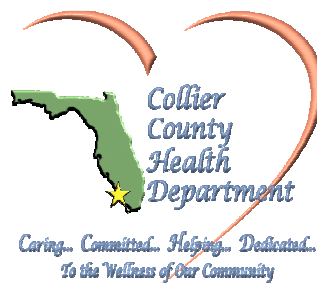




# Community Health Clinic Preparedness Survey

# Emergency Community Health Outreach Project



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**PLEASE COMPLETE A SEPARATE SURVEY FOR EACH CLINIC SITE**  
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# Community Health Clinic Preparedness Survey

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# Community Health Clinic Preparedness Survey Introduction

Recent natural disasters prompted the increase and development of emergency preparedness planning across many sectors, including public health and community health care. Successful preparation for natural disasters and emergencies requires the participation of a variety of organizations including the Collier County Health Department (CCHD) and community health centers, as well as schools, businesses, hospitals, individuals and families. CCHD would like to facilitate a collaborative effort between public health and Collier's community health centers to initiate formation of an emergency preparedness committee involved in training, development of operation plans, and participation in county-wide exercises.

To engage community health centers in preparedness planning, CCHD has created the Emergency Community Health Outreach (ECHO) project. This project is tasked to help create a comprehensive emergency operations plan template, tools and strategies for community health centers to use in preparedness planning for their own clinics and with community partners.

Natural disasters such as Hurricane Katrina and Wilma, have demonstrated the need for seamless partnerships in preparedness planning within each state. In Collier County, community health centers provide a safe and consistent place for individuals to access health care, regardless of insurance status or ability to pay. Your clinic is a vital component in Collier County's healthcare safety net.

During an emergency event, the responsibility for the overall coordination of Collier County's medical and health response, as well as the coordination of requests for and application of medical and health resources from outside the local area, becomes the responsibility of Emergency Support Function (ESF) 8, housed in the county's Emergency Operations Center (EOC)

In an effort to meet the requirements of Emergency Support Function (ESF) 8, managing both the surge capacity and capability of the county's medical and health resources, ECHO would like to develop a common information sharing system for providers in Collier County, to provide real-time damage assessment and a profile of available resources and capabilities. During an emergency, ECHO efforts would allow healthcare organizations to update the number of available beds, site conditions, including damage, as well as identify providers that have the capacity to care for critical and non-critical patients.

The exchange of information, resources, and emergency preparedness plans, has the potential to benefit a larger portion of Collier County's population in the event of an emergency. Collaboration between CCHD and community health center partners is essential in order to provide clinical and public health services in the occurrence of a natural disaster or other emergency.

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# Community Health Clinic Preparedness Survey

## How to Complete the Survey

We must acknowledge that, in an attempt to develop a comprehensive survey, the tool is lengthy, but will cover the critical areas and information points needed to create a complete implementation plan to enhance the preparedness to manage a natural emergency or outbreaks of infectious disease. It is our goal to identify both strengths and weaknesses within the emergency response system and among Collier County's community health centers.

We have made every effort to facilitate the efficient completion of the survey:

- The survey is designed to be broken down by section, or area of focus, and allow for individual departments or persons to complete the sections.
- In the test box form fields (            ), simply type the requested answer.
- In the check box form fields (  ), simply click on the box that indicates your answer.
- The survey can be completed and submitted electronically. Simply e-mail back to [Jefferson.Welle@doh.state.fl.us](mailto:Jefferson.Welle@doh.state.fl.us)
- A telephone help line (732-2631) is available to answer inquiries about the survey questions, or about completing the survey.
- The questions contained in this survey are intended to assist the ECHO project in assessing the state of preparedness of Collier County's clinics, and are not intended to measure or rate the clinics.

We urge you to complete this survey promptly to ensure the needs and capabilities of your clinic and the community you serve are represented in the ECHO implementation plan.

