

CFDMC Hazard Vulnerability Assessment (HVA) and Jurisdictional Risk Analysis (JRA) June 2022

Table of Contents

Overview	2
PHRAT:	2
emPOWER:	2
SVI:	3
Regional THIRA:	3
Member Survey:	3
Threat/Impact:	4
Capability Gaps:	4
Most Important Actions:	
Actions Taken:	
Appendix A: Region 5 County FPHRATs	7
Brevard County FPHRAT	
Indian River FPHRAT	
Martin County FPHRAT	
Orange County FPHRAT	
Osceola County FPHRAT	
Seminole County FPHRAT	
St. Lucie County FPHRAT	
Volusia County FPHRAT	22
Annex B: emPOWER Data (Data downloaded 6-1-22)	24
Appendix C: Region 5 County SVIs (Data downloaded 6-1-22)	35
Appendix D: CFDMC HVA-JRA Survey Results (May 2022):	40

Overview

This document represents the Central Florida Disaster Medical Coalition's (CFDMC or the Coalition) annual Hazard Vulnerability Assessment (HVA) and the CFDMC's biannual Jurisdictional Risk Analysis (JRA).

CFDMC collaborates with county emergency management offices within the region, along with each ESF-8 lead and the Florida Division of Emergency Management, to integrate with and/or support the local efforts. During 2021, CFDMC participated in the RDSTF 2021 Stakeholder Preparedness Review (SPR). The SPR is an annual three-step self-assessment of a community's capability levels based on the capability targets identified in the THIRA. CFDMC participated in this process with its community partners. The THIRA helps communities understand their risks and determine the level of capability they need in order to address those risks. The outputs from the SPR lay the foundation for determining a community's capability gaps.

PHRAT:

CFDMC obtained a copy of each county's latest PHRAT (See Appendix A) as an input in preparing the regional HVA/JRA. The PHRAT Hazard Risk Indices showed the top risks across the region as:

- Cyber technical incidents (all counties included this in their top three risks)
- Large scale fires (all counties included this in their top three risks)
- Mass population surge (five counties included this in their top three risks)
- Biological disease outbreak (three counties included this in their top three risks)

The most significant resource readiness gaps identified by the counties were:

- Cyber technical incidents (five counties ranked this as the highest gap)
- Sewer failures (two counties ranked this as the highest gap)
- Mass population surge (one county ranked this as the highest gap)
- Hazardous materials-transportation (one county ranked this as the highest gap)

emPOWFR:

Over 2.5 million Medicare beneficiaries rely on electricity-dependent medical equipment, such as ventilators, to live independently in their homes. Severe weather and other emergencies, especially those with long power outages, can be life-threatening for these individuals. The HHS emPOWER Map is updated monthly and displays the total number of at-risk electricity-dependent Medicare beneficiaries in a geographic area, down to the ZIP Code. In June 2022, the Coalition downloaded the emPOWER data for each county, and provided these to county emergency management and ESF-8 leads (See Appendix B). We discussed how the counties use these data and the consensus was that the de-identified data provide limited data of use in planning. This was reported to and discussed during a Healthcare Coalition Task Force call and with the ASPR project officer. CFDMC has worked with county emergency managers and county health departments to plan for power-dependent children and adults.

SVI:

In preparing for and responding to disasters, a number of factors, including poverty, lack of access to transportation, and crowded housing may weaken a community's ability to prevent human suffering and financial loss in a disaster. These factors are known as social vulnerabilities.

Annually, CFDMC pulls the CDC Social Vulnerability Index (SVI) data and shares the data with county emergency management and ESF-8 leads. CFDMC downloaded raw data available for 2018, the latest available county level assessment data. The data were downloaded and shared with county emergency management and ESF-8 on June 1, 2022.

The SVI vulnerability scores range from 0 (lowest risk) to 1 (highest risk). The SVI vulnerability scores for the nine counties in Region 5 are:

- Volusia: 0.5896 (moderate level of vulnerability)
- Lake: 0.6517 (moderate to high level of vulnerability)
- Seminole: 0.1786 (low level of vulnerability)
- Orange: 0.6909 (moderate to high level of vulnerability)
- Osceola: 0.8551 (high level of vulnerability)
- Brevard: 0.4266 (low to moderate level of vulnerability)
- Indian River: 0.4769 (low to moderate level of vulnerability)
- St. Lucie: 0.7676 (high level of vulnerability)
- Martin: 0.4416 (low to moderate level of vulnerability)

For additional details, see links to county maps (Appendix C)

Regional THIRA:

During December 2021, the Coalition participated in the 2021 RDSTF 2021 Stakeholder Preparedness Review (SPR). The SPR is an annual three-step self-assessment of a community's capability levels based on the capability targets identified in the THIRA. CFDMC participated in this process with its community partners, which is an input to the regional THIRA. The THIRA helps communities understand their risks and determine the level of capability they need in order to address those risks. The outputs from the SPR lay the foundation for determining a community's capability gaps. The top threats identified were:

- Hurricanes
- Active shooters
- Cyber attacks

See attached 2021 SPR

Member Survey:

On April 26, 2022, CFDMC sent a survey to all Coalition members requesting input in assessing threats, risks and capability gaps. Members were given 30 days to respond, and the Coalition received thirty nine (39) responses. The results are summarized below:

Threat/Impact:

Coalition members identified the threats below as most likely to occur:

- 1. Hurricane (64% of respondents)
- 2. Cyber (56% of respondents)
- 3. Temperature Extremes (54% of respondents)
- 4. Active Shooter (53% of respondents)
- 5. Pandemic (49% of respondents)

Coalition members also identified threats below as those that would have the most severe impact:

- 1. Hurricane (77% of respondents)
- 2. Pandemic (69% of respondents)
- 3. Nuclear Terrorism (66% of respondents)
- 4. Biological Attack (64% of respondents)
- 5. Tornado (63% of respondents)

Capability Gaps:

Members identified the following as the highest priority capability gaps:

- #1 Ensure Preparedness is Sustainable (2.64 weighted average)
- #2 Train and Prepare the Health and Medical Workforce (2.59 weighted average)
- #3 Develop Strategies to Protect Healthcare Information Systems and Networks (2.51 weighted average)
- #4 Maintain Access to Non-Personnel Resources (2.49 weighted average)
- #5 Develop and Coordinate Healthcare Organization Response Plans (2.49 weighted average)

Most Important Actions:

The following themes were identified by members as the most important things the Coalition can do to address these gaps:

- Continue to train and exercise the health and medical
- Continue to provide resources and coordinate preparedness planning:
 Continue to ensure communication and information sharing:
 Include private sector and other partners in preparedness planning

See Appendix D for detailed survey results.

No other resources were used in preparing the HVA or JRA.

Actions Taken:

The Coalition was already actively addressing most of the issues identified through the HVA and JRA in its Preparedness Plan, Operations Plan, and the annual work plan. Actions over the coming two years include:

- Continue to train and exercise the health and medical workforce: An annual training needs assessment is conducted with members and results are used to identify and provide the highest priority trainings. We will also use lessons learned from event and exercise after action reports to identify and provide needed training. CFDMC also provides supports a myriad of drills and exercises each year. The Coalition organizes an annual regional hospital mass casualty full-scale exercise which also serves as the required federal MRSE exercise. Additionally, we work with county emergency managers to sponsor three (3) drills each year open to all members. In January, the Great Tornado Drill is used to exercise shelter in place plans. In May, the Operation Generate Confidence drill is used to test generators in preparation for hurricane season. In September, the Operation Protect & Secure drill tests lockdown plans in response to an active shooter threat. A weather-related tabletop is also held during our annual conference each December. The Coalition also uses tabletop exercises to draft plans, uses functional drills to test components of plans, and incorporates plans into full-scale exercises. Examples of the use of these drills in our preparedness efforts include the Burn Center Annex, the Disaster Behavioral Health Plan, the Alternate Care Site Plan, the Family Assistance Center Plan, and the Regional Trauma Coordination Plan.
- Continue to provide resources and coordinate preparedness planning: CFDMC facilitates the development of many regional plans (including the CFDMC response plan and annexes such as Infectious Disease, Pediatrics, Mass Fatality, Burn Care, Trauma Care, Family Assistance Center, Disaster Behavioral Health, and others. All plans are updated annually, and members are given a 30 day period to review and provide input on the plan updates. The Coalition posts regional, state and national plans on the Coalition website under Resources. The Coalition provides planning resources (such as templates) to members, and offers a workshop and a software program to create and update member organization Continuity of Operations Plans. In July 2022, we will begin offering workshops and a software program to help member organizations create an emergency operations plan/CEMP.
- Continue to ensure communication and information sharing: This is a high priority for the Coalition. In 2021, we began a regional communications pilot in collaboration with Florida Hospital Association. The pilot includes testing a suite of Juvare response software, including e-ICS (a hospital event management software), EMResource (provides data and information to all key stakeholders during an event), EMTrack (patient tracking), and Juvare Exchange (a GIS mapping software). We have received a one year extension to this pilot through April 2023 and will continue to build out and test these products. For additional information on the pilot, see:
- Include private sector and other partners in preparedness planning: The Coalition's membership is open to
 healthcare and emergency response organizations as well as private sector and other partners. We will be
 working with a marketing firm this year to find ways to increase our outreach to private sector and other
 partners.

