# Appendix A.5.2

# Regional Hazard Vulnerability Assessment

Recognizing that hazards and vulnerabilities are subject to change, the coalition conducts a hazard assessment annually. The coalition members provide insight into what they perceive to be areas of concern locally as well as regionally. The coalition then identifies areas of priority so that the coalition can focus future trainings/exercises on these areas. The assessment process utilizes surveys as well as face-to-face discussions. The final document is created by the RHPC and approved by coalition members. The 2024-2025 HVA was discussed during the January 25, 2024 Coalition meeting. The advisory committee identified that the hazards and vulnerabilities remain the same however the recommended steps necessary to address those hazards have changed as we develop tools and resources to ensure a response to those hazards are mitigated. During the HVA discussion it was noted that when responding to large scale disaster/events the coalition and its' membership will need to work with governmental agencies where the communications and situation may be out of the control of the membership and the coalition will have to adapt accordingly however when dealing with events that are limited to within the region or even cross regional boundaries the relationships bridged by the coalition have greatly increased the success of the response. All membership agree and support that the coalitions' primary responsibility during any response is to advocate for the local/regional/state process as well as to advocate for the needs of the coalition members.

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| **West Central Regional Healthcare Vulnerability** | | |
| **Natural** | **Manmade** | **Facility/ Operations** |
| * Weather (hot and cold) | * Communications * Lack of coordination between ALL health care and LPH/EM/State partners * Chronic illness/Pandemic * Power outages * Resource acquisition/sharing * Coalition Funding/Staffing shortage | * Staffing (numbers and skill) * Transportation (non-emergent, off-hours, between facilities) * Distance to hospitals/higher level of care * Staff wearing multiple hats * Evacuation destination * Space for influx of patients * Viability/Success of the organization |
| **West Central Regional Threats to Healthcare Delivery** | | |
| **Natural**   * Tornado * Winter Weather * Flood (overland - limiting access to patients and limiting access of staff and patients to healthcare ) | **Manmade**   * Loss of Power * Long-Term Loss of Utilities * Security Incidents (Active Shooter; Workplace Violence) * Pandemics/Epidemics * Fire * External HazMat Spill/Leak * Staffing shortage * Cybersecurity/Attack * Chemical/Biological exposure | **Facility/Operations**   * Communications * Transportation * Destruction of building/Structural/ Damage/Access |
| The chart below identifies the impact and strategies for mitigation and response. It is assumed that some of the impacts will be related to more than one of the previously identified hazards. The conditions listed are considered Regional vs. local. All local partners are to have their own facility/agency based HVA. Mitigation strategies listed below are for the regional level. | | |
| **West Central Region Conditions that Impact Regional Capability** | | |
| Staffing | Emergency Coordination | Transportation/Patient Movement |
| Supplies/Resource allocation | Technology (communications) | Funding |
| **Impact/Conditions:** | **Coalition Mitigation and Response Activities** | |
| Staffing | Educate and recruit staff to participate in Minnesota Responds. Train the Long Term Care  workgroup on the roles/responsibilities of Minnesota Responds. Promote in weekly update. | |
| Review and update coalition MOU annually. Coaltion membership requires signatures for the MOU. The MOU identifies resources for staff sharing in a response. | |
| Encourage/promote vaccination of staff as well as the family members of staff. Follow current guidance from CDC regarding quarantine process. | |
| Support healthcare facilities in development of facility Continuity of Operations planning to include steps necessary when staffing is an issue. | |
| Coalition staffing issues are addressed in the coalition Continuity of Operations plan - the COOP plan will be maintained and posted on the coalition website. | |
| Supplies | Invite facilities materials management / purchasing departments to discuss issues related to supply chain management. Share the resources and sharing policy of the coalition with the managers so there is awareness. Identify areas/gaps where the coalition can support the facilities. | |
| Develop a deeper understanding of the assets that exist within the region. Update the health care resource assessment database as well as include assets that may be available from long term care and assisted living facilities such as transportation. Rebuild coalition cache when able - during the  COVID response the cache has been extensively used. Review and update the coalition resource | |
| Continue the engagement of facility based pharmacy representatives to discuss issues in the pharmaceutical supply areas Discuss the role of the coalition in resource sharing. Identify potential gaps and discuss steps to mitigate those gaps. | |
| Maintain coalition cache and recirculate existing PPE to maintain expiration standards. | |
| Emergency Coordination | Support the continued utilization of MNTrac. Provide the necessary training to ensure that hospitals, long term care, assisted living, home health, local public health, emergency medical services, and emergency management have the awareness and capability to utilize the program. This allows for bed tracking, command center - situational awareness, and patient tracking and family reunification. | |
| Share algorithms that identify the coordination process and ensure the coalition members understand the process (facility to city to county to region to state). Include formal and informal processes. | |
| Ensure that facilities and agencies possess and operational depth of knowledge of regional processes. This includes the ability to manage an emergency at a facility but also to coordinate with regional partner and to complete sufficient documentation for information sharing. | |
| Technology | Cybersecurity continues to impact health care facilities. The coalition will provide awareness training and support health care facilities by sharing lessons learned related to cybersecurity. | |
| 800MHz communications is tested twice a year by conducting a regional communications exercise.  Facility emergency preparedness representatives use this test to train additional users at the | |
| Transportation | The coalition will continue to explore options available within MNTrac including patient tracking and the survey for situational awareness. The coalition will be engaged in the Statewide Medical Operations Coordination Center Planning. | |
| Review plans for managing transport assets and coordinating patient resource when the medical transport assets are stressed. Encourage facilities to work with their local emergency manager to identify additional transportation assets available in an emergency. | |
| Examine the engagement of EMS providers within the efforts to coordinate healthcare in the | |
| Review SNF transportation assets - buses/vans | |