

**STATE OF ALABAMA
WEAPONS OF MASS DESTRUCTION (WMD)
TRAINING NEEDS ASSESSMENT FOR HEALTH DEPARTMENTS**

For the purposes of this survey, the term WMD refers to incidents involving biological, chemical, or radiological agents. Other key definitions and instructions are provided throughout the survey, but if you have any questions, please do not hesitate to call Elizabeth Westfall at 205-934-7137 for additional assistance. Your completion of this survey will provide the information needed to develop a statewide training strategy and aid in EMA resource allocation.

Agency Name _____

Administrator _____

Address _____

City _____ County _____ Zip _____

Telephone (_____) _____ - _____ Fax (_____) _____ - _____

Email address: _____ @ _____ Date ____ / ____ / ____

Personnel assisting in survey completion:

Name _____ Title _____

1. CURRENT TERRORISM RESPONSE TRAINING:

| C1. | Total # of employees: | # receiving any WMD terrorism training in past 12 months |
|--------------------------------|-----------------------|--|
| Disease Control Epidemiologist | _____ | _____ |
| Social Worker | _____ | _____ |
| Environmental Health | _____ | _____ |
| Infection Control | _____ | _____ |
| Administration | _____ | _____ |

B2. Does training for disease control personnel include: (*check all that apply, DK = don't know*):

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| A. Recognizing trends which may indicate a bioterrorism incident | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| B. Regular training in computer based statistical tools to detect changes in disease patterns | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| C. Training in state-standardized epidemiologic case investigation protocols for the investigation of possible terrorist incidents specific to biological agents | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |

2. CURRENT TERRORISM TRAINING

2.1 At what intervals does WMD terrorism training occur within your agency?

- Several times a year Annually Less frequently than annually Never DK

IF NEVER SKIP TO SECTION 3, PAGE 5

2.2 Do the training materials/instructions your employees receive come from the following (*check all that apply, DK = don't know*):

- | | | | |
|---|-------------------------------------|------------------------------------|------------------------------------|
| A. Department of Justice (DOJ) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| B. Federal Emergency Management Agency (EMA) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| C. Center for Domestic Preparedness Training for Emergency Responders (Ft. McClellan, AL) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| D. National Fire Academy | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| E. Centers for Disease Control (CDC) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| F. Alabama Department of Public Health | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| G. Universities | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |

1. If yes, please list source _____

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| H. In-house | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| I. Other pre-developed training materials or courses | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |

1. If yes, please list source _____

Add questions about adequacy of training material, interest in working w/ ADPH to develop materials, ADPH presenting training

2.3 Has the following training been presented to agency personnel in the past 12 months? (*DK = Don't Know*)

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------|
| A. Incident command | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| B. Hazmat response plan | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| C. Hazmat reference utilization | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| D. Hazmat awareness | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| E. Hazmat operations | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| F. Hazmat technician | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| G. Protocols related to WMD | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| H. Mutual aid agreements | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| I. Job-appropriate response protocols | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| J. Chain of command issues at the federal state and local level | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| K. "Call down lists" (Who to call when, for what) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| L. Inter-agency roles and responsibilities | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| M. Recognition of unannounced acts of terrorism | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| N. Working with the media/developing press releases | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| O. Proper selection of personal protective equipment (PPE) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| P. Working in PPE or protective clothing | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| Q. Performing patient decontamination | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| R. Performing patient care wearing protective clothing | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| S. Medical reference utilization | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| T. Proper handling and notification procedures for specimens | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| U. Work-space decontamination | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| V. Criteria for reporting diseases to local health departments | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| W. Disaster/multiple casualty management | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| X. Managing chemically contaminated patients | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |

2.3 Continued - Has the following training been presented to agency personnel in the past 12 months?

- Y. Managing biologically contaminated patients Yes No DK
- Z. Managing radiologically contaminated patients Yes No DK
- AA. Recognition of psychological effects of a WMD incident Yes No DK
- BB. Management of psychological effects of a WMD incident Yes No DK
- CC. Triage protocols for distinguishing psychological casualties from contaminated casualties Yes No DK
- DD. Psychological support for staff who are dealing with the effects of a WMD incident Yes No DK
- EE. Management of incidents involving:
1. Biological agents
- A. Anthrax Yes No DK
- B. Botulism Yes No DK
- C. Plague Yes No DK
- D. Smallpox Yes No DK
- E. Other Yes No DK
1. If other, please list _____
2. Chemical agents Yes No DK
3. Radiological agents Yes No DK