The CFDMC HVA/JRA is included in the Preparedness Plan and is distributed to members via Constant Contact and is posted under Regional Plans on the Coalition website.

APPENDICES:

Appendix A: Region 5 County FPHRATs

Appendix B: emPOWER (downloaded 6/1/22)

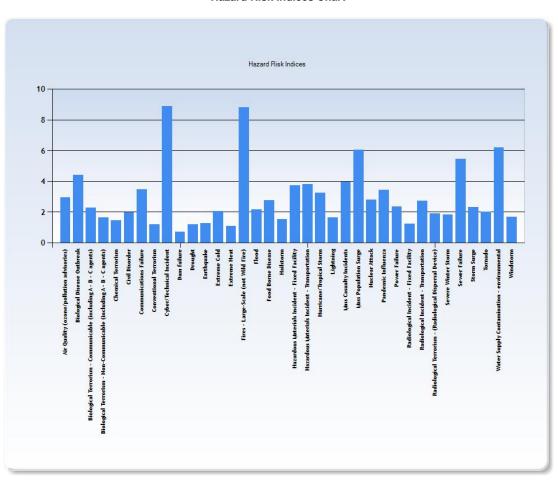
Appendix C: Region 5 County SVIs (downloaded 6/1/22)

Appendix D: CFDMC HVA-JRA Survey Results

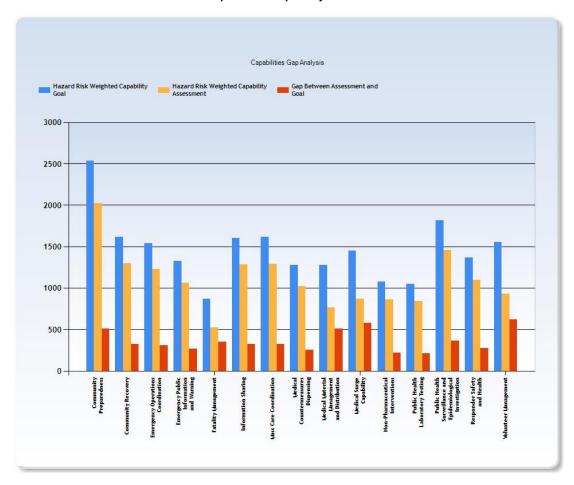
Appendix E: 2021 Orlando UASI SPR

Appendix A: Region 5 County FPHRATs Brevard County FPHRAT

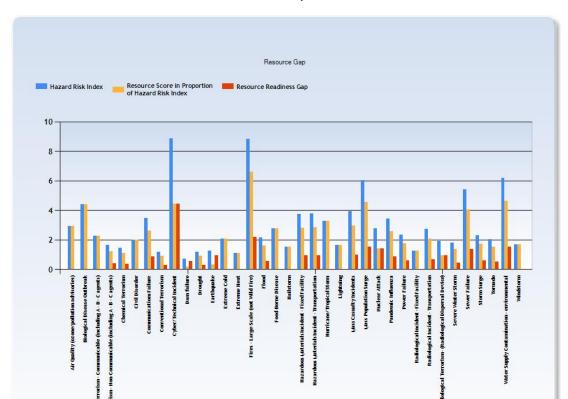
Hazard Risk Indices Chart



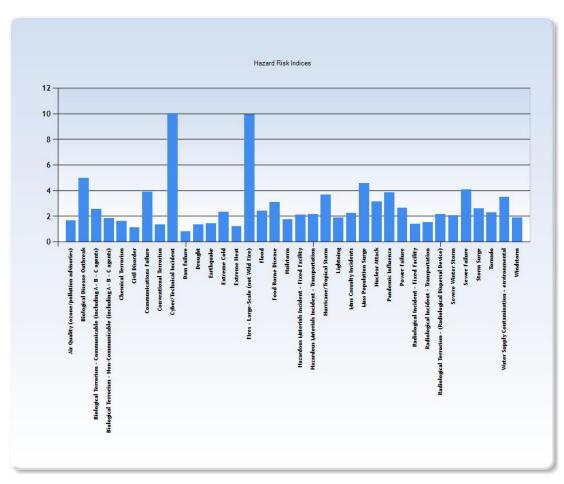
Capabilities Gap Analysis Chart



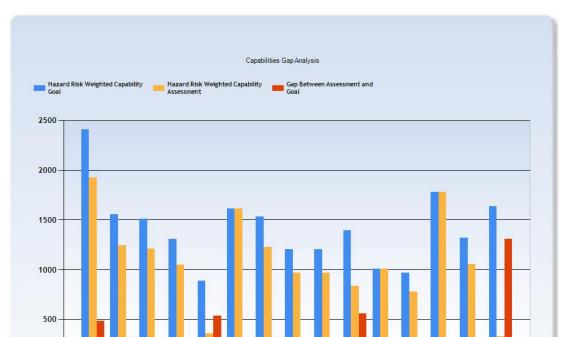
Resource Gap Chart



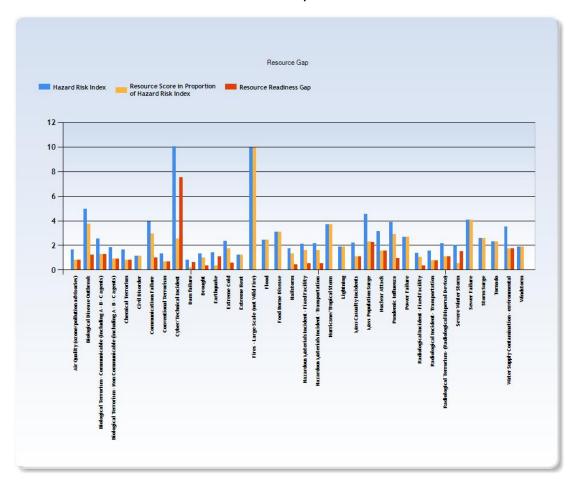
Hazard Risk Indices Chart



Capabilities Gap Analysis Chart

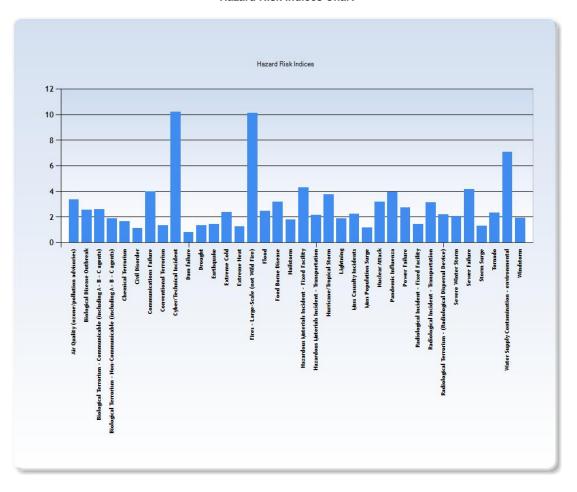


Resource Gap Chart

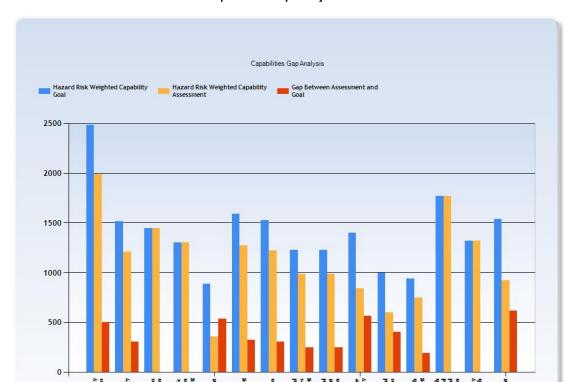


Lake County FPHRAT

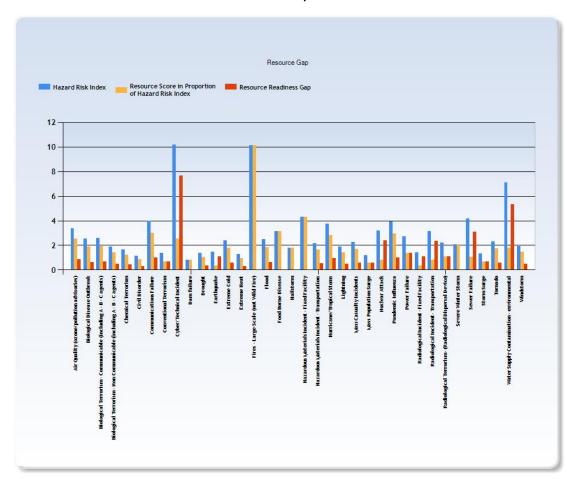
Hazard Risk Indices Chart



Capabilities Gap Analysis Chart

