ASPR TRACIE Technical Assistance

On January 29, 2019, ASPR TRACIE and ASPR's Division of Critical Infrastructure Protection hosted the webinar *Healthcare and Public Health Risk Identification and Site Criticality (RISC) Toolkit* with speakers providing a brief description of the tool, discussing how they have implemented the RISC Toolkit, and sharing success stories and lessons learned. Links to the presentation, speaker bios, and recording are now available.

Due to time constraints, speakers were not able to respond to all of the questions received during the Question and Answer (Q&A) portion of the webinar. The remaining questions were sent to panelists and their answers are provided below. **Please note**: Questions related to the Hospital Preparedness Program and/or Healthcare Coalitions were answered by Melissa Harvey (ASPR NHPP Director) during the webinar Q&A and can be found at approximately 41:40 on the webinar recording.

Q&A

Question 1. What other states are using the RISC Toolkit similar to what Tennessee is doing?

- Michigan has undergone a statewide effort to transition over to the RISC Toolkit. A representative from Michigan wrote, "At first there were many healthcare facilities that were opposed to the change for a number of different reasons. However, as more and more locations started to fill out the assessment, it became very clear exactly what this tool could do and how it would benefit the facilities, the regions, and the state as a whole. While many are still getting used to this tool and its in-depth questions, the results are eye opening. Good information to have on hand when developing or adapting current emergency plans."

Question 2. Does the tool contain a continuity of operations and succession planning component?

- Yes, the vulnerability (RIST-V) module of the toolkit contains a business continuity component within the Resilience Management Profile.

Question 3. There is a lot of emphasis on removing the subjectivity of using the tool. While I appreciate that use of data will mitigate subjectivity, I am not sure if you can say that all subjectivity has been removed, just reduced. Do you agree or would you like to comment?

- The tool is designed to remove subjectivity wherever data allows. In the Threat/Hazard Assessment Module (THAM), external hazards are designed to automatically calculate threat scores based on location information. Internal hazards, however, do not have objective data available publically, resulting in the need for user insight. These questions, as well as questions in the vulnerability and consequence modules, are designed to minimize subjectivity based on industry standards. We strongly encourage tool users to have discussions with stakeholders to obtain accurate information to incorporate throughout the tool process.

Question 4. Would you recommend discussing the RISC Toolkit questions through a workshop or an emergency management committee meeting?

- Both would be great opportunities to discuss the RISC Toolkit questions, as well as results. We recommend the forum that best fits your needs and time constraints.

Question 5. How would you recommend starting this process at either the system level (hospital system) or with healthcare coalitions and community partners? Top down or bottom up?

- Stakeholder conversations with healthcare systems, coalitions, and community partners are a key component of completing the tool effectively. The order in which you engage stakeholders is up to you and depends on your needs. Either method would work well.

Question 6. Do you ever see the RISC Toolkit/THAM replacing the THIRA? As a county emergency manager, I see three different risk assessments each year, and they're all different. Do you envision the RISC tool replacing a regional Hazard Vulnerability Assessment (HVA)?

- The RISC Toolkit is one example of a Hazard Vulnerability Assessment, and is designed to be used by organizations within the healthcare and public health sector. The tool is designed specifically to provide robust data relevant to healthcare and public health leadership and aims to inform emergency preparedness planning, risk management activities, and resource investments. It's unlikely the THAM would replace the THIRA or similar regional Hazard Vulnerability Assessment. The THAM is designed to be focused specifically on healthcare and public health risk, providing robust data for healthcare and public health whereas the THIRA is a FEMA tool that is designed to help jurisdictions understand overall community risks, and determine the level of capability they need in order to address those risks. Furthermore, the THIRA might be required by your state or for grant requirements. We are examining potential ways that future versions of the THAM and RISC Toolkit might capitalize on THIRA results to make the tool more user friendly.