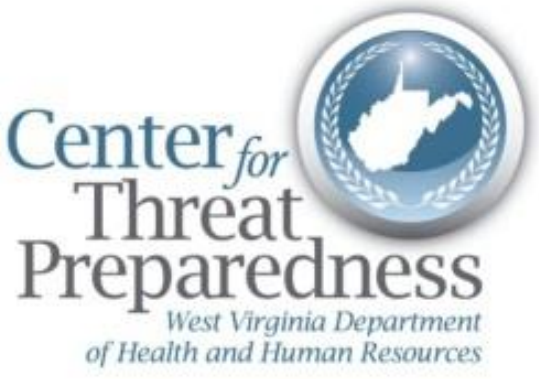
# Health Risk Assessment (HRA) Workshop:
## Participant Tool



## Acknowledgements

**Workgroup Members:** Brian Bell (*Raleigh County HD*), Janet Briscoe (*Kanawha-Charleston HD*), JD Douglas (*BPH Office of Environmental Health Services*), Joann Fleming (*Bureau for Behavioral Health and Health Facilities*), Jackie Fleshman (*Putnam County HD*), Donnie Haynes (*BPH Office of Environmental Health Services*), Jackie Huff (*Hancock County HD*), Denise Knoebel (*Preston County HD*), Brian Lilly (*St. Francis Hospital*), James Mitchell (*BPH Office of Environmental Health Services*), Mark Pickett (*Princeton Community Hospital*), Rachel Radcliffe (*BPH Division of Infectious Disease Epidemiology*), Christina Richmond (*BPH Center for Threat Preparedness*), Judy Vallandingham (*BPH Office of Environmental Health Services*), Andrew Walker (*Bureau for Behavioral Health and Health Facilities*)

**Advisory Group Members:** Amy Atkins (*BPH Division of Local Health*), Paul Howard (*DMAPS Division of Homeland Security and Emergency Management*), Shannon McBee (*Bureau for Behavioral Health and Health Facilities*), Jamie Moore (*Marion County HD*), Mickey Plymale (*Wayne County HD*), Rachel Radcliffe (*BPH Division of Infectious Disease Epidemiology*), Jerry Rhodes (*BPH Center for Threat Preparedness*), Barb Taylor (*BPH Office of Environmental Health Services*), Mark Wigal (*BPH Center for Threat Preparedness*)

**Partners:**

WV Bureau for Public Health
WV Hospital Association
The American Red Cross, West Virginia Region
WV State Police
WV Department of Public Safety and Military Affairs
WV Bureau for Behavioral Health and Health Facilities
WV Primary Care Association
WV Department of Environmental Protection
WV Department of Agriculture

**Technical Assistance:**

Staff, *WV Bureau for Public Health, Center for Threat Preparedness*
Jennifer Horney and Rachel Wilfert, *University of North Carolina Center for Public Health Preparedness*

Dale Thompson, *Kaiser Permanente*
Jeffrey Kaliner, *Oregon Health Authority*
*University of California Los Angeles*
Judy Crabtree, *Kanawha Coalition for Community Health Improvement*
Thomas Hunt, *Texas Department of State Health Services*
John Fleming, *Houston Department of Health & Human Services*
Andrew McMahan, *New York City Department of Health and Human Hygiene*
Megan McFarland, *Michigan Department of Community Health*
Jennifer Williams, *Florida Department of Health*
DeeAnn Bagwell, Brandon Dean, Sinan Khan, *Los Angeles County Department of Public Health*
*Rural Domestic Preparedness Consortium*
*Centers for Disease Control and Prevention, Office of Preparedness and Emergency Response*
*Federal Emergency Management Agency*
Joie Acosta and Anita Chandra, *RAND Corporation*

*Special thanks to Stan Mills and his students in ISC 247: Public Health and Man at Marshall University for pilot testing this tool and providing valuable feedback.*

**Project Manager:** Rebecca Schmidt, MPA
**Point of Contact:** West Virginia DHHR/BPH Center for Threat Preparedness, 304-558-6900

# PART I

## *Hazard Identification and Ranking*

# PART I: PARTICIPANT COVER SHEET

| | | | |
|---|---|---|---|
| **Sector (circle one):** | Public Health | Hospital | Behavioral Health |
| | Primary Care | Other | |

**County:** _____

**Name:** _____

**Agency/Organization:** _____

***Please return your completed worksheet to the form checker***

## Part 1: Instructions

This is an individual activity, to be completed by you.

1) Using both the scale and hazard definitions (found in Attachments 1 and 2), please fill-out the impact, mitigation and probability boxes for each of the listed hazards. We encourage you to use your experience as a professional, your knowledge as a community member, and any plans, reports or other documents that you have brought with you that document the hazards in your county.

2) When you have put a number in each box, use the following equation to add-up the relative threat for each hazard:

*Risk = Probability X (Impact-Mitigation)*

*Example:* For this example, the equation would be: **Risk = ((3 + 4 + 4) – (1 + 1 + 0)) X 3 = (11 – 2) X 3 = 9 X 3 = 27**

| Event | Impact | | | | Mitigation | | | | Impact - Mitigation | Probab-ility | Risk |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Human | Infrastructure | Services | TOTAL | Internal | External | Community | TOTAL | | | |
| *Score* | *0 = None<br>1 = Minimal<br>2 = Moderate<br>3 = Severe<br>4=Catastrophic* | *0 = None<br>1 = Minimal<br>2 = Moderate<br>3 = Severe<br>4=Catastrophic* | *0 = None<br>1 = Minimal<br>2 = Moderate<br>3 = Severe<br>4=Catastrophic* | | *0 = None<br>1 = Minimal<br>2 = Moderate<br>3 = Prepared<br>4=Resilient* | *0 = None<br>1 = Minimal<br>2 = Moderate<br>3 = Prepared<br>4=Resilient* | *0 = None<br>1 = Minimal<br>2 = Moderate<br>3 = Prepared<br>4=Resilient* | | *If number is negative, write in 0.* | ***0 = None<br>1 = Rare<br>2 = Unlikely<br>3= Probable<br>4 = Frequent*** | *Range : 0-48* |
| **Tsunami** | **3** | **4** | **4** | **11** | **1** | **1** | **0** | **2** | **9** | **3** | **27** |

3) Impact guidance: if you cannot decide between two numbers, choose the higher number. For example, for the hazard "active shooter," if you can't decide between a 3 and a 4 for human impact, put a 4.

4) Mitigation guidance: if you cannot decide between two numbers, choose the lower number. For example, for the hazard "hurricane," if you can't decide between a 2 and a 3 for external mitigation, put a 2. For "Internal Mitigation" answer for your agency.

5) **Note:** When all participants have returned their completed forms to the form checker, the form checker or another staff person will use an Excel tool to identify the hazard that the group, as a whole, prioritized. This will be the hazard with the highest average risk and will be used to complete Part II: Impact.

## Worksheet 1: Hazard Prioritization

| Event | Impact | | | | Mitigation | | | | Impact - Mitigation | Probability | Risk |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Human | Infrastructure | Services | TOTAL | Internal | External | Community | TOTAL | | | |
| *Score* | *0 = None<br>1 = Minimal<br>2 = Moderate<br>3 = Severe<br>4=Catastrophic* | *0 = None<br>1 = Minimal<br>2 = Moderate<br>3 = Severe<br>4=Catastrophic* | *0 = None<br>1 = Minimal<br>2 = Moderate<br>3 = Severe<br>4=Catastrophic* | | *0 = None<br>1 = Minimal<br>2 = Moderate<br>3 = Prepared<br>4=Resilient* | *0 = None<br>1 = Minimal<br>2 = Moderate<br>3 = Prepared<br>4=Resilient* | *0 = None<br>1 = Minimal<br>2 = Moderate<br>3 = Prepared<br>4=Resilient* | | *If number is negative, write in 0.* | ***0 = None<br>1 = Rare<br>2 = Unlikely<br>3= Probable<br>4 = Frequent*** | *Range: 0-48* |
| **Active Shooter** | | | | | | | | | | | |
| **Air Quality** | | | | | | | | | | | |
| **Agricultural Disease Outbreak** | | | | | | | | | | | |
| **Agroterrorism** | | | | | | | | | | | |
| **Biological/Chemical Terrorism** | | | | | | | | | | | |
| **Civil Disturbance/Protest** | | | | | | | | | | | |
| **Communications or IT Failure** | | | | | | | | | | | |
| **Cyberterrorism** | | | | | | | | | | | |
| **Dam Failure** | | | | | | | | | | | |
| **Drought** | | | | | | | | | | | |
| **Earthquakes** | | | | | | | | | | | |
| **Epidemic/Pandemic** | | | | | | | | | | | |
| **Extreme Temperature Event** | | | | | | | | | | | |
| **Fire: Large Conflagration/Wildfire** | | | | | | | | | | | |
| **Flood** | | | | | | | | | | | |
| **Food Borne Disease Outbreak** | | | | | | | | | | | |
| **HazMat Release** | | | | | | | | | | | |
| **Hurricane/Tropical Storm** | | | | | | | | | | | |
| **Landslide/Debris Flow/Mudslide** | | | | | | | | | | | |
| **Local Public Health Emergency** | | | | | | | | | | | |
| **Mass Population Surge** | | | | | | | | | | | |
| **Mineral Extraction Failure** | | | | | | | | | | | |
| **Power Failure** | | | | | | | | | | | |
| **Radiological Release** | | | | | | | | | | | |
| **Severe Winter Storm** | | | | | | | | | | | |
| **Supply Disruption** | | | | | | | | | | | |
| **Tornado/Windstorm** | | | | | | | | | | | |
| **Transportation Failure** | | | | | | | | | | | |
| **Water System or Sewer Failure** | | | | | | | | | | | |
| **Other:** | | | | | | | | | | | |
| **Other:** | | | | | | | | | | | |

