



Preparedness Plan

*Approved by CFDMC Board
June 15, 2021*

Table of Contents

Record of Changes & Distribution	ii
1.0 Introduction.....	1
1.1 Purpose.....	1
1.2 Scope.....	1
1.3 Administrative Support	1
2.0 Coalition Overview.....	2
2.1 Introduction/Role/Purpose of Coalition	2
2.2 Coalition Boundaries	2
2.3 Coalition Members	2
2.4 Commitment to Participate.....	4
2.5 Organizational Structure/Governance	4
2.6 Role of Leadership within Member Organizations.....	5
2.7 Risks	8
2.8 Gaps / Actions.....	8
2.9 Compliance Requirements/Legal Authorities	10
3.0 Coalition Objectives.....	13
3.1 Maintenance and Sustainability.....	13
3.2 Engagement of Partners and Stakeholders.....	14
3.3 Health Care Executives.....	14
3.4 Clinicians.....	14
3.5 Community Leaders	15
3.6 Children, Pregnant Women, Seniors, Individuals with Access, and Functional Needs.....	15
4.0 Workplan	16
5.0 Appendices.....	17

RECORD OF CHANGES & DISTRIBUTION

Changes	Distribution
Original plan drafted April 2018	Distributed to CFDMC Members for comment in April 2018
Submitted to Board for approval on 6/16/18	Posted to Website on 6/29/18
Annual update approved by Board on 6/18/19	Updated plan posted to website on 6/20/19
Annual update drafted May 2020	Distributed to CFDMC Members for comment in May 2020
Annual update approved by board on 6/16/20	Updated plan posted to website on 6/30/20
Annual update based on HVA/JRA updates	Draft sent to members in May 2021 Approved by Board 6/15/21 Posted to website 6/16/21

1.0 Introduction

1.1 Purpose

The mission of the CFDMC is to develop and promote healthcare emergency preparedness and response capabilities in the East Central Florida Domestic Security Task Force Region 5 (RDSTF Region 5). CFDMC does this through facilitation with healthcare organizations and other key partners to work collaboratively to build, strengthen, and sustain a healthcare preparedness and response system in the region. The overarching goal is to assist Emergency Management and Emergency Support Function 8 (ESF-8) with the National Preparedness Goals mission areas: Prevention, Protection, Mitigation, Response, and Recovery as it relates to healthcare disaster operations. The purpose of this plan is to outline the preparedness activities of the CFDMC.

1.2 Scope

This plan applies to the CFDMC and its nine counties and does not supersede the authorities or any plans of the participating entities. This plan achieves the capability as defined in the 2017-2022 Health Care Preparedness and Response Capabilities, Capability 1, Objective 3: Develop a Health Care Coalition Preparedness Plan.

1.3 Administrative Support

The original plan was submitted to the working group for their review and distributed to the membership for a 30-day review period for comments (April 1-30, 2018). Upon receipt of comments, the plan was updated and submitted to the working group for final acceptance by May 30, 2018. This plan had minor updates in June 2019 and was reviewed and approved by the Board on June 18, 2019. Additional minor changes were made in 2019, 2020, and 2021. The plan is a living document and will be reviewed after exercises and real-world incidents and updated as needed. Any new gaps should be identified and strategies to mitigate those gaps addressed in this plan

Applicable Health Care Preparedness and Response Capability 1.3; 2.1.2

2.0 Coalition Overview

2.1 Introduction/Role/Purpose of Coalition

The mission of the CFDMC is to develop and promote healthcare emergency preparedness and response capabilities in the region. The major goals of the CFDMC include the following:

- Facilitate information sharing among participating CFDMC members and jurisdictional authorities to promote common situational awareness;
- Facilitate resource support by expediting the mutual aid process or other resource sharing arrangements among CFDMC members and support the request and receipt of assistance from local, state, and federal authorities;
- Facilitate the interface between the CFDMC and appropriate jurisdictional authorities to establish effective support for healthcare system resiliency and medical surge; and
- Build and/or strengthen local health capacity and capabilities prior to, during, and after a disaster or emergency.

2.2 Coalition Boundaries

The CFDMC serves the East Central Florida Domestic Security Task Force Region 5 (RDSTF Region 5), and includes the following nine counties: Brevard, Indian River, Lake, Martin, Orange, Osceola, Seminole, St. Lucie, and Volusia.

Individuals and organizations working collaboratively across a spectrum of disciplines to develop and maintain disaster health and medical capabilities will help to clarify roles, responsibilities, and assumptions about response and recovery. Collaboration will help facilitate interoperability while leveraging existing capacity inherent throughout organizations and communities across the region. At the same time, collaboration will minimize redundant work and other inefficiencies and maximize resources. The CFDMC works closely with the ESF-8 lead agencies within the region.

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2.3 Coalition Members

A coalition should include a diverse membership to ensure a successful whole community response. If segments of the community are unprepared or not engaged, there is greater risk that the healthcare delivery system will be overwhelmed. The value of the CFDMC as a coalition is the resources represented in the collective capacity of its members. This broad membership allows the Coalition to influence a higher level of disaster health and medical capability throughout organizations and communities across the region.

The CFDMC has members from the following types of agencies and facilities:

Acute Care Hospitals	Hospital Associations
Ambulance Services	Hospital Systems
Assisted Living Facilities	Kidney Centers
Aviation	Laboratories
Behavioral Health Agencies	Medical Doctors
Council on Aging	Medical Examiners
County Health Departments	Medical Reserve Corp
Crisis Response Teams	Municipalities
Department of Children and Families	Nursing Services
Education	Outpatient Healthcare Providers
Emergency Management	Pharmacies
Emergency Medical Services (EMS)	Rehabilitation Services
Environmental Services	Skilled Nursing Homes
Fire Departments/Fire Rescues	Surgery Centers
Funeral Homes	Universities
Home Health	Vendors
Hospice	Non-Governmental Organizations

Highlighted agencies are core members (The Coalition’s contract with DOH specifies core members as acute care hospitals, EMS, emergency management offices, county health departments, and assisted living facilities. The CFDMC also considers skilled nursing facilities as core members.

