NORTH Dakota | Health
Be Legendary.™

SURVEY OF HOSPITAL VULNERABILITY AND SHELTER-IN-PLACE CAPACITY

Facility Name:	City:

I. FLOODING		
Is your facility susceptible to flooding?	YES NO DK	☐ ☐ ☐
If yes, please indicate the extent of the flooding:		
Has your facility flooded in the past?	YES NO DK	☐ ☐ ☐
Do you have the ability to vertically evacuate patients (i.e., capacity to move patients to higher or lower floors in the event of building damage)?	YES NO Not Applic.	☐ ☐ ☐
Does your facility have alternative site for continuance of governance if the location for current governance had to be evacuated?	YES NO DK	☐ ☐ ☐

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II. LANDING ZONES

Does your facility have a designated landing zone for helicopters?		YES NO DK	☐ ☐ ☐
IF YES:	What is the weight capacity?	________________	
	What aircraft is your landing zone rated for?	________________	
	What are the dimensions of your landing zone?	________________	
	Will the landing zone flood if the building floods	YES NO DK	☐ ☐ ☐
IF NO:	Is there an alternative location where a helicopter could land (roof, parking deck, adjacent field)?	YES NO DK	☐ ☐ ☐

Note: It is possible for a rotor wing to hover without putting its full weight on a landing site.

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III. GENERATORS		
What make and model generator(s) do you have on-site?	Check if none: ☐	
Make	1) ________________ 2) ________________	
Model	1) ________________ 2) ________________	
What is the power capacity (i.e., kilowatts generated), numerically and megawatt/kilowatt units?	1) ________________ 2) ________________	
What type of fuel is required	Diesel Gasoline Natural Gas Butane Propane Other	☐ ☐ ☐ ☐ ☐ _____
What is the total fuel storage capacity?	________________	
What is the fuel usage rate (e.g., gallons per hour)?	1) ________________ 2) ________________	
How much fuel do you usually have on site?	________________	
Does your facility have enough generator fuel on-site to support a 5-day period of sheltering-in-place?	YES NO DK	☐ ☐ ☐

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If your generator runs on natural gas, do you have an alternative power source if your source of natural gas is disrupted?	YES NO DK	☐ ☐ ☐
Is your generator(s) located in an area of the hospital that has flooded in the past or could flood in the future?	YES NO DK	☐ ☐ ☐
Are your switching rooms located in an area that has flooded in the past or could flood in the future?	YES NO DK	☐ ☐ ☐

Which of the following electrical needs are your generator(s) configured to power?		YES	NO	NA	DK
	Life support equipment	☐	☐	☐	☐
	Surgery and sterile surgical equip	☐	☐	☐	☐
	Patient isolation rooms	☐	☐	☐	☐
	Pharmacy and materials refrig	☐	☐	☐	☐
	MRI and CT scans	☐	☐	☐	☐
	Food service equipment	☐	☐	☐	☐
	HVAC	☐	☐	☐	☐
	Chillers	☐	☐	☐	☐
	Water pumps	☐	☐	☐	☐
	Sewage pumps	☐	☐	☐	☐
	Elevators	☐	☐	☐	☐
	Automated security lock-down	☐	☐	☐	☐
	BT-WAN	☐	☐	☐	☐

What is the power source for heating your facility?	Natural Gas Heating Oil Electricity Other___________ Don’t Know	☐ ☐ ☐ ☐ ☐

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IV. SUPPLIES				
Does your facility have a secondary water-source or water supply?		YES NO DK	☐ ☐ ☐	
IF YES	What?	YES	NO	DK
	Well	☐	☐	☐
	Bladder	☐	☐	☐
	Tank	☐	☐	☐
	Other	________________		
	Will this source supply both potable and service water?	YES NO DK	☐ ☐ ☐	
	If a well, is it subject to flooding or contamination?	YES NO DK	☐ ☐ ☐	
	Is the secondary source hooked into your distribution system?	YES NO DK	☐ ☐ ☐	
Do you have a sufficient quantity of the following to shelter-in-place for 5 days?		YES	NO	DK
	Food for patients and staff	☐	☐	☐
	Potable water for patients and staff	☐	☐	☐
	Oxygen	☐	☐	☐
	Linen for patients and staff	☐	☐	☐
	General Medical Supplies	☐	☐	☐
	Pharmaceuticals	☐	☐	☐
	Blood	YES ☐	NO ☐	DK ☐ NA ☐
Do you have a plan for managing human waste if sewage function is lost?		YES NO DK	☐ ☐ ☐	

Note: A secondary water source and supplies such as food should be counted if under the control of the hospital and usable if all community resources, including MOU or contract, fail.