## Attachment 1: Scale Definitions for Hazard Prioritization (Worksheet 1)

| | | | |
|---|---|---|---|
| ***Probability*** | For probability, consider the following:<br>• Known risks including existing hazards such as chemical plants, transportation lines, etc.<br>• Historical data such as traditional springtime flooding, weather patterns, etc.<br>• Future threat potential including any new construction of hazard sites, new groups in the area that have the potential to cause civil unrest, etc. | **0 - None** | Zero or near zero probability the hazard will occur. |
| | | **1 - Rare** | May occur only in exceptional circumstances; may occur once every 26 years or more. |
| | | **2 - Unlikely** | Is not expected to occur; and/or very few recorded incidents; and/or no recent incidents in associated organizations, facilities, or communities; and/or little opportunity, reason, or means to occur; may occur once every 8-25 years. |
| | | **3 - Probable** | Will probably occur in most circumstances; and/or regular recorded incidents; and/or considerable opportunity, reason, or means to occur; may occur once every 2-7 years. |
| | | **4 - Frequent** | Is expected to occur in most circumstances; and /or high level of recorded incidents and/or strong likelihood the event will recur; and or great opportunity, reason, or means to occur; may occur one or more times annually. |
| | | | |
| ***Human Impact*** | For human impact, consider the following:<br>• The potential for death, injury or disease<br>• The impact on at-risk individuals<br>• The impact on households from loss of essential services and utilities<br>• The impact on mental and behavioral health and substance use<br>Note: if the impact could fit under more than one number (i.e. "1-some injuries reported *and* 4 – very high impact on at-risk individuals") record the higher number | **0 - None** | Zero or near zero impact on the health of the population – no injuries or fatalities; at-risk individuals not impacted. |
| | | **1- Minimal** | Low impact on health of population *or* some injuries reported as a direct result of the hazard *or* minimal impact on at-risk individuals; adequately handled by agency using existing resources. |
| | | **2 - Moderate** | Moderate impact on health of population *or* increase in injuries and some severe injuries reported as a direct result of the hazard *or* moderate impact on at-risk individuals; stretches capacity of existing resources; draws upon resources provided by mutual aid within the county. |
| | | **3 - Severe** | High impact on health of population *or* multiple injuries and some fatalities as a direct result of the hazard *or* high impact on at-risk individuals; needs far exceed capacity of local authority and must call on surrounding counties for aid. |
| | | **4 – Catastrophic** | Very high impact on health of population *or* multiple severe injuries and fatalities as a direct result of the hazard *or* very high impact on at-risk individuals; available resources are overwhelmed, requiring state or federal assistance. |
| ***Health Infrastructure Impact*** | For health infrastructure impact, consider the following: | **0- None** | Zero or near zero impact on health infrastructure. |
| | | **1- Minimal** | Low impact; some stress to infrastructure; > 75% of structures, utilities and communications in place; adequately handled by agency using existing resources. |

| | | | |
|---|---|---|---|
| | • The type of hazard<br>• The expected impact of the hazard to health infrastructure overall including hospital, primary care, public health and behavioral health buildings, utilities and communications | **2 – Moderate**<br><br>**3 – Severe**<br><br>**4 – Catastrophic** | Moderate impact; 50-74% of structures, utilities and communications in place; stretches capacity of existing resources; draws upon resources provided by mutual aid within the county.<br><br>Severe impact; 25-49% of structures, utilities and communications in place; needs far exceed capacity of local authority and must call on surrounding counties for aid.<br><br>Structures, utilities and communications destroyed; available resources are overwhelmed, requiring state or federal assistance. |
| ***Health Services Impact*** | For health services impact, consider the following:<br>• Time to recover essential health services<br>• Whether this event would necessitate surge<br>• Whether health systems staff would be available to work this event<br>• Whether transportation to health facilities would be possible in a reasonable timeframe<br>• Whether facilities have sufficient supplies on-hand to self-sustain for 72 hours<br>• Public demand for health services following the event | **0 - None**<br><br>**1- Minimal**<br><br>**2 - Moderate**<br><br>**3 - Severe**<br><br>**4 – Catastrophic** | Zero or near zero impact; non-essential services impacted for less than 24 hours.<br><br>Low impact; essential services are impacted 12-24 hours; adequately handled by agency using existing resources.<br><br>Moderate impact; essential services impacted 25-72 hours, requiring resources provided by mutual aid within the county.<br><br>High impact; essential services are unavailable for 73 hours-1 week, requiring aid from surrounding counties.<br><br>Essential services are impacted for greater than 1 week requiring state and/or federal aid and assistance. |
| | | | |
| ***Internal Mitigation – Health Systems*** | For internal mitigation, consider the following:<br>• To what extent your health agency has developed, reviewed, exercised and implemented their plans<br>• To what extent staff in county health agencies are trained in incident command | **0 – None**<br><br>**1 – Minimal**<br><br>**2 – Moderate**<br><br>**3 – Prepared** | No planning has been done to address this hazard; no staff training has been conducted on incident command.<br><br>Planning has been developed but not shared or tested with essential personnel; only 25% of personnel have been trained in their respective roles for incident command.<br><br>Plans have been developed and shared with essential personnel but have not been tested in the last year; only 50% of personnel have been trained in their respective roles for incident command.<br><br>Plans have been developed and shared with essential personnel and exercised in the last 5 years; plans have also been reviewed with non-essential personnel; 75% of personnel have been trained in their respective roles for incident command. |

| | | | |
|---|---|---|---|
| | | **4 – Resilient** | Plans have been developed, shared and exercised with essential and non-essential personnel in the last year; used in a real event in the last five years; 100% of personnel have been trained in their respective roles for incident command. |
| ***External Mitigation – Health Partners*** | For external mitigation, consider the following:<br>• To what extent have agencies in your county met, trained, exercised and responded to this event<br>• To what extent agencies in your county have shared plans and built partnerships through MOUs and other methods | **0 – None** | No Memorandums of Understanding (MOUs) have been developed with external partners to address this hazard. |
| | | **1 – Minimal** | Partners have met to discuss MOUs but the MOUs have not been reviewed together to determine potential gaps in response and/or competing contracts. |
| | | **2 – Moderate** | MOUs have been developed and reviewed by relevant partners in the last 12 months. |
| | | **3 – Prepared** | MOUs have been developed and reviewed by partners in the last 12 months *and* exercised in the last 5 years. |
| | | **4 – Resilient** | MOUs have been developed and reviewed by partners in the last 12 months *and* activated in a real event in the last 5 years. |
| ***Community Mitigation*** | For community mitigation, consider the following:<br>• How active is the volunteer base in your county<br>• How educated is your community on preparedness activities such as maintaining adequate food and water supplies<br>• In past disasters, how effective has your county been in sheltering all populations<br>• Has work been done to locate and identify at-risk individuals<br>• What work has been done to educate the public on each hazard, respectively | **0 – None** | No active volunteer base; no education conducted on preparedness; no community planning for at-risk individuals. |
| | | **1 – Minimal** | Volunteer numbers are inadequate for agency response to hazard; limited outreach on community preparedness; limited knowledge of and contact with at-risk individuals. |
| | | **2 – Moderate** | Volunteer numbers are inadequate for agency response and are shared among multiple agencies but have been used in an exercise or event; outreach on community preparedness has been conducted in the last 5 years; agency has general knowledge but no documented lists of at-risk individuals. |
| | | **3 – Prepared** | Volunteer numbers are adequate for response, have been used in an exercise and are dedicated to my agency; my agency has conducted outreach on community preparedness in the last 12 months; my agency has lists facilities serving at-risk populations in my county but only general knowledge of at-risk individuals. |
| | | **4 – Resilient** | Volunteer numbers are adequate for response and have been used in my agency's response in the last 5 years for an event; my agency conducts outreach on community preparedness more than once a year; my agency has developed and is promoting a registry for at-risk individuals and has a notification list of facilities serving at-risk individuals. |

