

**GENERAL READINESS CHECKLIST:**  
A TEMPLATE FOR HEALTHCARE FACILITIES

## PREAMBLE

“Disasters and emergencies include a variety of hazardous situations that may occur inside or outside the organization. These include, but are not limited to, fires, natural disasters, biochemical and bomb threats, chemical spills, radiation exposure, threats of personal violence and power failures.” (*CCHSA Standard 5.0*). In addition, new and emerging infections and industrial accidents such as train derailments or explosions/fires at nuclear plants may be threats to health care providers.

Healthcare facilities play a vital role in the response to emergencies. Emergency Preparedness for healthcare facilities includes elements of mitigation, preparedness, response, and recovery. Facility plans should take into account such factors as the appropriateness and adequacy of physical facilities, organizational structures, human resources, and communication systems; and as such, need a tool to assess their readiness.

The purpose of this document is to allow Healthcare Facilities to assess their readiness to deal with disasters. This is not a planning tool per se, but, once the Facility’s plan is in place, it will provide a means to review the plan and identify gaps.

This Checklist makes liberal use of a variety of resources either freely available on the Internet or provided by co-workers. In particular, we have made use of the checklist provided by Denys J. Carrier, RN, Leader, Emergency Preparedness Program, Providence Health Care, BC and that developed by Booz-Allen and Associates for the Agency for Healthcare Research and Quality.

Every facility is different and the nature of threats to specific facilities varies over time. For this reason, the document MUST, to some degree, remain general. Users must refer to their risk-assessment process and the current standards of care. A variety of references are appendices to this document, to be of use to the reader in this regard.

Assessment items should be answered as follows: Y = yes; N = No; N/A = Not applicable; U= Unsure (*for every ‘U’, the Facility must identify someone who will clarify the response*). In some cases numerical information was felt to be more useful.

The majority of the questions are in the Yes/No/Not Applicable (N/A) format. While it is assumed that a ‘yes’ answer means the issue raised by the question has been addressed, the converse is not true. A ‘No’ or ‘N/A’ answer may mean that the Facility has a gap in its readiness or it may be that the answer was a product of an active decision. This document is not meant to be proscriptive but rather one that is thought-provoking and generates discussion.

The term ‘Healthcare Facility’ or ‘facility’ is used throughout this document. The definition of facilities, clinics, rehabilitation or extended care facilities, retirement homes, long-term care home, and other healthcare institutions may vary from region to region, and it is the intention of the authors of this document to provide a reference tool that can be generalized across multiple platforms of healthcare delivery. The primary target audience is traditional facilities with in-patient units, particularly those that have an Emergency Department; as such, not all sections of this document are applicable to all facilities. An institution may choose not to address a specific issue in their disaster plan because their risk analysis reveals a very low occurrence or

a negative impact, or other considerations. Planners in each facility should decide which aspects of their disaster plan they choose to prepare for and those they choose to assess using this tool.

The checklist is designed to provide facilities with questions that stimulate assessment and dialogue with key stakeholders within the facilities as well as at the local level and beyond. The checklist divides the assessment into sections, however many of them overlap and may be grouped in differing manners according to the organization and operation of individual facilities. Although comprehensive, the facility assessment will undoubtedly identify new questions and considerations.

There are episodic redundancies in this questionnaire. These redundancies are intentional so as to: (a) provide for internal validation; and (b) provide for sections of the tool to stand-alone and be given to separate individuals within the facility's organization. Redundant questions are cross-referenced in the document.

This document has 24 sections, each of which may be filled in by a different individual, however, one lead person should be designated to provide overall responsibility for ensuring that all information is complete. The completion of this form and the development and implementation of a full plan is a facility-wide activity, requiring co-operation from many areas or departments.

The term 'Incident Command System' is used referring to Incident Management Systems (IMS), Incident Command Systems (ICS), Hospital Emergency Incident Command System (HEICS), and other similar terms. For more information please see References.

At various points in this document references are made to other documents from the library of the Centre for Excellence in Emergency Preparedness (CEEP). Those documents that are ready, are available free of charge on the CEEP website ([www.ceep.ca](http://www.ceep.ca)).

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The Process of developing this document was as follows:

1. Needs assessment/identifying the absence of a Canadian Healthcare Facility tool for readiness (2003).
2. Literature search (2004).
3. First draft (2004).
4. First draft reviewed and compilation of feedback (2004).
5. Second literature review and extraction of relevant documents (2005).
6. Panel review of literature search results and of edited initial tool (2006).
7. Compilation of panel's feedback and final draft (2006).
8. Final draft review by the panel (2006).
9. Trial of tool at test sites (PENDING).
10. Incorporation of feedback from test sites (PENDING).
11. Release of final document (PENDING).

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The *National Framework for Health Emergency Management* (NFHEM) was prepared by F/P/T Network on Emergency Preparedness and Response with the support of the Centre for Emergency Preparedness and Response (Health Canada / Public Health Agency of Canada) in 2004. Its goal is "*to set principles and elements of a comprehensive integrated framework that will provide a context for leadership and coordination through Federal/Provincial/Territorial emergency management systems in the health and social services sectors*" (F/P/T Network 2004 p.3). This General Readiness Checklist is part of a larger strategy to develop emergency management tools and processes consistent with the NFHEM's principles and provides a means to achieving several of its elements.

**PLAN CHECKLIST**  
**A Template for Healthcare Facilities**

**Name of Healthcare Facility:** \_\_\_\_\_

**Facility**

**Address:** \_\_\_\_\_

**Name and Title of Person(s) Responsible for Completing Form:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Information:**

**Phone:** ( ) \_\_\_\_\_

**Pager:** ( ) \_\_\_\_\_

**Fax:** ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

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## 1. DEFINITIONS

**CBRNE:** A chemical, biological, radiological, nuclear or explosive event.

**Dirty Bomb: A mix of explosives, such as dynamite, with radioactive powder or pellets.** When the dynamite or other explosives are set off, the blast carries radioactive material into the surrounding area. (<http://www.bt.cdc.gov/radiation/dirtybombs.asp>)

**Incident Command System (ICS) or Incident Management System (IMS):** A command and control system used by military, fire fighters and other agencies to manage critical incidents such as large fires or natural disasters.

