

COMMUNITY CAPABILITY ASSESSMENT PHASE 2 QUESTIONNAIRE

Date of Review:

Facilitator:

Phone Number:

Mailing Address:

E-mail Address:

FAX Number:

SUBMITTER INFORMATION

Contact Name & Title:

Phone Number:

Organization Name:

Mailing Address:

Questionnaire Completed by:

EMERGENCY MEDICAL TRANSPORT AND HOSPITALS

Note: This part is to be completed by medical facilities and ambulance services that would likely respond in the event of a hazardous materials incident in the community.

1.	Do	es the agency have a hazmat contingency plan? (2, 3)	LY L	N LINA
	a.	If yes, is it contained within a single document? Title:		
	b.	If not contained within a single document, list all separate titles:		
	C.	Is there a process in place for plan review and updating?	Υ	N 🗌 NA
		If so, how often? Annually Semiannually As needed Other:		
	d.	What is the latest revision date?		
	e.	Has the person(s) with the authority to implement the plan been identified?	□Y □	N 🗌 NA
		If yes, title:		
Do	cum	nented where?		
Dis	scus	sion Notes:		

Do	Does the agency have a hazmat training program? (2, 8)				□y □n □na	
a. If yes, to what level of training?						
	HAZWOPER	Awareness		Operations		Technician
	Specialist	Other (specify):				
cum	nented where?					
Does the agency have the capability of decontaminating individuals exposed to hazmat? (2, 6)				□Y □N □NA		
a. If not, does the plan include a list of who would have the capability to decontaminate individuals exposed to hazmat?					to	□Y □N □NA
b. Does the agency have agreements with the facilities in your community that will be providing decontamination?				□y □n □na		
		pability to treat ind	dividu	als exposed to		□y □n □na
a.	a. If not, does the agency's plan include a list of other facilities that have the capability to treat individuals exposed to hazmat?					□y □n □na
b.	Does the agency have ag to provide treatment?	reements with tho	se fac	ilities in your com	munit	y □y □n □na
C.			•			□y □n □na
	a. Cum Do exp a. b. Do ha: a. b.	 a. If yes, to what level of training the AZWOPER Barrow Specialist Specialist Specialist Cumented where? Does the agency have the care exposed to hazmat? (2, 6) a. If not, does the plan include decontaminate individual b. Does the agency have age that will be providing decontaminate? Does the agency have the care hazmat? (2, 6) a. If not, does the agency have age that will be providing decontaminate? Does the agency have the care hazmat? (2, 6) a. If not, does the agency's the care ability to treat individual b. Does the agency have age to provide treatment? c. Does the medical facility 	 a. If yes, to what level of training? HAZWOPER Awareness Specialist Other (specify): cumented where? Does the agency have the capability of deconta exposed to hazmat? (2, 6) a. If not, does the plan include a list of who w decontaminate individuals exposed to hazm b. Does the agency have agreements with the that will be providing decontamination? Does the agency have the capability to treat individuals exposed to the that will be providing decontamination? a. If not, does the agency's plan include a list the capability to treat individuals exposed to the that will be provide the that will be provide the that will be provide the that will be provide the the that will be provide the the that will be provide the that the that will be provide the the that will be provide the that the that will be provide the that the that will be provide the that the that the that will be provide the the that the that	 a. If yes, to what level of training? HAZWOPER Awareness Science Specialist Other (specify): cumented where? Does the agency have the capability of decontaminate exposed to hazmat? (2, 6) a. If not, does the plan include a list of who would hacontaminate individuals exposed to hazmat? b. Does the agency have the capability to treat individuals exposed to hazmat? b. Does the agency have the capability to treat individuals exposed to hazmat? a. If not, does the plan include a list of who would hat will be providing decontamination? Does the agency have the capability to treat individuals exposed to hazmat? c. Does the agency have agreements with those factor to provide treatment? c. Does the medical facility have plans and/or processing the plane individual plane and plane and provide treatment? 	 a. If yes, to what level of training? HAZWOPER Awareness Operations Specialist Other (specify): cumented where? Does the agency have the capability of decontaminating individuals exposed to hazmat? (2, 6) a. If not, does the plan include a list of who would have the capability decontaminate individuals exposed to hazmat? b. Does the agency have agreements with the facilities in your commutation will be providing decontamination? Does the agency have the capability to treat individuals exposed to hazmat? (2,6) a. If not, does the agency's plan include a list of other facilities that has the capability to treat individuals exposed to hazmat? b. Does the agency have agreements with those facilities that has the capability to treat individuals exposed to hazmat? b. Does the agency have agreements with those facilities that has the capability to treat individuals exposed to hazmat? b. Does the agency have agreements with those facilities that has the capability to treat individuals exposed to hazmat? 	 a. If yes, to what level of training? HAZWOPER Awareness Operations Specialist Other (specify): cumented where? Does the agency have the capability of decontaminating individuals exposed to hazmat? (2, 6) a. If not, does the plan include a list of who would have the capability to decontaminate individuals exposed to hazmat? b. Does the agency have agreements with the facilities in your community that will be providing decontamination? Does the agency have the capability to treat individuals exposed to hazmat? (2,6) a. If not, does the agency's plan include a list of other facilities that have the capability to treat individuals exposed to hazmat? b. Does the agency have agreements with those facilities that have the capability to treat individuals exposed to hazmat? c. Does the medical facility have plans and/or procedures to avoid

Documented where?

Discussion Notes:

5.	Has the agency pr	rovided this infor	mation to the first	t response a	agency? ((2, 3,	6) [_Y [N	
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Documented where?

6.	Has the agency identified any limitations on the number of people you can	🛛 Y 🗍 N 🗍 NA
	treat/transport? (circle appropriate choice) (2, 6)	

a. Has the agency discussed these limitations with the first response agency? \Box Y \Box N \Box NA

- b. Does the agency have protocols in place with other medical facilities to accommodate additional transport/treatment?
- c. Does the agency have protocols in place with other medical facilities to accommodate additional treatment/transport?

Documented where?

Discussion Notes:

7.	Does the agency have a role in operations involving mass casualties?
	(2, 6, 8)

	а.	If so, will agency personnel have a responsibility to handle contaminated human remains?	ΠY	<u>N</u>	NA
	b.	Have procedures been developed in cooperation with other organizations which may also have a role in addressing mass casualties?	ΠY	<u>N</u>	NA
	C.	Are personnel trained on these procedures?	ΠY	_N [NA
	d.	Is appropriate personal protective equipment available?	Π	N	NA
	e.	Are personnel trained on its use?	ΠY	_N [NA
	f.	Is there a procedure in place for refresher training?	Π	<u> </u>	NA
Doo	cum	ented where?			
Dis	cus	sion Notes:			
8.		es the agency have any other limitations that could impact the immediate nsport / treatment of persons exposed to hazardous materials? (6)	ΠY	□n []NA
	a.	If yes, specify:			
	b.	If yes, does the facility have procedures in place to address those limitations?	ΠY	<u>N</u>	NA
	C.	Has the agency discussed these limitations with the first responding agencies?	ΠY	N	NA

Documented where?

Discussion Notes: