**Appendix**

**#Questionnaire:**

**(**Instructions: Include data collection instruments, elaboration on methods and procedures to be used, etc.)

Name of the Facility \_(optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name of person completing the Survey (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Type of hospital:

* Governmental
* Private

***Part 1 Hospital demographics***

1. What is your hospital bed capacity?

* > 500 beds
* 301 to 499 beds
* < 300 beds

1. Your hospital is classified as which of the following?

* Primary hospital.
* Secondary hospital.
* Tertiary hospital.
* Don’t know.

1. How far is your hospital from the Holy Mosque?

* 0-5 Km.
* 6-10 Km.
* 11-15 Km.
* More than 15 Km.

1. Is your hospital considered as a trauma center?

* Yes.
* No.
* Don’t know.

1. In the case of a disaster occurring in the area around the Holy Mosque, what is your hospital response category?

* 1st respond hospital.
* 2nd to respond and receive hospital.
* Works as a referral hospital for highly critical cases only.
* Don’t know.

1. Does your hospital have a written disaster plan?

* Yes
* No

If yes, then please continue

***Part 2 (General Evaluation of the disaster plan)***

1. How frequently was your hospital disaster plan reviewed in the last 5 years?

* Every two years.
* More than two years
* Never

1. How frequently does your hospital conduct a disaster drill?

* Once a year.
* Twice a year.
* More than twice a year
* Never

1. Does the plan contain a hazard vulnerability analysis chart?

* Yes
* No
* Don’t know

1. If yes, how frequently do you update your hazard vulnerability analysis chart?

* Once a year.
* Once every two years.
* Never.

1. Does the content of your plan can cover an approach to any type of hazard?

* Yes
* No
* Don’t know.

1. Does your hospital have a disaster planning committee?

* Yes.
* No.
* Don’t know.

If the answer is NO, then go to question No 14. If YES, then continue.

1. Your hospital disaster planning committee is represented by which of the following: select all that apply

* Emergency Physician
* Administration personnel.
* Nursing personnel.
* Security personnel.
* Intensive care unit Physician.
* Others, please specify: -----------------

1. Does your hospital have a Hospital Incident Command System (HICS)?

* Yes
* No
* Don’t know.

1. Does your hospital coordinate with the Regional Incident Management System (RIMS) in case of disaster (RIMS seeks to homogenize emergency response regionally by standardizing efforts between stakeholders and encouraging different agencies and jurisdictions to work together, e.g., Jeddah defense group)?

* Yes
* No
* Don’t know.

1. Is there a triage protocol to report index cases in case of a nuclear, biological or chemical event?

* Yes
* No
* Don’t know.

1. Is there a protocol to access extra supplies in case of disasters?

* Yes
* No
* Don’t know.

1. Does the plan have a mechanism by which debriefing is done?

* Yes.
* No.
* Don’t know.

1. Does the plan have a mechanism by which critical reporting is done after each disaster or drill?

* Yes.
* No.
* Don’t know.

***Part 3 (Surge Capabilities of the hospitals)***

1. In case of disasters, what are the Emergency communication methods used:

* Radio
* Text/ Paging
* Runners
* Others please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your hospital have backup emergency generators?

* Yes
* No
* Don’t know.

1. Does your hospital have available supplies in the first 24 hours of the disaster?

* Yes.
* No.
* Don’t know.

If the answer is (No) or (Don’t know) go to question No. 31, if (Yes) please continue;

# In the first 24 hours of disaster what of the following supplies and equipment are available:

1. N95 Masks?

* Yes
* No
* Don’t know.

1. Medication for nerve agents

* Yes
* No
* Don’t know.

1. Antiviral medications

* Yes
* No
* Don’t know.

1. Antidotes for cyanides

* Yes
* No
* Don’t know.

1. What is the level of Personal Protective Equipment (PPE)that your hospital has :

* Level A (highest)
* Level B
* Level C
* Level D (lowest)
* Don’t know.

1. Does your hospital have a decontamination area in the case of chemical, radiological and nuclear events?

* Yes
* No
* Don’t know.

1. If yes, where is your decontamination area located?

* Outside the ED.
* Inside the ED.
* Mobile decontamination unit.
* Don’t know.

1. Is there a system in place to retain contaminated runoff fluids?

* Yes
* No
* Don’t know.

1. Regarding the Surge capacity of the hospital, is there a plan to increase the capacity of the hospital in case of a disaster?

* Yes
* No
* Don’t know.

1. Does your hospital have a surge discharge plan?

* Yes.
* No.
* Don’t know.

1. Does your hospital have the ability to transform non-clinical areas of the hospital to an admission and treatment ward?

* Yes
* No
* Don’t know.

1. Does your hospital have surge tents or a surge space (an area and equipment that can be used to build temporary wards)?

* Yes
* No
* Don’t know.

1. Can your hospital change the normal ward to an ICU setting?

* Yes
* No
* Don’t know.

1. Does your hospital have a protocol for increasing the number of Isolation Rooms (negative pressure rooms) for decontamination in case of an airborne infection disaster (e.g. H1N1)?

* Yes.
* No.
* Don’t know.

1. Do you have a protocol to contain the dead bodies in a mass mortality disaster (when the victims exceed the capacity of the hospital morgue?

* Yes.
* No.
* Don’t know.

1. In the case of disaster do you have a mechanism to call off-duty personnel to report to the hospital?

* Yes.
* No.
* Don’t know.

***Part 4 (Health worker knowledge and training)***

1. Does your hospital have a designated disaster training program for the health workers:

* Yes.
* No.
* Don’t know.

1. Which of the following are targeted by the disaster training program (select all that apply):

* Infection managers.
* Emergency physicians.
* Emergency nurses.
* ICU nurses.
* ICU physicians.
* Administrative personnel.
* Not applicable
* Others (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What type of training methods does the facility provide for the employees? Please select all that apply:

* Table top exercises.
* Classes.
* Lectures.
* Conferences.
* Online training.
* E-mail.
* Participation in on-site training (drills).
* Not applicable
* Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

# In the process of training by exercising drills,

1. Do you conduct exercise briefings?

* Yes.
* No.
* Don’t know.

1. Do you conduct Post-Exercise Debriefing?

* Yes.
* No.
* Don’t know.

# Staffing during an emergency:

1. Does your hospital provide incentives for the employees (pay/overtime) during the disaster?

* Yes.
* No.
* Don’t know.

1. Does the facility provide care for the employee’s family during the disaster?

* Yes.
* No.
* Don’t know.
* If yes, please elaborate type of care\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Is there a contingency plan for employees who may become ill due to the increased workload during a disaster?

* No.
* Yes.
* If yes, please elaborate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Part 5:***

* What do you need to improve your hospital disaster preparedness? (Please elaborate)

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***Thank you for your time.***