A complete membership list as of May 31, 2021 shows 1,920 Members Representing 693 Organizations and is available at <http://www.centralfladisaster.org/about> (click on Our Members button). This list is updated monthly. CFDMC classifies members using the ASPR member classifications.

The CFDMC also recognizes the 17 provider types in the following list identified in the CMS rule. Future recruitment will target those providers and/or counties under-represented in the membership.

1. Hospitals
2. Critical Access Hospitals (CAHs)
3. Rural Health Clinics (RHCs) & FQHCs
4. Long-Term Care Facilities (Skilled Nursing Facilities (SNF))
5. Home Health Agencies (HHAs)
6. Ambulatory Surgical Centers (ASCs)

7. Hospice
8. Inpatient Psychiatric Residential Treatment Facilities (PRTFs)
9. Programs of All-Inclusive Care for the Elderly (PACE)
10. Transplant Centers
11. Religious Nonmedical Health Care Institutions (RNHCIs)
12. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
13. Clinics, Rehab. Agencies, & Public Health Agencies as Providers of Outpatient Physical Therapy & Speech Language Pathology Services Comprehensive
14. Outpatient Rehabilitation Facilities (CORFs)
15. Community Mental Health Centers (CMHCs)
16. Organ Procurement Organizations (OPOs)
17. End-Stage Renal Disease (ESRD) Facilities

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2.4 Commitment to Participate

The Board of Directors meets at a minimum at least quarterly, either face-to-face or virtually. A face-to-face meeting or virtual is held at least quarterly for all members, with one of the meetings held as a day-long conference. Board of Directors who are absent for more than one-quarter of the meetings or for three (3) consecutive meetings during a term of appointment may be replaced upon a majority vote of the Executive Committee Members and the Board Chair. Board of Directors who must miss a meeting may delegate an alternate to participate on their behalf and must provide written notice to the Executive Committee delegating their voting privileges to the designee.

All CFDMC members are asked to review and sign the CFDMC Charter and the Code of Conduct upon joining the Coalition. The CFDMC Charter and Code of Conduct are included in the CFDMC Board Bylaws and the Board reviews this annually. The Coalition has also posted member benefits and expectations to the website.

Approval of this plan and other items presented to the CFDMC will be handled as follows. The plan and any supporting documents will be distributed to members to allow for their input with any comments or concerns. Any input received will be reviewed by the Executive Committee and Board of Directors with appropriate approval via voting on an agenda item at a scheduled Board meeting.

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2.5 Organizational Structure/Governance

The CFDMC Governance policies are updated annually and were last approved on April 20, 2021. The current approved governance document is located at <http://www.centralfladisaster.org/members> (click on Our Members button). The document includes the following sections:

- CFDMC Bylaws

- Charter / Code of Ethics
- Board Nominations / Elections Process
- Board Onboarding Process
- Member Recruitment and Onboarding
- Communication
- Financial Policies and Processes
- Special Projects Funding Process
- Conflict Resolutions
- Vendor Selection Process
- Independent Capacity of Contractor Attestation
- Vendor Exhibit Policy
- Public Access to Records Policy
- Document Retention & Destruction Policy
- HIPPA & Attestation
- Social Media Policy
- Travel Policy
- Employment Policies

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2.6 Role of Leadership within Member Organizations

Membership in the CFDMC is open to all interested, applicable, and relevant parties. Individual members are solicited through various means. All members must complete the CFDMC Charter and Code of Ethics to join. There is no formal approval process for membership from either the Coalition or the organization; all interested parties are welcome from the designated essential partner groups and all other stakeholders. The CFDMC Executive Committee and Board of Directors include the RDSTF Health Co-Chairs, and executive leaders and clinical leaders from all core member groups and are representative of all membership groups.

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2.7 Risks

It was the consensus of our partners that CFDMC use information from each county, along with additional input from all Coalition members, to develop a regional Hazard Vulnerability Analysis (HVA) and Jurisdictional Risk Analysis (JRA). CFDMC utilized PHRAT, emPOWER, SVI, THIRA, and member surveys in the analysis.

PHRAT:

CFDMC obtained a copy of each county's PHRAT 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 (eight included this in their top three risks)
- Water supply contamination (three counties included this in their top three risks)
- Biological disease outbreak (four counties included this in their top three risks)

The largest capability gaps identified were:

- Volunteer management (four counties ranked this as the highest gap)
- Community preparedness (three counties ranked this as the highest gap)
- Public health lab testing (one county ranked this as the highest gap)
- Medical/Material management and distribution (one county ranked this as the highest gap)

The often-identified 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)

emPOWER:

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 December 2020, the Coalition downloaded the emPOWER data for each county, and provided these to county emergency management and ESF-8 leads. 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.

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 April 12, 2021.

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)

Regional THIRA:

On September 29, 2019 and October 31, 2019, the Coalition participated in meetings to develop the 2019 UASI THIRA for the Central Florida metro area. The Coalition participated in meetings in fall of 2020 for the RDSTF 2020 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. The top threats identified were:

- Hurricanes
- Active shooters
- Cyber attacks

Member Survey:

In March 2021, 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 fifty-eight (58) responses. The results are summarized below:

Risks:

Members identified the top three risks, in priority order as:

- #1 – Hurricane (43 identified this as a top three risk with the majority selecting this as the highest risk)
- #2 – Pandemic (24 identified this as a top three risk)
- #3 – Tie - Active Shooter (15 identified this as a top three risk)

#3 – Tie - Tornado (15 identified this as a top three risk)

Threat/Impact:

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

1. Hurricane (79.66% respondents)
2. Pandemic (61.02% respondents)
3. Epidemic (49.25 respondents)
4. Extreme Temperatures (45.76 respondents)
5. Cyber Attack (40.76 respondents)

Coalition members also identified threats with most severe impact. In all but one of the above, the majority felt these events would have a high impact. For Extreme Temperatures, the majority rated this type of event as having a moderate impact. Other events members rated as having a high impact include tornados, biological attacks, radiological attacks and nuclear terrorism attacks.

