KING COUNTY
Healthcare
Coalition

Prepare. Respond. Recover.

Business Resilience Assessment Tool
Nursing Homes

About the King County Healthcare Coalition

The King County Healthcare Coalition (the Coalition) is a network of healthcare organizations and providers committed to strengthening the healthcare system by developing and maintaining a comprehensive emergency response system that ensures coordination, effective communication, and optimal use of available healthcare resources.

As a member of the Coalition, your organization is a key partner in ensuring that our healthcare system is resilient in the face of regional or national level emergencies. With that goal in mind, the following questionnaire is designed to establish a baseline of critical information about your organization. The information you provide is voluntary and will be used for the following purposes:

1. Informing the Coalition of the general emergency preparedness status of healthcare providers in King County, and
2. Assisting the Coalition during a regional emergency in providing timely and effective aid and support to our partners and the overall healthcare system.

Instructions

Complete a Business Resiliency Assessment Tool for each facility that has been awarded the Emergency Preparedness Grant. If you have any questions about the assessment tool, call or email your King County Healthcare Coalition contact.

Once all sections are completed, return by email or post to

Carlos Dominguez
Public Health - Seattle & King County
401 Fifth Avenue, Suite 1300
Seattle, Washington 98104
carlos.dominguez@kingcounty.gov

The Coalition staff are available to assist your organization with questions you may have as you complete this survey. For Nursing Homes, Carlos Dominguez is your contact and can be reached at 206.263.8710 or carlos.dominguez@kingcounty.gov.

For more information about the Coalition go to www.metrokc.gov/health/hccoalition.

Public Health - Seattle & King County is a public agency and must make records available when required by Washington's Public Records Act (PRA). The PRA does not authorize agencies to provide access to lists of individuals requested for commercial purposes.

Facility Information

Date Survey Completed _____

Person Completing Survey _____

Facility Name _____

Parent Organization _____

Mailing Location

Address _____

City _____ Zip _____

Physical Location

Address _____

City _____ Zip _____

Primary Phone _____ Secondary Phone _____

Primary Fax _____

Facility Email _____

Administrator on-call phone number/pager number _____ ☐ N/A

Organizational Information

Type of organization	☐ For Profit	☐ Not for Profit
Is your organization public or private?	☐ Public	☐ Private
Is your organization a part of a group or chain?	☐ Yes	☐ No
Is your organization Joint Commission accredited?	☐ Yes	☐ No
If no, is your organization planning on becoming accredited?	☐ Yes	☐ No

Staff Contact Information

Primary emergency contact for emergency preparedness

Name _____

Title _____

Phone _____

Email _____

Other job responsibilities held by the primary emergency preparedness contact _____

_____

Complete all positions that apply to your facility.

Facility Administrator

Name _____

Work Phone _____ Pager _____

Cell Phone _____ Home Phone _____

Email _____

Medical Director

Name _____

Work Phone _____ Pager _____

Cell Phone _____ Home Phone _____

Email _____

Nursing Director

Name _____

Work Phone _____ Pager _____

Cell Phone _____ Home Phone _____

Email _____

Facility Maintenance Director

Name _____

Work Phone _____ Pager _____

Cell Phone _____ Home Phone _____

Email _____

In case of an emergency who have you designated as your facility's first contact?

- ☐ Facility Administrator
- ☐ Medical Director
- ☐ Director of Nursing
- ☐ Administrator on call
- ☐ Director of Facility Maintenance
- ☐ Local Office of Emergency Management
- ☐ Public Health - Seattle & King County
- ☐ Other _____

Financials

Does your facility carry business interruption insurance? ☐ Yes ☐ No

Does your facility have financial resources to cover cost for staff salary during a disaster? ☐ Yes ☐ No

Does your facility budget financial resources for disaster preparedness? ☐ Yes ☐ No

Emergency preparedness budget

For which of the following activities has your facility made investments (staff time and/or money) over the last 12 months? *(Check all that apply.)*

- ☐ Training and disaster exercises
- ☐ Upgraded IT system security
- ☐ Staff reorganization
- ☐ Inter-institutional written agreements/ Memoranda of Understanding
- ☐ Enhanced facility security
- ☐ Written emergency response protocols and plans
- ☐ Staff/family preparedness
- ☐ Increased pharmaceuticals
- ☐ Emergency communication equipment (e.g., walkie talkie, satellite phones)
- ☐ Other _____

