

# Influenza Surge Preparedness Assessment



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## Influenza Surge Preparedness Assessment

Hospital:			
Address:			
City: _____,	State: _____	Zip _____	
Telephone _____			
<b>Hospital Leadership</b>			
Administrator/CEO name and title:			
Office Telephone Number:			
Fax Number:			
E-Mail:			
Person Completing Survey:			
Name and Title:			
Department:			
Office Telephone Number:		Fax Number:	
E-Mail:			

# HOSPITAL CAPACITIES

	<b>AVERAGE STAFFED BEDS</b> <small>(Average beds actually in use and staffed in last 6 months)</small>	<b>BEDS WITH NEGATIVE AIR FLOW</b> <small>(For use in respiratory isolation)</small>	<b>MONITORED BEDS</b> <small>(Beds equipped with cardiac and vital signs monitors)</small>	<b>VENTILATORS</b> <small>(Number of ventilators in each unit) Owned or rented</small>	<b>SURGE CAPACITY</b> <small>(Number of additional beds that can be staffed &amp; equipped w/in 12 hours)</small>	<b>Negative Pressure Beds/ Isolation</b>
<b>Ambulatory</b>						
<b>Emergency Department</b>						
<b>Intensive Care, Medical</b>						
<b>Intensive Care Pediatric</b>						
<b>Intensive Care, Step-down</b>						
<b>Medical-Surgical</b>						
<b>Pediatrics</b>						

Laboratory	Lab Bio-Safety Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	Laboratory volume per hour that stimulates additional/urgent staffing plan:
Morgue	Capacity:
Portable X-ray	
Portable ventilators	
Total number of ventilators	
Average % of ventilators in use within last 6 months	

## PREPAREDNESS

### Emergency Management Plan

Date of current EMP:

The EMP includes arrangements for rapid transfer of ED patients to inpatient units  
 Yes  No

The EMP includes arrangements for early discharge and transfer of inpatients from the facility.  
 Yes  No

The EMP includes arrangements to provide discharge medications for rapid discharges.  
 Yes  No

The EMP addresses plans for follow-up outpatient care as needed.  Yes  No

There is a local plan for providing Rx and consumable medical supplies.  Yes  No

**The EMP includes planning to manage a 25% increase in patients on all units.**  
 Yes  No

The EMP includes written and validated arrangements for surge staffing.  
 Yes  No

**The EMP includes arrangements to cancel non-emergent services.**  Yes  No

### Emergency Department Capacity

a. Average daily ED visits:

b. Actual number of pre-printed disaster (MC) patient charts on hand:

c. What causes the disaster plan to be activated?

### Respiratory Protection Equipment Status

a. Percent of total clinical staff with fit-testing for N95 or N99 respirators annually:

b. Percent of non clinical staff with fit-testing for N95 or N99 respirators annually:

c. Quantity of powered air purifying respirators[PAPR]:

d. Quantity of spare batteries for PAPRs:

Plan of Succession	a. Facility has a leadership succession plan (LSP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	a. Facility has a continuity of operations plan (COOP).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Has COOP been exercised in last 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	d. Facility has a business continuity plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mutual Aid Agreements	<b>Facility has current mutual aid Memorandum of Understanding (MOUs) in place.</b>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Alternate Care Site	Memorandum of Understanding (MOUs) are in place with:		
	Law enforcement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Emergency medical services (EMS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Other local and regional health care facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Nurse Staffing Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	MMRS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Ventilators Supply	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hospital Bed Supply and Servicing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Patient Transportation	Facility has an MOU with a designated alternate care site(s) if inpatients must be transferred.		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	a. Patient transfer plan has been exercised.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Medical and support staffing plans are in place.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Patient Transportation	c. Supplies and pharmacy delivery has been addressed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>Facility owns or has rapid access to vehicles that could be used for patient transport (vans, busses, golf carts, etc.).</b>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Patient Transportation	a. If facility does not own vehicles, it has an MOU to rapidly obtain vehicles for patient transport.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. MOU exists with secondary or backup vendor if primary vendor in unavailable.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## CLINICAL OPERATIONS

<b>Emergency Medical Services</b>	Facility has MOU's with local EMS for patient transport. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>												
	EMS staff can be integrated into Emergency Department (ED) staff during an emergency. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>												
<b>Emergency Department Capacity</b>	ED staff use identifying gear when emergency plan is activated. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>												
	ED has pre-printed patient charts for use in an emergency equal to 2 times the number of average daily ED visits. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>												
	Cache of emergency drugs and antidotes is maintained in ED. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>												
	Drugs include: <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">Epinephrine</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Steroids</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Acetaminophen</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Bronchodilators</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Aspirin</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Others:</td> <td></td> </tr> </table>	Epinephrine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No	Acetaminophen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bronchodilators	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aspirin	<input type="checkbox"/> Yes <input type="checkbox"/> No	Others:	
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Saline	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Oxygen	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Nebulizer set-ups	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Others:													
Designated disaster supplies are ready for immediate distribution to and from the ED. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>													
Disaster supplies are inventoried, secured, cycled and labeled "FOR DISASTER USE ONLY." <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>													
<b>Patient Triage</b>	<b>Facility uses a triage system that is consistent with local EMS.</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>												
	Triage tags are maintained in ED. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>												
	<b>Level of patient volume that triggers activation of triage system is defined.</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>												
	<b>ED has designated an alternate triage area.</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>												