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2.8 Gaps / Actions

Members identified the following capability gaps:

- #1 – Ensure Preparedness is Sustainable (2.52 weighted average)
- #2 – Train and Prepare the Health and Medical Workforce (2.36 weighted average)
- #3 – Plan for and Coordinate HealthCare Evacuation/Relocation (2.33 weighted average)
- #4 – Respond to Medical Surge (2.33 weighted average)
- #5 – Utilize Information Sharing Procedures/Platforms (2.31 weighted average)

See Appendix C for detailed survey results.

Most Important Actions:

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

- Continue to improve/enhance communications
 - Continue to train/educate members
 - Continue to support drills and exercises
 - Support and share plans across organizations
-
- 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, and actions will be added to these documents, including:

Hurricanes: CFDMC devotes one meeting per year to hurricane preparedness. We have used hurricanes as a focus for a Coalition Surge Test exercise. Additionally, the region has responded to Hurricanes Matthew, Irma and Dorian over the past few years. Several hospitals within the region have evacuated during these hurricanes, and lessons learned have been shared with all members. Over the past year, the Coalition sponsored an evacuation equipment assessment by MedSled. The results of the assessment were shared with the region's hospitals and Board on February 21, 2020. The outcome of that meeting was to identify a small workgroup to develop standards for hospitals and nursing home evacuation equipment.

Pandemic: The CFDMC Emerging Infectious Disease Collaborative has been working since 2014 to assess and improve the region's ability to respond to a pandemic. After-action reports from the 2020 COVID-19 pandemic continue to drive our planning efforts. During 2015 and 2016, every hospital in the region underwent either the CDC frontline hospital or assessment hospital review and a regional plan was developed. This is an ongoing effort and over the past year the EID Collaborative Workgroup has converged on PPE standards, and donning and doffing procedures. The Workgroup was working on additional protocols including screening criteria and workforce support policies when the COVID-19 response began. We are capturing successes and lessons learned from COVID-19 and these will be used to continue to refine and improve plans and resources.

Active Shooter: Since 2017, CFDMC, along with emergency management in each county in the region, hosts an annual active shooter drill in September. Members are provided with resources to build an active shooter response plan prior to the drill, and an after-action report is distributed.

Tornados: Since 2018, CFDMC, along with emergency management in each county in the region, hosts the Great Tornado Drill in January. Members are provided with resources to build a shelter in place plan prior to the drill, and an after action report is distributed.

Continue to improve/enhance communications: This is the highest priority for the Coalition and has been the number one improvement identified in exercises and events. On February 21, 2021??, CFDMC hosted a Communications Workshop with emergency management, hospitals, EMS, public health and long-term care representatives. The purpose of the meeting was to finalize essential elements of information, review existing communications platforms, and identify gaps. Based on that meeting, the Coalition is putting together a communications matrix that will assist in prioritizing gaps and making decisions on platforms to close the gaps. COVID-19 response has delayed completion,

but we have begun a pilot with the Corvena company to close this gap with the funding coming from an FHA Grant.

Continue to train/educate members: An annual training needs assessment is conducted with members and results are used to prepare the Coalition's training plan. We will also use lessons learned from COVID-19 to identify and provide needed training.

Continue to support drills and exercises: CFDMC supports a myriad of drills and exercises each year. In addition to the annual Coalition Surge Test exercise, the Coalition organizes an annual regional hospital mass casualty drill. The 2020 drill was planned for April 9 but was postponed due to COVID-19. The Coalition, along with emergency management in each county, sponsors three drills each year open to all members. In January, the Great Tornado Drill is used to exercise shelter in place plans. In June, the 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. The Coalition 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 Mass Fatality Plan, the Emergency Infectious Disease Plan, the Disaster Behavioral Health Plan, the Alternate Care Site Plan, and the Family Assistance Center Plan.

Support and share plans across organizations: CFDMC routinely shares plans with all members using Constant Contact. We post regional, state and national plans on the Coalition website under Resources. We also share plans at quarterly Coalition meetings. Based on this feedback, the Board will discuss creating a repository for facility and county plans to be shared.

The CFDMC HVA/JRA is distributed to members via Constant Contact and is posted under regional plans on the Coalition website. Applicable Health Care Preparedness and Response Capability 1.2.2

For additional details on hazards, vulnerabilities, threats, risks, gaps and actions taken to address these, see Appendix B.

