Threat and Hazard Identification and Risk Assessment

Event Impact Guide

*April 2017*

*This document serves as an annex to the Threat and Hazard Identification and Risk Assessment Guide*

***2016 Core Capabilities***

***Commonalities between Hazards***

|  |  |
| --- | --- |
| ***Capability***  | ***Hazard***  |
| Health System Preparedness  | Pandemic InfluenzaMedical Facility Evacuation Severe Storm Electrical Power Failure IT Failure (Communications)HurricanesSevere Winter Storm Nor’easter Emerging Infectious Disease  |
| Health System Recovery  | HurricaneLarge Area Flood Emerging infectious DiseaseNor’easter  |
| Medical Surge  Medical and / or Trauma  | Heat Wave Pandemic Influenza Patient Surge Severe Winter Storm Emerging infectious Disease |
| Responder Health and Safety  | Medical Facility Evacuation Nor’easter Hurricane  |
| Volunteer Management  | Pandemic Influenza Medical Facility EvacuationHurricane |
| EOC Operations  | All depending on the scope  |
| Information Sharing  | All depending on the scope  |

***Event Impacts***

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| Threat / Hazard: Medical Facility Evacuation (One or more facilities) |
|  Health System Preparedness, Responder Health and Safety, Volunteer  Management Core Capability:  |
| **Human Impact:**  |
| Mortality  | Minimal Impact – low risk  |
| EMS Operations  | EMS would be affected, possible overload of the system  |
| ED Visits  | ED surge at other locations may be affected  |
| Primary Care Office Visits  | Moderate increase in visits might be seen |
| Trauma Center Injuries  | This event should not affect Trauma Centers  |
| Mental Health Impact  | *Long Term Care* Could see decline in the mental health of residents who are being evacuated  | *Hospitals* Moderate Impact  |
| Outpatient Services – at hospital NOT AT HOSPITAL (AT ANOTHER SITE, POSSIBLY OFF CAMPUS) | High Impact could be seen  |
| Low impact could be seen  |
| Hospital (House) Bed Availability  | Impact at receiving facilities  |
| ED Bed Census  | Could increase at receiving facilities  |
| **Community Impact**:  |
| Water supply | Depends of the event / incident  Would be affected  |
| Public Utilities  |
| Transportation  |
| Business Continuity  Community / Facility Resilience | Cancelling of elective surgeries Unable to service ESRD patients Home Healthcare Services availability could decrease |
| Population Displacement  | Hazards Slip / Trip / fall injuries increase Low temperature injuries increase  |
| Environmental Considerations  | Minimal Impact  |
| **Public Health Services Impact**:  |
| Information Sharing  | There would be an increased need for information sharing among healthcare partners  |
| Mass Care / Sheltering  | This could be affected  |
| Mass Prophylaxis / Medical Countermeasure Management  | N/A  |
| Fatality Management  | Minimal impact  |
| **At Risk Populations**  - at risk populations are at greater risk for negative issues from certain disasters than the general population.  |
| **Hearing Disability**  |  Could affect this population  |
| **Vision Disability**  |
| **Ambulatory Disability**  |
| **Cognitive Disability**  |
| **Pediatrics**  | Should not be affected unless involved in the evacuation  |
| **Geriatrics**  | Should not be affected unless involved in the evacuation  |

Scope of Impact

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|[ ]  Multiple Isolated Locations | Several areas (but not more than one-quarter) of the region are affected by this incident. At least four hospitals and/or healthcare facilities in the region will be impacted in some way. |
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|[ ]  Most of Region | Much of the region is affected by this incident. At least nine hospitals and/or healthcare facilities in the region will be impacted in some way. |
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***Event Impacts***