## Attachment 2: Hazard Definitions for Hazard Prioritization (Worksheet 1)

| Hazard List | Definition |
|---|---|
| Active Shooter | An individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearm(s) with no pattern or method to their selection of victims. |
| Air Quality | Poor air quality occurs when the air contains gases, dust, fumes or odor in amounts that could be harmful to the health of humans and animals. May include ozone/pollution advisories. |
| Agricultural Disease Outbreak | Naturally occurring biological disease in some component of agriculture (crops and/or animals) in such a way as to adversely impact the agriculture industry, the economy, or the consuming public. |
| Agroterrorism | Agroterrorism is the deliberate introduction or threatened use of biological, chemical, or radiological agents, either against livestock/crops or into the food chain, for the purpose of undermining and/or generating fear over the safety of food, causing economic losses, and/or undermining social stability. It may also take the form of hoaxes and threats intended to create public fear of such events. Agroterrorism affects the animal or plant food chain that it attacks and the public confidence in the product. |
| Biological or Chemical Terrorism | The intentional use of chemicals, microorganisms or toxins derived from organic or inorganic organisms to cause death or disease in humans, animals, or plants on which we depend. |
| Civil Disturbance/Protest/ Demonstration | Any incident intended to disrupt community affairs and requiring police intervention to maintain public safety. |
| Communications / Information Technology (IT) Failure | May range from temporary or short-term disruption to total communications or information technology systems failure, including messaging systems, Internet, telephones, portable microwave, amateur radios, point-to-point private lines, satellite, and high-frequency radio. |
| Cyberterrorism | The intentional disruption of the Internet or the systems needed to operate critical infrastructure, including: information systems, technology, programmable electronic devices, networks, hardware, software and data. |
| Dam Failure | The systematic failure of dam structure leading to an uncontrolled release of water resulting in a flood that exceeds the 100-year flood plain. |
| Drought | A condition of moisture deficit sufficient to have an adverse effect on vegetation, animals, and people over a sizeable area. Also a period of abnormally dry weather that persists long enough to produce a serious hydrologic imbalance (for example, crop damage, water supply shortage, etc.). The severity of the drought depends upon the degree of moisture deficiency, the duration, and the size of the affected area. |
| Earthquake | The sudden motion or trembling in the earth caused by an abrupt release of slowly accumulating strain which results in ground shaking, surface faulting, or ground failures. |
| Epidemic/Pandemic | An outbreak of a novel virus causing sudden, pervasive illness that can severely affect even otherwise healthy individuals in all age groups. |
| Extreme Temperature Event | Extreme cold is defined as a drop in temperature to within 5 degrees of the local record. The absolute temperature that qualifies for this designation will vary by region. Extreme heat is defined as a combination of very high temperatures and exceptionally humid conditions that are severe enough to cause a health risk to a portion of the local population that cannot find shelter. |
| Fires – Large-Scale Conflagration or Wildfire | Fires larger than a single family dwelling that cause a public health or major medical emergency. Examples may include fires in high-rise buildings, commercial buildings, bulk storage structures (non-hazardous material), manufacturing buildings, and conflagration fires (fires that spread from building to building). Any free burning uncontainable wildland fire not prescribed for the area, which consumes the natural fuels and spreads in response to its environment. |
| Flood | The accumulation of water within a water body and the overflow of excess water into adjacent floodplain lands. |

| | |
|---|---|
| Food Borne Disease Outbreak | Any illness that is related to food ingestion; gastrointestinal tract symptoms are the most common clinical manifestations of foodborne illnesses. An outbreak occurs when two or more cases are caused by the same organism within a reasonably close period of time. (Unless it is Botulism, in which case a single case would be considered an outbreak). |
| Hazardous Materials Release | The uncontrolled release of materials capable of posing a risk to health, safety, and property. Generally, such materials are classed as explosives and blasting agents, flammable and noncombustible gases, combustible liquids, flammable liquids and solids, oxidizers, poisons, etiological agents, radioactive materials, corrosive materials, and other materials including hazardous wastes. |
| Hurricane/Tropical Storm | A tropical cyclone (hurricane) is defined as a low-pressure area of closed circulation winds that originates over tropical waters. Tropical storm: when sustained wind speeds exceed 39 mph. Hurricane: when sustained wind speeds exceed 74 mph. |
| Landslide/Debris Flow/Mudslide | A landslide is the downward and outward movement of slope-forming materials, such as rocks, soil, and artificial fill. Landslides are generally caused by triggering events (e.g., earthquakes, heavy rains, or floods), that may destabilize or weaken an earthen slope and cause it to fail. |
| Local Public Health Emergency | The occurrence of a public health incident in a community or region of cases of an illness, specific health-related behavior, or other health-related events clearly in excess of normal expectancy. |
| Mass Population Surge | The population of an area is increased due to the migration/relocation of another community. |
| Mineral Extraction Failure | Any explosion, collapse, fire, or flood in an area involving the extraction of minerals from the earth that results in a significant loss of life. Extraction can include coal, rock, oil, gas and other minerals. |
| Power Failure | Any interruption or loss of electrical service due to disruption of power generation or transmission caused by accident, sabotage, natural hazards, equipment failure, or fuel shortage. |
| Radiological Release | The unintentional or intentional release of radioactive material to the environment. Includes any type of device or method used to disperse radioactive material, including conventional explosive materials (i.e., a dirty bomb) and improvised nuclear weapons or any occurrence at a fixed nuclear power facility in sufficient quantity to constitute a threat to the health and safety of the offsite population. |
| Severe Winter Storm | Severe winter storm is defined as extreme cold and/or heavy concentrations of snowfall or ice. For purposes of this analysis, and uniformity of measuring, applicants should consider the frequency and severity of damages caused by a cold snap within 5 degrees of the local record, or ice and/or snow accumulations that cause large scale power outages longer than 48 hours. |
| Supply Disruption | Includes disruptions of food and/or water and/or pharmaceutical supply chain in production, warehousing, transportation and demand from natural and man-made events with repercussions on commerce and the public wellbeing and safety. |
| Tornado/Windstorm | A violently rotating storm of small diameter; the most violent weather phenomenon. It is produced in a very severe thunderstorm and appears as a funnel cloud extending from the base of a cumulonimbus to the ground. For this analysis, and for uniformity of measuring, applicants should consider the frequency and severity of damages caused by tornadoes in your area. A windstorm is when high wind speeds may pose a hazard or are life-threatening; non-tornadic winds greater than or equal to 40 mph lasting for one hour or longer, or winds greater than or equal to 58 mph for any duration. Excludes dust storms. |
| Transportation Failure | The disruption of the movement of people, products or supplies through a given area due to the loss of transportation mainframes including highways, railways or airports. This can be the result of natural or unnatural events such as plane crashes or train derailment. |
| Water System or Sewer Failure | Water supply contamination can be caused by naturally occurring events, a failure of the community water system, construction damage and infrastructure failure that may result in a rapid onset of interruption. Other incremental interruptions may be due to longer-term events such as drought or acute loss of one source of supply. Boil water orders may be required to ensure destruction of all harmful bacteria and other microbes, to ensure the safety of water for drinking, cooking, and making ice. A wastewater collection system or sanitary sewer system is defined as the network of pipes and pumping systems used to convey sanitary flow to a wastewater treatment facility for treatment prior to discharge into the environment. A wastewater collection system is designed to convey only sanitary flow, whereas a combined system is designed to convey sanitary and storm water flows. |

# PART II

## *Impact Discussion and Planning Tool*

# PART II: PUBLIC HEALTH AND OTHER PARTICIPANT COVER SHEET

**Sectors:** Public Health and Other

**County:** _____

**Name (s) of Agency Representative(s):** _____

_____

**Agencies/Organizations Contributing:** _____

**Note:** Public health will fill-out this worksheet ***as a group*** with agencies that do not fall under the hospital, primary care or behavioral health sectors.

***Please return your completed worksheet to the form checker***

## Part 2: Instructions

For the hazard prioritized by the participants in your workshop, _____, please fill-out the indicators as they apply to the public's health and your health department.

The 0-4 rating scale is specific to each indicator; however, 0-4 generally means the following:

0 = Added impact of disaster is negligible
1 = Minimal: Adequately handled by agency using existing resources
2 = Moderate: Stretches capacity of existing resources; draws upon mutual aid/Memorandums of Understanding (MOUs) within the county
3 = Severe: Needs far exceed capacity of local authority and must call on surrounding counties for aid
4 = Catastrophic: Available resources are overwhelmed, requiring state or federal assistance

After you have completed this worksheet, please list any additional impacts that the hazard the group prioritized, _____, would have on the public's health and/or on your agency's infrastructure/services:

# Public Health/Summary Indicators

| HUMAN IMPACT | |
|---|---|
| **Indicator** | **Rating Scale (please check *one* only)** |
| **Water quality**<br>The availability of potable drinking water for residents impacted by the hazard event. | [ ] 0 = No impact<br>[ ] 1 = Few households are without potable water service<br>[ ] 2 = Multiple households are without potable water service<br>[ ] 3 = Multiple households are without potable water service, and bottled water is scarce<br>[ ] 4 = Most households are without potable water service, and bottled water is scarce |
| **Food security**<br>The availability of a safe and nutritious food supply for residents impacted by the hazard event. | [ ] 0 = No impact<br>[ ] 1 = Few households lack a safe and adequate food supply<br>[ ] 2 = Multiple households lack a safe and adequate food supply<br>[ ] 3 = Multiple households lack a safe and adequate food supply with some malnutrition<br>[ ] 4 = Multiple households lack a safe and adequate food supply with severe malnutrition |
| **Infectious disease**<br>The number of residents that can be impacted by infectious disease as a result of the hazard event. | [ ] 0 = No impact<br>[ ] 1 = At-risk individuals impacted<br>[ ] 2 = Low potential for multiple illness & death<br>[ ] 3 = Medium potential for multiple illness & death<br>[ ] 4 = High potential for multiple illness & death |
| **Fatalities**<br>Fatalities that occur as a direct result of the hazard event. | [ ] 0 = No impact<br>[ ] 1 = Fatalities are adequately handled by agency using existing resources<br>[ ] 2 = Fatalities stretch the capacity of existing resources; utilizes MOUs within the county<br>[ ] 3 = Fatalities exceed capacity of local authority; must call on surrounding counties for aid<br>[ ] 4 = Available resources are overwhelmed requiring significant state and/or federal resources |
| **Impact on those with chronic disease**<br>The impact of the hazard on individuals living with chronic disease. | [ ] 0 = No impact<br>[ ] 1 = Few chronic disease-related injuries from the event<br>[ ] 2 = Multiple minor injuries or possible major injury<br>[ ] 3 = Multiple major injuries or possible death<br>[ ] 4 = Multiple major injuries and deaths |
| **Mass Care**<br>The ability to provide feeding centers, basic first aid, bulk distribution of needed items, and related services to persons affected by the hazard event. | [ ] 0 = No impact<br>[ ] 1 = Mass care adequately handled by agency using existing resources<br>[ ] 2 = Mass care stretches capacity of existing resources; utilizes MOUs within the county<br>[ ] 3 = Mass care exceeds capacity of local authority; must call on surrounding counties for aid<br>[ ] 4 = Mass care needs overwhelm county, requiring significant state and/or federal resources |
| **Sheltering**<br>Temporary housing for people affected by the hazard event including at-risk individuals. Someone whose housing lacks | [ ] 0 = No impact<br>[ ] 1 = Sheltering and mass care adequately handled by agency using existing resources<br>[ ] 2 = Sheltering and mass care stretch capacity of existing resources; utilizes MOUs within the county<br>[ ] 3 = Sheltering and mass care exceed capacity of local authority; must call on surrounding counties for aid<br>[ ] 4 = Sheltering and mass care needs overwhelm county, requiring significant state and/or federal resources |

