



Indian Health Service
California Area Office
650 Capitol Mall – Suite 7-100
Sacramento, California 95814
916-930-3927

Dear Program Director:

The purpose of this letter is to request your assistance in collecting information regarding the level of disaster preparedness for the tribal and urban Indian health programs in California. Since the attack on the World Trade Center and other national and international incidents, it has become very clear that Americans are vulnerable to attack by terrorists. Although there is no sure way to guarantee protection, planning for an effective response to terrorism and other disasters does have the potential of saving many lives.

In December 2001, President Bush signed a law that appropriated \$1.1 billion to the Department of Health and Human Services for distribution to state and large municipal jurisdictions to enhance their ability to respond to a bioterrorism incident. A portion of the \$1.1 billion appropriation is intended to go to ambulatory clinics to assist them in strengthening their bioterrorism response potential. A clinic assessment must be completed prior to any distribution of funds. The California Area Indian Health Service (CAIHS) is interested in supporting the tribal and urban Indian Health programs' ability to secure a portion of this funding from the State of California. In addition, we want to provide technical assistance and training in the areas that are most needed by the health programs.

WHY IS YOUR PARTICIPATION IN THE CLINIC ASSESSMENT IMPORTANT?

- This information will be used to plan for a regional response to bioterrorism and other outbreaks of infectious and chemically induced diseases. Should a large amount of victims overwhelm the healthcare system's capacity and resources, responding to the event as a region will be essential. Regional planning and preparedness will enhance the ability of the local healthcare system to respond to such an event.
- Hospitals, clinics and healthcare providers may be provided training programs, planning protocols, response equipment or other resources to enhance your ability to respond.
- The provision of those resources will help your clinic establish protocols and plans to respond to biological and chemical terrorism, and may also assist you in planning for the more common outbreaks of infectious disease including influenza. The enhancement of your clinic's emergency management plan (or disaster plan) and response resources will be a valuable asset should a response be necessary.
- Many organizations and entities are conducting surveys across the state and the nation and you may be feeling inundated with requests to complete multiple assessments. **This survey is very similar to the California State Hospital Bioterrorism Preparedness Planning Committee survey. If you have filled out that survey already, please photocopy it and send it to us as a substitute.**
-

Page 2 - Disaster Planning Assessment

Clinics will not be "graded" or measured on their preparedness so answering the assessment questions honestly to reflect your current state of preparedness or lack thereof is critical to the development of a realistic and effective implementation plan. Please assist the CAIHS by providing an accurate picture of your facility.

If you have any questions regarding this clinic assessment, please contact Dr. Dave Sprenger at (916) 930-3981, extension 321. You may also reach Dr. Sprenger via email at david.sprenger@mail.ihs.gov.

Sincerely yours,

Stephen J. Mader, MD
Chief Medical Officer

Enclosure

INSTRUCTIONS

FACILITY SURVEY COORDINATOR CHECKLIST

- o We ask that each health program assign a survey coordinator to facilitate this important task.
- o
- o The survey coordinator's role is to:
 - o Communicate within the facility and to appropriate departments, including administration, the reasons and rationale for the survey and the timelines and deadlines. This will help expedite the survey completion.
 - o Oversee the completion of the survey.
 - o Read and refer to the glossary for definitions of terms as this may assist you in answering the questions.
 - o Act as a resource person to the departments/persons completing the appropriate section of the survey.
 - o Ensure that timelines and deadlines for completion of the survey are met.
 - o Act as a resource for the departments/persons completing each section.
- o Conducting the survey:
 - o Read the entire survey document including the introduction, survey questions and glossary.
 - o **ALL** questions must be answered with 'yes' (Y), 'no' (N), 'don't know' (DK) or 'not applicable' (NA) 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!
 - o Follow up regularly with the departments/persons completing the survey to ensure timely and accurate completion.
 - o Collect the responses for all the sections of the survey
 - Verify answers are present for all questions
 - Check for overall consistency of the answers.

TIMELINE FOR ASSESSMENT COMPLETION

- o Assessment responses should be mailed, faxed or sent as an email attachment to:

Dr. Dave Sprenger
California Area Indian Health Service
650 Capitol Mall, Suite 7-100
Sacramento, CA 95814
Email: david.sprenger@mail.ihs.gov
Fax: (916) 930-3952

Please send all responses by February 7th.
Thank you for your cooperation!

