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BEST PRACTICE

Emergency Management Programs for Healthcare Facilities: Hazard Vulnerability Analysis: Assembling the Planning Team

PURPOSE

This Best Practice identifies which healthcare facility staff and community members should be involved in the hazard vulnerability analysis (HVA) process.

SUMMARY

Healthcare facilities should begin by assembling a team to conduct the HVA, possibly as a subcommittee of the facility's emergency management or safety committee. All team members should be familiar with the facility's disaster plan.

DESCRIPTION

There are two categories of participants: facility and non-facility. Facility participants include clinical personnel, non-clinical personnel, and incident management. Candid feedback from all facility operations and other support staff is necessary to ensure a thorough assessment of the facility.

Facility Personnel

The HVA planning team conducting this analysis might include representatives from the following facility personnel:

- *Clinical*
 - Emergency department
 - Infection control
 - Intensive care unit (ICU)
 - Respiratory therapy
 - Pharmacy
 - Radiation safety
 - Trauma services
 - Nursing department
 - Chief of medical staff
 - Laboratory
 - Medical control
- *Non-clinical*
 - Beds management
 - Engineering
 - Facilities management
 - Materials management

One hospital in **San Francisco** chose to have only four people on their HVA team: Chief of Facility, Director of Hospital Safety, the Chief Administrator and the Emergency Response Planner.

- Risk management
 - Safety
 - Security
 - Senior administration
 - Volunteer services
 - Dietary and nutrition
- *Incident management*
 - Management: incident management, public information, liaison, safety and security
 - Finance/administrative
 - Operations
 - Logistics
 - Planning

Community Personnel

The HVA planning team should also look outside the healthcare facility for information. Regular interaction with the surrounding community is crucial to assessing whether community resources will be available and sufficient to meeting a healthcare facility's needs during a crisis, as well as knowing the community's expectations of the facility. Additionally, this is an opportunity for the HVA planning team to learn the state of preparedness that already exists in the community.

Law enforcement officials can be tapped for information regarding potential terrorist threats. The Local Emergency Planning Council (LEPC), or any of the regional or jurisdictional planning committees, will likely have plans for dealing with known hazards. Local public works may have established emergency routes throughout the city in the event of a structural collapse or problem with the roadways. The local meteorological service will have information about natural disasters. Additionally, other regional healthcare facilities may have developed an HVA of their own that can serve as a jumping off point or a good comparison.

The HVA planning team should consult with the following non-facility organizations, most of whom should have some information on known hazards and emergency plans within the community.

- Emergency management
- Emergency Medical Services (EMS)
- HazMat
- Public health
- Fire service
- Law enforcement
- Industrial businesses
- Public works
- Utilities
- Citizens emergency or neighborhood emergency response teams
- Local Emergency Planning Council (LEPC)
- Volunteer coordinating council
- Medical equipment vendors and suppliers
- Regional Federal Emergency Management Agency (FEMA)
- Other healthcare facilities

Regional Planning

Eventually, once individual healthcare facilities have completed HVAs, planners should consider conducting a community-wide HVA for regional hospitals. This will allow all healthcare facilities to compare HVAs and develop a plan of action for the healthcare community as a whole.

Regional HVA planners should follow the same steps for developing and conducting an HVA as individual healthcare facility HVA planners: compiling an all-hazards list from hazards already recognized by individual healthcare facilities, assessing those hazards for probability and impact, comparing and prioritizing risks, evaluating preparedness, and calculating results.

RESOURCES

References

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