**Hospital Emergency Incident Command System:** The ICS as adapted to hospitals. This is sometimes abbreviated HEICS.

**Nuclear Incident:** An incident whereby individuals are exposed to or contaminated with nuclear material. Also used to describe the detonation of a nuclear device.

**Radiological Incident:** an incident whereby individuals are exposed to ionizing radiation, not exposed to or contaminated with nuclear material itself.

**Surge Capacity:** The ability to quickly and with little warning, increase the capacity to respond to an incident; in the case of healthcare facilities this refers to increase in capacity to care for patients.

**Internal Disaster:** An event occurring within a facility affecting the ability of the facility to provide care to its usual capacity.

**External Disaster:** An event occurring outside the facility that overwhelms the capacity of the facility to safely care for victims.

**GENERAL FACILITY INFORMATION**

1. What is your average daily inpatient census (averaged over most recent calendar year)?

\_\_\_\_\_

2. Approximately how many people work at your facility?

\_\_\_\_\_

3. What is your licensed, operational, and surge bed capacity? The chart below is provided for your convenience.

\_\_\_\_\_

4. How many times a month does your facility reach 100% of operational capacity (i.e., staffed beds)?

\_\_\_\_\_

### Determination of Bed Resource Capacity for an Internal or External Disaster

<b>Facility Department</b>	<b>Total physical beds (staffed and unstaffed)</b>	<b>Staffed Beds (Operational Capacity)</b>	<b>Negative Pressure Rooms (Beds)</b>	<b>Location of Surge Patient Care Areas</b>	<b>Approximate Surge Capacity* (Estimated maximum number of additional staffed patient care areas created in 6 &amp; 12 hours)</b>
Adult medical & surgical					
Pediatric medical & surgical					
Adult ICU (all units including CCU)					
Step-up/Step-down Units					
Operating Rooms					
Adult Intermediate Care Ward (Progressive Care Unit)					
Pediatric ICU (including NICU)					
Pediatric Intermediate Care Ward (Progressive Care Unit)					
Emergency department beds					
Decontamination Areas					
OB/GYN					
Psychiatry					
Substance Abuse					
Transitional Care (e.g., short-term care facility, rehabilitation)					
<b>Other Departments</b>					

**Person Responsible for Completing Section 2:** \_\_\_\_\_

2. FOUNDATIONAL CONSIDERATIONS						
	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
2.1 Does the facility have a disaster plan?						
2.2 Is there a disaster planning committee (DPC)?						
2.3 If the facility has a DPC, is it multidisciplinary and include administrative members?						
2.4 Does the plan detail actions to be taken for both internal and external disasters?						
2.5 Does the plan detail how it links with the local Emergency Response Agencies?						
2.6 Is the plan widely distributed and readily available throughout the healthcare facility? (Distribution may include hard copies of the plan or an automated method that is readily available to all staff members).						
2.7 Has the facility implemented the Incident Command or Management System facility wide? (for more information, see References)						
2.8 Does your facility's emergency preparedness plan address requesting local, provincial or federal resources for assistance?						
2.9 Does your facility's emergency preparedness plan address increasing operational bed capacity?						
2.10 Does your facility's emergency preparedness plan address processes to increase inpatient treatment capacity within your community?						
2.11 Does your facility's emergency preparedness plan address extending outpatient clinic hours beyond normal scheduled hours?						
2.12 Does your facility's emergency preparedness plan address processes to increase outpatient treatment capacity in your community?						

<b>2. FOUNDATIONAL CONSIDERATIONS... <i>continued</i></b>						
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>U</b>	<b>Required Action(s)</b>	<b>Person(s) Responsible</b>
2.13 Does your facility's emergency preparedness plan address early inpatient discharge protocols to create additional beds?						
2.14 Does your facility's emergency preparedness plan address canceling elective surgeries in order to make additional beds available for use in an emergency?						
2.15 Does your healthcare facility have policies concerning emergency department diversion?						
2.16 Is that plan recognized and accepted by the local EMS service and community hospitals?						
2.17 Can your healthcare facility track expenses incurred during an emergency disaster?						
2.18 Does the plan specify the number and location of isolation or protective environment rooms?						
2.19 Are these locations clearly identified in a document readily available to the disaster coordinator or command team?						
2.20 Are isolation facilities monitored to ensure adequate airflow?						
2.21 Can your healthcare facility track human resource utilization during an emergency (including non-employees: physician, students, volunteers)?						
2.22 Does your facility have an individual(s) responsible for tracking and incorporating information from Federal/Provincial/Territorial and local plans?						

**Person Responsible for Completing Section 3:** \_\_\_\_\_

3. IDENTIFICATION OF AUTHORIZED PERSONNEL	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
	3.1 Is there a process for designating an Incident Commander on a 24/7 basis?					
3.2 Has your healthcare facility designated a Medical Care Director who will be responsible for the facility's medical responses during the time the plan is activated?						
3.3 Have other key position holders who have a role in the Emergency Preparedness Plan been identified? <b>See #7 Incident Command for a guide to an Incident Command structure and References</b>						
3.4 Is a notification system in place that can alert personnel to a potential disaster situation?						
3.5 Does the plan include lines of authority, role responsibilities, and provide for succession?						
3.6 Are those who are expected to implement and use the plan familiar with it?						
3.7 Have job action sheets or role cards been developed for all personnel involved in disaster response?						
3.8 Does the plan designate how people will be identified within the healthcare facility (e.g. staff, outside supporting medical personnel, news media, clergy, visitors)?						
3.9 Does your facility have an on-call nursing policy?						
3.10 Does your facility emergency preparedness plan address expanding staff availability?						
3.11 Can staff gain access to the healthcare facility when called back on duty?						
3.12 Does your healthcare facility participate in multiple facility credentialing procedures to permit rapid recognition of credentialed staff from other healthcare facilities?						

3. IDENTIFICATION OF AUTHORIZED PERSONNEL ... <i>continued</i>	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
	3.13 Is there designation of assembly points to which all personnel report?					
3.14 Do these assembly points differ if staff are involved in patient care or have administrative responsibilities?						
3.15 Is there a back-up point if the disaster renders the primary assembly point unavailable?						