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| Threat / Hazard: Severe Storm - (windstorms; thunderstorms; hail; tornados) |
|  Health System preparedness, Health System Recovery Core Capability:  |
| **Human Impact:**  |
| Mortality  | Minimal impact  |
| EMS Operations  | Increase in call volumeIssue with gaining access due to impassible roads and downed wires  |
| ED Visits  | Decrease during the event Increase after the event | Increased staffing issues needed  |
| Primary Care Office Visits  | Could be affected by this event  |
| Trauma Center Injuries  | Slight increase 6-12 hours post- storm  |
| Mental Health Impact  | Could be affected by this event  |
| Outpatient Services  | Could be affected by this event  |
| Hospital (House) Bed Availability  | Decrease due to a loss of ability to discharge patients during the storm  |
| ED Bed Census  | Increase 6-12 hours post storm  |
| **Community Impact**:  |
| Water supply | Possibly affected after the storm by contaminants  |
| Public Utilities  | Wind damage on above ground wires  |
| Transportation  | Might be affected  |
| Business Continuity  Community / Facility Resilience  | Might be affected * i.e. Broken Windows
	+ Amount of time to restore services
 |
| Population Displacement  | Moderate impact Shelter location for general population  |
| Environmental Considerations  | Possible water contamination  |
| **Public Health Services Impact**:  |
| Information Sharing  | Increased need for information sharing  |
| Mass Care / Sheltering  | This event could increase the need for sheltering  |
| Mass Prophylaxis / Medical Countermeasure Management  | N/A  |
| Fatality Management  | Normal effect; no additional impact  |
| **At Risk Populations**   |
| **Hearing Disability**  | Normal risk needs • Medications • Power (any homecare machines) / heat • Dr. Visits |
| **Vision Disability**  |
| **Ambulatory Disability**  |
| **Cognitive Disability**  |
| **Pediatrics**  | This group would be affected  |
| **Geriatrics**  | This group would be affected  |

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| Threat / Hazard: Electric Power Failure  |
|  Health System Preparedness  Core Capability:  |
| **Human Impact:**  |
| Mortality  | Could be affected (high heat or cold days) |
| EMS Operations  | EMS calls might increase  |
| ED Visits  | ED visits may increase  |
| Primary Care Office Visits  | Primary care visits may decrease  |
| Trauma Center Injuries  | Could be affected  | Traffic lights out Accidents |
| Mental Health Impact  | There could be an increase in mental health referrals  |
| Outpatient Services  | May be affected, offices may need to close  |
| Hospital (House) Bed Availability  | Could be affected if outpatient or primary care office visits are affected  |
| ED Bed Census  | Could be affected based on environmental issues  |
| **Community Impact**:  |
| Water supply that is dependent on well water  | Would be affected |
| Public Utilities  |
| Transportation Loss of power for trains or gas for a motor vehicle  |
| Business Continuity  | COOP plans would be needed  |
| Population Displacement  | Could be affected by this event / incident  |
| Environmental Considerations  | Could be affected by this event / incident |
| **Public Health Services Impact**:  |
| Information Sharing  | There would be an increase in the need for information sharing among healthcare partners  |
| Mass Care / Sheltering  | Red Cross may be activated  |  |
| Mass Prophylaxis/ Medical Countermeasure Management  | N/A |
| Fatality Management  | Moderate Impact could be seen  |
| **At Risk Populations**   |
| **Hearing Disability**  | This population could be affected |
| **Vision Disability**  |
| **Ambulatory Disability**  |
| **Cognitive Disability**  |
| **Pediatrics**  | Would be affected  |
| **Geriatrics**  | Would be affected |

