

1. Please select the Healthcare Coalition in which your facility is located:

- Mountain Area Healthcare Preparedness Coalition (MAHPC)
- Triad Healthcare Preparedness Coalition (WFU Baptist/Moses Cone)
- Metrolina Healthcare Preparedness Coalition (Carolinas Medical Center)
- Duke Healthcare Preparedness Coalition (Duke University Hospital)
- Mid Carolina Regional Healthcare Coalition (UNC Healthcare)
- Capital RAC (WAKEMED)
- Eastern Healthcare Preparedness Coalition (Vidant Medical Center)
- Southeastern Healthcare Preparedness Region (New Hanover Regional)

2. Facility Name

Facility Street Address 1

Facility Street Address 2

City

State

Zip Code

3. Contact Person for infrastructure assessment questions

Name

Email Address

Phone number

4. Please identify your facility type

- Assisted living/personal care home
- Behavioral Health in-patient
- Critical Access Hospital
- Hospital (with ED)
- Freestanding Emergency Room
- Inpatient Hospice
- Long-term Acute Care

Other (please specify)

5. Identify your Primary Essential Functions (select all that apply)

- Burn
- Critical Care Beds
- Decontamination
- Diagnostic Procedures
- Emergency Department
- Inpatient Beds
- Isolation
- Laboratory Services
- Negative Pressure
- OB
- Operating Room
- Orthopedic
- Pediatrics
- Pharmacy
- PT/OT
- Radiology
- Respiratory Therapy
- Nursery/Special Care nursery
- Trauma Center

Power

6. Is your facility on your power provider's priority restoration list?

- Yes
 No

7. Does your facility have a backup generator on your premises that can power your mission essential functions?

- Yes
 No

8. How long will the generator maintain essential functions with the fuel supply that is **currently on hand**?

- 12 hours
 24 hours
 36 hours
 48 hours
 72 hours
 96+ hours

9. How often do you test the generator(s)?

- Weekly
 Every other week
 Monthly

10. Does your facility have a fuel vendor?

- Yes
 No

11. Have you registered for the Emergency Power Facility Assessment Tool (EPFAT)?

Registration website: <http://epfat.swf.usace.army.mil/>

Yes

No

12. Do you have an automatic transfer switch for switching from grid power to generator power?

Yes

No

13. Does your facility have a dual power feed?

Yes

No

Water

14. Does your facility have a redundant water source?

- Yes
- No

15. Does your facility utilize a certified well?

- Yes
- No
- N/A

16. Is your facility on your water company's priority restoration list?

- Yes
- No

17. Does your facility have an MOU/MOA with an outside water source? (i.e. private sector partners, fire department, etc.)

- Yes
- No

18. If yes, with whom?

19. How long can you maintain both hydration and hygiene for both patients and visitors during water loss?

- Less than 8 hours
- 8 hours
- 12 hours
- More than 12 hours

20. How long can you maintain your HVAC system during water loss?

- Less than 8 hours
- 8 hours
- 12 hours
- More than 12 hours

21. How much water would your facility require to maintain critical functions for 96 hours?

Healthcare Workforce

22. Do you have adequate essential personnel to maintain critical functions?

Yes

No

23. How many employees can your facility shelter at one time (consider space, food, water, etc.)?

Information Technology

24. Where are the servers and other telecommunications systems located within your facility?

- On-site
- Off-site
- Both

25. Are critical databases (e.g. EMRs) backed up offsite?

- Yes
- No

26. Is this offsite backup housed outside of the impacted area(s) as identified in your HVA?

- Yes
- No

27. Does your facility use EMRs?

- Yes
- No

28. If so, which program do you use? Select all that apply:

- Epic
- McKesson
- Canopy
- Cerner
- Meditech
- Allscripts

Other (please specify)

29. Can your EMR system be accessed remotely?

Yes

No

30. Does your facility maintain a downtime plan or a manual workaround strategy in the event that your EMR system(s) is not accessible?