For which of the following activities does your facility expect to invest (staff time and/or money) over the next 12 months? *(Check all that apply.)*

- ☐ Training and disaster exercises
- ☐ Upgraded IT system security
- ☐ Staff reorganization
- ☐ Inter-institutional written agreements/ Memoranda of Understanding
- ☐ Enhanced facility security
- ☐ Written emergency response protocols and plans
- ☐ Staff/family preparedness
- ☐ Increased pharmaceuticals
- ☐ Emergency communication equipment (e.g., walkie talkie, satellite phones)
- ☐ Other _____

Building & Critical Infrastructure Information

Is your facility a multi-story building? ☐ Yes ☐ No

If yes, does your facility have an elevator? ☐ Yes ☐ No

Generator

Does your facility have a generator for providing emergency power? ☐ Yes ☐ No
(If no, skip ahead to Food Supplies.)

How many hours could your facility run on generator power? Hours _____

What type of fuel does your generator require? ☐ Diesel ☐ Propane ☐ Gas ☐ Other _____

Does your generator have an internal or external tank? ☐ Internal ☐ External

What is the phase and wattage of your generator? Phase _____ Wattage _____

Do you have a contract for servicing the power generator? ☐ Yes ☐ No

How often do you test your generator? _____

Does your building have a transfer switch to safely remove it from the power grid before turning on the generator? ☐ Yes ☐ No

Which organization do you contract with for fuel delivery? ☐ Do not have a contract

_____

Which critical systems does your generator run? *(Check all that apply.)*

☐ Lights ☐ Vaccine refrigeration ☐ Computers ☐ Security systems
☐ Heating ☐ Kitchen refrigeration ☐ Elevators ☐ Air conditioning
☐ Laundry ☐ Treatment/patient room medical equipment ☐ Other _____

_____
_____
_____

If your generator fails, do you have an emergency plan that outlines next steps in your response? ☐ Yes ☐ No

If yes, please describe your plan _____
_____
_____
_____
_____
_____

Building & Critical Infrastructure Information (cont.)

Food supplies

Does your facility rely on vendors for food resupply? ☐ Yes ☐ No

Does your facility maintain emergency food rations for staff **and** patients in case of emergencies? ☐ Yes ☐ No

If yes, how many days of food rations do you keep on hand?
_____ days for _____ people (staff and patients)

Water supplies

Does your facility have the ability to boil water in large enough quantities to make safe drinking water for staff and patients? ☐ Yes ☐ No

Does your facility store water in case of emergency? ☐ Yes ☐ No

If yes, how many days of water does your facility have on hand? Days _____
(Suggested 1 gallon per person/day)

Other

Does your facility maintain a reserve supply of linen in case of an emergency? ☐ Yes ☐ No

How do you process your laundry?
☐ In-house ☐ Contract outside ☐ Both

If you contract out your linen services, what type of laundry do you send out?
☐ All laundry ☐ Hazardous only ☐ Other _____

If so, which organization provides your linen services? _____

How will your facility handle trash if normal trash disposal service is not available?

_____

_____

_____

How will your facility handle hazardous waste if normal waste disposal services are not available?

_____

_____

_____

Does your facility have 24 hours security personnel? ☐ Yes ☐ No

Does your facility have a procedure for immediate lock down of all exterior doors using on-site staff? ☐ Yes ☐ No

Does your facility maintain a business contract with a transportation company to provide for emergency relocation? ☐ Yes ☐ No

Community Relationships, Drills, and Planning

Community relationships

Do you currently have a relationship with any hospital for contract beds? ☐ Yes ☐ No

If yes, what is the name of the hospital that you use for contract beds? _____

Does your facility have a written or verbal agreement for giving or receiving support from:
(Check all that apply. If yes, please indicate whether agreement is written or verbal.)