**Person Responsible for Completing Section 4:** \_\_\_\_\_

4. ACTIVATION OF THE DISASTER PLAN		Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
		4.1 Does the plan specify the circumstances under which the plan must be activated?					
4.2 Does the plan stipulate the position holder who has the mandate to <b>activate</b> the plan including nights, weekends, and holidays?							
4.3 Does the plan stipulate the position holder who has the mandate to <b>deactivate</b> the plan including nights, weekends, and holidays?							
4.4 Have activation stages been established and roles outlined with each stage?							
<b>Alert</b>	Disaster situation possible: there is an increased level of preparedness						
<b>Level 1</b>	Disaster situation exists: can be managed by staff and resources currently at the site(s)						
<b>Level 2</b>	Disaster situation exists: facility overwhelmed by resources at the site(s), but can be handled by the staff and resources within or available to the organization						
<b>Level 3</b>	Disaster situation exists: potential to overwhelm resources of one organization. Will need the coordination of staff and resources from more than one organization. How/who do you call for help? Is this established and verified periodically (to cover possibility of staff changes)?						

**Person Responsible for Completing Section 5:** \_\_\_\_\_

5. ALERTING SYSTEM						
	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
5.1 Does the plan provide for activation within 1 hour during normal as well as off hours including weekends and holidays?						
5.2 Does the plan specify how notification within the healthcare facility will be carried out?						
5.3 Does the plan specify the chain of command to notify internal staff and appropriate external personnel (including volunteers) indicating the status of the healthcare facility?						
5.4 Does the plan detail responsibility to initiate a system for calling staff rapidly back to duty?						
5.5 Does the plan provide for alternative systems of notification that considers people, equipment, and procedures?						
5.6 Does the plan provide mechanisms to ration staffing according to their skill levels and availability?						
5.7 Do staff understand their obligation to respond rapidly when the plan is activated?						

**Person Responsible for Completing Section 6:** \_\_\_\_\_

6. RESPONSE	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
	6.1 Has the healthcare facility developed internal disaster plans for internal emergencies?					
6.2 Has the healthcare facility developed internal plans to respond to a disaster?						
6.3 Does this internal plan indicate how the healthcare facility will respond to an abnormally large (greater than >20% of the total beds) influx of patients?						
6.4 Has the healthcare facility developed plans indicating how the facility will be able to supply resources in response to an external disaster?						
6.5 Has the healthcare facility developed plans indicating how the facility will be able to supply personnel in response to an external disaster?						
6.6 Has the healthcare facility identified what types of equipment may be required in a disaster based on risk assessment?						
6.7 Is there an evaluation of current supply and equipment levels that are kept on hand during normal facility operation?						
6.8 Have provisions been made for activating an appropriately constituted team in response to an <u>internal</u> disaster?						
6.9 Have provisions been made for activating an appropriately constituted team in response to an <u>external</u> disaster?						
6.10 Is there a relief plan to replace staff on such a response team (internal and external)?						

<b>6. RESPONSE... <i>continued</i></b>	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
	6.11 Does your healthcare facility participate in multiple facility credentialing procedures to permit rapid recognition of credentialed staff from other healthcare facilities?					
6.12 Does your facility have agreements with appropriate unions for transfer of staff required in an emergency?						
6.13 Does the plan include procedures for assessing qualification of, incorporating, and managing volunteers?						
6.14 Has risk management been involved to develop a process to provide insurance, liability, and safety for volunteers in an emergency?						
6.15 Is there a plan to ensure adequate supplies ( <i>including: food, linens, food, blankets, pillows, patient care items, cots</i> ) are available from local or regional suppliers or that plans are in place to obtain them in a timely manner?						
6.16 Is there a plan to ensure adequate supplies ( <i>as listed in 6.15</i> ) for staff and volunteers as well?						
6.17 Has each department developed standard operating procedures to reflect how the department will provide services on a 24-hour basis? These services may include:						
Administration						
Communications						
Emergency						
Nursing						
Radiology						
Infection Control/Epidemiology						
Infectious Diseases						
Occupational Health and Safety						
Laboratory/Transfusion Medicine						

6. RESPONSE... <i>continued</i>	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
	6.17 Has each department developed standard operating procedures to reflect how the department will provide services on a 24-hour basis? These services may include: ... <i>continued</i>					
Pharmacy						
Critical Care						
Supplies						
Plant Services						
Biomedical Engineering						
Respiratory Therapy						
Security						
Food and Nutrition						
Housekeeping						
Reprocessing of Instruments						
Laundry						
Waste Disposal – Including contaminated Waste						
Social Services						
CISM/Pastoral Care						
Morgue						
Physicians						
Operating Room Services						

<b>6. RESPONSE... <i>continued</i></b>	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
	6.18 In the Emergency Department section of the plan, are the following detailed?					
Is the necessary equipment readily available to the ED Staff?						
Does the ED Staff all know where the equipment is and how to access it?						
Have ED Staff been trained in disaster responsive skills and are they updated regularly?						
Is there adequate backup power available in the event of a power failure?						
Is there a mechanism for simultaneous communications with all persons in casualty receiving areas?						
Is there a method of communication to allow all ED Staff to communicate rapidly?						
Are there standard order sets developed for various defined high-risk events?						
6.19 Is there a procedure in place to collect and protect the evidence that may be required for criminal or other investigations? (e.g. maintaining chain of custody)						
6.19 Have roles and responsibilities of outside agencies been documented and communicated with ED Staff? (e.g law enforcement)						
6.20 Are there provisions for the proper examination, care and disposition of deceased persons?						

