

Evaluation of Hospital Preparedness in a Mass Casualty Event (MCE)

Subject Information and Consent Form (Web-based)

Name of Research Study	Evaluation of Hospital Preparedness in a Mass Casualty Event (MCE)
Protocol #	200-2009-28540
Sponsor	Centers for Disease Control and Prevention
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The U.S. healthcare system and its civilian healthcare providers have relatively limited experience in treating patients with explosion-related injuries. Deficiencies in response capability could result in an increased number of injuries and deaths, in addition to increased fear in the general public that hospitals may not be fully prepared for terrorist attacks or Mass Casualty Incidents (MCIs), or large scale natural disasters.

After an explosion or a MCI (to include large scale natural disasters), the surge of patients admitted to nearby hospitals typically occurs within minutes of the event and can quickly overwhelm hospital resources. The U.S. recently experienced two catastrophes involving major explosions: the tragic terrorist bombing attack of the Boston Marathon and the fertilizer plant explosion in the town of West, Texas. Both incidents caused many deaths and casualties and an immediate surge of patients that strained the capacity of local Emergency Medical Service systems, hospitals and other health care facilities to care for those critically injured.

The CDC's National Center for Injury Prevention and Control is conducting this public health preparedness and response project with SciMetrika, LLC to ascertain the hospital and healthcare facilities' level of preparedness for MCIs related to bombings, non-bombing explosions and natural disasters. To achieve this objective, this extensive questionnaire consisting of 133 questions was designed to assess the hospitals' general emergency preparedness and response capacities as well as the capacity of the major hospital functional areas that are of particular importance to MCI-related preparedness and response. We want to hear from you! The CDC would like your facility to participate in this survey which includes questions on current resources, critical preparedness elements, emergency management planning, risk communication, logistics, and training. The CDC will use the results from this survey to identify areas of strengths and weaknesses in current hospital capacity and preparedness efforts at the national level to handle bombings and MCIs to increase overall preparedness levels. In addition to this initial study, additional waves of the survey may be implemented to follow up and compare results over a period of time. This information may be particularly useful to federal and state agencies working on hospital preparedness efforts and can potentially assist in identifying areas where additional preparedness resources are needed at a national level.

We are focusing on questions about responses to bombings, non-bombing explosions, and any type of natural disasters resulting in a large surge in injured patients. Other type of events where infectious,

chemical, and radiological contaminants are involved in the incident will not be considered. This will be a retrospective analysis with period of reference from January 1 to July 31, 2014.

For the purpose of this survey an MCI is defined as: “An event which generates more patients at one time than locally available resources can manage using routine procedures. It requires exceptional emergency arrangements and additional or extraordinary assistance.”

Also, with regards to trauma-level designation, it is important to note that a single facility may have multiple trauma-level designations (from comprehensive trauma service to limited care) for various types of services (e.g. adult vs. pediatric). A trauma-level ranking is typically designated by state or local authorities or verified by the American College of Surgeons. If you are a designated trauma hospital, when responding to the questionnaire, please indicate your facility’s highest trauma-level designation (e.g. Level I - adult vs. Level II - pediatric hospital).

The reports prepared as a result of this survey will summarize findings across the practices and facilities and will not associate responses with a specific individual, practice, or facility. We will not provide information that identifies you or your practice or facility to anyone outside the study team, except as required by law. At no time will your individual information be seen.

The survey is divided into sections that address different aspects of hospital preparedness. Considering the extensiveness of this questionnaire, if you need assistance to evaluate certain services, please contact the appropriate person(s) from the indicated departments to obtain the needed information. Thank you in advance for taking the time to complete our Assessment Tool for the Evaluation of Hospital Preparedness in a Mass Casualty Event (MCE). We know that your time is valuable and greatly appreciate your willingness to participate in this research. If you have any questions or concerns, please call Mark Faul [770-488-1276] or email at mfaul@cdc.gov.

Please note that your participation in this research is voluntary and you will not be penalized if you refuse to participate or decide to stop.

A copy of this consent form is available on the study web site.