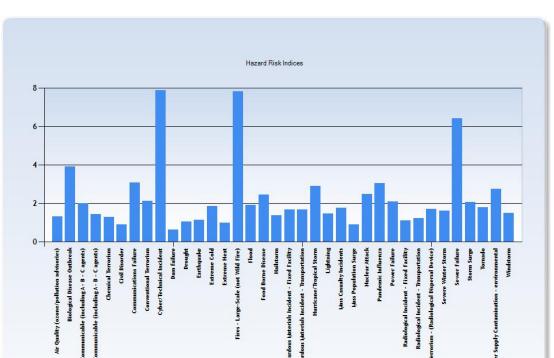


Resource Gap Chart

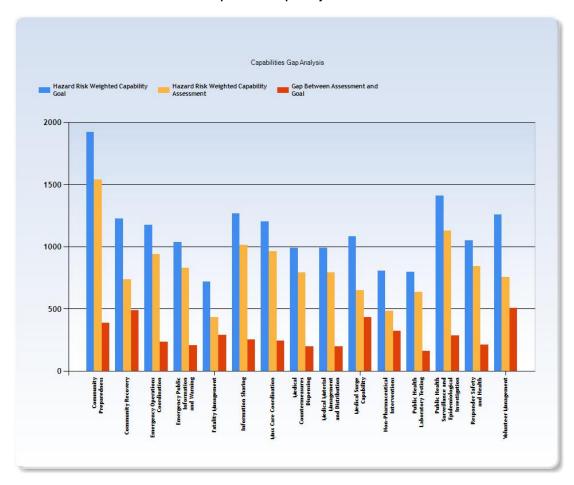


Martin County FPHRAT

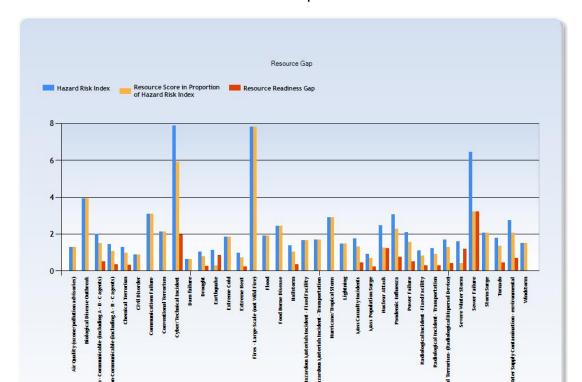
Hazard Risk Indices Chart



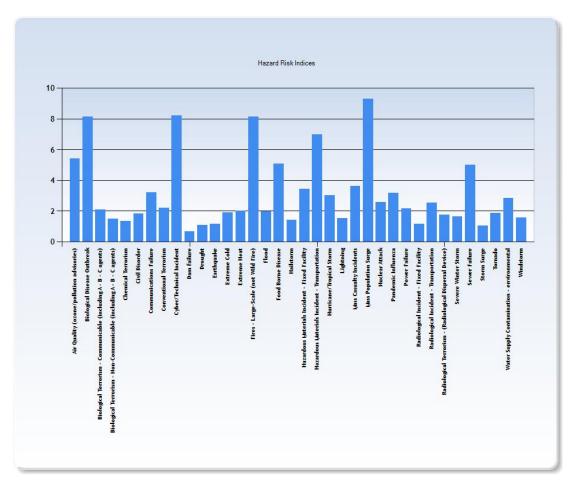
Capabilities Gap Analysis Chart



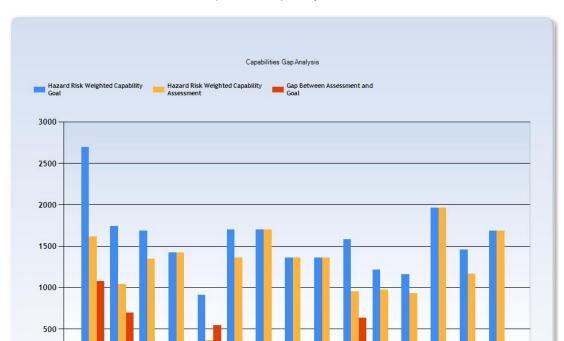
Resource Gap Chart



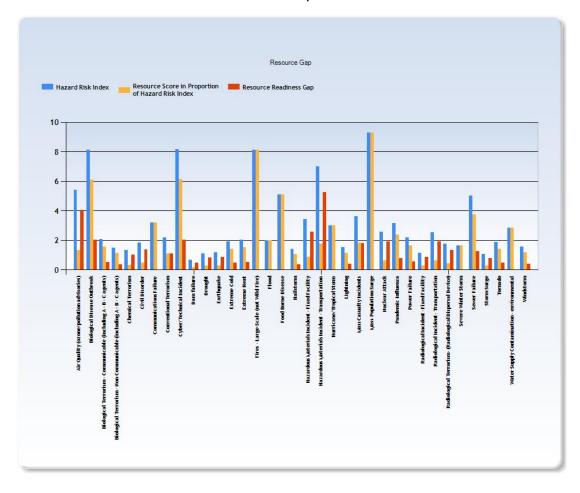
Hazard Risk Indices Chart



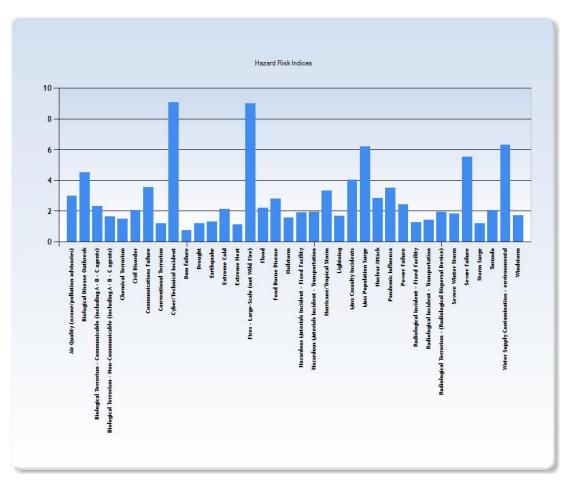
Capabilities Gap Analysis Chart



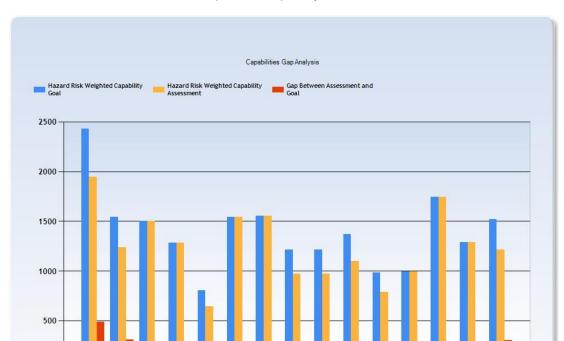
Resource Gap Chart



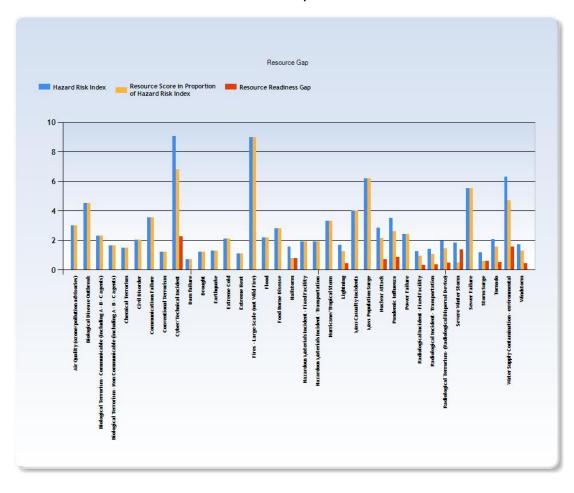
Hazard Risk Indices Chart



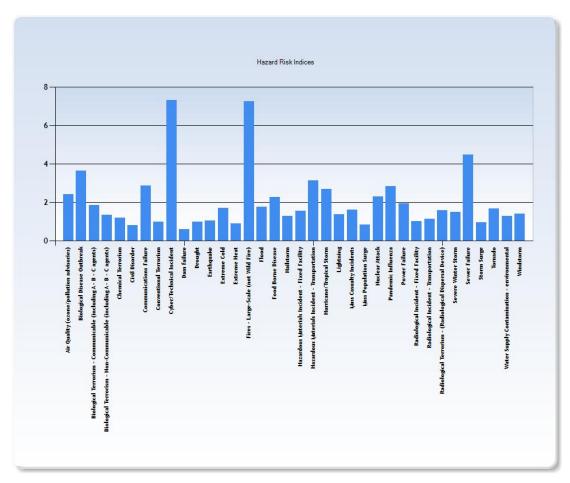
Capabilities Gap Analysis Chart



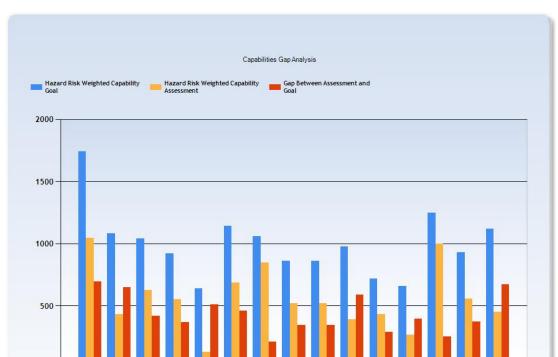
Resource Gap Chart



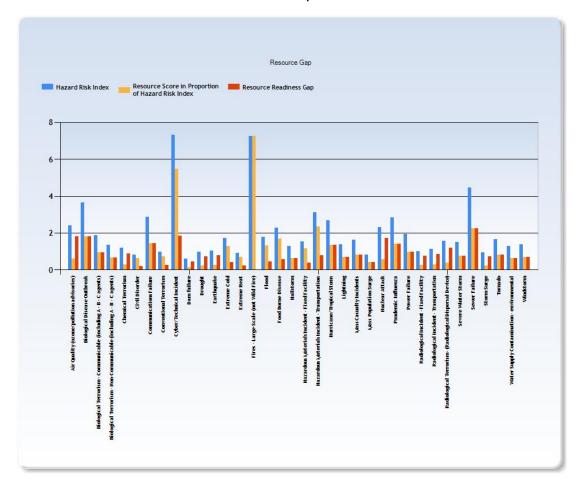
Hazard Risk Indices Chart



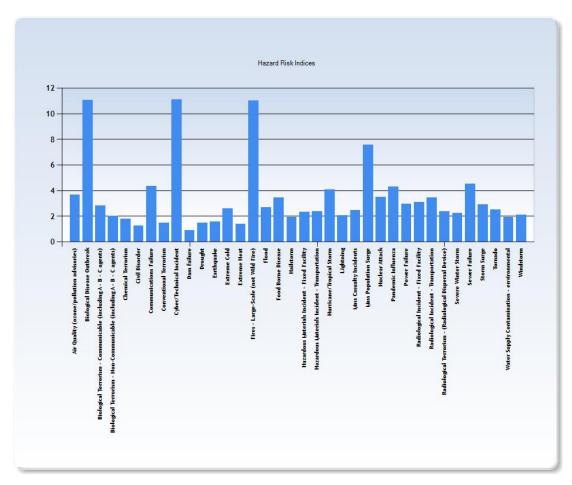
Capabilities Gap Analysis Chart



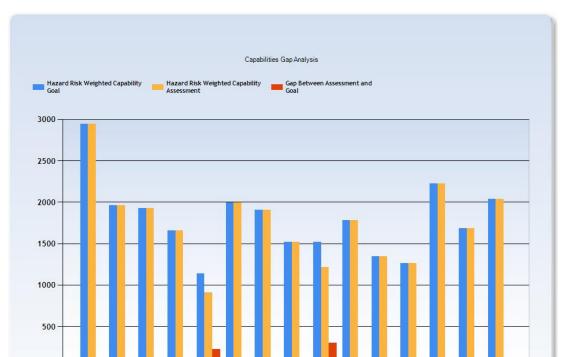
Resource Gap Chart



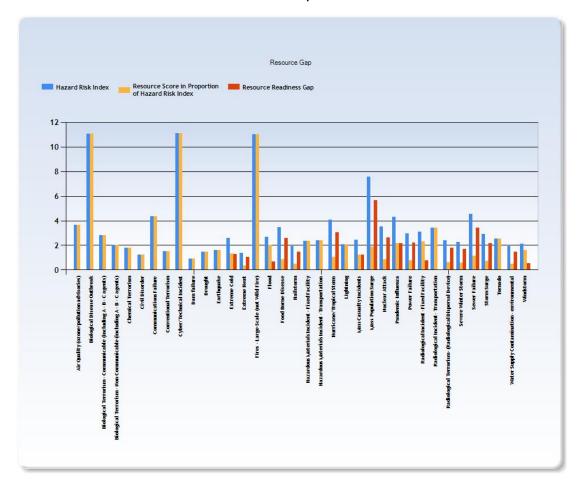
Hazard Risk Indices Chart



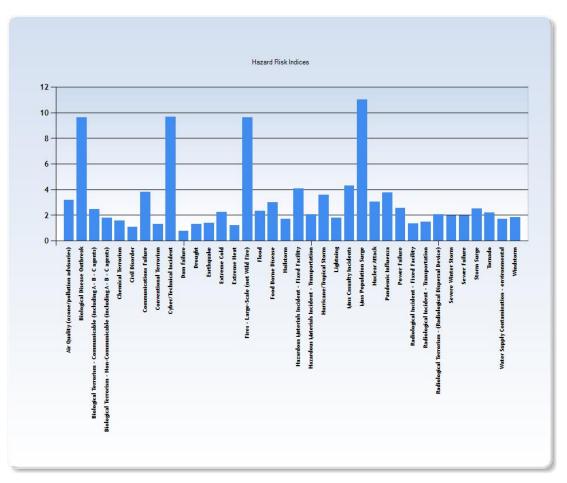