2.9 Compliance Requirements/Legal Authorities

The CFDMC must comply with a number of contractual and regulatory/legal requirements. The following list is a compilation but not an exhaustive list:

- Understand federal, state, or local statutory, regulatory, or national accreditation requirements that affect emergency medical care.
 - Centers for Medicare & Medicaid Services (CMS) conditions of participation, (including CMS-3178-F Medicare and Medicaid Programs; Emergency

Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers)¹

- Clinical Laboratory Improvement Amendments (CLIA)²
- Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requirements³ and circumstances when covered entities can disclose protected health information (PHI) without individual authorization including to public health authorities and as directed by laws (e.g., state law)⁴
- Emergency Medical Treatment & Labor Act (EMTALA) requirements⁵
- Licensing and accrediting agencies for hospitals, clinics, laboratories, and blood banks (e.g., Joint Commission⁶, DNV GL – Healthcare)⁷
- Federal disaster declaration processes⁸ and public health authorities⁹
- Available federal liability protections for responders (e.g., Public Readiness and Emergency Preparedness (PREP) Act)¹⁰
- Environmental Protection Agency (EPA) requirements¹¹
- Occupational Safety and Health Administration (OSHA) requirements (e.g., general duty clause, blood-borne pathogen standard)¹²
- Executive Orders¹³
- Florida Statutes 252.35¹⁴ and 252.36¹⁵
- Florida Statutes 281.00315¹⁶
- Selected Federal Legal Authorities Pertinent to Public Health Emergencies¹⁷
- National Response Framework¹⁸

¹ Available at <https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid>

² Available at <https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html>

³ Available at <https://www.hhs.gov/hipaa/for-professionals/index.html>

⁴ Available at <https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-hipaa-emergency-fact-sheet.pdf>

⁵ Available at <https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/>

⁶ Available at https://www.jointcommission.org/emergency_management.aspx

⁷ Available at <http://www.dnvglhealthcare.com/>

⁸ Available at <https://www.fema.gov/disaster-declaration-process>

⁹ Available at <http://www.phe.gov/preparedness/support/secauthority/Pages/default.aspx>

¹⁰ Available at <http://www.phe.gov/preparedness/legal/prepact/pages/default.aspx>

¹¹ Available at <https://www.epa.gov/laws-regulations>

¹² Available at <https://www.osha.gov/law-regs.html>

¹³ Available at <http://www.flgov.com/all-executive-orders/>

¹⁴ Available at

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0200-0299/0252/Sections/0252.35.htmlhttp://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0200-0299/0252/Sections/0252.36.html

¹⁵ Available at

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0200-0299/0252/Sections/0252.36.html

¹⁶ Available at

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0381/Sections/0381.00315.html

¹⁷ Available at <https://www.cdc.gov/php/docs/ph-emergencies.pdf>

¹⁸ Available at https://www.fema.gov/media-library-data/1466014682982-9bcf8245ba4c60c120aa915abe74e15d/National_Response_Framework3rd.pdf 2016 Edition

- Emergency Management Assistance Compact¹⁹
- AHCA Emergency Management Criteria
http://ahca.myflorida.com/MCHQ/Emergency_Activities/index.shtml
- Understand the process and information required to request necessary waivers and suspension of regulations.
 - Processes for emergency resource acquisition (this may require coordination with the federal, state, and/or local government)
 - Special waiver processes (e.g., section 1135 of the Social Security Act waivers²⁰) of key regulatory requirements pursuant to emergency declarations
 - Process and implications for Food and Drug Administration (FDA) issuance of emergency use authorizations for use of non-approved drugs or devices or use of approved drugs or devices for unapproved uses²¹
 - Legal resources²² related to hospital legal preparedness, such as the deployment and use of volunteer health practitioners
 - Legal and regulatory issues related to alternate care sites and practices
 - Legal issues regarding population-based interventions, such as mass prophylaxis and vaccination
 - Processes for emergency decision making from state or local legislature
- Support crisis standards of care planning²³, including the identification of appropriate legal authorities and protections necessary to support crisis standards of care activities.
- Maintain awareness of standing contracts for resource support during emergencies.

Further information about healthcare related disaster legal, regulatory, and federal policy is available at the ASPR-TRACIE website²⁴.

Applicable Health Care Preparedness and Response Capability 1.2.5

¹⁹ Available at <https://www.emacweb.org/>

²⁰ Available at <http://www.phe.gov/Preparedness/legal/Pages/1135-waivers.aspx>

²¹ Available at <https://www.fda.gov/EmergencyPreparedness/Counterterrorism/ucm182568.htm>

²² Available at <https://www.cdc.gov/phlp/publications/topic/hospital.html>

²³ Available at <https://www.nap.edu/read/12749/chapter/1>

²⁴ Available at <https://asprtracie.hhs.gov/technical-resources/83/healthcare-related-disaster-legal-regulatory-federal-policy/1>

3.0 Coalition Objectives

CFDMC has the following overarching strategic goals:

- ✓ Ensure sustainability
- ✓ Increase engagement
- ✓ Increase diversity
- ✓ Build/Sustain capabilities

Each of these goals have SMART objectives that are monitored by the Board via the monthly traffic light report. The Strategic Plan is posted at <https://www.centralfladisaster.org/about> (click on CFDMC Strategic Plan).

3.1 Maintenance and Sustainability

- Promote the value of health care and medical readiness (Capability 1, Objective 5, Activity 1) -The CFDMC, with support from its healthcare organization members, has developed a mission and vision statement to articulate its role in community preparedness and how that provides benefit (both direct and indirect) to the region. The Coalition utilizes an all-hazards approach to plan for a full range of emergencies and both planned and unplanned events that could affect its community. The CFDMC has leaders who can serve as primary points of contact to promote preparedness and response needs to community leaders. Additionally, members have a shared responsibility to ensure the CFDMC has visibility into their activities in the region.
- Promote sustainability of HCC (Capability 1, Objective 5, Activity 5) - There are a variety of ways to promote greater community effectiveness and organizational and financial sustainability. Full investment in readiness includes in-kind donation of time, resources, financial support (e.g., donations, fees etc.), and continued engagement with Coalition members and the community. Financial strategies, including cost-sharing techniques and other funding options, enhance stability and sustainment.
- Sharing leading practices and lessons learned (Capability 1, Objective 4, Activity 6) - The CFDMC encourages its members, government partners, and other coalitions to share leading practices and lessons learned. Sharing information between coalitions will improve cross-coalition coordination during an emergency and will help further improve coordination efforts.
- This plan, as part of the Maintenance and Sustainability strategy, will be reviewed annually by the Board to ensure it remains in accordance with the Strategic Plan.
- The Preparedness Plan outlines how CFDMC works with members to ensure the health and medical system is ready for all hazards. CFDMC has also developed a Response/Operations Plan and subsequent review process. The Response plan governs the Coalition's role in response. Since March 2020, the Coalition and its members have been engaged in COVID-19 response.

