**Hospital Survey Part A: Surge**

[Introductory statement that includes description of the incident.]

A1. How many beds are in your hospital? ____

A2. How many beds are in your ED? ____

A3. What is the average number of patients seen in your ED daily? ____

I’m going to ask you some questions about patients that presented to your ED because of the incident. I will ask you about the number of patients within 24 hours of the incident and the total number of patients since the incident occurred up to today. Fill out the table provided below. Insert part a into the [timeframe] and write down the respondent’s answer. Then repeat the question, inserting part b into the [timeframe]. For example, for A4, you will first ask “How many patients presented to your ED within 24 hours after the incident?” for part a. You would then ask “How many patients presented to your ED total, since the incident?” for part b before continuing to A5.

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>a. within 24 hours after the incident?</th>
<th>b. total, since the incident? This will be the total number from when the incident occurred to the present.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4.</td>
<td>How many patients presented to your ED [timeframe]</td>
<td></td>
</tr>
<tr>
<td>A5.</td>
<td>How many asymptomatic patients requested evaluation [timeframe]</td>
<td></td>
</tr>
<tr>
<td>A6.</td>
<td>How many patients were admitted to the hospital from the ED [timeframe]</td>
<td></td>
</tr>
<tr>
<td>A7.</td>
<td>How many patients left the ED without being seen [timeframe]</td>
<td></td>
</tr>
</tbody>
</table>

A8. Are you still seeing patients because of this incident?
☐ Yes
☐ No ➔ Go to next part

A9. Are you still admitting patients?
☐ Yes
☐ No
**Hospital Survey Part B: Response**

**B1.** How did your hospital first learn about the [description of emergency chemical release] on [date of release]?
- [ ] media
- [ ] on-scene commander or first responders on scene
- [ ] 911 call center
- [ ] ambulance en route to hospital with patient(s)
- [ ] patient self-presenting at hospital
- [ ] first arriving ambulance/casualty
- [ ] other (Please specify): ________________________________________________

**B2.** Approximately how much warning were you given before patients began arriving? If a warning was given, check whether the time is in minutes or hours. If no warning was given, check the box marked no warning given.
- [ ] minutes
- [ ] hours
- [ ] no warning was given

**B3.** How did patients arrive? Approximately how many or what percentage arrived by each means of transport? Check whether the number provided is a count or a percentage.
- EMS ___  [ ] count  [ ] percentage
- POV ___  [ ] count  [ ] percentage
- Walk in ___  [ ] count  [ ] percentage

**B4.** Did your hospital activate any sort of disaster response?
- [ ] Yes
- [ ] No ➔ Go to Question B6

**B5.** What did you do to activate disaster response?
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

Go to Question B7

**B6.** Why did you not activate disaster response?
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

**B7.** Did your hospital call in or reallocate staff because of the incident?
- [ ] Yes
- [ ] No ➔ Go to Question B9
B8. Why did you need to call in or reallocate staff?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

B9. Did your hospital require any additional resources or supplies because of the incident?
☐ Yes
☐ No ➔ Go to Question B11

B10. What additional resources or supplies did your hospital require because of the incident?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

B11. Did your hospital need to set up communications to connect patients with family members?
☐ Yes
☐ No ➔ Go to Question B13

B12. Please explain what was done to set up communications to connect patients with family members.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

B13. If patients self-transported from the scene, was there a need to decontaminate vehicles parked in your facility’s parking lot?
☐ Yes
☐ No ➔ Go to next part.

B14. Please explain what was done to decontaminate vehicles parked in your facility’s parking lot.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Hospital Survey Part C: Decontamination

C1. How did you make a decision on whether or not patients needed to be decontaminated?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

C2. Did any patients arrive at your hospital without appropriate decontamination?
☐ Yes
☐ No

C3. Did any staff members experience signs and symptoms possibly attributable to secondary contamination because of treating patients contaminated by the [description of emergency chemical release]?
☐ Yes
☐ No

C4. Did your hospital decontaminate any patients or staff members related to incident?
☐ Yes
☐ No ➔ Go to next part

C5. Approximately how many patients did your hospital decontaminate? ____

C6. Did any patients experience adverse consequences from decontamination such as hypothermia?
☐ Yes
☐ No ➔ Go to Question C9

C7. Approximately how many patients experienced adverse consequences as result of being decontaminated? ____

C8. Please describe the adverse consequences they experienced.
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

C9. Approximately how many staff members did your hospital decontaminate? ____

C10. Did any staff members experience adverse consequences from decontamination such as heat exhaustion or extreme anxiety, as result of performing decontamination?
☐ Yes
☐ No ➔ Go to Question C13
C11. Approximately how many staff members experienced adverse consequences as result of performing decontamination? ____

C12. Please describe the adverse consequences they experienced.
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

C13. What type of facilities did your hospital use for decontaminating patients, or staff members? Read choices to respondent.
☐ Indoor, fixed ➔ Go to Question C15
☐ Outdoor, fixed ➔ Go to Question C15
☐ Outdoor, mobile or temporary

C14. Who supplied the mobile/temporary outdoor decontamination facility?
☐ hospital
☐ firefighters
☐ HazMat unit
☐ other (Please specify): ________________________________

C15. What decontamination agent or process did your hospital use? Check all that apply.
☐ clothing removal
☐ water alone
☐ soap and water
☐ other (Please specify): ________________________________

C16. From when your hospital first became aware that patients were potentially contaminated, approximately how long did it take for your hospital decontamination facility to get ready to receive patients? Check whether the time is in minutes or hours.
______ ☐ minutes ☐ hours

C17. How long did it take to prepare the facility/set up the decontamination unit? Check whether the time is in minutes or hours.
______ ☐ minutes ☐ hours
Hospital Survey Part D: Lessons Learned

D1. Did you receive sufficient information from the scene or Emergency Operations Center?
  ☐ Yes ➔ Go to Question D3
   ☐ No

D2. What types of information would you have liked to receive from the Emergency Operations Center?
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

D3. Can you provide anything additional that your hospital learned during your response to this emergency chemical release that may assist public health officials or other hospitals in preparing for a similar emergency?
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

Closing Statement:
That completes the survey. I would like to sincerely thank you for your time. Your contributions will help us in our efforts to better assist and respond to future chemical releases with significant community exposure. Be sure to record the end time on the first page of this survey.