Section II: Vulnerability Assessment and Mitigation

1. Hazard Vulnerability Analysis

(facility name) should conduct a thorough Hazard Vulnerability
Analysis to help determine what events or incidents may negatively impact its operations. While it is impossible to forecast every potential threat, it is important to identify as many potential threats as possible to adequately anticipate and prepare to manage a crisis or disaster situation.
(facility name) should utilize a quantitative tool, the Hazard Vulnerability Assessment (HVA), which was developed by the American Society of Healthcare Engineering (ASHE) of the American Hospital Association (©2001). The HVA utilizes a rating system for the probability, risk, and preparedness for various hazards and situations.
Assumptions: For the purpose of this <i>All Hazards Emergency Plan</i> , it is assumed that the following threats may potentially impact all facilities:
 Fire/Explosion
Flood
 Bomb Threat
 Tornado/Hurricane/Severe Weather
 Power Failure/Utility Disruption
 Workplace Violence/Security Threat
 Law Enforcement Activity
 Missing Resident
 Internal Hazardous Materials Spill/Leak
 Pandemic Episode
 Unknown Acts of Terrorism
Unique Threats: Based on the facility's geographic location, past history, proximity to other structures and operations, proximity to transportation corridors, as well as other unique factors, it is essential to identify all threats that can potentially impact the facility.
(facility name) should utilize a risk assessment tool to determine hazards and
vulnerabilities for its County and surrounding areas.
The (county name) County Emergency Management Coordinator will be contacted for guidance and assistance in determining the hazards and vulnerabilities for the facility.
The following is a tool that will aid in completing the Hazard Vulnerability Assessment, as it takes into consideration the proximity that (facility name) is within specific probable hazardous areas. (The bolded terms in the Geographic Hazardous Areas column pertain to events that could potentially pose as dangers, if the hazardous areas are close to the facility.)

Geographic Hazardous Areas	Proximity to Facility:	Potential Hazard (Y/N)
Busy Roadways—Elopement, Haz Mat	•	
Wooded Areas—Elopement, Fire		
Bodies of Water—Elopement		
Designated Truck Routes—Haz Mat		
Railroad—Elopement, Haz Mat		
Airport—Terrorism Target, Mass Casualty		
Dam—Terrorism Target Mass Casualty		
Military Bases/Installations—Explosion, Haz-Mat, Terrorism Target		
Pipelines—Explosion, Haz Mat		
Gas Stations—Explosion, Haz Mat		
Industrial Areas/Distribution Centers/Trucking Terminals— Explosion , Haz Mat		
Chemical Plants—Explosion, Haz Mat, Terrorism Target, Mass Casualty		
Nuclear Plants—Explosion, Haz Mat, Terrorism Target, Mass Casualty		
Bulk Fuel Storage/Tank Farms (Oil, Gasoline, Propane, Natural Gas, etc.)—Explosion, Haz Mat, Terrorism Target, Mass Casualty		
Refineries—Explosion, Haz Mat, Terrorism Target, Mass Casualty		
Sewage Treatment Plants—Haz Mat, Terrorism Target, Mass Casualty		
Agricultural Processing Plants/Storage Facilities (Grain Silos)— Haz Mat, Explosion		
Public Swimming Pools—Elopement, Haz Mat		
Schools—Law Enforcement Activity		
Jails/Prisons—Civil Unrest, Law Enforcement Activity		
Any Immediately Adjacent Operation posing a threat:		
Any Operation in the general area posing a threat:		

The Hazard	Vulnerability	Tool should	be completed	to identify	hazards	and the	direct/indire	ct effect	t these	hazards	could
have for				(fac	cility nan	ıe):					

Instructions to Complete the Hazard Vulnerability Analysis Tool

1. Evaluate every potential event in each of the categories for probability, risk, and preparedness. Add events as necessary.

Probability: Evaluate each event as the likelihood of it occurring. Issues to consider in determining probability are:

- Known risk
- Historical data
- Manufacturer/vendor statistics

Risk: Evaluate the potential impact that any given hazard may have on the facility. Issues to consider are:

- Threat to life and/or health
- Disruption of services
- Damage/failure possibilities
- Loss of community trust
- Financial impact
- Legal issues

Preparedness: Evaluate the current level of preparedness to manage each disaster. Issues to consider are:

- Status of current plans
- Training status
- Insurance
- Availability of backup systems
- Community resources
- 2. Multiply the ratings for each event in the area of probability, risk, and preparedness to give a total score for each hazard. A hazard that does not have a probability of occurring is scored zero and will result in a zero for the total score.
- 3. List the hazards in descending order of the total scores will prioritize the hazards most in need of attention and resources for emergency planning.