| | |
|---|---|
| heat in winter qualifies. | |
| **Family assistance center**<br>Family assistance typically involves a range of services provided by local, state, and federal agencies as well as nonprofits and private organizations. | [ ] 0 = No impact<br>[ ] 1 = Family assistance needs adequately handled by agency using existing resources<br>[ ] 2 = Family assistance needs stretch capacity of existing resources; utilizes MOUs within the county<br>[ ] 3 = Family assistance needs exceed capacity of local authority; must call on surrounding counties for aid<br>[ ] 4 = Family assistance needs overwhelm county, requiring significant state and/or federal resources |
| **Community resources, linkages, and assistance**<br>The ability of local residents to know who, where and how to seek assistance after the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of survivors know where and how to seek help<br>[ ] 2 = 50-75% of survivors know where and how to seek help<br>[ ] 3 = 25-49% of survivors know where and how to seek help<br>[ ] 4 = Survivors are unfamiliar with available resources/assistance |
| **At-risk individuals**<br>Individuals who may have greater difficulty accessing the public health and medical services they require following a disaster or emergency. | [ ] 0 = No impact<br>[ ] 1 = Outreach to at-risk individuals adequately handled by agency using existing resources<br>[ ] 2 = Outreach to at-risk individuals stretches capacity of existing resources; utilizes MOUs within the county<br>[ ] 3 = Outreach to at-risk individuals exceeds capacity of local authority; must call on surrounding counties for aid<br>[ ] 4 = Outreach to at-risk individuals overwhelms county, requiring significant state and/or federal resources |
| **INFRASTRUCTURE IMPACT** | |
| **Infrastructure Impact – Public Health** | |
| **Public health facilities**<br>The percentage of public health facilities and structures which remain operable and open to patients during the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of facilities and structures in place<br>[ ] 2 = 50%-75% of facilities and structures in place<br>[ ] 3 = 25%-49% of facilities and structures in place<br>[ ] 4 = Facilities and structures not in place/destroyed |
| **Public health communications**<br>The percentage of communication systems that are operable during and after the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of communications systems in place<br>[ ] 2 = 50%-75% of communications systems in place<br>[ ] 3 = 25%-49% of communications systems in place<br>[ ] 4 = Communications systems not in place/destroyed |
| **Services Impact – Public Health** | |
| **Public health services**<br>The percentage of public health services that are operational during an event. | [ ] 0 = No impact<br>[ ] 1 = >75% of normal public health services are operational<br>[ ] 2 = 50%-75% of normal public health services are operational<br>[ ] 3 = 25%-49% of normal public health services are operational<br>[ ] 4 = Essential services are near or at complete cessation |

| | |
|---|---|
| **Public health personnel**<br>The percentage of public health personnel that are available to work during the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of personnel will be available to work an event<br>[ ] 2 = 50%-75% of public health personnel will be available to work an event<br>[ ] 3 = 25%-49% of public health personnel will be available to work an event<br>[ ] 4 = No public health personnel will be available to work an event |
| **Public health surge**<br>The change in demand for public health services that is directly related to the hazard event. | [ ] 0 = No impact<br>[ ] 1 = Public health surge is minimal, adequately handled using existing resources<br>[ ] 2 = Public health surge is moderate, utilizes MOUs within the county<br>[ ] 3 = Public health surge is severe, must call on surrounding counties for aid<br>[ ] 4 = Public health surge is catastrophic requiring significant state and/or federal resources |
| **Time to resume essential public health services**<br>The amount of time needed after the hazard event to restore essential services. | [ ] 0 = No impact<br>[ ] 1 = 12-24 hours; adequately handled using existing resources<br>[ ] 2 = 25-72 hours; utilizes MOUs within the county<br>[ ] 3 = 73 hours – 1 week; must call on surrounding counties for aid to restore essential services<br>[ ] 4 = Greater than 1 week; requires significant state and/or federal resources to restore essential services |
| **Services Impact – Other** | |
| **Pharmacy/dispensing**<br>The percentage of pharmacy/dispensing facilities, systems and structures that remain operable and open to patients during the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of systems in place<br>[ ] 2 = 50%-75% of systems in place; utilizes MOUs within the county<br>[ ] 3 = 25%-49% of systems in place; must call on surrounding counties for aid<br>[ ] 4 = Dispensing systems near or at complete cessation; requires significant state and/or federal resources, including the Strategic National Stockpile |
| **Emergency transport**<br>The number of emergency transport requests by residents in the county that are above baseline for the area. | [ ] 0 = No impact<br>[ ] 1 = Demand for emergency medical services is adequately handled using existing resources<br>[ ] 2 = Demand for emergency medical services is moderate, utilizes MOUs within the county<br>[ ] 3 = Demand for emergency medical services is severe, must call on surrounding counties for aid<br>[ ] 4 = Demand for emergency medical services is catastrophic requiring significant state and/or federal resources |

# PART II: HOSPITAL PARTICIPANT COVER SHEET

**Sector:** Hospital

**County:** _____

**Name (s) of Agency Representative(s):** _____

_____

**Agency/Organization:** _____

**Note:** For this activity you will be split into groups according to agency. Each agency represented in this workshop should fill-out a separate impact worksheet. If ***more than one*** representative from your agency is present at this workshop, please return a ***single*** worksheet for your agency to the form checker.

***Please return your completed worksheet to the form checker***

## Part 2: Instructions

For the hazard prioritized by the participants in your workshop, _____, please fill-out the indicators as they apply to your hospital.

The 0-4 rating scale is specific to each indicator; however, 0-4 generally means the following:

0 = Added impact of disaster is negligible
1 = Minimal: Adequately handled by agency using existing resources
2 = Moderate: Stretches capacity of existing resources; draws upon mutual aid/Memorandums of Understanding (MOUs) within the county
3 = Severe: Needs far exceed capacity of local authority and must call on surrounding counties for aid
4 = Catastrophic: Available resources are overwhelmed, requiring state or federal assistance

After you have completed this worksheet, please list any additional impacts that the hazard you prioritized, _____, would have on the public's health and/or on your agency's infrastructure/services:

# Hospital Indicators

| | |
|---|---|
| **Human Impact -- Hospitals** | |
| **ER visits**<br>The number of ER visits by residents in the community that are above baseline for the area. | [ ] 0 = No impact<br>[ ] 1 = Visits increase but are adequately handled by agency using existing resources<br>[ ] 2 = Visits stretch capacity of existing resources<br>[ ] 3 = Visits far exceed capacity of hospital – surge plans implemented<br>[ ] 4 = ER overwhelmed, requiring significant state and/or federal resources |
| **Hospital outpatient visits**<br>The number of outpatient appointments that are maintained during the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of appointments kept<br>[ ] 2 = 50%-75% of appointments kept<br>[ ] 3 = 25%-49% of appointments kept<br>[ ] 4 = Impossible for patients to keep appointments due to incident |
| **Hospital inpatients**<br>The number of patients that are admitted to the hospital as a result of the hazard. | [ ] 0 = No impact<br>[ ] 1 = Demand for hospital beds is increased but is less than hospital capacity<br>[ ] 2 = Demand for hospital beds is equal to capacity; local MOUs implemented<br>[ ] 3 = Demand for hospital beds exceeds capacity requiring help from surrounding counties<br>[ ] 4 = Demand for hospital beds far exceeds capacity requiring significant state and/or federal resources |
| **Infrastructure Impact -- Hospitals** | |
| **Hospital facilities**<br>The percentage of hospital facilities and structures that remain operable and open to patients during the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of facilities and structures in place<br>[ ] 2 = 50%-75% of facilities and structures in place<br>[ ] 3 = 25%-49% of facilities and structures in place<br>[ ] 4 = Facilities and structures in place not in place/destroyed |
| **Communications**<br>The percentage of communication systems that are operable during and after the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of communications systems in place<br>[ ] 2 = 50%-75% of communications systems in place<br>[ ] 3 = 25%-49% of communications systems in place<br>[ ] 4 = Communications systems not in place/destroyed |
| **Utilities**<br>The percentage of utilities (water, sewer, electric, gas, etc.) that are operable during and after the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of utilities in place<br>[ ] 2 = 50%-75% of utilities in place<br>[ ] 3 = 25%-49% of utilities in place<br>[ ] 4 = Utilities not in place/destroyed |
| **Services Impact – Hospitals** | |
| **Capacity**<br>The percentage of hospital services that are operational during a hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of capabilities in place<br>[ ] 2 = 50%-75% of capabilities in place<br>[ ] 3 = 25%-49% of capabilities in place |

| | |
|---|---|
| | [ ] 4 = Essential services are near or at complete cessation |
| **Supplies (72 hours)**<br>The percentage of supplies that will be available for use for the 72 hour period immediately following the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of supplies available<br>[ ] 2 = 50%-75% of supplies available<br>[ ] 3 = 25%-49% of supplies available<br>[ ] 4 = Supplies/re-supply not in place and/or destroyed |
| **Entry/exit routes**<br>The percentage of entry/exit points open to the local hospital during a hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of entry/exit routes open<br>[ ] 2 = 50%-75% of entry/exit routes open; local MOUs implemented<br>[ ] 3 = 25%-49% of entry/exit routes open; requires diversion to surrounding counties<br>[ ] 4 = Entry/exit routes not functional/destroyed; requires significant federal/state support |
| **Transportation**<br>The percentage of hospital transport available to the local hospital during a hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of hospital transportation available/functional<br>[ ] 2 = 50%-75% of hospital transportation available/functional; local MOUs implemented<br>[ ] 3 = 25%-49% of hospital transportation available/functional; requires diversion to surrounding counties<br>[ ] 4 = Hospital transportation not functional/destroyed; requires significant federal/state support |
| **Time to resume essential hospital services**<br>The amount of time needed after the hazard event to restore essential services. | [ ] 0 = No impact<br>[ ] 1 = 12-24 hours; adequately handled using existing resources<br>[ ] 2 = 25-72 hours; utilizes MOUs within the county<br>[ ] 3 = 73 hours – 1 week; must call on surrounding counties for aid to restore essential services<br>[ ] 4 = Greater than 1 week; requires significant state and/or federal resources to restore essential services |