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# Community Health Clinic Preparedness Survey

## Instructions

### Survey Coordinator's Checklist

1. Identify a survey coordinator to organize the facility's completion of the survey.
2. The survey coordinator's role is to:
  - Communicate the reasons and rationale for the survey within the facility and in the appropriate departments. This will help expedite survey completion.
  - Oversee the completion of the survey.
  - Read and refer to the glossary for definitions of terms as this may assist you in answering the questions.
  - Ensure that timelines and deadlines for section completion are met, and fax or call the survey helpline for hardcopy pick-up.
  - Coordinate survey information and act as a resource for the persons completing each section.
3. Upon receipt of the survey, determine the appropriate departments and/or persons to complete each section of the survey.
  - Establish internal deadlines for completion of the survey by departments and persons and regular dates to follow up on the progress of the completion.
  - Photocopy of the survey to the person identified to complete the section.
  - Keep a list of assigned departments and persons receiving the section of the survey to be completed, to facilitate follow up and ensure deadlines are met.
4. Conducting the survey:
  - Read the entire survey document including the introduction, survey questions and glossary.
  - ALL questions should be answered with "yes", "no", "don't know" or "not applicable" by checking the appropriate box. Please make every attempt to find the information requested even though it requires a bit of research, investigation and follow-up. This will help make the survey information more pertinent and valid, assisting with the development of the implementation plan.
  - Follow up regularly with the departments/persons completing the survey to ensure timely and accurate completion.
  - Collect the responses for all the sections of the survey
    - a. Verify answers are present for all questions
    - b. Check for overall consistency of the answers.
    - c. Resolve inconsistencies prior to submitting the results
    - d. Call the help line at 732-2631 if you need assistance with answering the survey questions.
    - e. You can also contact the help line by email at [Jefferson.Welle@doh.state.fl.us](mailto:Jefferson.Welle@doh.state.fl.us)

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# Community Health Clinic Preparedness Survey

## CLINIC INFORMATION

Parent Clinic or Corporate Name:

Clinic Site:

Address: Zip:

Telephone Number: Fax:

Clinic e-mail address: Clinic website:

Name of Person responsible for completing this survey:

Title of Person responsible for completing this survey:

Telephone number of person responsible for completing this survey:

E-mail address of person responsible for completing this survey:

### Clinic Type (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Primary Care Clinic – Community Clinic | <input type="checkbox"/> Tribal or Urban Indian Health Clinic |
| <input type="checkbox"/> Primary Care Clinic – Free Clinic      | <input type="checkbox"/> Specialty Care Clinic<br>Type:       |

### Clinic Category (check all that apply):

- Federally Qualified Health Clinic (FQHC)
- Community Health Center
- Health Care for the Homeless
- Other:

### Average Annual Patient Encounter Volume for this Clinic:

- |  |  |
|--|--|
| <input type="checkbox"/> 1 – 2,999     | <input type="checkbox"/> 10,000 – 14,999 |
| <input type="checkbox"/> 3,000 – 4,999 | <input type="checkbox"/> 15,000 – 24,999 |
| <input type="checkbox"/> 5,000 – 9,999 | <input type="checkbox"/> 25,000+         |

### For Parent Clinic Corporations with multiple locations:

Total Number of Full-Time Licensed Clinics:

Total Number of Intermittent Satellite Clinics:

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# Community Health Clinic Preparedness Survey

## GENERAL EMERGENCY PREPAREDNESS

Please select the best answer as “yes,” “no,” “don’t know” or “not applicable” to the following questions pertaining to the clinic’s disaster plan. (The disaster plan describes how the organization will establish and maintain a program to ensure effective response to disasters or emergencies affecting the environment of care. The plan should address four phases of emergency management activities: mitigation, preparedness, response, and recovery.)

	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>NA</u>
1. Has the clinic identified how it will help the neighborhood and greater community in the event of an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the clinic have an Emergency Preparedness Planning Team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the clinic have a disaster plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the plan been reviewed and updated within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the plan been distributed to affected parties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the plan have an organizational structure and organized leadership (e.g., incident command system) during a disaster or emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the plan make provisions for patient overflow and tracking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the plan have contingencies for a mass influx of patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the plan make provisions for vulnerable populations’ health needs (e.g., elderly, handicapped, children, mental health, substance abuse, homeless, HIV/chronic disease, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the plan have a section for addressing security issues, including the provision of personnel to secure the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are specific persons or personnel assigned to a disaster response team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the plan contain a section on bioterrorism preparedness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does your clinic’s disaster plan have a provision to extend regular treatment hours in an emergency or disaster situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, could you extend hours if you had additional finances and resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does your clinic have provisions for housing and feeding key personnel for 72 hours in the event of a significant disaster or terrorism event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, could you make these provisions if you had additional finances and resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# Community Health Clinic Preparedness Survey