Capabilities Gap Analysis Chart



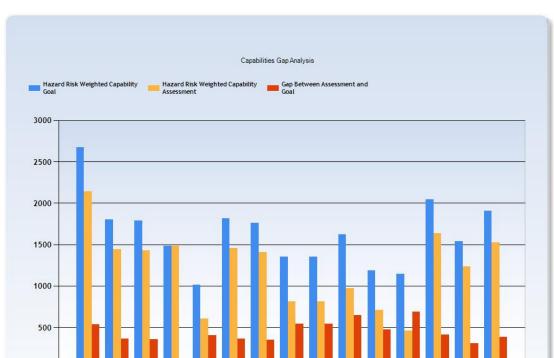
Resource Gap Chart



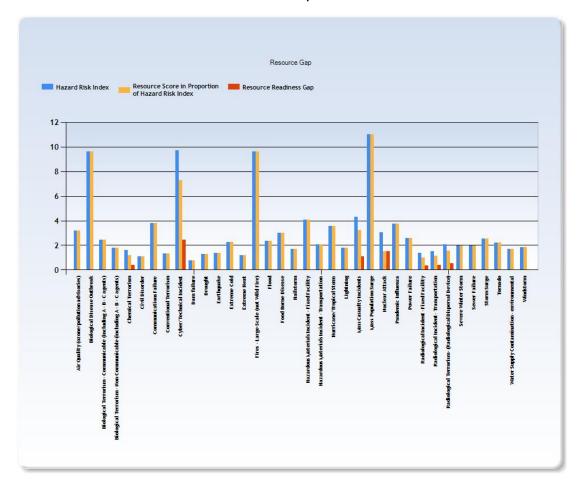
Hazard Risk Indices Chart



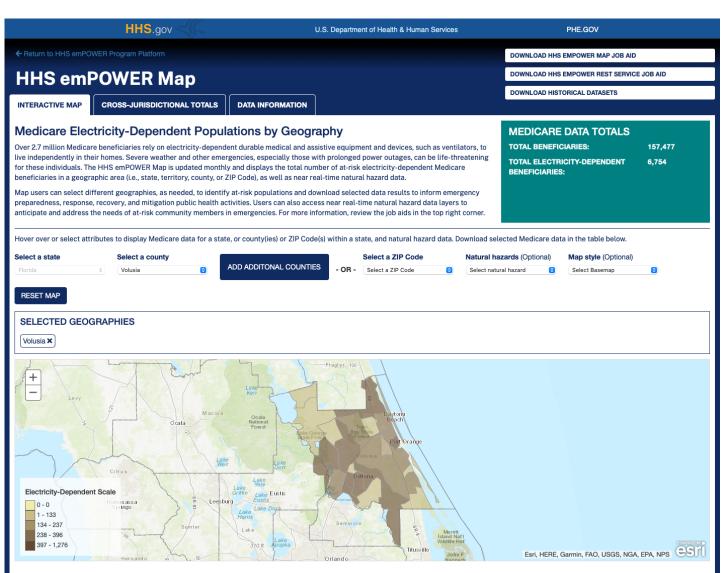
Capabilities Gap Analysis Chart



Resource Gap Chart



Annex B: emPOWER Data (Data downloaded 6-1-22)



Medicare Data Totals by Selected Geographies

Download the data from this table

DOWNLOAD DATA				
States/Territories	Counties	ZIP Codes	Multi-Selected Geographies	
Geographic Area			Beneficiaries	Electricity-Dependent Beneficiaries
32114			7,047	312
32117			6,463	349
32118			6,687	206
32119			6,460	275
32124			2,669	70
32127			9,476	408
32128			6,593	175
32129			6,804	318
32130			1,329	73
32132			2,542	110
32141			6,277	260
32168			9,910	342
32169			4,667	116
32174			19,306	659
32176			5,350	153
32180			804	49
32190			286	21
32713			6,253	279
32720			8,425	415



Hover over or select attributes to display Medicare data for a state, or county(ies) or ZIP Code(s) within a state, and natural hazard data. Download selected Medicare data in the table below.