# PART II: BEHAVIORAL HEALTH PARTICIPANT COVER SHEET

**Sector:** Behavioral Health

**County:** _____

**Name (s) of Agency Representative(s):** _____

_____

**Agency/Organization:** _____

**Note:** For this activity you will be split into groups according to agency. Each agency represented in this workshop should fill-out a separate impact worksheet. If ***more than one*** representative from your agency is present at this workshop, please return a ***single*** worksheet for your agency to the form checker.

***Please return your completed worksheet to the form checker***

## Part 2: Instructions

For the hazard prioritized by the participants in your workshop, _____, please fill-out the indicators as they apply to your behavioral health center.

The 0-4 rating scale is specific to each indicator; however, 0-4 generally means the following:

0 = Added impact of disaster is negligible
1 = Minimal: Adequately handled by agency using existing resources
2 = Moderate: Stretches capacity of existing resources; draws upon mutual aid/Memorandums of Understanding (MOUs) within the county
3 = Severe: Needs far exceed capacity of local authority and must call on surrounding counties for aid
4 = Catastrophic: Available resources are overwhelmed, requiring state or federal assistance

After you have completed this worksheet, please list any additional impacts that the hazard you prioritized, _____, would have on the public's health and/or on your agency's infrastructure/services:

# Behavioral Health Indicators

| Human Impact – Behavioral Health | |
|---|---|
| **Emotional impact – short-term**<br>The percentage of people impacted by the hazard event who experience short-term emotional reactions such as fear, anxiety and depression. Emotional impact is a mental state that arises spontaneously rather than through a conscious effort and is often accompanied by physiological changes. | [ ] 0 = No impact<br>[ ] 1 = <25% of survivors will experience short-term reactions<br>[ ] 2 = 25-49% of survivors will experience short-term reactions<br>[ ] 3 = 50-75% of survivors will experience short-term reactions<br>[ ] 4 = >75% of survivors will experience short-term reactions |
| **Emotional impact – long-term**<br>The percentage of people impacted by the hazard event who experience long-term emotional reactions such as fear, anxiety and depression. Emotional impact is a mental state that arises spontaneously rather than through a conscious effort and is often accompanied by physiological changes. | [ ] 0 = No impact<br>[ ] 1 = <10% of survivors will experience long-term reactions<br>[ ] 2 = 10-25% of survivors will experience long-term reactions<br>[ ] 3 = 26-50% of survivors will experience long-term reactions<br>[ ] 4 = >50% of survivors will experience long-term reactions |
| **Infrastructure Impact – Behavioral Health** | |
| **Behavioral health facilities**<br>The percentage of behavioral health facilities that remain operable and open to patients during the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of structures and systems in place<br>[ ] 2 = 50%-75% of structures and systems in place<br>[ ] 3 = 25%-49% of structures and systems in place<br>[ ] 4 = Structures and systems not in place/destroyed |
| **Behavioral health communications**<br>The percentage of communication systems that are operable during and after the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of communications systems in place<br>[ ] 2 = 50%-75% of communications systems in place<br>[ ] 3 = 25%-49% of communications systems in place<br>[ ] 4 = Communications systems not in place/destroyed |
| **Behavioral health utilities**<br>The percentage of utilities (water, sewer, electric, gas, etc.) that are operable during the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of utilities in place<br>[ ] 2 = 50%-75% of utilities in place<br>[ ] 3 = 25%-49% of utilities in place<br>[ ] 4 = Utilities not in place/destroyed |
| **Services Impact – Behavioral Health** | |

| | |
|---|---|
| **Behavioral health services**<br>The percentage of behavioral health services that are operational during the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of services in place<br>[ ] 2 = 50%-75% of services in place<br>[ ] 3 = 25%-49% of services in place<br>[ ] 4 = Essential services are near or at complete cessation |
| **Behavioral health personnel**<br>The percentage of behavioral health personnel that is available to work during the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of personnel will be available to work the hazard event<br>[ ] 2 = 50%-75% of personnel will be available to work the hazard event<br>[ ] 3 = 25%-49% of personnel will be available to work the hazard event<br>[ ] 4 = No personnel will be available to work the hazard event |
| **Time to resume essential behavioral health services**<br>The amount of time needed after the hazard event to restore essential services. | [ ] 0 = No impact<br>[ ] 1 = 12-24 hours; adequately handled using existing resources<br>[ ] 2 = 25-72 hours; utilizes MOUs within the county<br>[ ] 3 = 73 hours – 1 week; must call on surrounding counties for aid to restore essential services<br>[ ] 4 = Greater than 1 week; requires significant state and/or federal resources to restore essential services |

# PART II: PRIMARY CARE PARTICIPANT COVER SHEET

**Sector:** Primary Care/Health Center

**County:** _____

**Name (s) of Agency Representative(s):** _____

_____

**Agency/Organization:** _____

**Note:** For this activity you will be split into groups according to agency. Each agency represented in this workshop should fill-out a separate impact worksheet. If ***more than one*** representative from your agency is present at this workshop, please return a ***single*** worksheet for your agency to the form checker.

***Please return your completed worksheet to the form checker***

## Part 2: Instructions

For the hazard prioritized by the participants in your workshop, _____, please fill-out the indicators as they apply to the your health center.

The 0-4 rating scale is specific to each indicator; however, 0-4 generally means the following:

0 = Added impact of disaster is negligible
1 = Minimal: Adequately handled by agency using existing resources
2 = Moderate: Stretches capacity of existing resources; draws upon mutual aid/Memorandums of Understanding (MOUs) within the county
3 = Severe: Needs far exceed capacity of local authority and must call on surrounding counties for aid
4 = Catastrophic: Available resources are overwhelmed, requiring state or federal assistance

After you have completed this worksheet, please list any additional impacts that the hazard you prioritized, _____, would have on the public's health and/or on your agency's infrastructure/services:

# Primary Care/Health Center Indicators

| | |
|---|---|
| **Human Impact – Primary Care/Health Centers** | |
| **Primary care clinical visits**<br>The percentage of patients who maintain their primary care appointments during and immediately after the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of appointments kept<br>[ ] 2 = 50%-75% of appointments kept<br>[ ] 3 = 25%-49% of appointments kept<br>[ ] 4 = Impossible for patients to keep appointments due to the hazard event |
| **Infrastructure Impact – Primary Care/Health Centers** | |
| **Health center facilities**<br>The percentage of health facilities, systems and structures which remain operable and open to patients during the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of structures and systems in place<br>[ ] 2 = 50%-75% of structures and systems in place<br>[ ] 3 = 25%-49% of structures and systems in place<br>[ ] 4 = Structures and systems not in place/destroyed |
| **Communications**<br>The percentage of communication systems that are operable during and after the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of communications systems in place<br>[ ] 2 = 50%-75% of communications systems in place<br>[ ] 3 = 25%-49% of communications systems in place<br>[ ] 4 = Communications systems not in place/destroyed |
| **Utilities**<br>The percentage of utilities (water, sewer, electric, gas, etc.) that are operable during the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of utilities in place<br>[ ] 2 = 50%-75% of utilities in place<br>[ ] 3 = 25%-49% of utilities in place<br>[ ] 4 = Utilities not in place/destroyed |
| **Services Impact – Primary Care/Health Centers** | |
| **Capacity**<br>The percentage of primary care services which are operational during the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of capabilities in place<br>[ ] 2 = 50%-75% of capabilities in place<br>[ ] 3 = 25%-49% of capabilities in place<br>[ ] 4 = Essential services are near or at complete cessation |
| **Supplies (72 hours)**<br>The percentage of supplies that will be available for use for the 72 hour period immediately following the hazard event. | [ ] 0 = No impact<br>[ ] 1 = >75% of supplies available<br>[ ] 2 = 50%-75% of supplies available<br>[ ] 3 = 25%-49% of supplies available<br>[ ] 4 = Supplies/re-supply not in place and/or destroyed |
| **Time to resume essential primary care services**<br>The amount of time needed after the hazard event to restore essential services. | [ ] 0 = No impact<br>[ ] 1 = 12-24 hours; adequately handled using existing resources<br>[ ] 2 = 25-72 hours; utilizes MOUs within the county<br>[ ] 3 = 73 hours – 1 week; must call on surrounding counties for aid to restore essential services<br>[ ] 4 = Greater than 1 week; requires significant state and/or federal resources to restore essential services |

# PART III

## *Agency Mitigation Planning Tool*

# PART III: PUBLIC HEALTH PARTICIPANT COVER SHEET

**Sector:** Public Health

**County:** _____

**Name (s) of Agency Representative(s):** _____

_____

**Agency/Organization:** _____

**Note:** For this activity you will be split into groups according to agency. Each agency represented in this workshop should fill-out a separate mitigation worksheet. If ***more than one*** representative from your agency is present at this workshop, please return a ***single*** worksheet for your agency to the form checker.