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3.2 Engagement of Partners and Stakeholders

Efforts to increase membership and facilitate information sharing include use of the Coalition Constant Contact email distribution list, website (www.centralfladisaster.org), quarterly meetings, conference calls, webinars, presentations to partner and other community groups, and participation in other preparedness and response organizations. Meetings and distribution of meeting minutes further provide opportunities for outreach. A significant method in increasing membership is through the provision of drills throughout the year that meet member requirements for exercises. CFDMC and Seminole County Emergency Management presented on this practice at the April 2019 Georgia Emergency Management Association conference. The CFDMC has consistently increased its individual and organizational members through these member outreach activities.

Most of the Coalition members utilize social media to varying levels of engagement and reach. Leveraging the collective impact of the members can significantly expand the ability of the Coalition to broadcast and share information. The CFDMC has recently developed a social media process to further increase membership and member engagement.

In 2019, a Coalition Member of the Year and Coalition Leader of the Year recognition process was added, which kicks off each November by asking Coalition members to nominate individuals for both Member of the Year and Leader of the Year. The Board selects the Member of the Year and the Executive Committee selects the Leader of the Year. All nominees and the Leader and Member of the Year are recognized at the March meeting.

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3.3 Health Care Executives

CFDMC ensures engagement from healthcare executives through its Board of Directors, which includes executives from core member and other healthcare agencies. The 2021 Board List is available at <http://www.centralfladisaster.org/about> (click on Our Board button).

The annual Coalition Surge Test exercise was cancelled due to COVID-19.

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3.4 Clinicians

CFDMC ensures engagement from clinical leaders through its Board of Directors, and through ensuring that every project workgroup includes clinical subject matter experts. Here are just a few examples: A trauma surgeon who serves on the Board also serves as the Executive Director for the Regional Trauma Advisory Board, which includes Trauma and EMS clinical leaders. A Trauma Clinical Leadership Committee has been added with the medical directors for each trauma center and each county EMS agency. An infectious disease physician from Florida Hospital serves on the board and works with

other clinical leaders from Orlando Health, the VA, Nemours, other regional hospitals, and county health departments in the Emerging Infectious Disease Collaborative. A pediatric nurse with Florida Hospital, has been the champion for the TRAIN project (Triage by Resource Allocation for IN-patient) and in standardizing decontamination for pediatric patients. Several pediatric clinicians worked with the Coalition in developing the Pediatric Annex.

Applicable Health Care Preparedness and Response Capability 1.5.3

3.5 Community Leaders

CFDMC ensures engagement of community leaders through the RDSTF Region 5 partners, and through engaging community leaders in projects. We include the community leaders as members of the Coalition. For example, the Regional Trauma Advisory Board previously included an Orange County Commissioner and currently includes a City of Leesburg Commissioner. A strategic objective to increase contact with community leaders led to the Board's decision to create a CFDMC proclamation themed to National Preparedness Month in September; each Board member will engage their county or city officials to sign the proclamation.

Applicable Health Care Preparedness and Response Capability 1.2.4

3.6 Children, Pregnant Women, Seniors, Individuals with Access, and Functional Needs

The CFDMC is concerned with the well-being of all citizens within its boundaries but recognizes that there are special considerations for sub-groups of the population. These individuals may require additional assistance before, during, and after an emergency. Through its interaction with emergency management and ESF-8 in each of the counties, CFDMC, and its members is involved in the consideration of the Special Needs population (SpN). The membership includes representatives from behavioral health, long-term care facilities, and pediatric care facilities. Annually, the Coalition pulls and shares county data with county emergency management and ESF-8 on emPOWER (individuals with medical needs who rely on power) and SVI (social vulnerability index), used to anticipate vulnerable populations and their needs. The Coalition partnered with the three children's hospitals within the region in 2019 to develop a grant proposal for a pediatric response network; although the grant was not successfully submitted, it provided invaluable information in the development of the Coalition's Pediatric Response Annex. A Board member from the Florida Department of Children and Families has been added to represent vulnerable populations. Through this new Board member, CFDMC is poised to address more involvement and engagement with those partners that serve the needs of those with disabilities as well as pregnant women.

Applicable Health Care Preparedness and Response Capability 1.2.4

4.0 Workplan

CFDMC has submitted a detailed annual work plan and budget for 2021-2022 and revises these annually. These are monitored by the Board through its Traffic Light/Project Plan Report. This report is also posted to the website to keep members updated. The Traffic Light is listed on the following page and the Project Plan is available at <http://www.centralfladisaster.org/about> (click on Traffic Light & Project Plan button).

