

<b>Policy Name:</b> Hazard Vulnerability Analysis	
<b>Policy Date:</b>	<b>Policy Revision:</b> Revision Date

**Purpose:**

To evaluate hazards, their risk of actual occurrence, and the impact on life, property, and business should the hazard occur.

**HVA Results**

The results of the HVA will assist with the mitigation steps warranted in order to minimize the impact of various hazards of HVA identified the following relative threats based on hazard type to the facility, be it natural, technological, human error or hazardous materials (HAZMAT). It also identified the relative impacts based on probability and severity of hazards to the facility.

**Procedure:**

- 1) A hazard vulnerability analysis (HVA) will be conducted on (1) an **annual** basis, (2) after an emergency event, and/or (3) warranted by changes in either the community, facility or warranted by the **Emergency Preparedness Committee (EPC)**. The **Administrator** is responsible for ensuring that the HVA is conducted, forwarding to the necessary committees, and carrying out any corrective measures identified through the HVA.
- 2) The completed HVA along with an analysis and recommendations for changes must be submitted to the EPC.
- 3) The analysis and recommendations must take into consideration whether current emergency preparedness properly addresses issues raised through the hazard vulnerability analysis and the environmental care policies’ objectives, scope, performance and effectiveness.
- 4) All events above **20%** will be addressed by developing and executing hazard specific protocols that address that specific event.
- 5) The **EPC** will use the hazard and vulnerability assessment tool developed by Kaiser Permanente.
- 6) Issues to be considered when conducting the HVA include the probability and severity of the event. Considerations for severity must include human impact, property impact, business impact, preparedness, internal response, and external response. The probability and magnitude (human, property, and business impact) of the event will be considered on a scale for 1 (low) to 3 (high) and mitigation (preparedness, internal response, and external response) will be scored on a scale from 1 (high) to 3 (low).
- 7) Issues to consider for **Probability** include, but are not limited to:
  - Known risk;
  - Historical data; and
  - Manufacturer/vendor statistics.

- 8) Issues to consider for **Response** include, but are not limited to:
- Time to marshal an on-scene response;
  - Scope of response capability; and
  - Historical evaluation of response success.
- 9) Issues to consider for **Human Impact** include, but are not limited to:
- Potential for staff death or injury; and
  - Potential for patient death or injury.
- 10) Issues to consider for **Property Impact** include, but are not limited to:
- Cost to replace;
  - Cost to set up temporary replacement;
  - Cost to repair; and
  - Time to recover.
- 11) Issues to consider for **Business Impact** include, but are not limited to:
- Business interruption;
  - Employees unable to report to work;
  - Customers unable to reach facility;
  - Company in violation of contractual agreements;
  - Imposition of fines and penalties or legal costs;
  - Interruption of critical supplies;
  - Interruption of product distribution;
  - Reputation and public image; and
  - Financial impact/burden.
- 12) Issues to consider for **Preparedness** include: but are not limit to:
- Status of current plans;
  - Frequency of drills;
  - Training status;
  - Insurance; and
  - Availability of alternate sources for critical supplies/services.
- 13) Issues to consider for **Internal Resources** include: but are not limit to:
- Types and sufficiency of supplies on hand;
  - Volume and sufficiency of supplies on hand;
  - Staff availability;
  - Coordination with medical office buildings;
  - Availability of back-up systems; and
  - Internal resources ability to withstand disasters/survivability.
- 14) Issues to consider for **External Resources** include: but are not limit to:
- Types of agreements with community agencies/drills;
  - Coordination with local and state agencies;
  - Coordination with proximal health care facilities;
  - Coordination with treatment specific facilities; and
  - Community resources.

Identification of all business functions essential to the facility's operations that should be continued during an emergency:

1. Adequate staffing for proper continued care.
2. Pharmacy services for resident and staff as required.
3. Medical gas i.e. Oxygen and suction.
4. Kitchen food and water service.
5. External services required such as transport to dialysis provider.
6. Physical plant such as HVAC, sewage and