<b>6. RESPONSE... <i>continued</i></b>						
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>U</b>	<b>Required Action(s)</b>	<b>Person(s) Responsible</b>
6.21 Are there plans for the following?						
Augmenting morgue facility and staff						
Expanding morgue capacity						
Procedures for decontamination/isolation of human remains						
Backup isolation procedures when morgue capacity is exceeded						
Decontamination of the environment						
Security of the morgue facility						
Accommodating religions and cultural practices around death						
Other - Specify						

**Person Responsible for Completing Section 7:** \_\_\_\_\_

<b>7. HEALTHCARE INCIDENT COMMAND (See References)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>U</b>	<b>Required Action(s)</b>	<b>Responsible</b>
7.1 Does the plan indicate the location of the healthcare facility Emergency Operations (EOC) with preference given to an area away from the Emergency Department?						
7.2 Has an alternate location been established?						
7.3 Have standard operating procedures been developed for the Emergency Operations Centre?						
7.4 Do the procedures for the EOC specify chain of command and communication channels for the key position holders within the EOC? Key position holders should be determined at the initiation of the disaster plan. See Section xx and CEEP document xxx for additional help in determining roles.						
7.5 Is there provision for alternative communication arrangements in the event the facility communication system fails or is overloaded?						
7.6 If the system is a battery driven system, are there back-up batteries available or the ability to recharge batteries?						
7.7 Have special communication networks been established and tested that will maintain communication between the facility and local Emergency Response Agencies?						
7.8 Has an ICS structure been developed to include the following positions:						
Incident Commander						
Information Officer						
Liaison Officer						
Safety and Security Officer						
Medical Officer						
Logistics Chief						
Planning Chief						
Finance Chief						
Operations Chief						
7.9 Has an individual(s) been assigned the task of collection of data to be used for feedback to local, provincial, and federal agencies and internal review in the recovery phase?						

**Person Responsible for Completing Section 8:** \_\_\_\_\_

8. SECURITY						
	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
8.1 Does the facility have the ability to lock down so entry and exit to all parts of the facility can be controlled?						
8.2 If established, has the facility tested their lock down procedure?						
8.3 Have steps been taken to minimize and control points of access and egress in buildings and areas without utilization of lock down procedures?						
8.4 Is there a plan to control access and egress of vehicular traffic?						
8.5 Is there a plan to control movement of people and information within the facility?						
8.6 Have arrangements been made to meet and escort responding emergency service personnel?						
8.7 Does the facility have the ability to communicate with individuals outside the facility in the event that a lock down is initiated?						
8.8 Does the plan designate how people will be identified within the facility? (e.g. facility staff, outside supporting medical personnel, news media, clergy, visitors)						
8.9 Is there a plan for staff to gain access to the healthcare facility when called back on duty?						
8.10 Is there designation of assembly points to which all personnel report to?						
8.11 Is there a secondary assembly point(s) if the primary point(s) is/are compromised?						
8.12 Has an assessment been done to determine the security risks for the facility? (e.g. liquid/gas storage, fuel storage, labs with bio/radiological hazards)						
8.13 Does the facility have a system in place for augmentation of the security force?						

**Person Responsible for Completing Section 9:** \_\_\_\_\_

9. COMMUNICATIONS SYSTEMS						
	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
9.1 Does the plan include provisions in the event that normal systems (e.g telephone, facsimile, cellular phones, and paging) may be overloaded or rendered unserviceable during disasters?						
9.2 Is there provision for alternative communication arrangements in circumstances where the facility communication system fails/overloads (e.g. unlisted numbers, pay phones, walkie-talkie sets, 2-way radios, satellite phones)?						
9.3 Are these alternative methods of communications accessible to disaster responders and planners from outside the facility and do they know how to access them?						
9.4 Is there an organized runner or messenger system as backup for communication system and power failures, which can function both internally and externally?						
9.5 Are schematic area layout maps showing key areas for disaster operations readily available for use?						
9.6 Has the healthcare facility established communication networks with the local Emergency Response Agencies?						

<b>9. COMMUNICATIONS SYSTEMS ...continued</b>	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
	9.7 Has a communication plan been developed in advance for specific events that allow to communicate information to crucial stakeholders including:					
Laboratories						
Fire Services						
Police Services						
EMS						
Media						
Family Members						
Other Local Healthcare Facilities						
Public Health						
Local elected Officials						
9.8 Is there a plan that allows staff to call out in an organized fashion (i.e. rolling call time schedule in wards for the first hours of an event), to allow staff to manage personal issues?						
9.9 Is there a dedicated method (i.e. phone, fax, computer) that can be used to ONLY RECEIVE disaster information regularly?						
9.10 Is there a backup method (for question 9.9)?						
9.11 Is there capacity to respond to high volume of patient inquiries that can be used to provide patient information as required?						

<b>COMMUNICATIONS SYSTEM ... <i>continued</i></b>	<b><u>TELEPHONE #</u></b>	<b><u>PAGER #</u></b>	<b><u>CELLULAR #</u></b>
9.12 Do you have a list of key internal/external personnel and their designates (to include 24-hour contact information)? <i>Sample list of key personnel:</i>			
President/CEO			
Leader on-call			
Leader, Emergency Preparedness			
Leader, Security, Fire & Safety			
Emergency Department, Physician Leader			
Site Leader			
Chief of Professional Practice and Nursing			
Leader Plant Services			
Director of Infection Control/facility Epidemiologist			
Chief of Microbiology/Laboratory Medical Director			
Chief of Medical Staff			
Risk Manager			
Department Chiefs			
Communications			
Information Services			
Security			
Director of Pharmacy			
Critical Incident Stress Management			
Social Services			
Ethics Officer			
Clergy			
Public Health			
Fire Services			
Ambulance and Pre-hospital Services			
Police Services			
Provincial Laboratories			
Local Emergency management agency			

<b>9 COMMUNICATIONS SYSTEM ... <i>continued</i></b>	<b><u>TELEPHONE #</u></b>	<b><u>PAGER #</u></b>	<b><u>CELLULAR #</u></b>
Other Local Healthcare Facilities			
Coroner's Services			
9.12 Do you have a list of key internal personnel and their designates (to include 24-hour contact information)? <i>Sample list of key personnel: ... continued</i>			
Funeral Homes			
Regional Health Authorities			
Provincial Health Authorities (MOH, etc)			
Poison Control			
Ambulance Dispatch/Communications Centre			

**Person Responsible for Completing Section 10:** \_\_\_\_\_

10. INTERNAL TRAFFIC FLOW AND CONTROL:	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
10.1 Have provisions been made for internal traffic flow that allow for <b>staff</b> movement:						
to/from ICU						
to/from OR						
to/from Diagnostics						
to/from wards						
to/from exits						
10.2 Have provisions been made for internal traffic flow that allow for <b>ambulatory</b> patient movement:						
to/from ICU						
to/from OR						
to/from Diagnostics						
to/from wards						
to/from exits						
10.3 Have provisions been made for internal traffic flow that allow for <b>non-ambulatory</b> patient movement:						
to/from ICU						
to/from OR						
to/from Diagnostics						
to/from wards						
to/from exits						
10.4 Have provisions been made for internal traffic flow that allow for <b>external responder</b> movement:						
to/from ICU						
to/from OR						
to/from Diagnostics						
to/from wards						
to/from exits						