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***Event Impacts***

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| Threat / Hazard: Hurricanes |
|  Health System Preparedness, Health System Recovery and Volunteer Management Core Capability:  |
| **Human Impact:**  |
| Mortality  | Potential for HIGH impact  |
| EMS Operations  | Increase in call volume due to healthcare facility evacuations Issue with gaining access due to impassible roads and downed wires  |
| ED Visits  | Decrease during the event Increase after the event | Increased staffing needed  |
| Primary Care Office Visits  | Closed  |
| Trauma Center Injuries  | Slight increase 6-12 post-storm  |
| Mental Health Impact  | Might increase with this event  |
| Outpatient Services  | This service would be discontinued  |
| Hospital (House) Bed Availability  | Decrease due to a loss of ability to discharge patients during the storm and possible evacuations  |
| ED Bed Census  | During Storm ED Bed Census would decrease  | After Storm ED Bed Census would increase  |
| **Community Impact**:  |
| Water supply | Could be disrupted or contaminated  |
| Public Utilities  | Increased possibility of power outages  |
| Transportation  | May be shut down  |
| Business Continuity  Community / Facility Resilience  | Cancelling of elective surgeriesUnable to service ESRD patients Home Healthcare Services availability could decrease  |
| Population Displacement  | This could increase with this event  |
| Environmental Considerations  | Contaminated water Untreated sewageRecovery issues related to mold, water in buildings, other damage to structures, etc. |
| **Public Health Services Impact**:  |
| Information Sharing  | Increased need for information sharing among healthcare partners  |
| Mass Care / Sheltering  | This event would increase the need for Mass Care and Shelter Operations  |
| Mass Prophylaxis / Medical Countermeasure Management | N/A  |
| Fatality Management  | This event could increase Fatality Management  |
| **At Risk Populations**   |
| **Hearing Disability**  | This event could place this population at greater risk  |
| **Vision Disability**  |
| **Ambulatory Disability**  |
| **Cognitive Disability**  |
| **Pediatrics**  | This event would place this population at greater risk |
| **Geriatrics**  | This event would place this population at greater risk |
| **Homeless**  | This event could place this population at greater risk* Could increase the number of new homeless
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***Event Impacts***

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| Threat / Hazard: Severe Winter Storm - (heavy snow, blizzards, ice storms) |
|  Health System Preparedness, Health System Recovery, Medical Surge  Core Capability:  |
| **Human Impact:**  |
| Mortality  | Minimal impact  |
| EMS Operations  | Increase in call volumeIssue with gaining access due to impassible roads and downed wires  |
| ED Visits  | Decrease during the event Increase after the event | Increase in staffing needed  |
| Primary Care Office Visits  | Primary Care Office may close  |
| Trauma Center Injuries  | Slight increase 6-12 post-storm  |
| Mental Health Impact  | Could be affected  |
| Outpatient Services  | Could be affected  |
| Hospital (House) Bed Availability  | Decrease due to a loss of ability to discharge patients during the storm  |
| ED Bed Census  | Increase 6-12 hours post-storm  |
| **Community Impact**:  |
| Water Supply | During extended freeze, pipes might freeze  |
| Public Utilities  | Wind / ice damage on above ground wires / lines  |
| Transportation  | Unable to travel due to road closures  |
| Business Continuity  Community / Facility Resilience | Cancelling of elective surgeries Unable to service ESRD patients Home Healthcare Services availability could decrease  |
| Population Displacement  | Possible minimal impact  |
| Environmental Considerations  Snow removal  | Hazards Slip / Trip / fall injuries increase Low temperature injuries increase  |
| **Public Health Services Impact**:  |
| Information Sharing  | Increased need for sharing among healthcare partners  |
| Mass Care / Sheltering  Staff / Patients  | This event would increase the need for mass care and sheltering  |
| Mass Prophylaxis / Medical Countermeasure Management  | N/A  |
| Fatality Management  | Normal effect |
| **At Risk Populations**   |
| **Hearing Disability**  | Normal risk needs * Medications
* Power (any homecare machines) / heat
* Dr. Visits
 |
| **Vision Disability**  |
| **Ambulatory Disability**  |
| **Cognitive Disability**  |
| **Pediatrics**  | This event would place this population at greater risk |
| **Geriatrics**  | This event would place this population at greater risk |
| **Homeless**  | Low Temperature injuries could affect this population  |