Applicable Health Care Preparedness and Response Capability 1.1; 1.3; 1.4

5.0 Appendices

Appendix A: Glossary/Acronyms

Appendix B: CFDMC HVA/JRA

Appendix A

CFDMC Glossary & Acronyms– Updated 5-6-20

Acronym/Term	Definition
AAR/IP	After Action Report/Improvement Plan
ACS	Alternate Care Site
AHCA	Florida Agency for Healthcare Administration, licenses hospitals, nursing homes and other healthcare entities
ALS	Advanced Life Support
AMTS	Alternative Medical Treatment Site
ASC	Ambulatory Surgical Center
ASPR	Assistant Secretary for Preparedness and Response: part of the Department of Health and Human Services; provides federal funding for healthcare preparedness
ASPR TRACIE	Technical Resources, Assistance Center, and Information Exchange website sponsored by ASPR
B₃	Bomb, Burn, Blast
BLS	Basic Life Support
BPR	Bureau of Preparedness and Response (DOH program that channels guidance and federal funding for Florida’s public health and healthcare system preparedness efforts)
CAH	Critical Access Hospitals
CCP	Casualty Collection Point
CDC	Centers for Disease Control & Prevention (federal funding for public health preparedness)
CERT	Community Emergency Response Team
CFDMC	Central Florida Disaster Medical Coalition, a non-profit whose mission is to develop and promote healthcare emergency preparedness and response capabilities in Region 5
CFDMC Board of Directors	The Board will serve as voting members of the CFDMC and are responsible for the governance of the CFDMC
CFDMC Executive Committee	Responsible for general management of the CFDMC, comprised of the appointed Health and Medical Co-chairs, the Board Chair, Vice-Chair, and the Treasurer. The Executive Director serves as an Ex-Officio, non-voting member of the Executive Committee and the Board.
CFDMC Members	Coalition members are comprised of individuals and organizations representative of the geographic diversity of the region’s nine

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PREPAREDNESS PLAN/APPENDICES**

	counties and the discipline diversity of essential partners and other stakeholders. Members collaborate on identification of local and regional disaster preparedness needs, participate in planning, training, and exercises, assist Emergency Management and ESF-8 as requested with multi-agency coordination during a response, and participate in Coalition meetings
CFDMT	Central Florida Disaster Medical Response Team (the regional medical assistance team)
CLIA	Clinical Laboratory Improvement Amendments
CMHC	Community Mental Health Center
CMS	Centers for Medicare & Medicaid Services
COAD	Community Organizations Active in Disaster
COOP	Continuity of Operations Plan
CORF	Outpatient Rehabilitation Facility
CRI	Cities Readiness Initiative (preparing selected cities for mass dispensing/vaccination)
Decon	Decontamination
DEM	Department of Emergency Management
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team: a federal asset that can be deployed at the request of a state to provide medical surge support
DMORT	Disaster Mortuary Response Team
DoD	Department of Defense
DOH	Florida Department of Health, the state agency responsible for promoting and protecting the health of Florida's citizens and visitors
DSOC	Domestic Security Oversight Council. Florida's preparedness governance board comprised of officials appointed by the Governor. This entity provides strategic direction to the state's preparedness efforts.
EDICS	Emergency Disaster Incident Communications System
EDs	Hospital Emergency Departments
EM	Emergency Management
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Service(s)
EMTALA	Emergency Medical Treatment and Labor Act

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PREPAREDNESS PLAN/APPENDICES

EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPA	Environmental Protection Agency
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals (federal program – in Florida previously known as SERVE FL – transitioning to Everbridge)
ESF	Emergency Support Functions. EOCs are structured around 17 emergency support functions
ESF-8	Emergency Management Support Function 8 (Health and Medical)
ESRD	End-Stage Renal Disease Facility
ESS	AHCA’s Emergency Status System (collects facility data in emergencies)
Essential Partners should this be Core?-then would list be correct?	Essential partnership groups include hospitals and health systems, local emergency management/public safety, local public health, EMS providers, skilled nursing and long-term care, behavioral and mental health, specialty service providers (such as dialysis, pediatrics, urgent care, etc.), support service providers (such as laboratories, pharmacies, blood banks, poison control), primary care providers, community health centers, federal entities (such as NDMS, VA hospitals, DOD facilities) and private entities associated with healthcare (such as hospital associations). Other stakeholders include law enforcement, public works, private organizations, non-government organizations, non-profits, VOAD, COAD, faith-based organizations, community-based organizations, volunteer medical organizations (such as the American Red Cross)
Everbridge	The health alert network used by the Coalition, public health, emergency management and other response agencies
FDLE	Florida Department of Law Enforcement
FEMA	Federal Emergency Management Agency
FEMORS	Florida Emergency Mortuary Operations Response System (mass fatality equipment and personnel)
FMS	Federal Medical Station
FOG	Florida Incident Field Operations Guide
FQHC	Federally Qualified Health Clinic
FY	Fiscal Year (both federal grants and Florida’s fiscal years are July 1 through June 30)
HAvBED	Hospital Available Beds for Emergencies & Disasters

**CENTRAL FLORIDA DISASTER MEDICAL COALITION
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HazMat	Hazardous Materials
HCC	Healthcare Coalition or Health Care Coalition
HHA	Home Health Agency
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HPP	Hospital Preparedness Program (under ASPR)
HSEEP	Homeland Security Exercise and Evaluation Program
HVA	Hazard Vulnerability Assessment
ICF/IID	Intermediate Care Facility for Individuals with Intellectual Disabilities
ICS	Incident Command System
IMT	Incident Command Team
JIC	Joint Information Center
LEOC	Local Emergency Operations Center
MAC	Multi-Agency Coordination
MCI	Mass Casualty Incident
MMRS	Metropolitan Medical Response System
MOA/MOU	Memoranda of Agreement/Understanding
MRC	Medical Reserve Corp (volunteer medical personnel registered and trained to assist in emergencies)
MYTEP	Multi-Year Training & Exercise Plan
NDMS	National Disaster Medical System
NHHS	National Health Security Strategy
NIMS	National Incident Management System
NRP	National Response Plan
OPO	Organ Procurement Organization
OSHA	Occupational Safety and Health Administration
PACE	Programs for All-Inclusive Care for the Elderly
PAHPA	Pandemic and All Hazards Preparedness Act
PH	Public Health
PHEP	Public Health Emergency Preparedness
PHHP	Public Health and Healthcare Preparedness
PHI	Public Health Information