<b>10. INTERNAL TRAFFIC FLOW AND CONTROL</b> <i>... continued</i>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>U</b>	<b>Required Action(s)</b>	<b>Person(s) Responsible</b>
10.5 Have provisions been made for internal traffic flow that allow for <b>visitor</b> movement:						
to/from ICU						
to/from OR						
to/from Diagnostics						
to/from wards						
to/from exits						
10.6 Is there proper charting/signage that will direct traffic flow?						
10.7 Is there proper signage to indicate traffic routes?						
10.8 Is there enough signage available for deployment throughout the entire healthcare facility?						

**Person Responsible for Completing Section 11:** \_\_\_\_\_

11. INTERNAL/EXTERNAL TRACKING:	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
	11.1 Is there a process to track movement of <b>patients</b> through the facility via one of:					
Paper tracking with tags						
Bar coding						
Radio Frequency Identification						
Escorts						
Other						
11.2 Is there a process to track movement of <b>staff</b> through the facility via one of:						
Paper tracking with tags						
Bar coding						
Radio Frequency Identification						
Escorts						
Other						
11.3 Is there a process to track movement of <b>visitors</b> through the facility via one of:						
Paper tracking with tags						
Bar coding						
Radio Frequency Identification						
Escorts						
Other						
11.4 Is there a process to track movement of <b>volunteers</b> through the facility via one of:						
Paper tracking with tags						
Bar coding						
Radio Frequency Identification						
Escorts						
Other						

<b>11. INTERNAL/EXTERNAL TRACKING ... <i>continued</i></b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>U</b>	<b>Required Action(s)</b>	<b>Person(s) Responsible</b>
11.5 Is there a process to track movement of <b><u>VIPs</u></b> through the facility via one of:						
Paper tracking with tags						
Bar coding						
Radio Frequency Identification						
Escorts						
Other						
11.6 Is there a process to track movement of <b><u>VIP's Security escort</u></b> through the facility via one of:						
Paper tracking with tags						
Bar coding						
Radio Frequency Identification						
Escorts						
Other						
11.7 Is there a process to track movement of <b><u>Media</u></b> through the facility via one of:						
Paper tracking with tags						
Bar coding						
Radio Frequency Identification						
Escorts						
Other						
11.8 Is there a process to track movement of <b><u>Maintenance personnel</u></b> through the facility via one of:						
Paper tracking with tags						
Bar coding						
Radio Frequency Identification						
Escorts						
Other						
11.9 Is there a process to track patient movement between facilities?						
11.10 Is there a process to track patient movement during evacuation?						

**Person Responsible for Completing Section 12:** \_\_\_\_\_

12. EXTERNAL TRAFFIC FLOW AND CONTROL:	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
12.1 Have arrangements been made for vehicular entrance to and from the facilities entrances/exits?						
12.2 Is there a shuttle system in place to move staff/visitors/and other personnel to and from entrance/exits?						
12.3 Is there an external checkpoint to control all traffic?						
12.4 Have ingress routes been established for the following:						
Emergency vehicles						
Non-emergency essential vehicles						
Preliminary triage stations						
Non-ambulatory patients						
Ambulatory patients requiring treatment						
Individuals not requiring medical intervention						
Family/visitors						
Media						
Onlookers						
Volunteers						
All Staff/clinical personnel						
Other						
12.5 Is there a capacity to divert non-emergency vehicles to alternate distant parking area(s)?						
12.6 Has the facility established how to handle uninterrupted flow of ambulances and other vehicles to casualty sorting areas or emergency room entrances?						
12.7 Is there a process to handle access and egress control of authorized vehicles carrying supplies and equipment to a dock/or other appropriate area?						
12.8 Is there a process to handle authorized vehicle parking?						
12.9 Is there a process to provide direction for authorized personnel and visitors to proper entrances?						
12.10 Is there a process to track patient movement out of the facility (e.g. evacuation, transfer to another facility)?						

**Person Responsible for Completing Section 13:** \_\_\_\_\_

13. VISITOR MANAGEMENT:						
	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
13.1 Is there a policy to limit visitors to the hospital during a disaster?						
13.2 Does the facility have a plan to include mechanism(s) to deal with anticipated increases in visitors and curious onlookers seeking to gain entrance during disasters?						
13.3 Does the facility have a plan to include a visitor reception centre (away from the Emergency Department)?						
13.4 Have the following services been established for patient families/visitors?						
Supportive counseling						
Chaplaincy						
Social services						
Ability to locate patients within the institution						
Ability to locate patients outside the institution						
Security						
Medical care						
13.5 Is there a policy in place regarding disclosure of patient status?						
13.6 Is there a procedure in place to properly identify visitors upon arrival and provide them with 'right to know'?						
13.7 Has a level of patient disclosure been established to provide to family/visitors?						
13.8 Has the facility established a designated spokesperson with responsibility for relaying disclosable information?						

<b>13. VISITOR MANAGEMENT ... <i>continued</i></b>						
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>U</b>	<b>Required Action(s)</b>	<b>Person(s) Responsible</b>
13.9 Does the facility have policies or procedures in place to ensure the following <u>housekeeping</u> issues are being maintained during a disaster? :						
Proper stocking of food						
Proper stocking of hygiene items						
Proper stocking of tissues						
Proper stocking of pillows/mattresses/blankets						
Designated grieving areas						
Designated smoking areas						

**Person Responsible for Completing Section 14:** \_\_\_\_\_

14. MEDIA:						
	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
14.1 Does the facility's plan include a media reception centre geographically distant from patients and visitors and EOC?						
14.2 Is there a designated responsible person for the maintenance of this area?						
14.3 Does the plan include external communication capability for media personnel (cell phone compatible)?						
14.4 Does the plan include the following munitions for media personnel? :						
Security						
Food						
Hygiene						
Seating						
14.5 Does the facility have a plan to designate a separate location identified specifically for press briefings?						
14.6 Has the facility established a designated spokesperson and alternates for information dissemination in the event of a disaster?						
14.7 Does the facility have an information release policy?						
14.8 Will the facility have a briefing cycle plan based on IMS?						
14.9 Have all staff been briefed on the information release policy?						
14.10 Has a coordinated network of spokespeople from responding agencies been established?						
14.11 Has a procedure been established for streaming questions to appropriate spokespeople?						