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***Event Impacts***

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| Threat / Hazard: Pandemic Influenza |
|  Health System Preparedness, Volunteer Management Core Capability:  |
| **Human Impact: Increased Public Health Surveillance**  |
| Mortality  | Excess daily deaths over the normal daily death rate for the region  |
| EMS Operations  | Excessive daily EMS transports over normal daily rate to the facility  |
| ED Visits  | Excessive daily Emergency Department visits over normal daily rate for the facilities in the region  |
| Primary Care Office Visits  | Excessive daily medical office visits to primary care providers over normal daily rate for the region  |
| Trauma Center Injuries  |  Fewer staff available for surgeries  |
| Mental Health Impact  | Excessive number of people developing psychological and behavioral changes during the incident. |
| Outpatient Services  | Loss of primary care provider services due to the incident (use of the area for surge locations / treatment areas) |
| Hospital (House) Bed Availability  | There will be a need to free up beds with early discharge  |
| ED Bed Census  | Determine need for forward triage and on site alternate care sites |
| **Community Impact**:  |
| Water supply | Would not be affected by this hazard |
| Public Utilities  | Would be affected by this hazard  |
| Transportation  | Would be affected by this hazard  |
| Business Continuity  Healthcare Resilience | Schools closed –40% loss of staff predicted Rationing of supplies  |
| Population Displacement • Food service issues • Public safety (fire , EMS, PD) | This event would cause possible population displacement  |
| Environmental Considerations * Social Distancing
 | This event would cause an increase in environmental concerns  |
| **Public Health Services Impact**:  |
| Information Sharing  CDC / NYC / NYS | This event could affect media issues  Myth / rumor control |
| Mass Care / Sheltering  | This event will cause an increased need  |
| Mass Prophylaxis / Medical Countermeasure Management * Prevention
* Treatment
 | This event will cause an increased need |
| Fatality Management  | Activation of surge plans – county / state assistance  |
| **At Risk Populations**  at risk populations are at greater risk for negative issues from certain disasters than the general population. |
| **Hearing Disability**  | No increase in effect for these populations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This population could be affected by this hazard more than the general population and require additional resources  |
| **Vision Disability**  |
| **Ambulatory Disability**  |
| **Cognitive Disability**  |
| **Pediatrics**  | This population would be affected by this hazard  |
| **Geriatrics**  |
| **Incardinated population**  | This population would be affected by this hazard more than the general population and require additional resources |
| **institutionalized** | This population would be affected by this hazard more than the general population and require additional resources |
| **Dorm Students**  | This population could be affected by this hazard more than the general population and require additional resources |
| **Homeless**  | This population would be affected by this hazard more than the general population and require additional resources |

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***Event Impacts***

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| --- |
| Threat / Hazard: Nor’easter |
|  Health System Preparedness, Health System Recovery, Medical Surge Core Capability:  |
| **Human Impact:**  |
| Mortality  | Minimal impact  |
| EMS Operations  | Increase in call volumeIssue with gaining access due to impassible roads and downed wires  |
| ED Visits  | Decrease during the event Increase after the event | Increase in staffing issues |
| Primary Care Office Visits  | Could be affected by this event / incident  |
| Trauma Center Injuries  | Slight increase 6-12 post-storm  |
| Mental Health Impact  | Expect a low impact  |
| Outpatient Services  | There would be a decrease in service due the closing of services  |
| Hospital (House) Bed Availability  | Decrease due to a loss of ability to discharge patients during the storm  |
| ED Bed Census  | Increase 6-12 hours post-storm  |
| **Community Impact**:  |
| Water supply | Could be disrupted or contaminated |
| Public Utilities  | Wind damage on above ground wires  |
| Transportation  | Might be affected by this event / incident  |
| Business Continuity  Community / Facility Resilience  | Cancelling of elective surgeriesUnable to service ESRD patients Home Healthcare Services availability could decrease  |
| Population Displacement  | This could increase with this event  |
| Environmental Considerations  | Contaminated water Untreated sewageRecovery issues due to mold, and other structural impacts |
| **Public Health Services Impact**:  |
| Information Sharing  | Increased need for information sharing among healthcare partners  |
| Mass Care / Sheltering  | This event could increase the need for sheltering  |
| Mass Prophylaxis / Medical Countermeasure Management  | There could be a need for this  |
| Fatality Management  | Normal effect |
| **At Risk Populations**   |
| **Hearing Disability**  | Normal risk needs • Medications • Power (any homecare machines) / heat • Dr. Visits |
| **Vision Disability**  |
| **Ambulatory Disability**  |
| **Cognitive Disability**  |
| **Pediatrics**  | This population would be affected by this hazard |
| **Geriatrics**  | This population would be affected by this hazard |