☐ A local or state emergency planning agency	☐ Verbal	☐ Written
☐ A neighboring hospital or hospital system	☐ Verbal	☐ Written
☐ A nursing home or nursing home consortium/chain	☐ Verbal	☐ Written
☐ An outpatient clinic	☐ Verbal	☐ Written
☐ A home health agency	☐ Verbal	☐ Written
☐ A human service agency	☐ Verbal	☐ Written
☐ Other community groups	☐ Verbal	☐ Written
☐ Do not have this type of plan		

Do you perceive your facility as having a formal role in a community/state/federal response to an emergency situation such as an earthquake or pandemic flu outbreak? ☐ Yes ☐ No

Drills and exercises

Have you participated or conducted an emergency/disaster drill in the past year? (Other than a fire and/or earthquake drill.) ☐ Yes ☐ No

If yes, specify what type of drill you performed:

_____

_____

Did the drill include any other organizations? ☐ Yes ☐ No

If yes, which organizations? _____

_____

_____

Community Relationships, Drills, and Planning (cont.)

Planning

Does your facility have a emergency operations plan? ☐ Yes ☐ No
(If no, skip ahead to Emergency Communications.)

Does your facility's emergency operations plan address staff shortages? ☐ Yes ☐ No

Has your staff completed a basic Incident Command System (ICS) Training? ☐ Yes ☐ No

If yes, what percentage of staff has had basic ICS training? _____%

Does your emergency operations plan call for an on-site designated command center or emergency operations center (EOC) in the event of an emergency? ☐ Yes ☐ No

Which of the following does your emergency operations plan address? *(Check all that apply.)*

- ☐ Patient evacuation/relocation
- ☐ Transport of dialysis patients
- ☐ Patient triage
- ☐ Community triage
- ☐ Staff triage
- ☐ Sheltering in place
- ☐ Power failure
- ☐ Isolation/quarantine of patients and staff as needed
- ☐ Temporary storage of human remains
- ☐ Working with the media and designating a media spokesperson
- ☐ Internal surge capacity (reconfiguring existing space or operational norms to accommodate additional patients)
- ☐ Managing donated items
- ☐ Managing spontaneous medical volunteers
- ☐ Coordination with local hospitals
- ☐ Coordination with clinics
- ☐ Coordination with community service providers
- ☐ Coordination across sites within your organization
- ☐ Coordination with local emergency management
- ☐ Coordination with patient/resident families during emergencies
- ☐ Medical equipment stockpile
- ☐ Pharmaceutical stockpile

Emergency Communications

What types of communication equipment does your facility have? *(Check all that apply.)*

- ☐ Internet
- ☐ TV, local
- ☐ TV, cable
- ☐ TV, satellite
- ☐ Radio, HAM
- ☐ Radio, non-electric AM/FM (solar, crank operated, etc.)
- ☐ Radio, 2-way (walkie talkie)
- ☐ Radio, AM/FM
- ☐ Telephone, electricity independent
- ☐ Telephone, electricity dependent
- ☐ Telephone, satellite
- ☐ Other _____

Vaccination Information

In case of emergency, would your facility be willing to provide vaccination services to the community? ☐ Yes ☐ No

For employees

Does your facility provide vaccination against influenza (flu) to all eligible employees? ☐ Yes ☐ No

If yes, what percentage of employees are vaccinated against flu at your facility? _____%

What barriers do you perceive contribute to or prevent complete vaccination of staff against flu? *(Check all that apply.)*

- ☐ Cost of vaccination
- ☐ Do not believe vaccination is effective
- ☐ Lack of demand by employees
- ☐ Lack appreciation of benefits
- ☐ Other _____

For patients

Does your facility offer vaccination to all eligible patients against flu? ☐ Yes ☐ No

If yes, what percentage of patients are vaccinated against flu at your facility? _____%

Does your facility provide vaccination to all eligible patients against pneumonia (Pneumovax)? ☐ Yes ☐ No

Bed Capacity and Types

Patients

Facility

Average daily census _____

Type of patient	Average daily census of patients
Mental health	_____
Dementia	_____
Developmental disabilities	_____
Alzheimer	_____
Medical (specify below)	
_____	_____
_____	_____
Chronic	_____
Other (specify below)	
_____	_____
_____	_____

Beds

Type of licensed beds	Total number of beds
Skilled nursing care	_____
Assisted living	_____
Medicare	_____
Other (specify below)	
_____	_____
_____	_____

Thank you for completing this assessment tool!

Please return the completed form (by email or post) to:

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Public Health - Seattle & King County
401 Fifth Avenue, Suite 1300
Seattle, Washington 98104

carlos.dominguez@kingcounty.gov