## GENERAL EMERGENCY PREPAREDNESS

	Yes	No	DK	NA
15. Does your clinic's disaster plan address increasing operational capacity (staff, space) by at least:?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. 10%?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 15%?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 20%?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If no, could you increase capacity if you had additional finances and resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the clinic's insurance been reviewed with a disaster in mind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does your plan have a provision for relocating services in the event the facility is inoperable? If yes, where and how?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is the clinic incorporated into any hospital disaster plan? If yes, please list:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has your clinic worked with the county or other health care providers to coordinate planning and response activities? If yes, please list:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has your clinic completed a safety checklist, identified hazards (i.e. Hazard Vulnerability Assessment) and developed an improvement plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are specific personnel assigned to a bioterrorism response team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Does your clinic conduct or participate in an annual disaster drill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Has your clinic conducted or participated in a drill using a scenario with a biological or chemical agent exposure within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is your clinic included in your county's mass prophylaxis plan, providing resources such as personnel or facility space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has your clinic identified which critical services and operations will be needed to continue during an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# Community Health Clinic Preparedness Survey

## POLICIES AND PROCEDURES

Please select the best answer as “yes,” “no,” “don’t know” or “not applicable” to the following questions with respect to policies and procedures that have been reviewed, revised, or implemented within the **last 12 months**.

	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>NA</u>
26. Are the following policies in place:				
a. Security/lock-down policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personnel recall policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Evacuation policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Patient care during a disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reports of suspicious symptoms to the county health department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Are procedures in place in the event of a disaster for the following:				
a. Handling patients who are exposed to biological or chemical events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Isolating segments of the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Triage of patients to appropriate hospitals and other treatment centers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Addressing patient and situation confidentiality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Acquisition and handling of suspect laboratory specimens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Evidence collection and consultation with local law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Personnel recall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Testing for exposure to biological or chemical agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Fire Safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Emergency equipment repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Human waste disposal during the course of the emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Response procedures for: managing finances, telephone logs, event records, injuries & follow-up actions, staff & volunteer accounting & family notification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Are the following posted in visible locations:				
a. First Aid signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Facility evacuation Plan for each floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Clinic Disaster Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Are mutual aid agreements established with other organizations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# Community Health Clinic Preparedness Survey

## FACILITIES, EQUIPMENT AND SUPPLIES

Please select the best answer as “yes,” “no,” “don’t know” or “not applicable” to the following questions with respect to the facilities, equipment and supplies.

	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>NA</u>
30. Does your facility have provisions (location, equipment, supplies) for patient or staff decontamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Does the clinic have any personal protective equipment, such as protective suits or kits, available to staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Has the clinic completed an emergency supply checklist and developed a supply needs plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Does the clinic have provisions for obtaining emergency back-up supplies from vendors, hospitals, county or any other alternative source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, from whom?				
34. Does your clinic have an emergency cache of supplies in case of a significant disaster or terrorism event?				
a. Medical?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pharmaceutical?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Water-one gallon for each staff and provisions for clients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Food-two days supply for each staff and provisions for clients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Flashlight and batteries , and extra batteries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Radio with batteries, and extra batteries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Special tools, including 10 inch crescent wrench, are identified and Obtained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Supplies for staff with special needs are identified and obtained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Supplies (plastic bags, etc) for human waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Has your clinic established an equipment inventory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Does your clinic have a generator for back up power?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Does your clinic have emergency lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Does your clinic have fire safety equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Has your clinic secured heavy and expensive objects/furniture from falling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Has the building structure and ground been assessed and is it secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Does your clinic’s disaster plan address the clinic as a primary site where chemically or biologically contaminated patients may come in an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. How many miles is your clinic from the nearest emergency department?				

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# Community Health Clinic Preparedness Survey

## TRAINING AND PERSONNEL DEVELOPMENT

Please select the best answer as “yes,” “no,” “don’t know” or “not applicable” to the following questions with respect to training and personnel development.