***Please return your completed worksheet to the form checker***

## Mitigation -- Public Health

1. Please check the box to indicate the status of your public health plans:

| | 0: My agency has no plan. | 1: My agency has a written plan. | 2: My agency has a written plan, and it has been reviewed in the past 12 months. | 3: My agency has a written plan, which has been reviewed in the past 12 months and exercised in the last 5 years. | 4: My agency has a written plan, which has been reviewed in the past 12 months and used in a real event in the last 5 years. |
|---|---|---|---|---|---|
| All Hazards Plan | | | | | |
| Annex specific to the top hazard identified in this workshop | | | | | |
| Strategic National Stockpile (SNS) Plan | | | | | |
| Pan Flu Plan | | | | | |
| Smallpox Plan | | | | | |
| Continuity of Operations (COOP) Plan | | | | | |
| Crisis and Emergency Risk Communications (CERC) Plan | | | | | |

2. Rate the level of Incident Command System (ICS) Training your public health staff have completed:
   - [ ] 0: No staff have completed ICS training.
   - [ ] 1: 1-25% of staff have completed ICS training for their respective roles.
   - [ ] 2: 26-50% of staff have completed ICS training for their respective roles.
   - [ ] 3: 51-75% of staff have completed ICS training for their respective roles.
   - [ ] 4: 76-100% of staff have completed ICS training for their respective roles.

3. Prior to this workshop, please check the box to indicate the partnerships public health had with the following groups:

| | 0: My agency does not meet or communicate with this group. | 1: My agency has met or talked with this group. | 2: My agency has a written understanding with this group, which has been reviewed in the past 12 months. | 3: My agency has a written understanding, which has been reviewed in the past 12 months and exercised in the last 5 years. | 4: My agency has a written understanding, which has been reviewed in the past 12 months and activated in a real event in the last 5 years. |
|---|---|---|---|---|---|
| Regional Epidemiologist | | | | | |
| Regional Environmental Health | | | | | |
| Local Primary Care | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Centers/Health Centers | | | | | |
| Local Emergency Management Authority/Office of Emergency Services | | | | | |
| City/County/State Law Enforcement | | | | | |
| Local Fire Department | | | | | |
| Local Emergency Medical Services | | | | | |
| Local Hospitals | | | | | |
| Local Pharmacies | | | | | |
| Local Behavioral Health Centers | | | | | |
| Local Schools/Colleges/ Universities | | | | | |
| Local Public Service Districts | | | | | |
| County/City Solid Waste Authority | | | | | |
| Local Funeral Homes/Mortuary Services | | | | | |
| Local Emergency Planning Committee (LEPC) | | | | | |
| Local long-term care facilities | | | | | |
| American Red Cross, WV Region | | | | | |
| Other: | | | | | |
| Other: | | | | | |

4. In the past five years, has public health:

| Question | Event (if applicable) | Year (s) | Yes | No |
|---|---|---|---|---|
| 4a. Required additional staffing for an event? | | | | |
| 4b. Implemented Memorandums of Understanding (MOUs) with partners? | | | | |
| 4c. Been a partner in shelter set-up and/or management? | | | | |

| | | | | |
|---|---|---|---|---|
| 4d. Conducted an emergency notification drill for staff? | | | | |
| 4e. Communicated emergency information to the public? | | | | |
| 4f. Utilized volunteers for a real event? | | | | |
| 4g. Used radios in a drill, exercise or event? | | | | |
| 4h. Shared your MOUs with relevant partners? (i.e. to assess overlap of services) | | | | |

5. Rate the volunteer groups in your community, as a whole, which public health can rely on. Groups may include, but are not limited to, the American Red Cross, Salvation Army, MRC, CERT, Volunteer Organizations Active in Disasters (VOAD), faith-based groups, Boy Scouts/Girl Scouts/4-H, etc.
   [ ] 0: No active volunteer groups exist in my community.
   [ ] 1: Volunteer numbers are inadequate for helping public health and have not been used in an exercise or event.
   [ ] 2: Volunteer numbers are inadequate for helping public health but have been used in an exercise or event.
   [ ] 3: Volunteer numbers are adequate for helping public health and have been used in an exercise in the last 5 years.
   [ ] 4: Volunteer numbers are adequate for helping public health and have been used in a response.

6. Does public health have an identified public information officer? Yes No

7. Does public health have any mitigation measures in place specific to the hazard you prioritized that have not been addressed in this tool?

# PART III: HOSPITAL PARTICIPANT COVER SHEET

**Sector:** Hospital

**County:** _____

**Name (s) of Agency Representative(s):** _____

_____

**Agency/Organization:** _____

**Note:** For this activity you will be split into groups according to agency. Each agency represented in this workshop should fill-out a separate mitigation worksheet. If ***more than one*** representative from your agency is present at this workshop, please return a ***single*** worksheet for your agency to the form checker.

***Please return your completed worksheet to the form checker***

## Mitigation – Hospitals

The next set of questions is focused on your hospital.

1. Please check the box to indicate the status of the following plans specific to your hospital:

| | 0: My agency has no plan. | 1: My agency has a written plan. | 2: My agency has a written plan, and it has been reviewed in the past 12 months. | 3: My agency has a written plan, which has been reviewed in the past 12 months and exercised in the last 5 years. | 4: My agency has a written plan, which has been reviewed in the past 12 months and used in a real event in the last 5 years. |
|---|---|---|---|---|---|
| Emergency Operations Plan | | | | | |
| Annex specific to the top hazard identified in this workshop | | | | | |
| Emergency Management Plan | | | | | |
| Individual "Code Response" Policy | | | | | |
| Patient Evacuation Plans | | | | | |
| Plans for Drills and Exercises for Various Event Responses | | | | | |

2. Rate the level of Hospital Incident Command System (HICS) Training your hospital staff members have completed.
   - [ ] NA: No agency representative is present at this workshop.
   - [ ] 0: No staff have completed HICS training.
   - [ ] 1: 1-25% of staff have completed HICS training for their respective roles.
   - [ ] 2: 26-50% of staff have completed HICS training for their respective roles.
   - [ ] 3: 51-75% of staff have completed HICS training for their respective roles.
   - [ ] 4: 76-100% of staff have completed HICS training for their respective roles.

3. Prior to this workshop, please check the box to indicate the partnerships your hospital had with the following groups:

| | 0: My agency does not meet or communicate with this group. | 1: My agency has met or talked with this group. | 2: My agency has a written understanding with this group, which has been reviewed in the past 12 months. | 3: My agency has a written understanding, which has been reviewed in the past 12 months and exercised in the last 5 years. | 4: My agency has a written understanding, which has been reviewed in the past 12 months and activated in a real event in the last 5 years. |
|---|---|---|---|---|---|
| WVHA Disaster Taskforce | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Local Emergency Management Authority/Office of Emergency Services | | | | | |
| City/County/State Law Enforcement | | | | | |
| Local Fire Department | | | | | |
| Local Emergency Medical Services (EMS) | | | | | |
| County Health Department | | | | | |
| Local Pharmacies | | | | | |
| Local Behavioral Health Centers | | | | | |
| Local Emergency Planning Committee (LEPC) | | | | | |
| WV REDI | | | | | |
| Other: | | | | | |
| Other: | | | | | |

4. In the past five years, has your hospital:

| Question | Event (if applicable) | Year (s) | Yes | No |
|---|---|---|---|---|
| 4a. Required additional staffing for an event? | | | | |
| 4b. Implemented Memorandums of Understanding (MOUs) with partners? | | | | |
| 4c. Been a partner in shelter set-up and/or management? | | | | |
| 4d. Conducted an emergency notification drill for staff? | | | | |
| 4e. Communicated emergency information to the public? | | | | |
| 4f. Utilized volunteers for a real event? | | | | |
| 4g. Used radios in a drill, exercise or event? | | | | |
| 4h. Shared your MOUs with relevant partners? (i.e. to assess overlap of services) | | | | |

5. Rate the volunteer groups in your community, as a whole, which your hospital can rely on. Groups may include, but are not limited to, the American Red Cross, Salvation Army, MRC, CERT, Volunteer Organizations Active in Disasters (VOAD), faith-based groups, Boy Scouts/Girl Scouts/4-H, etc.
   [ ] NA: My hospital does not rely on/engage volunteers in response
   [ ] 0: No active volunteer groups exist in my community.

[ ] 1: Volunteer numbers are inadequate for helping my hospital and have not been used in an exercise or event.
[ ] 2: Volunteer numbers are inadequate for helping my hospital but have been used in an exercise or event.
[ ] 3: Volunteer numbers are adequate for helping my hospital and have been used in an exercise in the last 5 years.
[ ] 4: Volunteer numbers are adequate for my hospital and have been used in a response.

6. Does your hospital have an identified public information officer? Yes No

7. Does your hospital have any mitigation measures in place specific to the hazard you prioritized that have not been addressed in this tool?