Select a state

Select a county

ADD ADDITONAL COUNTIES

Select a ZIP Code

Natural hazards (Optional)

Map style (Optional)

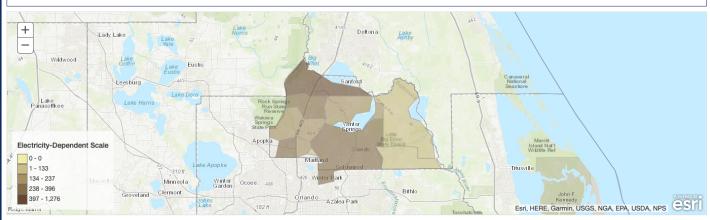
OR - Select a ZIP Code

Select natural hazard Select natural hazard Select natural hazard Select natural hazard Select Basemap

RESET MAP

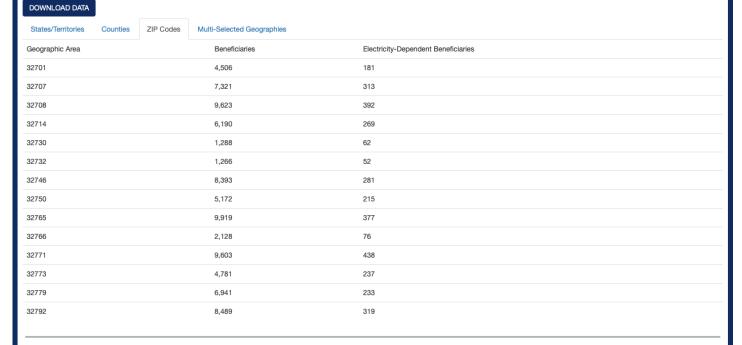
SELECTED GEOGRAPHIES

Seminole 🗙



Medicare Data Totals by Selected Geographies

Download the data from this table



HOME | PHE.GOV





Hover over or select attributes to display Medicare data for a state, or county(ies) or ZIP Code(s) within a state, and natural hazard data. Download selected Medicare data in the table below.

Select a state

Select a county

ADD ADDITONAL COUNTIES

Select a ZIP Code

Natural hazards (Optional)

Map style (Optional)

OR - Select a ZIP Code

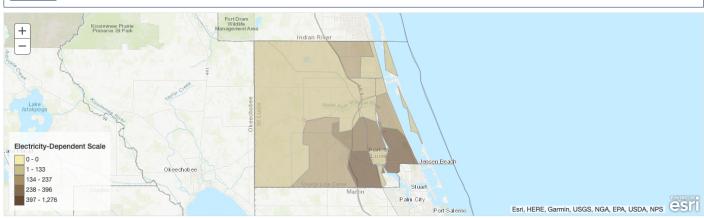
Select natural hazard

Select Basemap

RESET MAP

SELECTED GEOGRAPHIES

Saint Lucie X



Medicare Data Totals by Selected Geographies

Download the data from this table

DOWNLOAD DATA

50111120115 571111	1			
States/Territories	Counties	ZIP Codes	Multi-Selected Geographies	
Geographic Area			Beneficiaries	Electricity-Dependent Beneficiaries
34945			1,110	31
34946			1,648	63
34947			1,988	70
34949			3,581	86
34950			3,276	122
34951			5,567	182
34952			13,911	497
34953			12,846	487
34981			918	30
34982			6,313	230
34983			9,850	354
34984			3,891	129
34986			11,590	365
34987			6,936	175

HOME | PHE.GOV





anticipate and address the needs of at-risk community members in emergencies. For more information, review the job aids in the top right corner.

Select a state

Select a county

ADD ADDITONAL COUNTIES

Select a ZIP Code

Natural hazards (Optional)

Map style (Optional)

OR - Select a ZIP Code

Select natural hazard

Select natural hazard

RESET MAP

SELECTED GEOGRAPHIES

Osceola 🗙



Medicare Data Totals by Selected Geographies

Download the data from this table

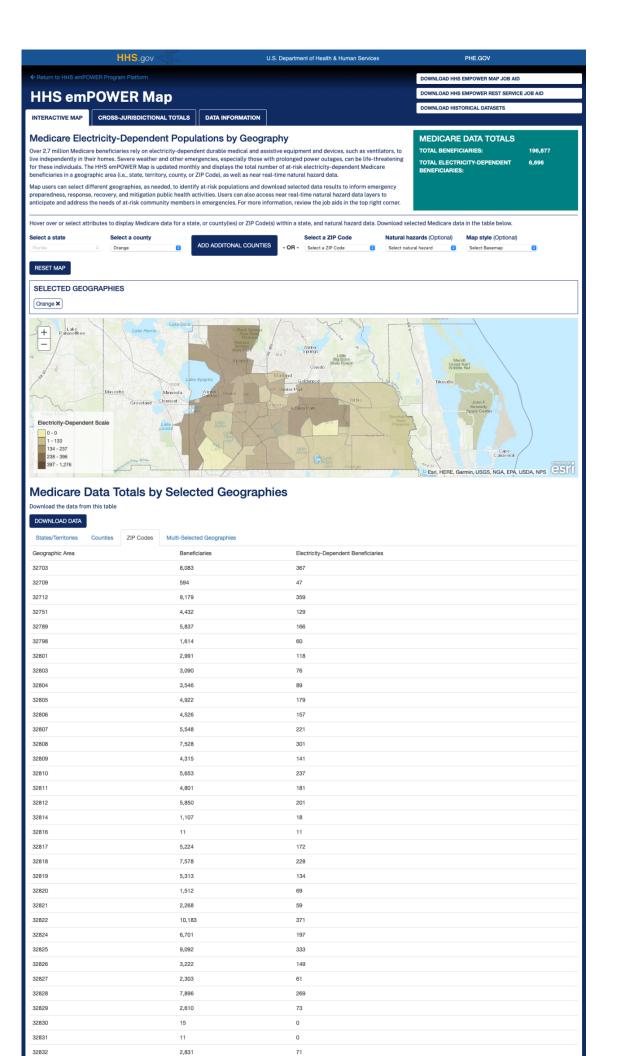
DOWNLOAD DATA

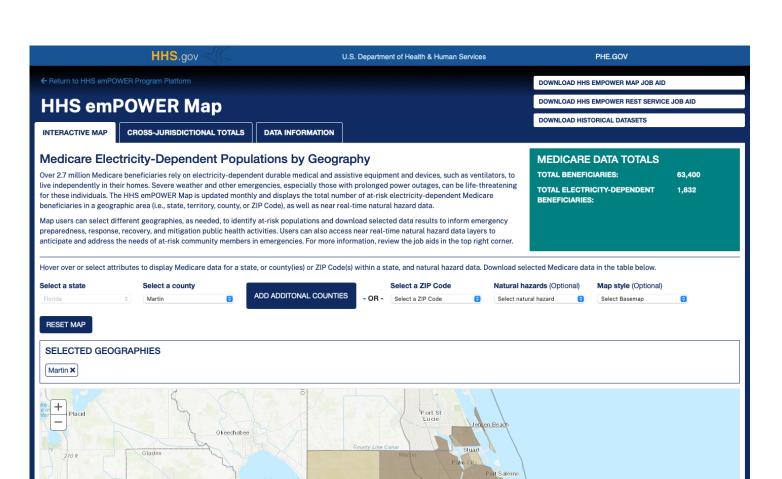
	,			
States/Territories	Counties	ZIP Codes	Multi-Selected Geographies	
Geographic Area			Beneficiaries	Electricity-Dependent Beneficiaries
33848			241	11
34739			262	14
34741			7,678	306
34743			7,074	253
34744			9,818	351
34746			9,607	333
34747			3,895	86
34758			7,413	247
34769			5,846	257
34771			4,657	175
34772			5,848	237
34773			884	36

HOME | PHE.GOV



redness & Response





Medicare Data Totals by Selected Geographies

Download the data from this table

DOWNLOAD DATA

Electricity-Dependent Scale

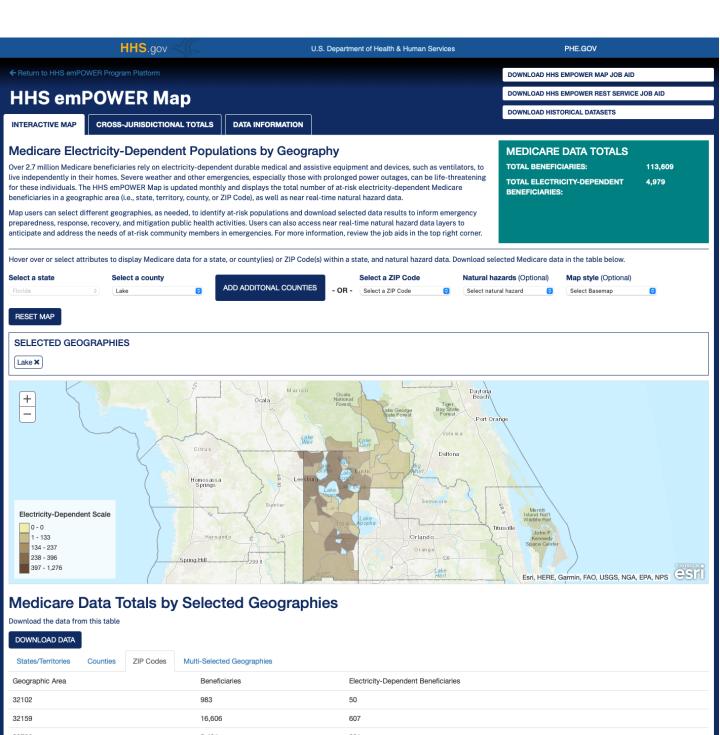
0 - 0 1 - 133 134 - 237 238 - 396 397 - 1,276