Yes

No

31. Has this plan been tested?

Yes

No

Communications

32. Does your facility have the following plans or tools? Select all that apply.

- _ Joint Information Center (JIC) Plan
- _ Provisions for those with limited English proficiency or sensory impairment
- _ Social Media
- _ Point-of-Contact Call Down List
- _ Mass notification tool

33. Does your facility maintain an information sharing plan?

- Yes
- No

34. Has this plan been tested?

- Yes
- No
- N/A

35. Please select which mobile devices your facility has access to from the list below. Select all that apply.

- Cell phones
- HAM radio
- Satellite Phones
- Remote email access
- VIPER radio
- Non-VIPER 800mHZ system
- Intra-facility radio system
- Telephone (landline, POTS)
- Voice over IP (VOIP)
- North Carolina Medical Communications Network (NCMCN)

Fatality Management

36. Does your facility have a morgue?

- Yes
- No

37. If so, how many bodies can your morgue hold?

38. Does your morgue have space for surge capacity?

- Yes
- No
- N/A

39. Does your facility have a method of storing bodies during a Mass Fatality Event?

- Yes
- No

40. Does your facility have a body storage plan for a Mass Fatality Event?

- Yes
- No

41. Does your facility have a plan for storing highly infectious remains?

- Yes
- No

42. How many body bags does your facility keep on hand?

43. Please list any MOUs that your facility has in place:

Patient Decontamination

44. Do you have the ability to decontaminate a minimum of 1 patient within 15 minutes of notification?

- Yes
 No

45. How many personnel are trained in this function?

- 0 – 5
 6 – 10
 11 – 15
 16 – 20
 20+

46. Have these staff members received training or competency checks within the last year?

- Yes
 No

47. Has your facility undergone First Receiver Decontamination Training?

- Yes
 No

48. If so, was this training via the North Carolina Hospital First Receiver Decontamination program or via internal methods?

- NC Hospital First Receiver
 Internal training program
 Both
 N/A
 Other (please specify)

49. Are you interested in attending North Carolina Hospital First Receiver Decontamination Training?

Yes

No

50. Do you have the appropriate type of PPE per your HVA guidance?

Yes

No

51. How many PAPRs does your facility currently have?

52. Has your equipment been checked within the last year to see if it's still serviceable and within expiration?

Yes

No

53. Do you have a decon instructor who has received this most recent version of decon training?

Yes

No

54. Do you have a dedicated decon shower?

Yes

No

55. Is this shower fixed within the facility, or portable?

Fixed

Portable

Both

N/A

56. Do you have a decontamination tent?

Yes

No

57. Does your facility have a reservoir tank for storing decontamination runoff?

- Yes
- No

58. If so, do you have an MOU with an outside agency or vendor to empty the waste content?

- Yes
- No
- N/A

59. Do you have radiation monitors?

- Yes
- No

60. Are these monitors portable/handheld or fixed?

- Portable (handheld)
- Portable (portal-type)
- Fixed
- N/A

61. If these devices are handheld, what kind does your facility have?

- Ludlum
- Pancake
- N/A

62. If applicable, has staff been trained in the use of these handheld radiation monitors?

- Yes
- No
- N/A

63. If applicable, have the handheld radiation monitors been calibrated in the past year?

- Yes
- No
- N/A

Patient Transport

64. Which transport providers do you have contracts with for patient transport?

65. Do you have a MOU/MOA with other transportation sources (i.e. school system, local or regional transportation systems)?

Yes

No

66. If so, please list your MOUs/MOAs below:

67. Does your facility have transport capabilities? (Consider ambulances, vans, buses, etc.)

Yes

No

68. Please list your vehicle types below: (Once again considering vehicles such as vans, ambulances, and buses, etc.)

Patient Placement

69. What is your facility's maximum capacity?

70. What is your facilities average daily census?

71. Does your facility have an alternate facility plan?

- Yes
- No

72. If applicable, what alternate facilities do you use during diversion?

Facility 1	<input type="text"/>
Facility 2	<input type="text"/>
Facility 3	<input type="text"/>
Facility 4	<input type="text"/>
Facility 5	<input type="text"/>

73. If your facility offers a specialty service (i.e. burn unit, trauma unit, long term care), do you have an alternate facility that will accept these patients?

- Yes
- No

74. If so, does your facility have agreements in place with these alternate facilities?

- Yes
- No
- N/A

75. Does your facility have a unified bed management system?

Yes

No

76. Does your facility utilize NC SMARTT?

Yes

No

77. If so, who updates the NC SMARTT system daily?

78. Does your emergency operations center (EOC) have access to NC SMARTT?

Yes

No

N/A

79. Does your EOC have access to Healthcare WebEOC?

Yes

No

Highly Pathogenic Infection

80. Does your facility maintain a Highly Pathogenic Infection plan?

- Yes
 No

81. Does this plan involve community partners?

- Yes
 No
 N/A

82. Are the amounts of PPE available at your facility adequate for this plan?

- Yes
 No
 N/A

83. Does your facility possess adequate numbers of trained personnel necessary to support this plan?

- Yes
 No
 N/A

84. Has this plan been exercised?

- Yes
 No
 N/A

85. Does your facility maintain or have access to a cache of pharmaceuticals beyond the Strategic National Stockpile?

- Yes
 No

