

1. Is your agency responsible for receiving urgent case reports on immediately notifiable conditions (e.g. meningitis, encephalitis)? -Yes -No -Don't know
 - 1a. If so, is your agency able to receive urgent case reports 24 hours per day and 7 days per week? -Yes -No -Don't know
 - 1b. If so, is your agency able to confirm receipt of urgent case reports 24 hours per day 7 days per week? -Yes -No - Don't know
 - 1c. If so, has your agency tested its ability to receive urgent case reports during the past 12 months? -Yes -No - Don't know
 - 1d. If so, which of the following methods does your agency use to receive urgent case reports? (Check all that apply)

<input type="checkbox"/> -Toll free phone	<input type="checkbox"/> -Other electronic reporting system
<input type="checkbox"/> -Fax	<input type="checkbox"/> -Other method (please specify) _____
<input type="checkbox"/> -Email	<input type="checkbox"/> - Don't know

2. Does your agency maintain or have access to a public health surveillance system (e.g. syndromic surveillance system) that contains near-real-time health data on residents of the geographic area served by your agency for monitoring disease outbreaks and health impacts of man-made and natural disasters? (check all that apply)

<input type="checkbox"/> -No	<input type="checkbox"/> -Don't know
<input type="checkbox"/> -Yes- agency maintains its own system	
<input type="checkbox"/> -Yes- agency has direct and immediate access to data from a system maintained by another agency/organization	
<input type="checkbox"/> -Yes- agency has limited, episodic, or indirect access to data from a system maintained by other agency/organization	

 - 2a. If Yes, does the public health surveillance system(s) accessible to your agency contain data on the following events for residents of the geographic area served by your agency? (check all that apply)

<input type="checkbox"/> -Hospital inpatient stays	<input type="checkbox"/> -Primary and/or secondary school absences or other student events
<input type="checkbox"/> -Emergency department visits	
<input type="checkbox"/> -Clinical laboratory tests	<input type="checkbox"/> -Poison control center calls or visits
<input type="checkbox"/> -Outpatient clinic/office visits	<input type="checkbox"/> -None of the above
<input type="checkbox"/> -Pharmacy purchases and/or prescriptions	<input type="checkbox"/> -Do not know

3. Does your agency have a plan to accommodate surge capacity for epidemiologic investigations in the event of a public health emergency? -No -Don't know

<input type="checkbox"/> -Yes a plan exists but it has not been tested over the past 12 months
<input type="checkbox"/> -Yes a plan exists and it been tested over the past 12 months

 - 3a. If so, does the plan include? (Check all that apply)

<input type="checkbox"/> -Identification of epidemiologists throughout the state who could be mobilized to your agency's local jurisdiction to assist in investigations
<input type="checkbox"/> -Identification of agency staff and staff of partner organizations who have been trained in secondary roles to assist in epidemiologic investigation under the direct supervision of a qualified epidemiologist
<input type="checkbox"/> -Formal agreements with neighboring jurisdictions to secure the services of qualified epidemiologists in the event of an emergency
<input type="checkbox"/> -Do not know

4. Does your agency have current epidemiological case investigation protocols to guide immediate investigations of public health emergencies? -Yes -No -Do not know
 - 4a. If yes, do these investigation protocols address the following threats? (Check all that apply)

<input type="checkbox"/> -Infectious disease outbreaks	<input type="checkbox"/> -Radiological threats
<input type="checkbox"/> -Environmental health hazards and emergencies	<input type="checkbox"/> -Large-scale natural disasters
<input type="checkbox"/> -Chemical threats and incidents	<input type="checkbox"/> -None of the above
<input type="checkbox"/> -Biological agent threats	<input type="checkbox"/> -Do not know

5. Does your agency maintain an electronic system for compiling and analyzing local data from case reports and case investigations to identify trends, response options, and mitigation opportunities?