_	,			
States/Territories	Counties	ZIP Codes	Multi-Selected Geographies	
Geographic Area			Beneficiaries	Electricity-Dependent Beneficiaries
33438			159	11
33455			7,822	236
33458			9,371	263
33469			4,818	112
34956			1,231	41
34957			8,127	254
34990			9,270	252
34994			4,929	155
34996			4,531	115
34997			13,142	393

HOME | PHE.GOV

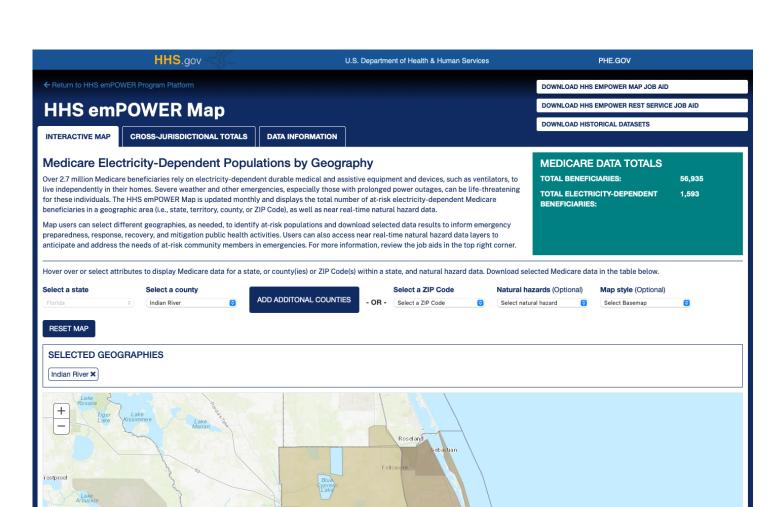


Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS



5,424 1,680 2.614 8,328 2,569 7,748 2,792 16,179 4.307 4,083 3,419 5.332

19,344



Medicare Data Totals by Selected Geographies

Download the data from this table

DOWNLOAD DATA

Electricity-Dependent Scale

0 - 0 1 - 133 134 - 237 238 - 396 397 - 1,276

States/Territories	Counties	ZIP Codes	Multi-Selected Geographies	
Geographic Area			Beneficiaries	Electricity-Dependent Beneficiaries
32948			882	42
32958			11,546	370
32960			6,424	178
32962			7,694	202
32963			8,138	137
32966			9,278	296
32967			8,496	233
32968			4,477	135

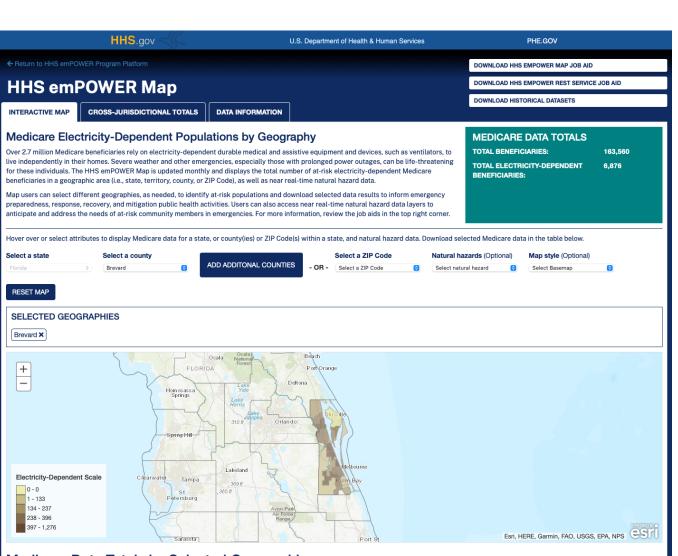
HOME | PHE.GOV



Privacy, Accessibility, Disclaimer
U.S. Department of Health & Human Services
200 Independence Avenue, S.W. Washington, D.C. 20201

Data last updated: 22 April 2022
Webpage last updated: 30 December 2016
Webpage first published: 23 June 2015

Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS



Medicare Data Totals by Selected Geographies

Download the data from this table

DOWNLOAD DATA				
States/Territories	Counties	ZIP Codes	Multi-Selected Geographies	
Geographic Area			Beneficiaries	Electricity-Dependent Beneficiaries
32754			3,356	154
32775			107	11
32780			11,340	529
32796			5,666	310
32815			0	0
32899			0	0
32901			7,636	386
32903			3,802	121
32904			8,809	347
32905			6,880	313
32907			10,824	504
32908			2,734	121
32909			8,318	312
32920			3,516	115
32922			3,761	197
32925			181	11
32926			6,040	293
32927			5,735	307
32931			4,888	144
32934			5,119	234
32935			9,753	482
32937			7,154	235
22040			12.015	450

Appendix C: Region 5 County SVIs

2018 represents the latest data available. This data was downloaded on June 1, 2022

CFDMC helps Coalition partners identify and map communities that will most likely need support before, during, and after a hazardous event. A number of factors, including poverty, lack of access to transportation, and crowded housing may weaken a community's ability to prevent human suffering and financial loss in a disaster. These factors are known as social vulnerability. CDC SVI uses U.S. Census data to determine the social vulnerability of every census tract. Census tracts are subdivisions of counties for which the Census collects statistical data. The CDC SVI ranks each tract on 15 social factors, including poverty, lack of vehicle access, and crowded housing, and groups them into four related themes. Below are the SVIs for CFDMC.

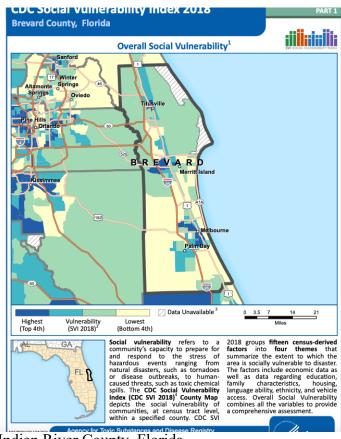
Brevard County, Florida

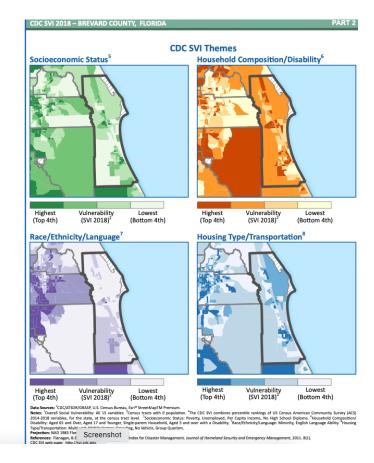
2018 Overall SVI Score: 0.4266

Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability).

A score of 0.4266 indicates a low to moderate level of vulnerability.

https://svi.cdc.gov/Documents/CountyMaps/2018/Florida/Florida2018_Brevard.pdf



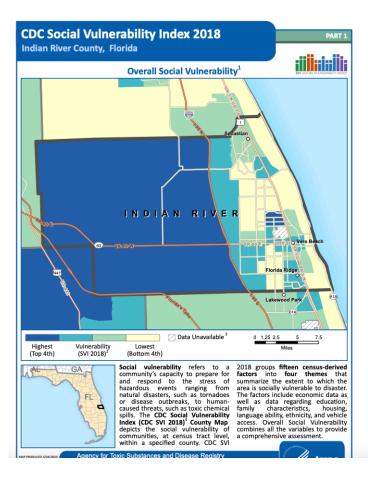


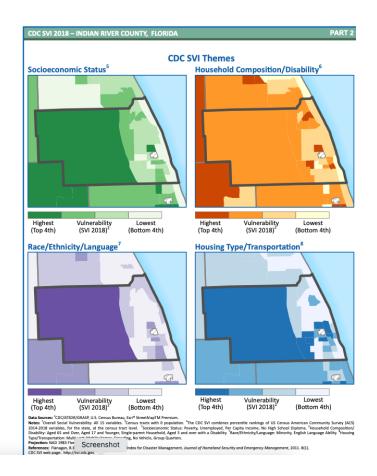
Indian River County, Florida 2018 Overall SVI Score: 0.4769

Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability).

