

Background: Assessment of hazard vulnerability is a critical stage in the disaster preparation cycle. This process determines the relative priority of each disaster subtype to the organization, and provides guidance to the organization for allocating time and resources. Since 2001, the Joint Commission International requires all hospitals in the United States to perform a hazard vulnerability analysis annually, and use their findings to guide planning efforts. To date, there is no officially recommended method for the hazard vulnerability assessment of health care institutions, and little literature on best practices. As such, methods utilized are heterogeneous and institution specific.

Methods: Qualitative and quantitative methodologies are used for this study. Surveys are administered by email and on paper to emergency managers at hospitals in Boston, Massachusetts USA, who are queried regarding their method for hazard vulnerability assessment, the instrument used, who completes the analysis, what guidance/training is given, and if subanalysis is completed when the hazard profile changes from previous years. Responses are analyzed using quantitative and qualitative methods.

Results: This study is in progress, with results expected by March 2017.

Conclusion: The study is currently ongoing. We anticipate that hazard vulnerability analysis methods and instruments will reflect a lack of standardization of practice in the field. Relative strength and weaknesses of different instruments will be highlighted, and common practices at health care institutions will be reviewed. Our hope is that such discussion will encourage greater standardization, and the development of best practices for this critical stage in the disaster preparation cycle.

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Hazard Vulnerability Analysis: Practices in Massachusetts Hospitals

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Study/Objective: To determine what instruments and methods Massachusetts hospitals and hospital systems use to perform Hazard Vulnerability Analysis (HVA).

Background: Assessment of hazard vulnerability is a critical stage in the disaster preparation cycle. This process determines the relative priority of each disaster subtype to the organization and provides guidance to the organization for allocating time and resources. Since 2001, the Joint Commission International requires all hospitals in the United States to perform a hazard vulnerability analysis annually and use their findings to guide planning efforts. To date, there is no officially recommended method for the hazard vulnerability assessment of health care institutions and little literature on best practices. As such, methods utilized are heterogeneous and institution specific.

Methods: Qualitative and quantitative methodologies are used for this study. Surveys are administered by email and on paper to emergency managers at hospitals in Massachusetts USA, who are queried regarding their method for hazard vulnerability assessment and the instrument used. Responses are analyzed using quantitative and qualitative methods.

Results: This study is in progress, with results expected by March 2017.

Conclusion: The study is currently ongoing. We anticipate that hazard vulnerability analysis methods and instruments will reflect a lack of standardization of practice in the field. Relative strength and weaknesses of different instruments will be highlighted and common practices at health care institutions will be reviewed. Our hope is that such discussion will encourage greater standardization and the development of best practices for this critical stage in the disaster preparation cycle.

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Fitness Requirements for DMAT Teams:

A Systematic Review

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Study/Objective: To review the physical fitness requirements for disaster responders serving on Disaster Medical Assistance Teams (DMATs) in the United States.

Background: The United States has trained and credentialed teams of disaster responders which may be rapidly deployed to assist with search and rescue efforts, and to provide essential medical care. This field work is physically and mentally demanding, placing team members themselves at risk. On prior deployments, literature suggests significant numbers of team members have sustained injury or illness requiring medical attention and, in some cases, extraction for off-site treatment. This significantly depletes teams capabilities, and may involve other team members in the treatment further depleting the DMAT response. Military responders must maintain a level of physical fitness to minimize their risk of injury or illness, should DMAT teams have the same requirement, or do they presently?

Methods: Publicly available policy documents were collected for each DMAT from their respective websites. A comparative analysis of physical fitness requirements for DMATs was undertaken.

Results: The study is ongoing with results expected by January 2017. Of the DMAT teams in the United States, 14 have publicly available documents referencing fitness requirements.

Conclusion: The study is currently ongoing. Based on preliminary work, it appears that no minimum physical fitness standard currently exists for federal disaster responders in the United States. Individuals may deploy with unknown physical liabilities, placing themselves and team members at risk of illness, injury, or mission failure. Given the hazardous nature of deployment to disaster zones which are, by their very nature, resource limited and may be physically remote from care, efforts