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***Event Impacts***

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| Threat / Hazard: Emerging Infectious Disease An unexpected novel disease that is highly infectious NEW FOR 2016 with increased mortality  |
|  Health System Preparedness, Health System Recovery, Medical Surge Core Capability:  |
| **Human Impact:**  |
| Mortality  | There could be an increase in this area  |
| EMS Operations  | EMS volume would increase; system could become overwhelmed  |
| ED Visits  | There would be an increase in this area |
| Primary Care Office Visits  | There would be an increase in this area |
| Trauma Center Injuries  | Resources and staff reductions – 40% decrease in staff expected  |
| Mental Health Impact  | There would be an increase in this area |
| Outpatient Services  | There would be an increase in this area |
| Hospital (House) Bed Availability  | Would be affected  |
| ED Bed Census  | Would be affected  |
| **Community Impact**:  |
| Water supply | The impact for these would be based on estimated staff reductions |
| Public Utilities  |
| Transportation  |
| Business Continuity* Community / Facility Resilience
 | This would be affected by the event  |
| Population Displacement  | This would be affected by the event |
| Environmental Considerations  i.e. medical waste  | This would be affected by the event |
| **Public Health Services Impact**:  |
| Information Sharing  | There would be an increased need for information sharing among partner agencies  |
| Mass Care / Sheltering  | This would be affected by the event based on cohorting of people |
| Mass Prophylaxis / Medical Countermeasure Management  | There would be an increased need of Mass Prophylaxis |
| Fatality Management  | There could be an increased need of fatality management  |
| **At Risk Populations**   |
| **Hearing Disability**  | Would be affected by the event requires good information sharing Education on cross-contamination Depends on the disaster / event  |
| **Vision Disability**  |
| **Ambulatory Disability**  |
| **Cognitive Disability**  |
| **Pediatrics**  |
| **Geriatrics** Cohorting |

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***Event Impacts***

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| Threat / Hazard: Large Area Flood - standing water (pooling water), flooding from ground water –  other coastal flooding that does not receded New For 2016 |
|  Health System Recovery Core Capability:  |
| **Human Impact:**  |
| Mortality  | There event would be a minimal effect on mortality  |
| EMS Operations  | This event could overwhelm the EMS with increased calls for service  |
| ED Visits  | There could be an increase in ED visits  |
| Primary Care Office Visits  | There would be a minimal effect  |
| Trauma Center Injuries  | There could be an increase in ED visits |
| Mental Health Impact  | There may be an increase after the incident during recovery  |
| Outpatient Services  | There would be a minimal effect on outpatient services  |
| Hospital (House) Bed Availability  | Discharges to home affected  |
| ED Bed Census  | There could be an increased need for bed availability  |
| **Community Impact**:  |
| Water supply |  Possible effect after the floods recede because of contaminants and raw sewage  |
| Public Utilities  | This could be affected by the event  |
| Transportation  | This event could disrupt transportation in some areas  |
| Business Continuity • Community / Facility  Resilience | Question to be considered – did the HCF shut down due to the flooding  |
| Population Displacement  | This event could cause population displacement in the flood areas  |
| Environmental Considerations  | Possible potable water contamination |
| **Public Health Services Impact**:  |
| Information Sharing  | There would be an increased need for information sharing among partner agencies |
| Mass Care / Sheltering  | This event could increase the need for sheltering |
| Mass Prophylaxis / Medical Countermeasure Management  | There would be an increased need of Mass Prophylaxis |
| Fatality Management  | There would be an increased need of fatality management if HCFs are affected  |
| **At Risk Populations**   |
| **Hearing Disability**  | Normal risk needs • Medications • Power (any homecare machines) / heat • Dr. Visits |
| **Vision Disability**  |
| **Ambulatory Disability**  |
| **Cognitive Disability**  |
| **Pediatrics**  | This at-risk population would be affected |
| **Geriatrics**  |