A score of 0.4769 indicates a low to moderate level of vulnerability.

https://svi.cdc.gov/Documents/CountyMaps/2018/Florida/Florida2018 Indian%20River.pdf





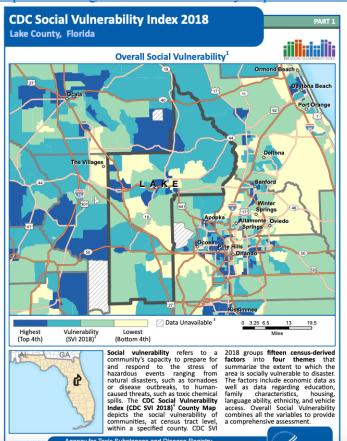
Lake County, Florida

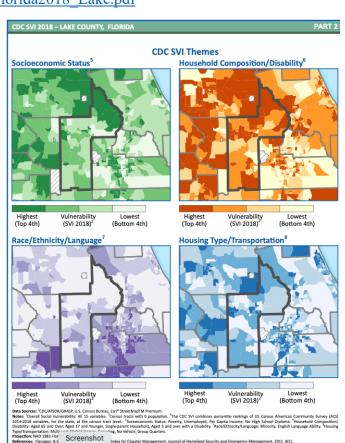
2018 Overall SVI Score: 0.6517

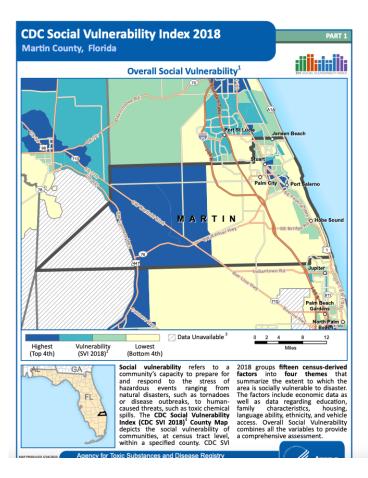
Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability).

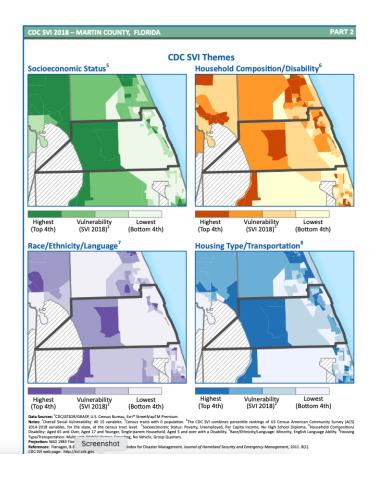
A score of 0.6517 indicates a moderate to high level of vulnerability.

https://svi.cdc.gov/Documents/CountyMaps/2018/Florida/Florida2018_Lake.pdf









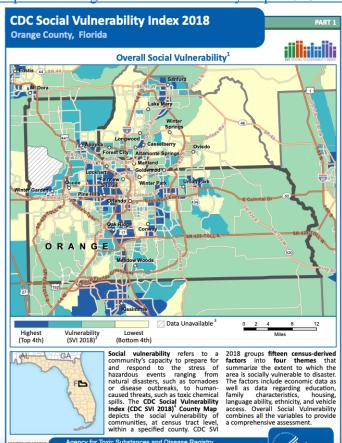
Orange County, Florida

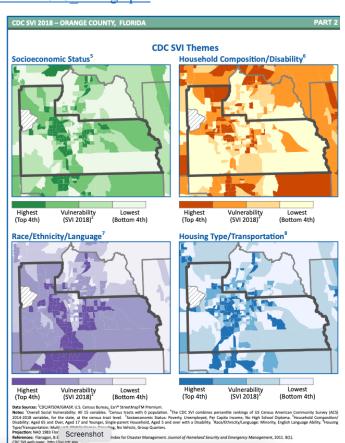
2018 Overall SVI Score: 0.6909

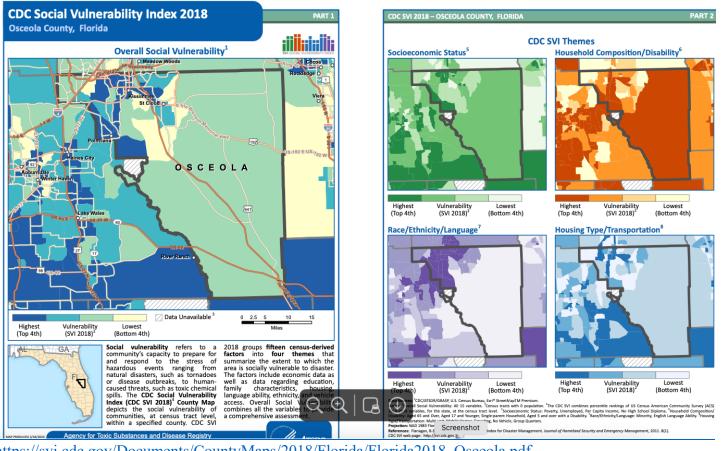
Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability).

A score of 0.6909 indicates a moderate to high level of vulnerability.

https://svi.cdc.gov/Documents/CountyMaps/2018/Florida/Florida2018 Orange.pdf







https://svi.cdc.gov/Documents/CountyMaps/2018/Florida/Florida2018 Osceola.pdf

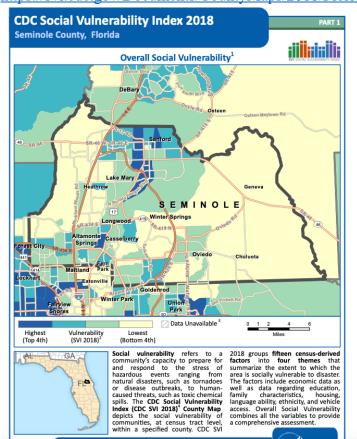
Seminole County, Florida

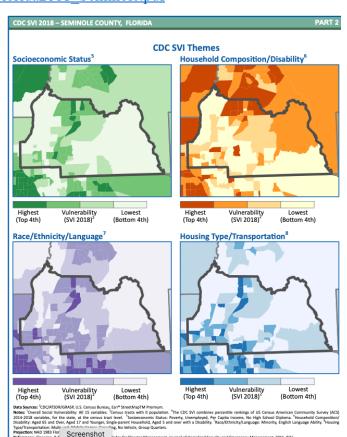
2018 Overall SVI Score: 0.1786

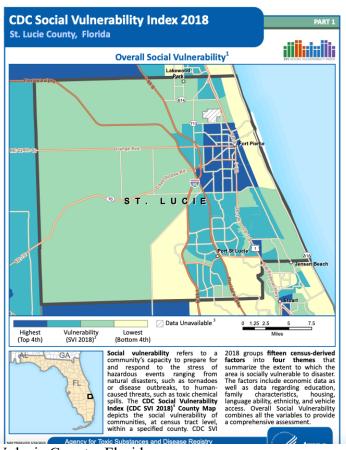
Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability).

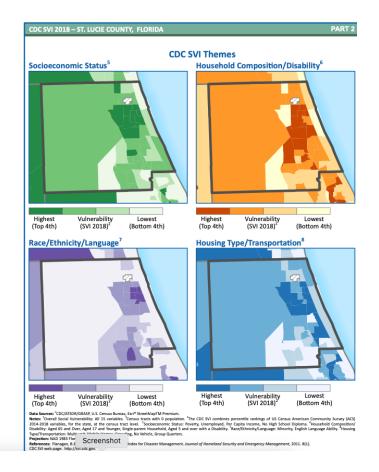
A score of 0.1786 indicates a low level of vulnerability.

https://svi.cdc.gov/Documents/CountyMaps/2018/Florida/Florida2018 Seminole.pdf









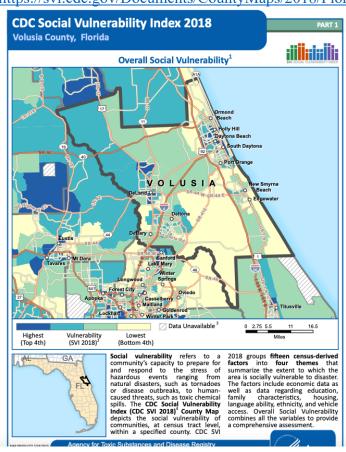
Volusia County, Florida

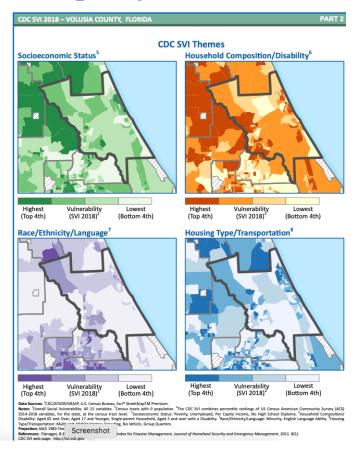
2018 Overall SVI Score: 0.5896

Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability).