2.4 What impact, if any did the September 11, 2001 terrorist attacks on the World Trade Towers and the subsequent Anthrax terrorism incidents have on the following:

a. Provision of additional training Yes No DK

If yes, indicate topic areas(s)

3. TRAINING DELIVERY AND RESOURCES

3.1 Do agency personnel have access to the following:

- A. Fax Yes No DK
- B. World Wide Web Yes No DK
- C. Satellite downlink Yes No DK

- D. Internet Email Yes No DK
- E. Closed Circuit TV Yes No DK
- F. Others Yes No DK

1. If other, please specify _____

3.2 Which of the following WMD references does your agency have?

- A. Medical Management of Chemical Casualties Handbook Yes No DK
- B. Medical Management of Biological Casualties Handbook Yes No DK
- C. Medical Management of Radiological Casualties Handbook Yes No DK
- D. Textbook of Military Medicine - Medical Aspects of Chemical and Biological Warfare Yes No DK
- E. Other reference sources utilized including web sites Yes No DK**

1. If yes, please list: _____

3.3 On a scale from 1-10, with 1 being completely unaware and 10 being completely informed, how aware do you feel personnel in your agency are of current advances, relevant to your agency, in:

- A. Biological Terrorism Completely Unaware 1 2 3 4 5 6 7 8 9 10 Completely Informed
- B. Chemical Terrorism Completely Unaware 1 2 3 4 5 6 7 8 9 10 Completely Informed
- C. Radiological Terrorism Completely Unaware 1 2 3 4 5 6 7 8 9 10 Completely Informed

3.4 How often do employees have the opportunity to take time away from work to attend WMD training?

Monthly Quarterly Semi-annually Annually Less frequently than annually Never DK

3.5 How is WMD training delivered within your agency?

- A. Self-study written materials Yes No DK
- B. Class room Yes No DK
- C. Travel to work shops/conferences Yes No DK
- D. On-site work shops Yes No DK
- E. Satellite conferences Yes No DK

- F. Video Yes No DK
- G. Internet Yes No DK
- H. Software/CD Yes No DK
- I. Others, Yes No DK

1. If other, please specify _____

3.6 Does your agency have staff whose primary responsibility is to provide WMD training and assess WMD training needs? Yes No DK

A. If yes, please list:

Name _____ Title _____

Contact info _____

4. RESPONSE PLAN

4.1 Does your agency have a plan to respond to a WMD incident? Yes No DK

IF NO OR DK, SKIP TO SECTION 5, ON PAGE 8, IF YES CONTINUE ON TO NEXT QUESTION, 4.2

4.2 Have you tested that plan within the past twenty-four months Yes No DK

1. If yes, specify how the plan was tested _____

4.3 How familiar are you with the details of the plan? Very familiar 1 2 3 4 5 6 7 8 9 10 Not at all familiar

4.3 Does the plan include specifics for dealing with: Yes No DK

A. Nerve agents Yes No DK

B. Vesicants (blistering agents like Mustard or Lewisite) Yes No DK

C. Choking agents Yes No DK

D. Cyanide Yes No DK

E. Pulmonary agents Yes No DK

F. Biological agents

1. Anthrax Yes No DK

2. Botulism Yes No DK

- 3. Plague Yes No DK
- 4. Small pox Yes No DK
- 5. Other Yes No DK

a. If other, please list _____

- G. Radiological agents Yes No DK
- H. Patient decontamination Yes No DK
- I. Mass decontamination Yes No DK
- J. Mass casualty situations Yes No DK
- K. The psychological effects of a WMD incident Yes No DK
- L. Situations involving large numbers of psychological casualties Yes No DK

4.4 Was the plan developed with input from the following in your area:

- A. Fire department Yes No DK
- B. Local HAZMAT team Yes No DK
- C. Local hospital(s) Yes No DK
- D. Local health department Yes No DK
- E. State health department Yes No DK
- F. State EMA Yes No DK