CLINIC DEMOGRAPHICS

Clinic Name: _____

Street Address: _____

City: _____ *Zip Code:* _____ *County:* _____

Telephone Number: _____

Fax: _____

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: _____

Average Annual Patient Encounter Volume for all sites combined including parent clinic and satellites that is projected for 2002-2003:

- 1 - 19,999
- 20,000 - 49,999
- 50,000 - 99,999
- over 100,000

CLINIC DEMOGRAPHICS

For Clinic Corporations with multiple locations:

Total Number of Clinics _____

Number of Full Time Satellite Clinics _____

Number of Part Time Satellite Clinics _____

Zip Codes of Full Time Satellite Clinic Locations:

(Please list a zip code more than once if you have more than one clinic in it)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Zip Codes of Part Time Clinic Locations:

(Please list a zip code more than once if you have more than one clinic in it)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Services Offered *(check all that apply):*

- General Medical
- Family Planning
- Preventative Health
- Substance Abuse
- Rehabilitation
- Mental Health
- Other Services: _____

FACILITIES, EQUIPMENT, AND SUPPLIES

Please answer the following questions with respect to the facilities, equipment and supplies.

	Main Clinic			Satellite Clinics					
				Full Time			Part Time		
	Y	N	DK	Y	N	DK	Y	N	DK
26. Does your facility have provisions for patient or staff decontamination?									
27. Does the clinic have any personal protective equipment, such as a protective suits or kits?									
28. Does the clinic have provisions for obtaining emergency or back up supplies from vendors, hospitals, county or any other alternative source?									
29. Does your clinic have emergency or back up power?									
30. Does your clinic disaster plan address the clinic as a primary site that chemically or biologically contaminated patients may come to in an emergency?									
31. Does your facility have a cache of antibiotics to provide for mass prophylaxis for anthrax?									
32. How many patients can your clinic provide mass prophylaxis for anthrax for three days?									
33. How many miles is your clinic from the nearest emergency department? (In average miles if there are multiple sites in each category)	_____			_____			_____		

STAFFING

	Main Clinic	Satellite Clinics	
		Full Time	Part Time
58. For the entire clinic system in your corporation, please give the number of full time equivalents (FTEs) of staff for the following categories:			
MD	_____	_____	_____
PA			
DO	_____	_____	_____
FNP	_____	_____	_____
RN	_____	_____	_____
LVN	_____	_____	_____
Medical Technician	_____	_____	_____
Support Personnel	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____

STAFFING

Biological Agent - Living organisms or the materials derived from them that cause disease in or harm to humans, animals, or plants, or cause deterioration of material. Biological agents may be dispersed as liquid droplets, aerosols, or dry powders.

Bioterrorism - The systematic use of terrorist practices using biological agents as weapons of coercion.

Decontamination Team - Personnel identified to operate decontamination facilities and equipment and monitor the results. The personnel will have specific training and knowledge in the decontamination facilities and equipment to be used.

Emergency Management Plan (EMP)- The EMP 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.

Emergency Response Team - The personnel identified, or positions designated, to perform specific duties and functions in managing an emergency condition. For example, the personnel assigned to a command structure, like an Incident Command Structure ("ICS"), would be the emergency response team. For the purposes of this survey, the Emergency Response Team is not the local police or fire department first responders but personnel inside the clinic assigned the duties and responsibilities for managing an emergency situation.

Hazard Vulnerability Analysis - A tool used to determine the probability, risk, and preparedness of an organization to a natural or manmade crisis. The results determine the priorities for organizational focus and resources for emergency planning.

HEPA - The HEPA acronym is from "High Efficiency Particulate Air" filter. A HEPA filter is normally defined as a high efficiency filter with pleated glass-fiber filter medium, which has a minimum efficiency of 99.97% to a normally dispersed 0.3um test aerosol.

National Disaster Management (Medical) System - A cooperative asset-sharing program among Federal government agencies, state and local governments, and the private businesses and civilian volunteers to ensure resources are available to provide medical services following a disaster that overwhelms the local health care resources.

N 95 Mask (Respirator) - A particulate respirator that is designed to protect the wearer from oil-free dusts, fumes, and mists at a minimum of 95% efficiency. This results in a reduced risk of inhalation of airborne pathogens.

Personal Protective Equipment ("PPE") - In this context, PPE refers to devices worn by personnel to protect them from biological, chemical, or physical hazards.

Regional Trauma Advisory Council - An organization intended to facilitate the development, implementation and operation of a comprehensive regional trauma care system based on accepted standards of care to decrease morbidity and mortality from traumatic injuries.

STAFFING

California Health Alert Network - An Internet secure system for sending out public health alerts and receiving reportable diseases to and from local, regional, and state public health officials, healthcare organizations, and law enforcement agencies.

State Strategic Committee on Terrorism (SSCOT) - provides advice to the OES management during validated terrorist threats of actual incidents.

State Threat Assessment Committee (S-TAC) - provides real-time threat assessments and conveys findings to the Governor, state constitutional officers and legislative leaders.

Bioterrorism Surveillance and Epidemiologic Response Team (BSERT) - serves as the state's core epidemiologic rapid response team.