_____ (Facility) will evaluate the final prioritization and determine a cutoff value, where no action will be taken for particular hazards. There will be some risk for those hazards.

The Hazard Vulnerability Assessment should be reviewed at least annually.

Hazard Vulnerability Assessment

EVENT	PROBABILITY			RISK				PREPAREDNESS TOTAL			TOTAL		
	нісн	МЕDIUМ	LOW	NONE	LIFE THREAT	HEALTH/ SAFETY	HIGH DISRUPTION	MODERATE DISRUPTION	LOW DISRUPTION	POOR	FAIR	G00D	
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	
NATURAL EVENTS													
Hurricane Winds													
Tornado													
Severe thunderstorm													
Snow fall													
Blizzard													
Ice storm													
Earthquake													
Temperature extremes													
Drought													
Flood, external													
Wild fire													
Landslide													
Epidemic/pandemic													
Dam failure													
Explosion/munitions													
Nuclear power plant incident													
HUMAN EVENTS													
Elopement													
Work place violence													
Security threat													

EVENT		PROBA	BILITY		RISK				PR	EPAREDNI	ESS	TOTAL	
	нісн	MEDIUM	ТОМ	NONE	LIFE THREAT	HEALTH/ SAFETY	HIGH DISRUPTION	MODERATE DISRUPTION	LOW DISRUPTION	POOR	FAIR	G00D	
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	
Hazmat exposure, external													
Terrorism, chemical													
Terrorism, biological													
Hostage situation													
Civil disturbance/ community violence													
Labor action													
Bomb threat													
TECHNOLOGICAL EVENTS													
Electrical failure													
Generator failure													
Transportation failure													
Fuel shortage													
Natural gas failure													
Water failure													
Sewer failure													
Steam failure													
Fire alarm failure													
Communications failure													
Medical gas failure													
Medical vacuum failure													
HVAC failure													
Information systems failure													
Fire, internal													

EVENT	PROBABILITY				RISK				PREPAREDNESS			TOTAL	
	нісн	MEDIUM	LOW	NONE	LIFE THREAT	HEALTH/ SAFETY	HIGH DISRUPTION	MODERATE DISRUPTION	LOW DISRUPTION	POOR	FAIR	G00D	
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	
Flood, internal													
Hazmat exposure, internal													
Unavailability of supplies													
Structural damage													
Other													

 $^{\ @}$ 2001, American Society of Healthcare Engineering of the American Hospital Association

2.	Facility	Disaster	Preparedness	Assessment
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Assessment on an annual b the facility that will be utilized		the readiness of	of the physical		ough Disaster Preparednesed supplies/provisions within
of the resident census, staff situation. The supplies are s should be labeled as Emerg spill supplies). Staff member	members, and the stored in the followency Supplies and ers are aware of the Menus. In epidenger. Procedures a	ir family memining location (so where needed location of so mic/pandemic are in place for	bers in the situals):	er according to the ation of keys. upplies and person toring needed additional actions are according to the ation of keys.	. They emergency (e.g. chemical al protective equipment may
	Number of Supplies Needed	Total Number of Supplies on	Total Number of Supplies on	Total Number of Supplies on	Total Number of Supplies on
	(Residents and Employees)	(date)	(date)	(date)	(date)
Location of Emergency Water Supply:					
One Gallon of Potable Water per Person per Day is the Suggested Minimum	Example: 1 x 110 residents + 90 employees = 200 gallons needed per day				
Seven-Day Supply of One-Gallon Jugs of Water (Seven days is the suggested minimum)	Example: 7 days x 200 gallons = 1,400 gallons needed for 7 days				
Bulk Water Storage (Five Gallon Jugs or Greater)					
Ability to Shelter/Evacue evacuate staff family: Yes No Special considerations included	(facility Staff family	name) has the		ey regarding its abi	lity to shelter and/or fortime.
☐ Yes ☐ No Special considerations inclu	•	will be allowed	l to evacuate wi	ith the facility staff	/residents.