A score of 0.5896 indicates a moderate to high level of vulnerability.

https://svi.cdc.gov/Documents/CountyMaps/2018/Florida/Florida2018 Volusia.pdf





Appendix D: CFDMC HVA-JRA Survey Results (May 2022):

On April 26, 2022, CFDMC sent a survey to all Coalition members requesting input in assessing threats, risks and capability gaps. Members were given 30 days to respond, and the Coalition received thirty nine (39) responses. The results are summarized in the following pages:

	NOT	ur/Severit	LIKELY	LOW	MODERATE	HIGH	TOTAL
	LIKELY TO	TO OCCUR	TO OCCUR	IMPACT IF IT	IMPACT IF IT OCCURS	IMPACT IF IT	RESPONDENTS
	OCCUR			OCCURS		OCCURS	
Hurricane	0.00%	15.38% 6	64.10% 25	2.56%	20.51%	76.92% 30	3
Tornado	2.63% 1	42.11% 16	36.84% 14	2.63% 1	34.21% 13	63.16% 24	3
Avalanche	97.37% 37	2.63% 1	0.00%	42.11% 16	7.89% 3	18.42% 7	3
Winter Storm	86.84% 33	10.53% 4	2.63% 1	34.21% 13	28.95% 11	15.79% 6	3
Animal Disease Outbreak	15.79% 6	63.16% 24	18.42% 7	44.74% 17	31.58% 12	5.26% 2	3
Earthquake	56.41% 22	41.03% 16	2.56% 1	23.08% 9	20.51% 8	30.77% 12	3
Tidal Wave/Tsunami	42.11% 16	55.26% 21	0.00%	13.16% 5	26.32% 10	42.11% 16	3
Temperature Extremes	5.13% 2	23.08% 9	53.85% 21	35.90% 14	28.21% 11	28.21% 11	3
Drought	12.82% 5	41.03% 16	28.21% 11	28.21% 11	43.59% 17	23.08% 9	3
Flood	7.69% 3	30.77% 12	43.59% 17	7.69% 3	56.41% 22	30.77% 12	3
Wildfire	2.56% 1	35.90% 14	41.03% 16	12.82% 5	56.41% 22	28.21% 11	3
Landslide	89.47% 34	7.89% 3	2.63% 1	42.11% 16	21.05% 8	15.79% 6	3
Volcanic Eruption	100.00% 39	0.00%	0.00%	41.03% 16	10.26% 4	25.64% 10	3
Epidemic	2.70% 1	40.54% 15	43.24% 16	0.00%	45.95% 17	48.65% 18	3
Pandemic	0.00%	35.90% 14	48.72% 19	2.56% 1	23.08% 9	69.23% 27	3
Biological Attack	23.08% 9	58.97% 23	10.26% 4	5.13% 2	15.38% 6	64.10% 25	3
Chemical Attack	25.64% 10	56.41% 22	10.26% 4	5.13% 2	23.08% 9	56.41% 22	3
Cyber Attack against Data	2.56% 1	25.64% 10	56.41% 22	2.56% 1	35.90% 14	56.41% 22	3
Cyber Attack against Infrastructure	7.69% 3	28.21% 11	46.15% 18	7.69% 3	38.46% 15	51.28% 20	3
Explosives Attack	23.08% 9	61.54% 24	10.26% 4	7.69% 3	30.77% 12	43.59% 17	3
Radiological Attack	34.21% 13	50.00% 19	13.16% 5	5.26% 2	23.68% 9	52.63% 20	3
Sabotage	17.95% 7	53.85% 21	20.51% 8	17.95% 7	33.33% 13	30.77% 12	3
Active Shooter Incident	2.63% 1	28.95% 11	52.63% 20	7.89% 3	39.47% 15	50.00% 19	3
Nuclear Terrorism Attack	43.59% 17	48.72% 19	2.56% 1	5.13% 2	10.26% 4	66.67% 26	3
Armed Assault	17.95% 7	35.90% 14	30.77% 12	12.82% 5	30.77% 12	46.15% 18	3
Mass Migration	25.64% 10	41.03% 16	28.21% 11	17.95% 7	46.15% 18	20.51% 8	3
Civil Disruption	10.26% 4	48.72% 19	25.64% 10	25.64% 10	46.15% 18	23.08% 9	3
mproved Nuclear Attack	38.46% 15	53.85% 21	2.56% 1	2.56% 1	15.38% 6	66.67% 26	3
Aircraft as a Weapon	33.33% 13	51.28% 20	10.26% 4	10.26% 4	33.33% 13	41.03% 16	3
Airplane Crash	15.38% 6	46.15% 18	28.21% 11	7.69% 3	51.28% 20	30.77% 12	3
Dam Failure	76.92% 30	17.95% 7	2.56% 1	33.33% 13	25.64% 10	15.38% 6	3
Levee Failure	71.79% 28	23.08%	2.56% 1	35.90% 14	23.08% 9	15.38% 6	3
Mine Accident	92.31%	5.13%	2.56%	51.28%	15.38%	5.13%	

Capability Gaps

Capability Gaps						
	NO GAP	SMALL GAP	MEDIUM GAP	LARGE GAP	TOTAL	WEIGHTED AVERAGE
Identify Risks and Needs	28.21% 11	38.46% 15	28.21% 11	5.13% 2	39	2.10
Train and Prepare the Health and Medical Workforce	12.82% 5	30.77% 12	41.03% 16	15.38% 6	39	2.59
Ensure Preparedness is Sustainable	12.82% 5	33.33% 13	30.77% 12	23.08% 9	39	2.64
Develop and Coordinate Healthcare Organization Response Plans	15.38% 6	35.90% 14	33.33% 13	15.38% 6	39	2.49
Develop and Coordinate Coalition Response Plan	23.08% 9	46.15% 18	25.64% 10	5.13% 2	39	2.13
Utilize Information Sharing Procedures/Platforms	15.38% 6	35.90% 14	35.90% 14	12.82% 5	39	2.46
Coordinate Response Strategy, Resources & Communications	20.51% 8	33.33% 13	41.03% 16	5.13% 2	39	2.31
Identify Essential Functions for Health Care Delivery	20.51% 8	48.72% 19	23.08% 9	7.69% 3	39	2.18
Plan for Continuity of Operations	25.64% 10	33.33% 13	17.95% 7	23.08% 9	39	2.38
Maintain Access to Non-Personnel Resources during Emergencies	15.38% 6	38.46% 15	28.21% 11	17.95% 7	39	2.49
Develop strategies to Protect Health Care Information System Networks	15.38% 6	35.90% 14	30.77% 12	17.95% 7	39	2.51
Protect Responders' Safety and Health	17.95% 7	41.03% 16	33.33% 13	7.69% 3	39	2.31
Plan for and Coordinate Health Care Evacuation/Relocation	17.95% 7	33.33% 13	35.90% 14	12.82% 5	39	2.44
Coordinate Health Care Delivery System Recovery	15.79% 6	42.11% 16	34.21% 13	7.89% 3	38	2.34
Plan for Medical Surge	18.42% 7	36.84% 14	36.84% 14	7.89% 3	38	2.34
Respond to Events Requiring Medical Surge	17.95% 7	41.03% 16	33.33% 13	7.69% 3	39	2.31

Members identified the following as the most important things the Coalition can do to address these gaps:

- Provide members opportunities for input in Coalition response planning and procedures. Offer training and recommend currently available courses with flexible platforms, in person, online, etc. We currently create an Emergency Operations Plan based off the AHCA requirements, which is from the year 1995. Can the Coalition create an updated format to better reflect the challenges we face in 2022 as a member standard?
- Plan for/coordinate evacuation and relocation Ensure preparedness is sustainable Utilize information sharing
- 1-Train and prepare Health and Medical workforce. 2-Plan for and coordinate health care evacuation and relocation. 3-Responding to events requiring medical surge.
- Bring in the whole community for preparedness. Currently the coalition is private sector centric and only brings in public sector players on a less frequent basis.
- Advertise to younger (newer) personnel. Most people I've spoken to think this coalition is made up of older men
- Contingency plans based on short staffing, guides for non-traditional labor use in emergencies (travel nurses, etc.)
- Provide friends and family and passenger assistance.
- Continue to help coordinate community drills and connection/communication between the different systems
- communication methods increased/improved for resources
- Regional planning and preparedness
- Preparing, training, and being ready for an event.
- Continued planning, support and education
- · Sharing of information about organizations plans, assist in training of personnel
- Ensure Preparedness and Sustainability: Constantly review our Health Care's system potential ability to respond to a long term/significant incident. Review how other Nation's Health Care Systems have managed such incidents. Continue to find ways (and PPE) to keep our health care workers safe in an unusual long-term response.
- Coordinate with partners for critical resources; continue training and exercise opportunities
- Partner with private sector industries on response efforts Have mutual aid agreements in place
- Access to resources and sustainability of response
- Staffing for response to a major event is our biggest gap. We will need to rely heavily on our community partners to be involved. We did well during COVID19 working with partners but could always improve.
- Continue to work with community partners outside Health and Medical to prepare for threats to security and safety.
- Funding, training
- keep up to date with policies
- Continue to train and relay information.
- Additional simulated drills
- Ensure all stakeholders are in communication and have written plans in place to ensure access to dedicated non-personnel resources
- better staff training and coordination between departments
- More drills and education
- Relocation plans
- Continue to implement training program and encourage patient preparedness
- Information sharing platform, tracking system for medical surge is imperative
- Actual responder assets available
- Communication COOP Medical Surge