**Person Responsible for Completing Section 15:** \_\_\_\_\_

15. RECEPTION OF CASUALTIES AND VICTIMS OF NON-CBRN EVENTS (for CBRN events, see CBRNE Plan Checklist)						
	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
15.1 Is there a precise plan of immediate action whereby multiple casualties can be:						
Received						
Identified						
Triage						
Added to patient tracking system/identification system						
Treated in designated treatment areas (emergent, acute, ambulatory, near-deceased, deceased) Admitted or transferred						
Transported as needed						
Released conditionally with follow-up protocol						
15.2 Is there a clearly defined mechanism for notification from the field?						
15.3 Does that system have a backup in case of communications failure?						
15.4 Is there a clearly defined mechanism for the notification to be stood down?						
15.5 Is there a clearly defined mechanism for the facility to receive regular updates from the field regarding further casualties and/or the state of the event scene?						
15.6 When a disaster has been confirmed,, does the plan provide for:						
Clearance of all non-emergency patients and visitors from the Emergency Department						
Cancellation of elective admissions and elective surgeries						
Determination of rapidly available or open beds						
Determination of space that can be converted to patient care areas						

<b>15. RECEPTION OF CASUALTIES AND VICTIMS OF NON-CBRN EVENTS ...continued</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>U</b>	<b>Required Action(s)</b>	<b>Person(s) Responsible</b>
15.7 Do these patient care areas have:						
Beds						
Medical gases						
Suction						
Dedicated staff						
15.84 Does each patient location in the converted areas have a pre-defined unique identifier, which includes:						
Signage						
Patient transport						
Specimen transport						
Medication and supply transport						
Communications plan for the area						
Hygiene facilities						
Monitoring units						
Computer access						
Running water						
Baths/showers						
Toilets						
Food and drink						
Telephone access						
Hand washing						
Waste removal						
Patient privacy						
15.9 Does the plan include determination of patients who can be transferred or discharged early?						
15.10 Does the plan include immediate communication networking with:						
Other healthcare facilities						
Public health						
Home care						
Extended care facilities						

15. RECEPTION OF CASUALTIES AND VICTIMS OF NON-CBRN EVENTS ...continued:	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
15.11 Is the receiving and sorting area accessible and in close proximity to the areas of the facility in which definitive care will be given?						
15.12 Is the reception area equipped with portable auxiliary power for illumination/other electrical equipment, or can power be supplied from facility emergency power circuits?						
15.13 Does the reception area allow for retention, segregation, processing and release of incoming casualties?						
15.14 Are sufficient equipment, supplies, and apparatus available, in an organized manner, to permit prompt and efficient casualty movement?						
15.15 Has provision been made for a large influx of casualties to include such factors as:						
Bed arrangements						
Patient privacy (e.g. curtains)						
Personnel requirements						
Extra resources (such as interpretive services, linen, pharmaceutical needs, dressings, etc)						
Access to supplemental oxygen						
Access to suction						
Access to monitoring units						
Computer access						
Running water						
Baths/showers						
Toilets						
Food and drink						
Telephone access						
Hand washing/hygiene areas						
Waste removal						

<b>15. RECEPTION OF CASUALTIES AND VICTIMS OF NON-CBRN EVENTS ...continued:</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>U</b>	<b>Required Action(s)</b>	<b>Person(s) Responsible</b>
15.16 Is the Health Records department organized to handle an influx of casualties?						
15.17 Is the Admission department organized to handle an influx of casualties?						
15.18 Can your facility's computer process orders for patients not residing in traditional patient care areas?						
15.19 Is there a system for retention and safe-keeping of personal items removed from casualties?						
15.20 Is there a system for chain of custody for all personal belongings?						
15.21 Is there a system for containment/disposal of personal items removed from casualties, if required?						
15.22 Does your facility have a memorandum of agreement (MOA) with nearby extended care facilities (ECF) or rehabilitation facilities to accept patients during a declared disaster that can be discharged early from the affected facility, but still require nursing care?						
15.23 Does your facility have a memorandum of agreement (MOA) with outlying healthcare facilities to accept inpatients during a declared disaster?						
15.24 Are procedures established for the orderly disposition of patients to their homes, if applicable?						
15.25 Does your facility have an agreement with an Ambulance Service or medical transfer service which can transfer patients noted above out of the facility in a safe manner?						

**Person Responsible for Completing Section 16:** \_\_\_\_\_

16. RELOCATION OF PATIENTS AND STAFF:						
	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
16.1 Have satellite locations been pre-determined and confirmed for patients?						
16.2 Have satellite locations been pre-determined and confirmed for Staff?						
16.3 Have evacuation routes been pre-determined for patients?						
16.4 Have evacuation routes been pre-determined for Staff?						
16.5 Have transportation requirements been pre-designated for the movement of people? Has it been confirmed that these resources will not have another allocation during a disaster?						
16.6 Have transportation resources been identified for patients that must be moved in facility beds, on ventilators, and connected to specialized equipment? Has it been confirmed that these resources will not have another allocation during a disaster?						
16.7 Have provision been made for the movement of patient's records and documents?						
16.8 Is there a sequence built into the plan designating priority of patients, and associated personnel (including Professional Staff), when moving to specific locations?						
16.9 In relation to question 16.8, do you have a means to communicate these plans with patients and staff?						
16.10 Has provision been made for immediate refuge, care, and comfort for the patients and staff on or near the facility grounds during inclement and winter weather?						

**Person Responsible for Completing Section 17:** \_\_\_\_\_

17. FACILITY EVACUATION (EXTERNAL):						
	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
17.1 Is there an organized discharge routine to handle large numbers of patients upon short notice?						
17.2 Is there a process to manage the medical record of evacuated patients?						
17.3 Is there an individual (or position) identified to be responsible for the flow and control of patient records and documents for evacuated patients?						
17.4 Have agreements been made with other healthcare facilities for the relocation of patients should the facility be unable to support patient care?						
17.5 Have agreements been made with Ambulance Services and/or medical transfer services for the safe transfer of these patients?						

**Person Responsible for Completing Section 18:** \_\_\_\_\_

18. FACILITY OUT OF COMMUNICATION OR CUT OFF FROM RESOURCES:						
	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
18.1 In the event the healthcare facility is completely out of communication or cut off from resources, has the plan assigned position holders responsible for the following:						
Auxiliary power						
Management of food and water						
Waste and garbage disposal						
Rest and rotation of staff						
Management of medication and supplies						
Laundry						
Staff and patient support/counseling						
18.2 Has consideration been given to utilization of patients and visitors to assist staff with duties?						
18.3 Does the facility have a plan for the deployment of volunteers (including patients/visitors)?						

**Person Responsible for Completing Section 19:** \_\_\_\_\_

19. EQUIPMENT, SUPPLIES, & PHARMACEUTICALS	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
	19.1 Does the facility have a means of real-time inventory and tracking of the following:					
Ventilators (adult)						
Ventilators (pediatric)						
Ventilators (neonate)						
IV pumps						
IV poles						
Suction Machines						
Beds						
Stretchers						
Wheelchairs						
Bodybags						
19.2 What quantity (in days) of critical supplies are kept on-hand in the facility, including:						
Medications:						
Antibimicrobial Agents						
Cardiac Medications						
Insulin						
Anti-hypertensive Agents						
IV fluids						
Medical-surgical administration supplies						
Linen						
Food (patients/staff)						
Hand hygiene measures/gloves						
Physical plant supplies (including oil, gas,water)						
Medical gases						
19.3 Are local suppliers of medications identified (including location of Pharmacies)?						
19.4 Are there 24-hour contact numbers for these supplies?						
19.5 Are local suppliers of linen identified?						
19.6 Are there 24-hour contact numbers for these suppliers?						

<b>19. EQUIPMENT, SUPPLIES, &amp; PHARMACEUTICALS ...</b> <i>continued</i>	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
19.7 Is there a plan to access additional ventilators, including:						
Mobilizing ventilators from long-term care facilities/rehab clinics						
Other acute care facilities regionally						
19.8 Is there a plan to access additional supplies of pharmaceuticals, including a regional plan?						
19.9 Has consideration been given to the allocation of scarce resources in the event that demand outstrips supply? (see references)						
19.10 Does your facility have a policy in place for decision-making around allocation of scarce resources including who will be involved in the decision-making?						

**Person Responsible for Completing Section 20:** \_\_\_\_\_

<b>20. DIAGNOSTIC CAPABILITIES:</b>						
	<b>Yes</b> (If Yes, please include %)	<b>No</b>	<b>N/A</b>	<b>U</b>	<b>Required Action(s)</b>	<b>Person(s) Responsible</b>
20.1 Do you know what percent of laboratory specimens are analyzed in-house?						
20.2 Do you know what percent of laboratory specimens are sent for analysis to public health facilities?						
20.3 Do you know what percent of laboratory specimens are analyzed by private contracted laboratories?						
20.4 Has your facility identified alternative laboratories in the event your internal laboratories are contaminated/inundated?						
20.5 Has your facility identified alternative laboratories in the event your external laboratories are contaminated/inundated?						
20.6 Does your facility have procedures/protocols in place for handling unusually high volumes of lab specimens including:						
Acquisition of suspect lab specimens?						
Handling and tracking of suspect lab specimens?						
Transportation of suspect lab specimens?						
20.7 Are the telephone numbers for Public Health posted in your Laboratories?						
20.8 Are the telephone numbers for Public Health posted in your Emergency Department?						

**Person Responsible for Completing Section 21:** \_\_\_\_\_

21. INFORMATION TECHNOLOGY:						
	Yes	No	N/A	U	Required Action(s)	Person(s) Responsible
21.1 Do you have information management systems that can rapidly provide the following:						
Inpatient staffing levels						
Facility bed availability						
Diversion status of other healthcare facilities in the area or region						
Bed availability of other facilities in the area or region						
21.2 Are there systems readily adaptable to function in a mass casualty situation?						
21.3 Are there effective downtime procedures in place for all patient care systems?						

**Person Responsible for Completing Section 22:** \_\_\_\_\_

<b>22. CRITICAL INCIDENT STRESS MANAGEMENT:</b>						
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>U</b>	<b>Required Action(s)</b>	<b>Person(s) Responsible</b>
22.1 Does your facility's training program include preparation for the emotional and mental health impacts for the following categories of individuals:						
Staff/Volunteers/Physicians						
Patients/Residents						
Family Members						
22.2 Does your facility have an internal messaging/'rumour control' procedure to ensure timely communication of information to internal stakeholders (e.g. patients, staff)?						
22.3 Does your facility have a Critical Incident Stress Management Team or access to CISM capability?						
22.4 Does your facility's emergency preparedness plan address provision of the following services if staff had to return to work during a community disaster?						
Day (night) care for their children						
Day (night) care for their dependent adults						
Day (night) care for their pets						
Sleeping quarters						
Accommodations for staff on quarantine						
Nourishment						
Distribution of medications/prophylaxis						

**Person Responsible for Completing Section 23:** \_\_\_\_\_

<b>23. POST DISASTER RECOVERY:</b>	Yes	No	N/A	U	<b>Required Action(s)</b>	<b>Person(s) Responsible</b>
	23.1 Does the plan designate who will be in charge of recovery operations?					
23.2 Does the plan include a declaration of initiation and termination of recovery efforts?						
23.3 Does the plan make provision for the following during recovery?						
Documentation						
Financial matters						
Inventory and re-supply						
Record preservation						
Cleanup						
Hazard removal and cleanup						
Salvage						
Garbage and waste disposal						
Utility and equipment servicing						
Physical plant restoration and renovation						
23.4 Does the plan address the following programs?						
Critical Incident Stress Management (CISM) Program						
Employee Assistance Program						
Group/Individual Counseling services						
Family Support Program						
Leaves of Absence						