	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>NA</u>
43. Do staff members receive training in disaster awareness, preparedness and response?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Does the training include preparedness for chemical or biological terrorism events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Has staff been trained on the use of appropriate personal protective equipment for biological and chemical events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Are annual “refresher” training classes in biological or chemical terrorism conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Is disaster training conducted during new employee orientation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Do you evaluate the effectiveness of your disaster training programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Have clinical educational opportunities been provided to medical staff on specific procedures regarding biological and chemical incidents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Has staff been trained to identify and properly/safely remove contaminants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Do training programs include preparation of staff for emotional and mental impacts of a significant disaster or terrorist attack?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Are First Aid and CPR training given to staff and volunteers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Are documented fire drills held twice a year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Are specific disaster drills (i.e., hurricanes) held once a year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Have you developed any patient education materials regarding emergency preparedness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what languages?				
56. Have you provided training and self-assessments regarding emergency preparedness at home for:				
a. Staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other members of the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Is there a plan to screen and train volunteers who will assist in the event of a disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Is there a plan to manage, screen and orient “on-the-spot” volunteers who arrive during a disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Do you have staff attend trainings on a regular basis by CERT, Red Cross or the Collier County Health Department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# Community Health Clinic Preparedness Survey

## COMMUNICATIONS

Please select the best answer as “yes,” “no,” “don’t know” or “not applicable” to the following questions with respect to communications.

	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>NA</u>
59. Does your clinic have a pre-designated way to communicate with staff after-hours in an emergency (e.g., a telephone tree or group paging system)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Does your clinic have high-speed internet access (other than dial up)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, at what level:				
a. T-3 line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. T-1 line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. DSL/ISDN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Does your clinic have secure offsite data backup capability for its information systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Are procedures in place for establishing emergency communications between the clinic and Collier County Health Department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Are procedures in place for establishing emergency communications between the clinic and Collier County Emergency Operations Center?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Are procedures in place for establishing emergency communications between the clinic and hospitals and other partners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, by whom:				
65. Is there a communication system in place for the county health department to quickly alert clinic providers to suspicious clusters of symptoms or disease outbreaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Does the clinic's disaster plan include informing the community and neighborhood about what services your clinic will provide in the event of an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Does the clinic's disaster plan provide for communications with the public and media in bioterrorism events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# Community Health Clinic Preparedness Survey

## COMMUNICATIONS

Please select the best answer as “yes,” “no,” “don’t know” or “not applicable” to the following questions with respect to communications.

	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>NA</u>
68. Which of the following emergency communication systems do you have that are fully redundant with, or complimentary to, normal communications:				
a. Internal two-way radios?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cell phones?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Voice mail boxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Satellite phones?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Wireless messaging?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Citizen’s Band Radio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Amateur radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Health Alert Network (HAN)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Have you been contacted by local emergency planners and/or government emergency managers about inclusion of your clinic in community planning? If yes, by whom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Rank the following needs as 1 through 6 in order of priority, with 1 being the top priority for your clinic(s).				
a. Planning and preparedness tools?				
b. Communications				
c. Supplies				
d. Equipment				
e. Training				
f. Technical advice and information				

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# Community Health Clinic Preparedness Survey

## STAFFING

Please select the best answer as “yes,” “no,” “don’t know” or “not applicable” to the following questions with respect to staffing.

71. For your clinic site, please give the number of full-time equivalents (FTEs) of staff (paid and volunteer) for the following categories:

### Staffing Level During an Emergency

- |                                  | <u>Regular<br/>Clinic Hours</u> | <u>Off-Hours</u> |
|----------------------------------|---------------------------------|------------------|
| a. MD-Physician                  |                                 |                  |
| b. PA –Physician’s Assistant     |                                 |                  |
| c. NP-Nurse Practitioner         |                                 |                  |
| d. RN-Registered Nurse           |                                 |                  |
| e. LVN-Licensed Vocational Nurse |                                 |                  |
| f. Medical Assistant             |                                 |                  |
| g. Lab Technician                |                                 |                  |
| h. Radiologist                   |                                 |                  |
| i. Pharmacist                    |                                 |                  |
| j. Licensed Mental Health Worker |                                 |                  |
| k. Case Manager                  |                                 |                  |
| l. Outreach Worker               |                                 |                  |
| m. Support Personnel             |                                 |                  |
| n. Other:                        |                                 |                  |
| o. Other:                        |                                 |                  |
| p. Other:                        |                                 |                  |

72.	Has a medical, special needs and disability assessment of staff been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73.	Has a staff support system (flexible or reduced work hours, counseling) been drafted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74.	Have any of your medical providers or staff agreed to volunteer their services in an emergency other than at your site (e.g., through the Disaster Service Worker program, Disaster Medical Assistance Teams, American Red Cross or other program)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, for whom?				

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