Average Daily Census Beds that are Critical Care	30	0	84	10.33
Number of Average Daily Census Beds that are Non-Critical Care	30	3	306	56.27
Surge Critical Care	17	0	14	2.12
Surge Non-Critical Care	21	3	43	16.10
Surge Total	23	4	50	17.83
Total "projected capacity"	30	8	430	82.17
A.9.a. Does your plan provide for the reconfiguration of hospital space to care for large numbers of casualties? How many additional beds would result from the reconfiguration of hospital space?	23	0	100	18.65
A.9.b. Does your plan provide for the reconfiguration of hospital space to care for large numbers of casualties? What percentage increase would that represent?	23	0	100	24.96
A.25.b. Does your Emergency Management Plan include procedures for the mass storage/transfer of bodies during a disaster that results in multiple fatalities? What is your current mortuary capacity?	34	0	14	3.00

A.25.c. Does your Emergency Management Plan include procedures for the mass storage/transfer of bodies during a disaster that results in multiple fatalities? What is your maximum surge mortuary capacity?	33	0	999	80.67
F.4.f. Does your hospital have the capacity to decontaminate multiple ambulatory patients within a short period of time? How many ambulatory persons can be decontaminated per hour?	31	2	999	141.71
F.5.f. Does your hospital have the capacity to decontaminate multiple non-ambulatory patients within a short period of time? How many non-ambulatory persons can be decontaminated per hour?	22	0	999	96.68
F.7. How many negative pressure isolation rooms or the equivalent (see definitions) do you have in your hospital Emergency Department (ED)?	35	0	3	1.14
F.8. How many negative pressure isolation rooms or the equivalent (see definitions) do you have in the inpatient areas of your hospital?	35	0	35	5.26
F.9. How many patients can be held in negative-pressure isolation at one time within your entire facility?	35	0	35	7.51
F.10. How many patients could be held in negative-pressure isolation above current estimated capacity during a disaster or emergency?	35	0	46	8.51

H.1.a. How many of each of the following protective respiratory supplies do you currently have on hand: self-contained breathing apparatus (with tank and full mask)?	35	0	12	.97
H.1.b. How many of each of the following protective respiratory supplies do you currently have on hand: supplied air respirators (full mask & air-line from hospital air system)?	35	0	4	.20
H.1.c. How many of each of the following protective respiratory supplies do you currently have on hand: chemical cartridge air purifying respirators?	35	0	12	2.26
H.1.d. How many of each of the following protective respiratory supplies do you currently have on hand: powered air-purifying respirators (PAPR) with APF of 1000 or greater?	35	0	30	5.86
H.2.a. How many of each of the following ventilators do you currently have on hand: adult only?	33	0	999	35.00
H.2.b. How many of each of the following ventilators do you currently have on hand: adult which can accommodate pediatric (not counted above)?	34	0	49	4.50
H.2.c. How many of each of the following ventilators do you currently have on hand: pediatric only (not counted above)?	35	0	49	2.46