should be made to develop and standardize minimum fitness standards for responders. By mitigating the risk of illness or injury to disaster responders, the likelihood of mission success and provider wellness can be increased.

Review of Instruments Used in Hazard Vulnerability Analysis of Hospitals

**Douglas A. Romney1, Meg S. Femino2, Ritu R. Sarin1, Michael S. Molloy3, Amalia Yskanyan4, Gregory R. Ciottone1**
1. Department Of Emergency Medicine, BIDMC Fellowship in Disaster Medicine, Boston/MA/United States of America
2. Emergency Management, Beth Israel Deaconess Medical Center, Boston/MA/United States of America

**Study/Objective:** To perform a qualitative comparison of instruments used for hazard vulnerability analysis of hospitals.

**Background:** Analysis of hazard vulnerability is the process by which a hospital determines the relative priority of each potential threat to the organization when allocating resources for disaster preparation and mitigation. While all hospitals in the United States are required to perform a hazard vulnerability analysis annually and use their findings to guide planning efforts, no officially sanctioned instrument exists for this task. Thus, a variety of tools exist in the public domain to assist hospitals in analysis of hazard vulnerability.

**Methods:** Hazard vulnerability analysis instruments were identified using a standardized online search technique. For each instrument, we compare the hazards identified for analysis, the method of determining probability, magnitude, and mitigation for each hazard, as well as the method used to determine risk using qualitative methodology.

**Results:** This study is in progress, with results expected by December 2016.

**Conclusion:** The study is currently ongoing. We anticipate that instruments will vary significantly in the specific threats assessed, calculation of probability, and measure of severity. Relative strength and weaknesses of different instruments will be highlighted. It is of concern that the hazard vulnerability analysis of hospitals in the United States may be skewed by the specific instrument chosen, and that no recommendations currently exist to guide the efforts of emergency managers. Our hope is that this review of available instruments will lead to further research into best practices, resulting in the standardization of the hazard vulnerability analysis of hospitals in the United States.

Understanding the Emergency Preparedness Programs of Academic Health Systems

**Katherine Kemen1, David Reisman2, Robert Seger2, Julia Sinclair2, Ann Prestipino2, Barry Wante3, Eric Goralnick3, Paul D. Biddinger2**
1. Emergency Preparedness, Partners HealthCare System, Boston/MA/United States of America
2. Center For Disaster Medicine, Massachusetts General Hospital, Boston/MA/United States of America
3. Administration, Brigham and Women’s Hospital, Boston/MA/United States of America
4. Administration, Massachusetts General Hospital, Boston/MA/United States of America
5. Emergency Management, Brigham and Women’s Hospital, Boston/MA/United States of America

**Study/Objective:** We surveyed US academic health systems to understand structure, functions of, and resources dedicated to system-level emergency preparedness (EP) programs.

Modern Strategies of Collaborating Centers for Emergencies

**Gennady Kipor1, Sergei Goncharov2, Natalia Pichugina1**
1. International, All Russian Center for Disaster Medicine “Zaschita”, Moscow/Russian Federation
2. Directorat, All Russian Center for disaster Medicine “Zaschita”, Moscow/Russian Federation.