# PART III: BEHAVIORAL HEALTH PARTICIPANT COVER SHEET

**Sector:** Behavioral Health

**County:** _____

**Name (s) of Agency Representative(s):** _____

_____

**Agency/Organization:** _____

**Note:** For this activity you will be split into groups according to agency. Each agency represented in this workshop should fill-out a separate mitigation worksheet. If ***more than one*** representative from your agency is present at this workshop, please return a ***single*** worksheet for your agency to the form checker.

***Please return your completed worksheet to the form checker***

## Mitigation – Behavioral Health

8. Please check the box to indicate the status of the following plans specific to your behavioral health center:

| | 0: My agency has no plan. | 1: My agency has a written plan. | 2: My agency has a written plan, and it has been reviewed in the past 12 months. | 3: My agency has a written plan, which has been reviewed in the past 12 months and exercised in the last 5 years. | 4: My agency has a written plan, which has been reviewed in the past 12 months and used in a real event in the last 5 years. |
|---|---|---|---|---|---|
| Continuity of Operations (COOP) Plan | | | | | |
| Crisis and Emergency Risk Communications (CERC) Plan | | | | | |
| Patient Evacuation Plan (for state psychiatric hospitals) | | | | | |

9. Rate the level of Incident Command System (ICS) Training your behavioral health staff have completed:
   - [ ] 0: No staff have completed ICS training.
   - [ ] 1: 1-25% of staff have completed ICS training for their respective roles.
   - [ ] 2: 26-50% of staff have completed ICS training for their respective roles.
   - [ ] 3: 51-75% of staff have completed ICS training for their respective roles.
   - [ ] 4: 76-100% of staff have completed ICS training for their respective roles.

10. Prior to this workshop, please check the box to indicate the partnerships your behavioral health center had with the following groups:

| | 0: My agency does not meet or communicate with this group. | 1: My agency has met or talked with this group. | 2: My agency has a written understanding with this group, which has been reviewed in the past 12 months. | 3: My agency has a written understanding, which has been reviewed in the past 12 months and exercised in the last 5 years. | 4: My agency has a written understanding, which has been reviewed in the past 12 months and activated in a real event in the last 5 years. |
|---|---|---|---|---|---|
| Local Emergency Management Authority/Office of Emergency Services | | | | | |
| City/County/State Law Enforcement | | | | | |
| Local Fire Department | | | | | |
| Local Emergency Medical Services (EMS) | | | | | |
| Local Hospitals | | | | | |
| County Health Department | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Local Pharmacies | | | | | |
| Private Behavioral Health Partners | | | | | |
| Local Behavioral Health Coalitions | | | | | |
| Other: | | | | | |
| Other: | | | | | |

11. In the past five years, has your behavioral health agency:

| Question | Event (if applicable) | Year (s) | Yes | No |
|---|---|---|---|---|
| 4a. Required additional staffing for an event? | | | | |
| 4b. Implemented Memorandums of Understanding (MOUs) with partners? | | | | |
| 4c. Been a partner in shelter set-up and/or management? | | | | |
| 4d. Conducted an emergency notification drill for staff? | | | | |
| 4e. Communicated emergency information to the public? | | | | |
| 4f. Utilized volunteers for a real event? | | | | |
| 4g. Used radios in a drill, exercise or event? | | | | |
| 4h. Shared your MOUs with relevant partners? (i.e. to assess overlap of services) | | | | |

12. Rate the volunteer groups in your community, as a whole, which behavioral health can rely on. Groups may include, but are not limited to, the American Red Cross, Salvation Army, MRC, CERT, Volunteer Organizations Active in Disasters (VOAD), faith-based groups, Boy Scouts/Girl Scouts/4-H, etc.
    [ ] NA: My behavioral health center does not rely on/engage volunteers in response
    [ ] 0: No active volunteer groups exist in my community.
    [ ] 1: Volunteer numbers are inadequate for helping behavioral health and have not been used in an exercise or event.
    [ ] 2: Volunteer numbers are inadequate for helping behavioral health but have been used in an exercise or event.
    [ ] 3: Volunteer numbers are adequate for helping behavioral health and have been used in an exercise in the last 5 years.
    [ ] 4: Volunteer numbers are adequate for behavioral health and have been used in a response.

13. Please check the box to indicate the status of the following behavioral health teams within your community:

| | 0: No such team exists within my community. | 1: A plan exists to form this team within my community. | 2: An informal team has been formed within my community. | 3: A formal team has been created in my community and members have been trained. | 4: The formal team exists, members have been trained, and the team is active in my community. |
|---|---|---|---|---|---|
| Community Assessment Teams | | | | | |
| Crisis Intervention Teams | | | | | |

14. Does your behavioral health agency have an identified public information officer? Yes No

15. Does your behavioral health agency have any mitigation measures in place specific to the hazard you prioritized that have not been addressed in this tool?

# PART III: PRIMARY CARE PARTICIPANT COVER SHEET

**Sector:** Primary Care/Health Center

**County:** _____

**Name (s) of Agency Representative(s):** _____

_____

**Agency/Organization:** _____

**Note:** For this activity you will be split into groups according to agency. Each agency represented in this workshop should fill-out a separate mitigation worksheet. If ***more than one*** representative from your agency is present at this workshop, please return a ***single*** worksheet for your agency to the form checker.

***Please return your completed worksheet to the form checker***

## Mitigation – Primary Care/Health Center

The next set of questions is focused on primary care centers in your county. The term "primary care center" may include: Federally Qualified Health Centers, Federally Qualified Health Center lookalikes, community health centers, free clinics, rural health centers, etc.

1. Please check the box to indicate the status of the following plans specific to your health center:

| | 0: My agency has no plan. | 1: My agency has a written plan. | 2: My agency has a written plan, and it has been reviewed in the past 12 months. | 3: My agency has a written plan, which has been reviewed in the past 12 months and exercised in the last 5 years. | 4: My agency has a written plan, which has been reviewed in the past 12 months and used in a real event in the last 5 years. |
|---|---|---|---|---|---|
| Emergency Operations Plan | | | | | |
| Annex specific to the top hazard identified in this workshop | | | | | |
| Emergency Management Plan | | | | | |
| Individual "Code Response" Policy | | | | | |
| Patient Evacuation Plans | | | | | |
| Plans for Drills and Exercises for Various Event Responses | | | | | |

2. Rate the level of Incident Command System (ICS) Training your health center staff members have completed.
   - [ ] NA: No agency representative is present at this workshop
   - [ ] 0: No staff have completed ICS training.
   - [ ] 1: 1-25% of staff have completed ICS training for their respective roles.
   - [ ] 2: 26-50% of staff have completed ICS training for their respective roles.
   - [ ] 3: 51-75% of staff have completed ICS training for their respective roles.
   - [ ] 4: 76-100% of staff have completed ICS training for their respective roles.

3. Prior to this workshop, please check the box to indicate the partnerships your health center had with the following groups:

| | 0: My agency does not meet or communicate with this group. | 1: My agency has met or talked with this group. | 2: My agency has a written understanding with this group, which has been reviewed in the past 12 months. | 3: My agency has a written understanding, which has been reviewed in the past 12 months and exercised in the last 5 years. | 4: My agency has a written understanding, which has been reviewed in the past 12 months and activated in a real event in the last 5 years. |
|---|---|---|---|---|---|
| Local Emergency Management Authority/Office of Emergency Services | | | | | |
| City/County/State Law Enforcement | | | | | |
| Local fire department | | | | | |
| Local Emergency Medical Services (EMS) | | | | | |
| County Health Department | | | | | |
| Local Hospital | | | | | |
| Local Pharmacies | | | | | |
| Local Behavioral Health Centers | | | | | |
| Local Emergency Planning Committee (LEPC) | | | | | |
| Other: | | | | | |
| Other: | | | | | |

4. In the past five years, has your health center:

| Question | Event (if applicable) | Year (s) | Yes | No |
|---|---|---|---|---|
| 4a. Required additional staffing for an event? | | | | |
| 4b. Implemented Memorandums of Understanding (MOUs) with partners? | | | | |
| 4c. Been a partner in shelter set-up and/or management? | | | | |
| 4d. Conducted an emergency notification drill for staff? | | | | |
| 4e. Communicated emergency information to the public? | | | | |
| 4f. Utilized volunteers for a real event? | | | | |
| 4g. Used radios in a drill, exercise or event? | | | | |
| 4h. Shared your MOUs with relevant partners? (i.e. to assess overlap of services) | | | | |

5. Rate the volunteer groups in your community, as a whole, which your health center can rely on. Groups may include, but are not limited to, the American Red Cross, Salvation Army, MRC, CERT, Volunteer Organizations Active in Disasters (VOAD), faith-based groups, Boy Scouts/Girl Scouts/4-H, etc.
   - [ ] NA: My health center does not rely on/engage volunteers in response
   - [ ] 0: No active volunteer groups exist in my community.
   - [ ] 1: Volunteer numbers are inadequate for helping my health center and have not been used in an exercise or event.
   - [ ] 2: Volunteer numbers are inadequate for helping my health center but have been used in an exercise or event.
   - [ ] 3: Volunteer numbers are adequate for helping my health center and have been used in an exercise in the last 5 years.
   - [ ] 4: Volunteer numbers are adequate for my health center and have been used in a response.

6. Does your health center have an identified public information officer? Yes No

7. Does your health center have any mitigation measures in place specific to the hazard you prioritized that have not been addressed in this tool?

# PART III: OTHER AGENCY PARTICIPANT COVER SHEET

**Sector:** Other

**County:** _____

**Name (s) of Agency Representative(s):** _____

_____

**Agency/Organization:** _____

**Note:** For this activity you will be split into groups according to agency. Each agency represented in this workshop should fill-out a separate mitigation worksheet. If ***more than one*** representative from your agency is present at this workshop, please return a ***single*** worksheet for your agency to the form checker.

