Hazard Vulnerability Analysis (HVA)

**Policy:** The Community Health Center will conduct an annual HVA.

**Purpose:** To evaluate all hazards, their risk of actual occurrence, and the impact on life, property and business if the hazard occurred.

**Procedure:**

1. Determine probability and impact of hazard

   Probability and impact are ranked:

   Low – Rare
   Moderate – Unusual
   High – High Potential or Have Experienced

   Risk = Probability \times \text{Severity of impact on life, property and business}

2. Address mitigation, preparedness, response, and recovery for these hazards

3. For high risk/high impact hazards, develop individual incident action plans
Appendix D.1: CLINIC HAZARD AND VULNERABILITY ANALYSIS

Clinic Hazard and Vulnerability Analysis

This document is a sample Hazard Vulnerability Analysis tool. It is not a substitute for a comprehensive emergency preparedness program. Individuals or organizations using this tool are solely responsible for any hazard assessment and compliance with applicable laws and regulations.

INSTRUCTIONS:

Evaluate potential for event and response among the following categories using the hazard specific scale. Assume each event incident occurs at the worst possible time (e.g. during peak patient loads).

Please note specific score criteria on each work sheet to ensure accurate recording.

Staff availability

Issues to consider for probability include, but are not limited to:
1. Known risk
2. Historical data
3. Manufacturer/vendor statistics

Issues to consider for response include, but are not limited to:
1. Time to marshal an on-scene response
2. Scope of response capability
3. Historical evaluation of response success

Issues to consider for human impact include, but are not limited to:
1. Potential for staff death or injury
2. Potential for patient death or injury

Issues to consider for property impact include, but are not limited to:
1. Cost to replace
2. Cost to set up temporary replacement
3. Cost to repair
4. Time to recover

Issues to consider for business impact include, but are not limited to:
1. Business interruption
2. Employees unable to report to work
3. Customers unable to reach facility
4. Company in violation of contractual agreements
5. Imposition of fines and penalties or legal costs
6. Interruption of critical supplies
7. Interruption of product distribution
8. Reputation and public image

June 2004
## 9 Financial impact/burden

Issues to consider for preparedness include, but are not limited to:

1. Frequency of drills
2. Training status
3. Insurance
4. Availability of alternate sources for critical supplies/services

Issues to consider for internal resources include, but are not limited to:

1. Types of supplies on hand/will they meet need?
2. Volume of supplies on hand/will they meet need?
3. Staff availability
4. Coordination with MOBs
5. Availability of back-up systems
6. Internal resources’ ability to withstand disasters/survivability

Issues to consider for external resources include, but are not limited to:

1. Types of agreements with local and state agencies.
2. Types of agreements with community agencies/drills?
3. Coordination with local and state agencies
4. Coordination with proximal health care facilities
5. Coordination with treatment specific facilities
6. Community resources

Complete all worksheets including Natural, Technological, Human and Hazmat. The summary section will automatically provide your specific and overall relative threat.

June 2004
# Hazard Vulnerability Analysis
## Disaster Management

DETERMINATION OF POTENTIAL RISK OF THE HAZARD OCCURING

<table>
<thead>
<tr>
<th>HAZARD</th>
<th>LOW</th>
<th>MODERATE</th>
<th>HIGH</th>
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<tbody>
<tr>
<td><strong>Natural Disasters</strong></td>
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<td>Ice/Snow/Blizzards</td>
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<td>Flooding</td>
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<td>Fire</td>
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<td>Outbreak/Epidemic</td>
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<td><strong>Resource/Utility Disasters</strong></td>
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<td>Loss of Power/Electric/Generator</td>
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<td>Communication/Telephone Failure</td>
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<td>IT Failure</td>
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<td>Loss of Water</td>
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<td>Fuel Shortage</td>
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<td>Fire- Internal</td>
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<td>Medical Gas Shutdown</td>
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<td>Staff Unavailability</td>
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<td><strong>Mass Casualty Accidents</strong></td>
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<td>Bus Accidents</td>
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<td>Hostage Situation</td>
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<td><strong>Industrial Accidents</strong></td>
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<td>Fires</td>
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<td>Hazmat</td>
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<td><strong>Weapons of Mass Destruction</strong></td>
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<td>Chemical Weapons</td>
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<td>High Explosive Devices</td>
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<td>Bomb Threat</td>
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HAZARD VULNERABILITY ANALYSIS: MITIGATION, PREPAREDNESS, RESPONSE & RECOVERY

POLICY:

After conducting an annual Hazard Vulnerability Analysis (HVA), we will determine the appropriate level of mitigation, preparedness, response and recovery.

TYPES OF RISK:

EXAMPLES:

1. Natural Disasters-

   **Mitigation:**
   The CHC is not in a flood plane, or earthquake prone area. Therefore we have not taken any special precautions. In case of a blizzard, we have developed a snow emergency policy.

   **Preparedness:**
   See snow emergency policy. (Incident Action Plan)

   **Response:**
   We would activate our external disaster plan and prepare the CHC to receive multiple casualties.

   **Recovery:**
   This would be determined by the incident commander.

2. Utility Disasters-

   **Mitigation:**
   The CHC has taken steps to provide for redundant capabilities of our telephone system. We have emergency generators to power all of our mission critical patient systems.

   **Preparedness:**
   We test our generators and telephone switch on an ongoing basis. We have distributed portable radios to all patient care areas for use during a telephone failure. We also maintain a supply of bottled water at all times.

   **Response:**
   We would activate our internal disaster plan.

   **Recovery:**
   The incident commander would authorize the appropriate steps and resources necessary to return the CHC to our full level of functioning.
3. **Mass Casualty Incidents**

   **Mitigation:**
   We as a CHC cannot take any special precautions to prevent such an incident.

   **Preparedness:**
   We participate with the surrounding communities in conducting drills. During these drills we also conduct a test of our CHC Disaster Plan.

   **Response:**
   We would activate our external disaster plan.

   **Recovery:**
   The incident commander would authorize the use of CHC resources to assist the community in their recovery efforts. If the extent of the incident required that we altered various departmental schedules, the incident commander would determine when the schedule could be resumed.

4. **Industrial Accidents**

   **Mitigation:**
   We as a CHC cannot take any special precautions to prevent such an incident.

   **Preparedness:**
   We participate with the surrounding communities in conducting drills. We have trained staff in the use of PPE and decontamination procedures.

   **Response:**
   We would activate our external disaster plan and set up our decontamination tents and equipment if required.

   **Recovery:**
   The incident commander would authorize the use of CHC resources to assist the community in their recovery efforts. If the extent of the incident required that we altered various departmental schedules, the incident commander would determine when the schedule could be resumed.
5. Weapons of Mass Destruction- Mitigation:

We have taken multiple steps to protect the CHC. Staff is being trained in early detection to ensure that the CHC is not contaminated. We have heightened the awareness of the security and other staff as to potential risks and threats to the CHC.

Preparedness:
We have purchased additional decontamination tents and equipment and personal protection equipment for the staff. We are training the appropriate staff in the use of equipment. We have instituted the Emergency Incident Command System and are training the appropriate management and center staff. We have provided training for the medical staff in the diagnosis and treatment of patients affected by biological weapons.

Response:
The CHC would activate our external disaster plan well as “Code Green” (to set up the decontamination tents and lock down the CHC).

Recovery:
The incident commander would authorize the appropriate steps and resources necessary to return the CHC to our full level of functioning.