4.5 Was the plan reviewed as a result of the terrorist events on and after September 11, 2001? Yes No DK

4.5 A If yes were revisions made to the plan? Yes No DK

4.5 B If yes, what revisions were made? _____

5. TRAINING EXERCISES

5.1 How many of each of the following types of WMD exercises has your agency been involved in during the past 12 months (if none, indicate so by writing 0)

| | | |
|--|--|---|
| | 1. # of announced exercises <i>(dates known in advance by participants)</i> | 2. # of no notice exercises <i>(dates not known in advance by participants)</i> |
|--|--|---|

| | | |
|-----------------------------|-------|-------|
| A. Biological - Table Top | _____ | _____ |
| B. Biological – Field | _____ | _____ |
| C. Chemical Table Top | _____ | _____ |
| D. Chemical – Field | _____ | _____ |
| E. Radiological - Table Top | _____ | _____ |
| F. Radiological - Field | _____ | _____ |

IF YOU HAVE NOT COMPLETED ANY WMD FIELD EXERCISES (ANSWERED 0 TO B, D, &F) SKIP TO SECTION 6, ON PAGE 9

5.2 Please provide the following details for the largest WMD field exercise your agency has been involved with in the last 12 months (largest = most participants):

A. What type of exercise was it

Chemical Biological Radiological Multiple Agent

B. Estimate the total number of exercise participants from all agencies including your own.

1-99 100-199 200-399 400-499 500 or more DK

C. Was it announced or no notice?

Announced No notice

D. How long did the exercise last?

½ day 1 day 2 days 3 days More than 3 days DK

E. How many “contaminated” casualties were there?

1-5 6-15 16-25 26-50 Greater than 50 DK

F. How many psychological casualties were there?

0 1-5 6-15 16-25 26-50 Greater than 50 DK

G. What was your agency’s role in this exercise?

Led Exercise Support Minor Participant Observer

Add similar questions regarding tabletop exercises

6. PERCEIVED READINESS:

6.1 On a scale from 1 to 10 with 1 being not prepared at all and 10 being completely prepared, how prepared would you say your agency is to effectively manage the following situations:

A. One chemically contaminated casualty Not prepared 1 2 3 4 5 6 7 8 9 10 Completely prepared

| | | | | | | | | | | | | |
|---|--------------|---|---|---|---|---|---|---|---|---|----|---------------------|
| B. Greater than 50 chemically contaminated casualties | Not prepared | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Completely prepared |
| C. One bioterrorism casualty | Not prepared | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Completely prepared |
| D. Greater than 50 bioterrorism casualties | Not prepared | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Completely prepared |
| E. One radiologically contaminated casualty | Not prepared | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Completely prepared |
| F. Greater than 50 radiologically contaminated casualties | Not prepared | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Completely prepared |
| G. One psychological casualty | Not prepared | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Completely prepared |
| H. Greater than 50 psychological casualties | Not prepared | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Completely prepared |

7. PERCEIVED TRAINING NEEDS

7.1 Please rank the following as to what would be the preferred mode of delivery to receive WMD response training, with 1 being your first choice, 2 the second, etc.

| | |
|-------------------------------------|-------|
| A. Self study courses | _____ |
| B. Classroom | _____ |
| C. Travel to work shops/conferences | _____ |
| D. In-house work shops | _____ |
| E. Satellite conferences | _____ |
| F. Videos | _____ |
| G. Internet | _____ |
| H. Software/CD | _____ |
| I. Other, please list _____ | _____ |

7.2 What barriers do you see within your agency to receiving training?

| | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| A. Financial | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| B. Unwillingness of employees to participate | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| C. Time to attend training | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| D. Inadequate incentives for employees | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |
| E. Other | Yes <input type="checkbox"/> | No <input type="checkbox"/> | DK <input type="checkbox"/> |

1. If other, please specify _____

7.3 Does your training budget include money specifically for WMD training? Yes No DK

7.4 How likely do you think a terrorist attack on a site in Alabama is? Very likely 1 2 3 4 5 6 7 8 9 10-Not at all likely

7.5 How could WMD training be improved? (topic, content) _____

7.5 What terrorism related topics do you feel staff in your agency need more training on?

PLEASE SEND OR FAX COMPLETED SURVEY TO:
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