<input type="checkbox"/> -No	<input type="checkbox"/> -Don't know
<input type="checkbox"/> -Yes – for case reports only	
<input type="checkbox"/> -Yes – for case investigations conducted by the agency only	
<input type="checkbox"/> -Yes for both case reports and case investigations	

6. Does your agency maintain a current registry of volunteers with the technical expertise to respond to public health emergencies and disasters (e.g., Local Medical Reserve Corps)? (Mark all that apply)
- No -Do not know
-Yes – using a medical reserve corps
-Yes – using Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP)
-Yes – using another type of volunteer registry
- 6a. If yes, how frequently has your agency updated the volunteer registry over the past 12 months?
- None this year -At least quarterly but less than monthly
-Once -Monthly or more frequently
-Two or more times but less than quarterly -Do not know
- 6b. If yes, approximately how many individuals are included on your agency's volunteer registry? : _____
-Do not know
- 6c. How frequently has your agency conducted a call-down of its volunteer registry over the past 12 months (include call-downs for real events as well as for tests and exercises)?
- None this year -At least quarterly but less than monthly
-Once -Monthly or more frequently
-Two or more times but less than quarterly -Do not know
7. Does your agency have a transportation system to use for specimens and samples collected during a public health emergency? -Yes -No -Do not know
- 7a. If so, does your agency's specimen/sample transportation system utilize electronic tracking of the specimen/sample in real time? -Yes -No -Do not know
8. Has your agency developed an emergency communications plan that can be adapted to different types of emergencies (e.g., disease outbreaks, natural disasters, bioterrorism)? (check all that apply)
- No plan -Plan exists and has been updated during the past 12 months
-Plan exists -Plan exists and has been tested during the past 12 months
- 8a. Does your agency's emergency communications plan include: (mark all that apply)
- Procedures for alerting community residents about health threats or disease outbreaks
-Procedures for alerting community physicians about health threats or disease outbreaks
-Procedures for alerting community pharmacists about health threats or disease outbreaks
-Procedures for alerting community hospitals about health threats or disease outbreaks
-Procedures for alerting local emergency management personnel about health threats or disease outbreaks
-Procedures for alerting local law enforcement personnel about health threats or disease outbreaks
-Guidelines for providing information from emergency operations center situation reports to stakeholders, partners, and the community
-Materials and procedures for communicating with non-English speaking populations
-Materials and procedures for communicating with hearing-impaired and visually-impaired populations
-Materials and procedures for communicating with low-literacy populations
-None of the above
-Do not know
9. Which communications technologies does your agency use for communication with emergency response personnel in the event of an emergency? (Check all that apply)
- E-mail accessed through "always-on" digital subscriber line (DSL), T1, or T3 line
-Fax, using computer fax server for simultaneous broadcast fax (e.g., CityWatch Messaging System)
-Broadcast recorded voice messaging (e.g., telephony, "Reverse 911")
-Cell phone text messaging
-Satellite phone
-Two-way radios
-High-frequency radios
-Translation services (e.g., telephone-based translation service)
-Web-EOC
-None of the above
-Do not know

