

Please take a few minutes to evaluate both our newsletter and your preparedness for emergencies.

You can also complete this evaluation online at:

<https://www.surveymonkey.com/s/3CC8RLC>

You may also return your survey to the Network 4 office via fax: (412) 325-1811.

Submit or return your survey by March 19, 2010.



Your Name:	Select your discipline: <input type="checkbox"/> DON <input type="checkbox"/> PCT <input type="checkbox"/> RN <input type="checkbox"/> Social Worker <input type="checkbox"/> Administrator <input type="checkbox"/> Other
Provider Name:	Provider Number:
Email:	Phone Number:

NEWSLETTER

I plan to share this Facility Newsletter with our healthcare team

- Yes No
 Already shared

In the future, I would like to receive this newsletter via ...

- Email Hardcopy
 Not at all

I get the same information from other sources (e.g. my corporate management, website, etc.)

- Yes No
 Prefer to get this from the Network

Please indicate the overall usefulness of this Facility Newsletter:

- Very Helpful
 Somewhat Helpful
 Not Helpful

EMERGENCY PREPAREDNESS

In the past year, did your facility communicate with your local emergency management agency?

- Yes No

Do you know about your local government's emergency or disaster plan for your community?

- Yes No

Do you know how to find the emergency broadcasting channel on the radio or television?

- Yes No

In the past six months, did your facility provide education to patients on disaster preparedness?

- Yes No

In the past six months, did your facility provide education to staff on disaster preparedness?

- Yes No

In the past six months, did your facility review and update its disaster plans?

- Yes No

Have you accessed our website for Emergency Preparedness Resources?

- Yes No

In the last year, had your facility made a specific plan for how you and your staff would communicate with each other and with patients during an emergency situation?

- Yes No

In the last year, did your staff practice or drill on what to do in an emergency in the facility?

- Yes No

In the last year, did your facility encourage patients and staff to prepare a Disaster Supply Kit with emergency supplies like water, food, and medicine that is kept in a designated place at home?

- Yes No

In the last year, did your facility encourage your patients and staff to prepare a small kit with emergency supplies that you keep at home, in your car, or where you work to take with you if you had to leave quickly?

- Yes No

If you have used our website for emergency preparedness, did you find the resources helpful?

- Yes No