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|[ ]  Half of Region | Half of the region is affected by this incident. At least six hospitals and/or healthcare facilities in the region will be impacted in some way. |
|[ ]  Most of Region | Much of the region is affected by this incident. At least nine hospitals and/or healthcare facilities in the region will be impacted in some way. |
|[ ]  Entire Region | The vast majority of the region is affected by this incident. All hospitals and/or healthcare facilities in the region, and others in adjacent/nearby regions, will be impacted in some way. |

***Event Impacts***

|  |
| --- |
| Threat / Hazard: Heat Wave |
|  Medical Surge Core Capability:  |
| **Human Impact:**  |
| Mortality  | This event could increase mortality rates  |
| EMS Operations  | This event could overwhelm the EMS system due increased calls for service  |
| ED Visits  | This event could cause an increase in ED visits casing a medical surge  |
| Primary Care Office Visits  | This event could cause an increase  |
| Trauma Center Injuries  | This event should not cause an increase in trauma injuries  |
| Mental Health Impact  | This could be affected by the event  |
| Outpatient Services  | This event should not cause an increase or decrease in outpatient services  |
| Hospital (House) Bed Availability  | This could be affected by the event and increase if discharges are affected and due to impacted status of other HCFs  |
| ED Bed Census  | This could increase based on the event  |
| **Community Impact**:  |
| Water supply | This event could cause a decrease in water volume / pressure |
| Public Utilities  | This event could cause an additional draw of the public utilities and cause rolling brownouts  |
| Transportation  |  |
| Business Continuity * Community / Facility

 Resilience | The event could cause an increase in volume at HCFs  |
| Population Displacement  | This could increase due to the event  |
| Environmental Considerations  | This could be affected by the event in many areas  |
| **Public Health Services Impact**:  |
| Information Sharing  | There would be an increased need for information sharing  |
| Mass Care / Sheltering  | This could be affected – opening of cooling center  |
| Mass Prophylaxis / MCM | N/A  |
| Fatality Management  | There could be an increased need for fatality management  |
| **At Risk Populations**   |
| **Hearing Disability**  | **These areas would be affect by the event** |
| **Vision Disability**  |
| **Ambulatory Disability**  |
| **Cognitive Disability**  |
| **Pediatrics**  |  These populations may be greatly affected  |
| **Geriatrics**  |

Scope of Impact

|  |  |
| --- | --- |
|[ ]  Single Location, Small Area | The regional scope of this incident is minimal, confined to a small area or within a single community. At most, two hospitals would be impacted. |
|[ ]  Single Location, Large Area | The regional scope of this incident is confined to a single large area or within a larger community. At most, three hospitals and/or healthcare facilities would be impacted. |
|[ ]  Multiple Isolated Locations | Several areas (but not more than one-quarter) of the region are affected by this incident. At least four hospitals and/or healthcare facilities in the region will be impacted in some way. |
|[ ]  Half of Region | Half of the region is affected by this incident. At least six hospitals and/or healthcare facilities in the region will be impacted in some way. |
|[ ]  Most of Region | Much of the region is affected by this incident. At least nine hospitals and/or healthcare facilities in the region will be impacted in some way. |
|[ ]  Entire Region | The vast majority of the region is affected by this incident. All hospitals and/or healthcare facilities in the region, and others in adjacent/nearby regions, will be impacted in some way. |