10. Has your agency assessed the following types of communication technologies to determine the need for additional capacity during an emergency? (check all that apply)
- E-mail accessed through “always-on” digital subscriber line (DSL), T1, or T3 line
 - Fax, using computer fax server for simultaneous broadcast fax (e.g., CityWatch Messaging System)
 - Broadcast recorded voice messaging (e.g., telephony, “Reverse 911”)
 - Cell phone text messaging
 - Satellite phone
 - Two-way radios
 - High-frequency radios
 - Translation services (e.g., telephone company translation service)
 - None of the above
 - Do not know
11. Is your agency able to receive health alerts through your state’s Health Alert Network system?
- No -Do not know
 - Yes – but have not received an alert in the past 12 months
 - Yes – and have received one or more alerts in the past 12 months
12. Does your agency have a system for sending (relaying or rebroadcasting) health alerts to other agencies and organizations?
- No
 - Yes – if yes check which types of organizations your agency has sent alerts to during the past 12 months for real events or exercises/tests: (check all that apply)
- | | |
|----------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> -State health department | <input type="checkbox"/> -Pharmacies |
| <input type="checkbox"/> -Other local health departments | <input type="checkbox"/> -Local emergency management officials |
| <input type="checkbox"/> -Hospitals | <input type="checkbox"/> -Local law enforcement personnel |
| <input type="checkbox"/> -Physician practices | <input type="checkbox"/> -Do not know |
| <input type="checkbox"/> -Laboratories | |
13. Thinking about your agency’s all-hazards emergency preparedness and response plan, which of the following elements are included in the plan: (check all that apply)
- A clear definition of what events constitute a public health emergency and which events trigger implementation of the plan
 - A process for classifying and staging events in terms of their magnitude, severity, and developmental path
 - Field operations guides that summarize critical procedures for agency personnel serving in unfamiliar roles
 - Identification of suitable alternative facilities to ensure continuity of operations in case the agency’s regular facilities are uninhabitable
 - Procedures to support the families of emergency response personnel
 - Procedures to monitor the mental health care needs of emergency response personnel
 - Decision guides for determining when social distancing measures should be used
 - Decision guides for determining when evacuation measures should be used
 - Decision guides for determining when mass vaccination and/or dispensing should be used
 - Decision guides for determining how to prioritize the distribution of vaccines and countermeasures to population subgroups
 - None of the above
 - Agency does not have a plan
 - Do not know
14. Has your agency updated its all-hazards emergency preparedness and response plan during the past 12 months?
- No -Agency does not have a plan
 - Yes -Do not know
15. Has your agency implemented its all-hazards emergency preparedness and response plan for a real event during the past 12 months? -No -Yes, how many times:____ -Agency does not have a plan -Do not know
16. Does your agency have an emergency operations center? -No -Yes -Do not know
- 16a. If so, how many times was the EOC activated in the past 12 months:_____
- 16b. Does your agency have clear protocols that define when the emergency operations center is to be activated?
- No -Yes -Do not know
17. Does your agency have clear protocols that define when the local incident command structure is to be activated?
- No -Yes -Do not know
18. How many times was the local incident command structure activated in the past 12 months:_____

19. Has your agency conducted a review of relevant legal powers and authorities concerning its emergency preparedness and response powers? -No -Yes but more than 12 months ago -Yes during the past 12 months -Do not know
20. Does your agency have an agreement with legal counsel to be available during emergencies to advise the agency on legal matters pertaining to public health? -Yes -No -Do not know
- 20a. If yes, How many times was legal counsel consulted about public health emergencies during the past 12 months: ____
-Do not know
21. Does the agency have the authority to implement quarantine and isolation? -Yes -No -Do not know
22. Does the agency have the authority to implement school closures? -Yes -No -Do not know
23. Does the agency have the authority to implement mass vaccination clinics? -Yes -No -Do not know
24. Does the agency have the authority to implement mass dispensing clinics? -Yes -No -Do not know
25. Does your agency have job descriptions that clearly identify which agency staff positions have regular, defined responsibilities in emergency preparedness (i.e. not just call-up or reserve duties in the event of an emergency response).
-No -Yes – for some EP staff -Yes—for all EP staff -Do not know
- 25a. If so, how many staff members have regular, defined responsibilities in emergency preparedness: number: ____
26. Does your agency have a designated emergency preparedness coordinator?
-No -Yes with part-time EP responsibilities -Yes with full-time EP responsibilities -Do not know
27. Does your agency have a public information officer that has responsibility for communication strategies in the event of a public health emergency? -No -Yes -Do not know
28. Has your agency conducted a workforce assessment to evaluate the emergency preparedness competencies of its staff?
-No -Yes but more than 12 months ago -Yes during the past 12 months -Do not know
29. Has your agency conducted workforce training programs designed to improve the emergency preparedness competencies of its staff? -No -Yes but more than 12 months ago -Yes during the past 12 months -Do not know
30. How many public health emergency events has your agency responded to during the past 12 months?: ____ -Don't know
- 30a. If one or more, was H1N1 one of these events? -No -Yes -Do not know
31. How many exercises and drills has your agency participated in during the past 12 months? : ____ -Do not know
- 31a. If one or more, how many were discussion-based exercises: ____ -Do not know
- 31b. If one or more, how many were operations-based exercises and drills: ____ -Do not know
32. Thinking about all of the emergency exercises and real events in which your agency participated over the past 12 months, how frequently did the following activities take place:

Activity	For real events					For exercises				
	Never	Sometimes	In Most Cases	Always	Unkn	Never	Sometimes	In Most Cases	Always	Unkn
A hot wash or debriefing was conducted with internal agency staff to analyze response actions and identify lessons learned	0	1	2	3	9	0	1	2	3	9
A hot wash or debriefing was conducted with responders outside the agency to analyze response actions and identify lessons learned	0	1	2	3	9	0	1	2	3	9
A systematic approach (e.g. root cause analysis) was used after the response to understand what occurred and what could be improved	0	1	2	3	9	0	1	2	3	9
A formal evaluation of the response was conducted by an evaluator who is external to your agency	0	1	2	3	9	0	1	2	3	9
A formal evaluation of the response was conducted by an internal evaluator (someone employed full-time by your agency e.g. emergency preparedness coordinator)	0	1	2	3	9	0	1	2	3	9
Information about the response was collated and analyzed by people with appropriate knowledge and skills to look for solutions to improve preparedness and response	0	1	2	3	9	0	1	2	3	9
A debriefing was conducted with the agency's public information staff to discuss lessons learned from the response	0	1	2	3	9	0	1	2	3	9
A written after-action report was produced that analyzed activities and lessons learned from the response	0	1	2	3	9	0	1	2	3	9
The agency's EP plans and procedures were revised based on lessons learned from the response	0	1	2	3	9	0	1	2	3	9
Changes to EP plans and procedures made in response to lessons learned were monitored and re-evaluated	0	1	2	3	9	0	1	2	3	9

Activity	For real events					For exercises				
	Never	Sometimes	In Most Cases	Always	Unkn	Never	Sometimes	In Most Cases	Always	Unkn
Lessons learned from the response were communicated to agency staff using more than one method (e.g. reports, meetings, unit rounds, email).	0	1	2	3	9	0	1	2	3	9
Lessons learned were communicated to the agency's governing board	0	1	2	3	9	0	1	2	3	9
Lessons learned were communicated to the state health agency	0	1	2	3	9	0	1	2	3	9
Lessons learned were communicated to the public and/or media	0	1	2	3	9	0	1	2	3	9

33. Which of the following activities were implemented in your agency's local jurisdiction in response to the H1N1 outbreak during 2009:

Activity	Implemented by Your Agency		Implemented by Other Agency	
Activated local EOC	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes
Activated local incident command structure	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes
Triaged limited vaccine supply to high risk populations	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes
Implemented mass vaccination clinics	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes
Managed the receipt, staging, and storage of antivirals from SNS	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes
Managed the distribution of antivirals from SNS to priority populations	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes
Monitored school absenteeism rates	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes
Monitored hospital ED visits for ILI	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes
Monitored hospital admissions for ILI	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes
Collected specimens for suspected cases	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes
Conducted case investigations of suspected cases	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes
Conducted contact tracing for confirmed cases	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes
Ordered school closures	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes
Issued quarantine and isolation orders	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes
Disseminated guidance and information to health care providers	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes
Disseminated guidance and information to schools	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes
Disseminated guidance and information to other emergency management officials	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes
Disseminated guidance and information to the media	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes
Disseminated guidance and information to the general public	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes	<input type="checkbox"/> -No	<input type="checkbox"/> -Yes

34. How many H1N1 vaccinations were dispensed by your agency between October 2009 and February 2010? : _____

-None -Do not know

35. How many communicable disease nursing personnel does your agency employ: Number: _____ FTE: _____

-Do not know

Respondent Information

Name of Agency: _____ City: _____ State: _____

Name of Person

Completing Survey: _____ Title: _____

Job responsibility of person completing survey (mark all that apply):

-Health director -Preparedness coordinator -Epidemiologist -Environmental health specialist

-Other, specify: _____

End of Survey