**Person Responsible for Completing Section 24:** \_\_\_\_\_

<b>24. EDUCATION AND TRAINING:</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>U</b>	<b>Required Action(s)</b>	<b>Person(s) Responsible</b>
24.1 Does the plan specify who is responsible for the training program?						
24.2 Does the plan include methods for initial and ongoing training for new and altered roles?						
24.3 Do the facility's departments have department-specific mandatory disaster training programs?						
24.4 Has the facility considered adapting disaster procedures for application when dealing with routine procedures so personnel can become familiar with them?						
24.5 Does the program provide disaster education material at staff orientation to facilitate staff awareness?						
24.6 Does the program provide ongoing disaster education to facilitate staff awareness and currency of procedures?						
24.7 Does the program have joint training sessions with external organizations that deal with common aspects of disaster response?						
24.8 Does the plan include cooperative training with the local EMS system regarding patient transfer from the pre-hospital to in-hospital setting?						
24.9 Does the facility's safety program conduct a regularly scheduled annual exercise as part of their ongoing disaster management program?						
24.10 If answer to question 24.8 is Yes, is this exercise a:						
Paper drill						
Table top exercise						
Full facility exercise with simulated patients						
Community-wide exercise ( <i>Circle answer</i> )						
24.11 Does the exercise ensure all key participants are familiar with the contents of the plan?						
24.12 Are specific aspects of the plan tested?						
24.13 Is a formal critique performed with results distributed to all key individuals and participating groups?						

## **REFERENCES**

- 1) OSHA BEST PRACTICES For HOSPITAL-BASED FIRST RECEIVERS OF VICTIMS From Mass Casualty Incidents Involving The Release Of Hazardous Substances - January 2005  
[http://www.osha.gov/dts/osta/bestpractices/html/hospital\\_firstreceivers.html](http://www.osha.gov/dts/osta/bestpractices/html/hospital_firstreceivers.html) Accessed 21/1/06
- 2) Centers for Disease Control and Prevention. Local Public Health Preparedness and Response Capacity Inventory. December 2002; Version 1.1: Focus Area A: Preparedness Planning and Readiness Assessment, Part I: Strategic Direction, Assessment, and Coordination
- 3) Bioterrorism and Other Public Health Emergencies - Tools and Models for Planning and Preparedness Evaluation of Hospital Disaster Drills: A Module-Based Approach Prepared for: Agency for Healthcare Research and Quality U.S. Department of Health and Human Services 540 Gaither Rd. Rockville, MD 20850 [www.ahrq.gov](http://www.ahrq.gov)  
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- 4) Auf der Heide, 2002; Barbera and Macintyre, 2003; Vogt, 2002; Okumura et al., 1996. as referenced in OSHA BEST PRACTICES For HOSPITAL-BASED FIRST RECEIVERS OF VICTIMS From Mass Casualty Incidents Involving The Release Of Hazardous Substances - January 2005  
<[http://www.osha.gov/dts/osta/bestpractices/html/hospital\\_firstreceivers.html#appa10](http://www.osha.gov/dts/osta/bestpractices/html/hospital_firstreceivers.html#appa10)> Accessed 21/1/06)
- 5) Bioterrorism Emergency Planning and Preparedness Questionnaire for Healthcare Facilities, developed by Booz-Allen & Hamilton under US Department of health and Human Services Agency for Healthcare Research and Quality Contract No. 290-00-0019 ("Understanding Needs for Health System Preparedness and Capacity")  
<<http://www.ahrq.gov/about/cpcr/bioterr.pdf>> (accessed 14/3/06)
- 6) Mass Casualty Disaster Plan Checklist: a Template for Healthcare Facilities. American Practitioners in Infection Control. <http://www.apic.org/bioterror/checklist.doc>

## **AUTHORS/SIGNIFICANT CONTRIBUTORS TO THIS DOCUMENT**

Daniel Kollek M.D., C.C.F.P. (E.M.)<sup>1</sup>  
Brian Schwartz M.D., C.C.F.P. (E.M.), F.C.F.P.<sup>2</sup>  
Daniel Cass M.D., F.R.C.P.C.<sup>3</sup>  
Bonnie Henry M.D., M.P.H., F.R.C.P.C.<sup>4</sup>;  
Eva Frances Gudgin Dickson B.Sc.Hon., Ph.D.<sup>5</sup>  
John Lindsay MCP<sup>6</sup>  
Karen Wanger M.D.C.M., F.R.C.P.C., F.A.C.E.P.<sup>7</sup>  
Ken Close<sup>8</sup>  
H. Roslyn Devlin, MHSc, MD, FRCP<sup>9</sup>

<sup>1</sup>Chief, Kitchener Waterloo Emergency Departments; Associate Professor - Emergency Medicine, McMaster University; Executive Director - Centre for Excellence in Emergency Preparedness.

<sup>2</sup>Director, Sunnybrook-Osler Centre for Prehospital Care; Assistant Professor – Division of Emergency Medicine, University of Toronto; Scientific Advisor, Emergency Management Unit, Ontario Ministry of Health and Long Term Care; Director – Centre for Excellence in Emergency Preparedness.

<sup>3</sup>Chief, Emergency Medicine, St. Michael's Hospital; Assistant Professor, Division of Emergency Medicine – University of Toronto; Director – Centre for Excellence in Emergency Preparedness.

<sup>4</sup>Physician Epidemiologist, British Columbia Centre for Disease Control; Assistant Professor – Department of Health Care and Epidemiology, University of British Columbia; Director – Centre for Excellence in Emergency Preparedness.

<sup>5</sup>Adjunct Associate Professor – Department of Chemistry and Chemical Engineering and Defence Scientist.

<sup>6</sup>Disaster Management Specialist, Manitoba Health; Assistant Professor and Chair – Department of Applied Disaster and Emergency Studies.

<sup>7</sup>Medical Director, Lower Mainland Region, British Columbia Ambulance Service; Clinical Associate Professor – Faculty of Medicine, University of British Columbia.

<sup>8</sup>Program Consultant – Ministry of Health and Long Term Care – Emergency Management.

<sup>9</sup>Medical Director, Microbiology Laboratory and Infection Prevention and Control St. Michael's Hospital, Toronto