***Please return your completed worksheet to the form checker***

## Mitigation – Other Agency

1. Please check the box to indicate the status of your agency's preparedness plans:

| | 0: My agency has no plan. | 1: My agency has a written plan. | 2: My agency has a written plan, and it has been reviewed in the past 12 months. | 3: My agency has a written plan, which has been reviewed in the past 12 months and exercised in the last 5 years. | 4: My agency has a written plan, which has been reviewed in the past 12 months and used in a real event in the last 5 years. |
|---|---|---|---|---|---|
| Emergency Operations Plan | | | | | |
| Annex specific to the top hazard identified in this workshop | | | | | |
| Continuity of Operations Plan (COOP) | | | | | |

2. Rate the level of Incident Command System (ICS) Training your agency staff members have completed.
   - [ ] 0: No staff have completed ICS training.
   - [ ] 1: 1-25% of staff have completed ICS training for their respective roles.
   - [ ] 2: 26-50% of staff have completed ICS training for their respective roles.
   - [ ] 3: 51-75% of staff have completed ICS training for their respective roles.
   - [ ] 4: 76-100% of staff have completed ICS training for their respective roles.

3. Prior to this workshop, please check the box to indicate the partnerships your agency had with the following groups:

| | 0: My agency does not meet or communicate with this group. | 1: My agency has met or talked with this group. | 2: My agency has a written understanding with this group, which has been reviewed in the past 12 months. | 3: My agency has a written understanding, which has been reviewed in the past 12 months and exercised in the last 5 years. | 4: My agency has a written understanding, which has been reviewed in the past 12 months and activated in a real event in the last 5 years. |
|---|---|---|---|---|---|
| Local Hospitals | | | | | |
| Local Emergency Management Authority/Office of Emergency Services | | | | | |
| City/County Law Enforcement | | | | | |
| Local Fire Department | | | | | |
| Local Emergency Medical Services (EMS) | | | | | |
| County Health Department | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Local Pharmacies | | | | | |
| Local Behavioral Health Centers | | | | | |
| Local Emergency Planning Committee (LEPC) | | | | | |
| Area Primary Care Centers/Rural Health Clinics | | | | | |
| The American Red Cross | | | | | |
| Other: | | | | | |
| Other: | | | | | |

4. In the past five years, has your agency:

| Question | Event (if applicable) | Year (s) | Yes | No |
|---|---|---|---|---|
| 3a. Required additional staffing for an event? | | | | |
| 3b. Implemented Memorandums of Understanding (MOUs) with partners? | | | | |
| 3c. Been a partner in shelter set-up and/or management? | | | | |
| 3d. Conducted an emergency notification drill for staff? | | | | |
| 3e. Communicated emergency information to the public? | | | | |
| 3f. Utilized volunteers for a real event? | | | | |
| 3g. Used radios in a drill, exercise or event? | | | | |
| 3h. Shared your MOUs with relevant partners? (i.e. to assess overlap of services) | | | | |

5. Rate the volunteer groups in your community, as a whole, which your agency can rely on. Groups may include, but are not limited to, the American Red Cross, Salvation Army, MRC, CERT, Volunteer Organizations Active in Disasters (VOAD), faith-based groups, Boy Scouts/Girl Scouts/4-H, etc.
   [ ] NA: My agency does not rely on/engage volunteers in response
   [ ] 0: No active volunteer groups exist in my community.
   [ ] 1: Volunteer numbers are inadequate for helping my agency and have not been used in an exercise or event.
   [ ] 2: Volunteer numbers are inadequate for helping my agency but have been used in an exercise or event.
   [ ] 3: Volunteer numbers are adequate for helping my agency and have been used in an exercise in the last 5 years.
   [ ] 4: Volunteer numbers are adequate for my agency and have been used in a response.

6. Does your agency have an identified public information officer? Yes No

7. Does your agency have any mitigation measures in place specific to the hazard you prioritized that have not been addressed in this tool?

# PART IV

## *Community Mitigation Planning Tool*

# PART IV: INSTRUCTIONS

**Note:** This is a group activity. Please decide as a group what box to check for each of the following community mitigation indicators. *Because this is a group activity, you do not need to fill-out the worksheet. The group's answers will be recorded by the workshop's note-taker.*

## Mitigation – Community

The following questions relate to your county/community as a whole.

1. Please use the space below to list additional resources your county has in place that could reduce disaster losses in the future:

2. In the past five years, has your county held exercises and/or formed coalitions involving agencies/advocates representing any of the following populations:

| Question | Yes | No | Coalition (s) | Year (s) of coalition | Exercise | Year (s) of exercise |
|---|---|---|---|---|---|---|
| 2a. Older adults | | | | | | |
| 2b. Children | | | | | | |
| 2c. Persons with disabilities | | | | | | |
| 2d. Persons with chronic conditions | | | | | | |
| 2e. Persons with limited English | | | | | | |
| 2f. Ethnic minorities | | | | | | |
| 2g. Incarcerated persons | | | | | | |
| 2h. Persons with behavioral health needs | | | | | | |
| 2i. Transient populations (i.e. migrant workers, temporary workers, university students, homeless) | | | | | | |
| 2j. The private sector | | | | | | |
| 2k. Faith communities | | | | | | |
| 2l. Other: | | | | | | |

3. Does your county have an at-risk individuals (special populations) registry (please circle)? Yes No

4. Please check the box to indicate the status of your county plans:

| | Other: Participants are not aware of this plan. | 0: My county has no plan. | 1: My county has a written plan. | 2: My county has a written plan, and it has been reviewed in the past 12 months. | 3: My county has a written plan, which has been reviewed in the past 12 months and exercised in the last 5 years. | 4: My county has a written plan, which has been reviewed in the past 12 months and used in a real event in the last 5 years. |
|---|---|---|---|---|---|---|
| Pet sheltering | | | | | | |
| Large animal sheltering | | | | | | |
| Donations management (Annex of Emergency Operations Plan) | | | | | | |
| Volunteer management (Annex of Emergency Operations Plan) | | | | | | |
| Fatality management (Annex of Emergency Operations Plan) | | | | | | |

5. In the past five years, has your county:

| Question | Event (if applicable) | Year (s) | Yes | No |
|---|---|---|---|---|
| 5a. Opened a family assistance center? | | | | |
| 5b. Opened a shelter? | | | | |

# APPENDIX: TERMINOLOGY AND DEFINITIONS

***Please use this appendix for reference throughout the assessment workshop***

## Terminology and Definitions

**At-risk individuals:** Individuals who may have greater difficulty accessing the public health and medical services they require following a disaster or emergency. At-risk individuals have needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation. At-risk groups may include children, senior citizens, and pregnant women as well as people who have disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, are transportation disadvantaged, have chronic medical disorders, or have pharmacological dependency. At-risk individuals were formerly referred to as "special needs" or "vulnerable" populations.[1]

**Behavioral Health Center:** Includes any office/center whose primary mission is to provide behavioral health care. Behavioral health is defined as the blending of substance (alcohol, drugs, and tobacco) abuse and mental health disorders prevention and treatment for the purpose of providing comprehensive services.

**Community Resilience:** The ongoing and developing capacity of the community to account for its vulnerabilities and develop capabilities that aid that community in (1) preventing, withstanding, and mitigating the stress of a health incident; (2) recovering in a way that restores the community to a state of self-sufficiency and at least the same level of health and social functioning after the health incident; and (3) using knowledge from a past response to strengthen the community's ability to withstand the next health incident.[2]

**Hazard:** Source of danger.

**Health:** State of physical, mental and social wellbeing and not merely the absence of disease or infirmity; condition of being sound in body, mind or spirit.

**Hospital:** Includes urban, rural and behavioral health hospitals.

**Mitigation:** The strategies and resources used by agencies, individuals and communities to eliminate or reduce the frequency, magnitude or severity of a hazard event.

**Other agency:** Includes any agencies that have the potential to participate in or assist with local public health emergencies or disaster response.

**Primary Care Center:** Includes any office/center whose primary mission is to provide primary care. The term "primary care center" may include: Federally Qualified Health Centers, Federally Qualified Health Center lookalikes, free clinics, rural health centers, etc.

**Risk:** Expected loss; probability of the hazard occurring multiplied by the impact of the hazard minus the measures in place to mitigate the hazard's impact.

**Vulnerability:** Open to attack, damage or being wounded. "*Vulnerability* is the pre-event, inherent characteristics or qualities of a social system that create potential harm. Vulnerability is a function of exposure (who or what is at risk) and sensitivity to the system (the degree to which people and places can be harmed)".[3]

---

[1] Assistant Secretary for Preparedness and Response (ASPR) (April 23, 2012). At-Risk Individuals. In *Public Health Emergency*. Retrieved April 30, 2012 from http://www.studygs.net/citation.htm.

[2] Chandra A, Acosta J, Stern S, Uscher-Pines L, Williams MV, Yeung D, Garnett J, and Meredith LS, *Building Community Resilience to Disasters: A Way Forward to Enhance National Health Security*, Santa Monica, California: RAND Corporation, TR-915-DHHS, 2010 (http://www.rand.org/pubs/technical_reports/TR915.html).

[3] Cutter, Susan L., Lindsey Barnes, Melissa Berry, Christopher Burton, Elijah Evans, Eric Tate, and Jennifer Webb. 2008. A place-based model for understanding community resilience to natural disasters. *Global Environmental Change*, *18*(4), 598-606.