Sealed Food Supply

	Number of Supplies Needed (Residents and Employees)	Total Number of Supplies on (date)	Total Number of Supplies on (date)	Total Number of Supplies on (date)	Total Number of Supplies on (date)
Location of Emergency Food Supply for 7 Days:					
Ready-to-Eat Canned Meats					
Ready-to-Eat Canned Soups/Stews					
Ready-to-Eat Canned Vegetables					
Ready-to-Eat Canned Fruits					
Juices/Gatorades					
Powdered Drinks (Kool-Aid, Tang, etc.)					
Carnation Instant Breakfast					
Dry Cereals					
Peanut Butter					
Crackers					
Coffee and Tea					
Powdered Milk					
Evaporated Milk					
Instant Potatoes					
Instant Puddings					
Macaroni and Cheese					
Nonfood Items: Paper Plates, Cups, Napkins, and Plastic Utensils					
Plastic Bags					
Ice	-				

Emergency Equipment and Medical Supplies

	Number of Supplies Needed	Total Number of Supplies on (date)			
Wheelchairs					
Walkers & Canes					
Portable/Folding Chairs (for Staging Area)					
Oxygen Concentrators					
IV Poles					

	Number of Supplies Needed	Total Number of Supplies on (date)	Total Number of Supplies on (date)	Total Number of Supplies on (date)	Total Number of Supplies on (date)
Feeding Pumps					
Suction Machines					
Bedside Commodes					
Adaptive Devices					
A Five-Seven Day Supply Should be Maintained:					
First Aid Supplies					
Band-Aids					
Gauzes and Bandages					
Alcohol/Hydrogen Peroxide					
Neosporin					
Disposable gloves					
Disposable gowns					
Surgical masks					
Eyewash Saline Solution					
Incontinence Products					
Barrier Cream					
Sanitizing Wipes					
Hand Sanitizer					
Medication Cups/Straws					
Nutritional supplements					
Catheter supplies					
Ostomy supplies					
Sterile 4X4s					
Alcohol/Peroxide					
First Aid Tape					
Syringes					
Kling/Ace Bandages					
Glycerine swabs					
Normal saline					
Insulin supplies					

Emergency Equipment and Supplies

			There enter supp		
	Number of Supplies Needed (Residents and Employees)	Total Number of Supplies on (date)			
Location of Emergency Supplies:					
Flashlights and Batteries					
Whistles					
Portable Radio, NOAA Radio, and Batteries					
Mechanics Tool Box					
Utility Knife					
Non-Electric Can Openers					
Blenders/Food Processors					
Coolers					
Digging Tools: Shovels, Picks					
Supply of Duct Tape					
Heavy-Duty Plastic Sheeting					
Tarps					
Garbage Bags for Sanitation					
Cleaning Disinfectant Solutions					
Extra Supply of Bleach					
Approved Heavy-Duty Extension Cords					
Fire Extinguishers					
Fire Blankets					
Extra Sleeping Provisions (Pillows, Blankets, etc.)					
Matches in Waterproof Container					
Sewing Kit					
Portable Emergency Generators					
Fans					
Toilet Paper					
Hand Washing Soap					
Wind-up Alarm Clock					
Two-way Radios					
Storage Bags-Red Bags					
Chemical Light Sticks					Page

	Number of Supplies Needed (Residents and Employees)	Total Number of Supplies on (date)			
(breakable light sticks)					
Box Cutters, Packing Tape, and String					
Hardhats and Work Gloves					
Caution Tape- Caution Cones					
Chainsaw (s)					
Reflective Vests					
Resident ID Bracelets					
Writing Utensils, Note Pads, Scissors, and Tape					
Spools of Twine					
Portable Cots					
Air Mattresses					
Cleaning Materials: bleach, sponges, mops, rags, etc.					
Analog Telephone					
Cell Phone Battery Charger					
Minimum 3 Days Fuel for Generator					
Minimum 3 Days Fuel for Vehicles					

Emergency "Go Box" for th	e I	the	Facility
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______ (facility name) should establish an Emergency "Go Box" and place it in secure locations throughout the facility, so that the Administrator and/or Incident Commander can grab it in an emergency situation. The "go-box" should contain at least the following items:

Emergency Go Box Items for Facility Boxes are located:				
✓	Item			
	Cell phone & phone charger			
	Two-way radios			
	Cash/credit cards			
	Additional keys for the facility			
	Emergency key contacts list			
	List of employees with information for payroll purposes			
	List of employees contact/emergency numbers			
	Copies of facility floor plans (enlarged)			
	Badges for visitors/Pens/Pads/Blank Avery labels/ Colored Sharpe Markers			

Incident Command Structure (ICS) Facility Action Cards (See Appendix 17)	
N95 Masks/Latex gloves	
Working gloves/duct tape	
Colored t-shirts or reflective vests/incident commander vest	
Restraints for emergency purposes ONLY	

3. Alternate Facility (Relocation Site) Assessment

______ (facility name) should establish multiple alternate facility sites when a complete evacuation of the facility is required. In some cases and depending on the situation, relocation may occur to a suitable facility within the same region for a short-term basis.

In the event however, that a disastrous situation strikes an entire geographical area, an alternate facility is identified that is at least 50 miles away from the facility.

It is essential that the alternate facilities meet basic requirements for safety and security of the residents and staff members. An alternate facility must provide the same level of care or higher to the residents, whether it be another nursing facility or hospital. A thorough evaluation of an Alternate Facility should be conducted to ensure that the facility meets the appropriate needs of the residents.

It will be assured that the alternate facility providers are trained to the needs of the chronic, cognitively impaired and frail population, as well as knowledgeable of methods to minimize transfer trauma with provisions for mental/behavioral health and grief counseling.

4. Crisis Public Relations—Staff Members, Family of Residents, and Community

In advance of an impending crisis or disaster situation, including an epidemic/pandemic episode, it is important for
(facility name) staff members, residents, family members, and the community-at-
large to understand that the facility has developed a relationship with local emergency responders as well as the
County Emergency Management Agency to properly plan, prepare,
respond, and recover from such situations.
(facility name) has designated an individual to adequately educate
staff members, residents, family members, and other applicable members/organizations within the community to
understand that the facility has initiated a comprehensive program to address issues pertaining to All Hazards Emergency
Management in order to lessen its perceived burden on the community.

The following persons will be official spokesperson with alternates designated:

Name/Contact Information	Title	Department

In advance of a crisis or disaster scenario that may require the facility to evacuate or shelter-in-place (SIP) and present media and public relations issues/concerns, the following points should be considered:

- Identify standardized ways of disseminating information (regular briefings, scheduled press conferences, etc.), as well as what to release, when to release it, whom to release it to, and why to release information
- Appropriate training should be provided to anyone in the organization who may deal with the media or perform public relations duties, keeping in mind:
 - o Residents want to know:
 - How will they be protected
 - How they will be kept informed
 - How they can help or be involved
 - How soon normalcy will be reestablished

- o Family Members/Responsible Parties want to know:
 - How their loved ones will be protected
 - Who is in charge
 - Who will be providing the most accurate information about the facility's status
 - Their own responsibility during an emergency event
 - The decision the facility is making that effect their loved ones
 - How their loved ones are doing
 - How they can help or be involved
 - How soon normalcy will be reestablished¹
- Appropriate training should be provided to all employees to clearly define responsibilities and limitations regarding contact with the media and the release of information as part of the employees' conditions of employment
- Factors that should be considered when releasing information should balance:
 - o Protection of the privacy, health, and welfare of the residents
 - o When the information cannot be released, the release should be refused with an explanation. If delays are encountered, the media should be so advised
 - o Addressing the public's need for information and reassurance, including:
 - Requesting that the public be advised not to come to the scene
 - Methods of apprising them of the situation
 - Anticipated "next steps"

• Coordination of messages to residents, physicians, and staff members

- Coordination of messages for handling the "worried well" (volunteers, separate locations, family members)
- KY Association of Health Care Facilities (KAHCF) and KY Association of Homes and Services for the Aging (KAHSA) can assist with communications during times of disasters. (see **Appendix 4**: Contacts List)

¹ Florida Health Care Association Emergency Guide for Nursing Homes, Part I Comprehensive Emergency Management Plan, 2007, page 13.