	a. Area can be used at night.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Area is weather-proof.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Area is temperature controlled.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Facility has an alternate treatment area to accommodate casualty surge.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient Tracking	Facility has a method for casualty tracking.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If casualty tracking is automated, facility has a back-up method in the event the automated method fails.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Facility can provide and track care for unknown patients (John and Jane Does).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Isolation Bed Capacity	<b>Facility can increase isolation bed capacity.</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Staff PPE	Facility has a plan, equipment and appropriate level of Personal Protective Equipment (PPE) for protecting staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Identified staff are trained to provider level in the use of PPE Knowledge of the PPE storage locations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Disease Surveillance	Coordination is in place to conduct epidemiologic surveillance (microbiology, pathology, infectious disease, infection control, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Procedures are in place to monitor employee absenteeism on a daily basis	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Admission diagnoses and ED diagnoses are reviewed daily with focus on spikes in disorders:	
	Pulmonary	<input type="checkbox"/> Yes <input type="checkbox"/> No
	FUO	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Influenza symptoms	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surveillance is coordinated with local and/or state public health agencies:		
Daily	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Facility participates in Health Alert Network (HAN).	<input type="checkbox"/> Yes <input type="checkbox"/> No

Critical Incident Stress Management	Facility has Critical Incident Stress Management team or equivalent mental health services.	
	A plan is in place to assess the physical and psychological well-being of disaster response workers.	
	a. Plan identifies physiological, emotional, cognitive and behavioral signs of stress including anxiety, irritability, memory loss, difficulty making decisions, insomnia, hyper-vigilance, extreme fatigue and other signs that indicate a response worker needs attention.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Actions are identified to reduce disaster workers' stress including: mandatory rest/sleep <input type="checkbox"/> Yes <input type="checkbox"/> No regular meals and exercise <input type="checkbox"/> Yes <input type="checkbox"/> No reasonable hours on duty <input type="checkbox"/> Yes <input type="checkbox"/> No access to someone for speaking about the experience <input type="checkbox"/> Yes <input type="checkbox"/> No Alone/private time. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pharmacy Services	Pharmacy monitors daily medication usage and compares current daily usage with usage on same date for previous 5 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	MOU exists to ensure rapid delivery of medications from suppliers during an emergency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. MOU exists with secondary or backup vendor if primary vendor is unavailable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. MOU exists for community wide sharing of pharmaceuticals.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunization and Chemoprophylaxis	Facility has a plan for immunization and chemoprophylaxis.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	a. Staff are trained to provide immunization and chemoprophylaxis or facility has plan to request external team to conduct immunization for staff and patients.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Administrative support is available to manage record keeping for immunization and chemoprophylaxis.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Plan addresses acquiring appropriate anti-viral or prophylaxis for pandemic outbreak.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fatalities Management	Adequate plans are in place for management of fatalities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Refrigerated storage facilities for fatalities are available or an MOU is in place to acquire storage.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	An MOU is in place to acquire Refrigerated Trailers (Reefers)	<input type="checkbox"/> Yes <input type="checkbox"/> No



Laboratory Services	Laboratory services are trained for surge capacity (increased specimen load). <input type="checkbox"/> Yes <input type="checkbox"/> No
	There is a protocol for reporting and referring suspicious isolates to local/state health department. <input type="checkbox"/> Yes <input type="checkbox"/> No
	MOU's are in place to re-supply media, reagents and other critical supplies. <input type="checkbox"/> Yes <input type="checkbox"/> No
	An arrangement is in place to transfer workload if laboratory is overwhelmed. <input type="checkbox"/> Yes <input type="checkbox"/> No

## SECURITY

Facility Security	All entrances and exits are controlled, monitored and can be locked. <input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Facility can execute perimeter security protection (lockdown) procedure within minutes of notification. <input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Staff has been trained in lockdown procedure. <input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Triggers for instituting lockdown are identified and known to leadership. <input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Lockdown can be accomplished without the aid of additional law enforcement personnel. <input type="checkbox"/> Yes <input type="checkbox"/> No
	f. Facility can post additional security personnel in ED. <input type="checkbox"/> Yes <input type="checkbox"/> No
	A plan exists for security force surge staffing. <input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Facility has an MOU with local law enforcement to provide additional security. <input type="checkbox"/> Yes <input type="checkbox"/> No
	A plan is in place to allow prompt facility access for staff and other authorized personnel. <input type="checkbox"/> Yes <input type="checkbox"/> No

## LOGISTICS AND FACILITIES

<b>Supplies</b>	Facility has the ability to obtain additional durable medical equipment using in house storage or MOU's with outside medical equipment supplier. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	MOU exists with secondary or backup vendor if prime vendor is unavailable. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	24-hour contact and distribution arrangements are in place. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	Facility maintains current inventory of equipment, supplies and other essential material required to effectively respond to a mass casualty event. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
<b>Food Services</b>	Facility has adequate food on hand for staff and patients for a 3-4 day period. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	Facility has a plan for food service surge. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
<b>Medical Gasses</b>	Facility has medical gasses to last 3-4 days without re-supply. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	a. Facility has an MOU in place to obtain emergency re-supply 24 hours a day. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	b. MOU exists with secondary or backup vendor if primary vendor is unavailable. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>

## STAFFING

<b>Staff Notification</b>	Facility can notify on-duty and off-duty staff of emergency status and recall to duty. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	Facility has a plan to notify on-duty and off-duty staff of emergency status. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	Staff notification system has been tested in past 6 months. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	Facility has staff notification with up-to-date, verified phone and other contact information. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	Facility has either an automated call-back system or staff identified and dedicated to staff notification. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	Facility keeps a current and updated list of staff that volunteer and are likely to be deployed during an emergency (NDMS, National Guard, etc.) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>

## COMMUNICATIONS

<b>Public Information and Risk Communications</b>	Facility has a designated public information officer (PIO). <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	Staff know where and to whom media inquiries are to be referred. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	A plan is in place to provide information to large numbers of concerned family and friends and to control crowds. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	a. Announcement and information distribution areas are designated. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>