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VI. STAFFING						
Is there a sufficient number of staff that have agreed to support a shelter-in-place operation?			YES ☐	NO ☐	DK ☐	
IF NO	What categories might you have short falls.		YES	NO	DK	NA
		Physicians	☐	☐	☐	☐
		Nurses	☐	☐	☐	☐
		RTs	☐	☐	☐	☐
		Lab	☐	☐	☐	☐
		X-ray	☐	☐	☐	☐
		Pharmacy	☐	☐	☐	☐
		Facility support	☐	☐	☐	☐
		Security	☐	☐	☐	☐
		Other	____________			
Have provisions been made to accommodate families of staff?			YES NO DK	☐ ☐ ☐		
IF YES	Have you made provisions for pet sheltering?		YES NO DK	☐ ☐ ☐		

Note: Many hospitals in New Orleans were surprised when large percentages of their staff did not make themselves available for patient care following Katrina. Many of those hospitals have since taken steps to secure the agreement of staff to stay with the hospital during a disaster, attaching either penalty or reward as incentives. Accommodations for family and pets were believed, by these hospitals, to be critical for staff compliance.

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VII. DESTINATION FACILITIES			
Are you listed as a destination facility in any other institutions emergency response plan (e.g., hospital, nursing home, rehab)?		YES NO DK	☐ ☐ ☐
IF YES	From Where?		
IF YES	Does this pose a problem for your own emergency response?	YES NO DK	☐ ☐ ☐
Describe:			
Do you expect to move patients from your facility to any other facility during an emergency?		YES NO DK	☐ ☐ ☐
IF YES	To Where?		

Note: It is common for a hospital to be listed as a disaster destination site by long term care facilities without knowing it, or for hospitals to list other hospitals as destination sites without the receiving facility being aware of it. The disaster plan for some long term care facilities calls for moving all patients to the hospital during a disaster.

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VIII. CONCERNS			
What are your biggest concerns regarding your ability to shelter-in-place for a period of 3 days during an emergency?	Concern		
	Large	Medium	Little or None
Failure of water pressure (shutting down fire sprinkler system, water flushing, operation of air handling units, etc)	☐	☐	☐
Sewer and waste management problems	☐	☐	☐
Failure of communications equipment	☐	☐	☐
Failure of HVAC	☐	☐	☐
Condition/Location/Capability of generator(s)	☐	☐	☐
Availability of fuel supplies for generator(s)	☐	☐	☐
Flooding of mechanical rooms, patient floors, elevator shafts, etc.	☐	☐	☐
Ability to evacuate in a timely manner if required	☐	☐	☐
Structural integrity of your facility	☐	☐	☐
Lack of food service	☐	☐	☐
Lack of pharmaceuticals	☐	☐	☐
Lack of oxygen supplies	☐	☐	☐
Lack of potable water	☐	☐	☐
Lack of service water	☐	☐	☐
Security issues	☐	☐	☐
Failure of other public utility systems	☐	☐	☐

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Difficulty with acute/critical needs patients (ventilator, dialysis, etc)	☐	☐	☐
Failure of operations due to surge	☐	☐	☐
Lack of sufficient numbers of staff willing to shelter with the patients	☐	☐	☐
Fear of litigation	☐	☐	☐
Other: ___________________________________			
Other: ___________________________________			

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IX. TRANSPORTATION			
What transportation assets does your hospital **<u>own</u>** to move patients in the event of an evacuation?			
Buses # _____	Total capacity:	Ambulatory ___	Non-ambulatory ____
Vans # _____	Total capacity:	Ambulatory ____	Non-ambulatory ____
Air # _____	Total capacity:	Ambulatory ___	Non-ambulatory ____
Ambulance ____	Total capacity:	Ambulatory ___	Non-ambulatory ____
What is your anticipated source for additional transportation?			

Note: Numbers of ambulatory patients may be reduced if non-ambulatory patients can be carried on a conveyance. Report ambulatory as: maximum # (alternate # if non-ambulatory capacity filled) such as 15 (2).

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