**CENTRAL FLORIDA DISASTER MEDICAL COALITION
PREPAREDNESS PLAN/APPENDICES**

PHRAT	Public Health Risk Assessment Tool
PPE	Personal Protective Equipment
PREP	Public Readiness and Emergency Preparedness
PRTF	Psychiatric Residential Treatment Facility
RDSTF	Regional Domestic Security Task Force. Following 9/11, a functional structure for emergency preparedness within Florida was created in Florida Statute, based on the Department of Law Enforcement regions
RDSTF Co-Chairs	Each of the seven RDSTF regions in Florida is co-chaired by a Sheriff and the FDLE Special Agent in Charge. Additionally, there are co-chairs in each region for specific disciplines, including Health and Medical, Law Enforcement, Fire Rescue, etc.
Region 5	The East Central Florida RDSTF area comprised of nine counties (Brevard, Indian River, Lake, Martin, Orange, Osceola, Seminole, St. Lucie, and Volusia Counties)
RERA	Regional Emergency Response Advisor
RHC	Rural Health Clinics
RMAT	Regional Medical Assistance Team
RNHCI	Religious Nonmedical Health Care Institution
SEOC	State Emergency Operations Center
SHSGP	State Homeland Security Grant Program
SLRC	State Logistics Response Center
SNF	Skilled Nursing Facility
SNS	Strategic National Stockpile
SpN	Special Needs
SpNS	Special Needs Shelter
START	Simple Triage and Rapid Treatment
SWP	State Warning Point
Target Capabilities	Federally identified capabilities needed across all disciplines to effectively prepare for, respond to, and recover from a disaster (all target capabilities are outlined in Florida's Domestic Security Strategy, and healthcare target capabilities are outlined in the Florida Public Health and Healthcare Preparedness Strategic Plan)
TRAIN	Triage by Resource Allocation for IN-patient
VA	Veterans Administration

VOAD	Volunteer Organizations Active in Disaster
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**CFDMC Hazard Vulnerability Assessment (HVA) and
Jurisdictional Risk Analysis (JRA)
June 15, 2021**

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:	4
Actions Taken:	5
Appendix A: Region 5 County FPHRATs	7
Appendix B: emPOWER Data December 2020 and June 2021	24
Appendix C: Region 5 County SVIs	95
Appendix D: CFDMC HVA-JRA Survey Results	96

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).

In October 2020, CFDMC contacted each county emergency management office within the region, along with each ESF-8 lead and the Florida Division of Emergency Management, to learn about the local HVA and JRA processes and to determine how the Coalition can integrate with and/or support the local efforts. CFDMC also contacted several hospital systems to learn about their HVA process. CFDMC also obtained and reviewed the RDSTF 2020 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 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)

emPOWER:

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 December 2020 and June 2021, 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 is working to identify and plan for power-dependent children and county plans for sheltering medically complex children.

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 April 12, 2021.

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:

On September 29, 2019 and October 31, 2019, the Coalition participated in meetings to develop the 2019 UASI THIRA for the Central Florida metro area. The Coalition participated in meetings in fall of 2020 for the RDSTF 2020 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. The top threats identified were:

- Hurricanes
- Active shooters
- Cyber attacks

Member Survey:

On March 8, 2021, 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 fifty-eight (58) responses. The results are summarized below:

Risks:

Members identified the top three risks, in priority order as:

- #1 – Hurricane (43 identified this as a top three risk with the majority selecting this as the highest risk)
- #2 – Pandemic (24 identified this as a top three risk)
- #3 –Tie - Active Shooter (15 identified this as a top three risk)
- #3 –Tie - Tornado (15 identified this as a top three risk)

Threat/Impact:

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

1. Hurricane (79.66% respondents)
2. Pandemic (61.02% respondents)
3. Epidemic (49.25% respondents)
4. Extreme Temperatures (45.76% respondents)
5. Cyber Attack (40.76% respondents)

Coalition members also identified threats with most severe impact. In all but one of the above, the majority felt these events would have a high impact. For Extreme Temperatures, the majority rated this type of event as having a moderate impact. Other events members rated as having a high impact include tornados, biological attacks, radiological attacks and nuclear terrorism attacks.

Capability Gaps:

Members identified the following capability gaps:

- #1 – Ensure Preparedness is Sustainable (2.52 weighted average)
- #2 – Train and Prepare the Health and Medical Workforce (2.36 weighted average)
- #3 – Plan for and Coordinate HealthCare Evacuation/Relocation (2.33 weighted average)
- #4 – Respond to Medical Surge (2.33 weighted average)
- #5 – Utilize Information Sharing Procedures/Platforms (2.31 weighted average)

See Appendix D for detailed survey results.

Most Important Actions:

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

- Continue to improve/enhance communications
- Continue to train/educate members
- Continue to support drills and exercises
- Support and share plans across organizations

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, and actions will be added to these documents, including:

- **Hurricanes:** CFDMC devotes one meeting per year to hurricane preparedness. We have used hurricanes as a focus for a Coalition Surge Test exercise. Additionally, the region has responded to Hurricanes Matthew, Irma and Dorian over the past few years. Several hospitals within the region have evacuated during these hurricanes, and lessons learned have been shared with all members. Over the past year, the Coalition sponsored an evacuation equipment assessment by MedSled. The results of the assessment were shared with the region's hospitals and Board on February 21, 2020. The outcome of that meeting was to identify a small workgroup to develop standards for hospitals and nursing home evacuation equipment.
- **Pandemic:** The CFDMC Emerging Infectious Disease Collaborative has been working since 2014 to assess and improve the region's ability to respond to a pandemic. After-action reports from the 2020 COVID-19 pandemic continue to drive our planning efforts. During 2015 and 2016, every hospital in the region underwent either the CDC frontline hospital or assessment hospital review and a regional plan was developed. This is an ongoing effort and over the past year the EID Collaborative Workgroup has converged on PPE standards and donning and doffing procedures. The Workgroup was working on additional protocols including screening criteria and workforce support policies when the COVID-19 response began. We are capturing successes and lessons learned from COVID-19 and these will be used to continue to refine and improve plans and resources. This after-action report from the 2020 COVID-19 pandemic continue to drive our planning efforts.
- **Active Shooter:** Since 2017, CFDMC, along with emergency management in each county in the region, hosts an annual active shooter drill in September. Members are provided with resources to build an active shooter response plan prior to the drill, and an after-action report is distributed.
- **Tornados:** Since 2018, CFDMC, along with emergency management in each county in the region, hosts the Great Tornado Drill in January. Members are provided with resources to build a shelter in place plan prior to the drill, and an after-action report is distributed.
- **Continue to improve/enhance communications:** This is the highest priority for the Coalition and has been the number one improvement identified in exercises and events. On February 21, 2021, CFDMC hosted a Communications Workshop with emergency management, hospitals, EMS, public health and long-term care representatives. The purpose of the meeting was to finalize essential elements of information, review existing communications platforms, and identify gaps. Based on that meeting, the Coalition is putting together a communications matrix that will assist in prioritizing gaps and making decisions on platforms to close the gaps. COVID-19 response has delayed completion, but we have begun a pilot with the Corvena company to close this gap with the funding coming from an FHA Grant.
- **Continue to train/educate members:** An annual training needs assessment is conducted with members and results are used to prepare the Coalition's training plan. We will also use lessons learned from COVID-19 to identify and provide needed training.

- **Continue to support drills and exercises:** CFDMC supports a myriad of drills and exercises each year. In addition to the annual Coalition Surge Test exercise, the Coalition organizes an annual regional hospital mass casualty drill. The 2020 drill was planned for April 9 but was postponed due to COVID-19. The Coalition, along with emergency management in each county, sponsors three (3) drills each year open to all members. In January, the Great Tornado Drill is used to exercise shelter in place plans. In June, the 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. The Coalition 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 Mass Fatality Plan, the Emerging Infectious Disease Plan, the Disaster Behavioral Health Plan, the Alternate Care Site Plan, and the Family Assistance Center Plan.
- **Support and share plans across organizations:** CFDMC routinely shares plans with all members using Constant Contact. We post regional, state and national plans on the Coalition website under Resources. We also share plans at quarterly Coalition meetings. Based on this feedback, the Board will discuss creating a repository for facility and county plans to be shared.

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

APPENDICES:

Appendix A: Region 5 County FPHRATs

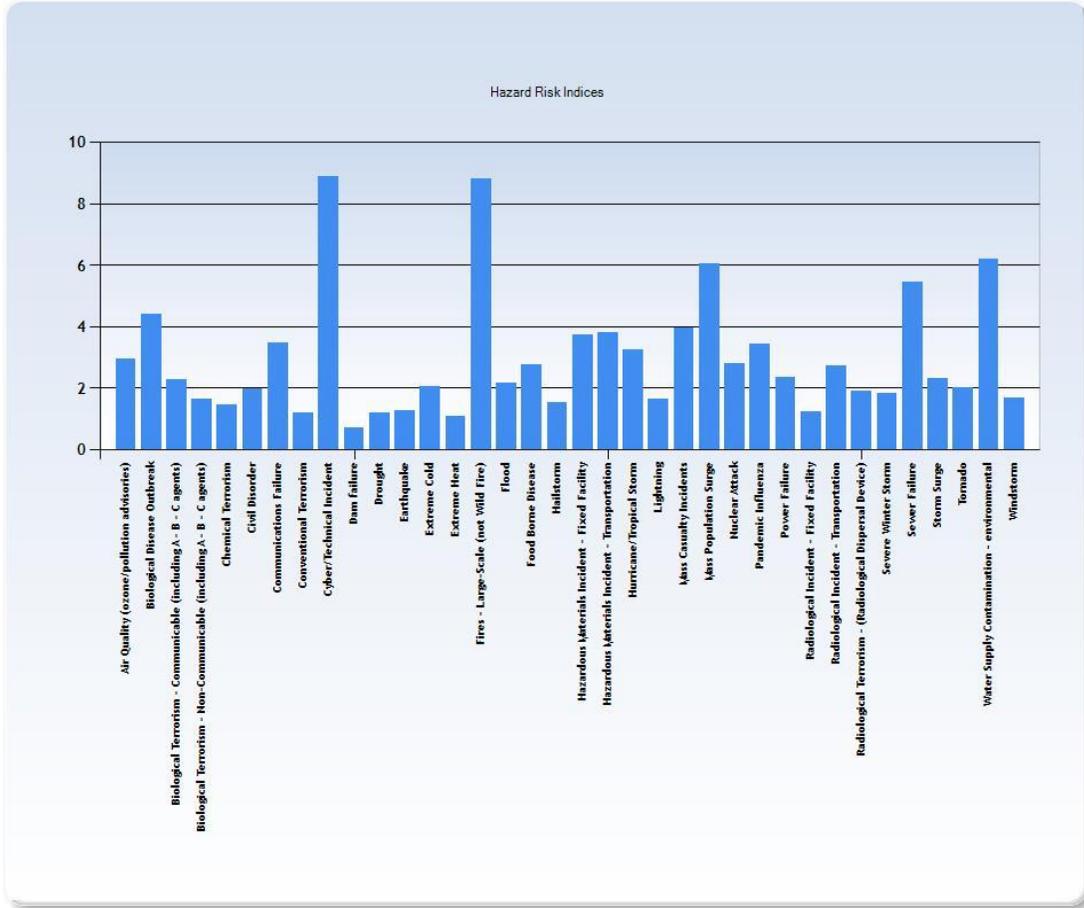
Appendix B: emPOWER Data December 2020 & June 2021

Appendix C: Region 5 County SVIs

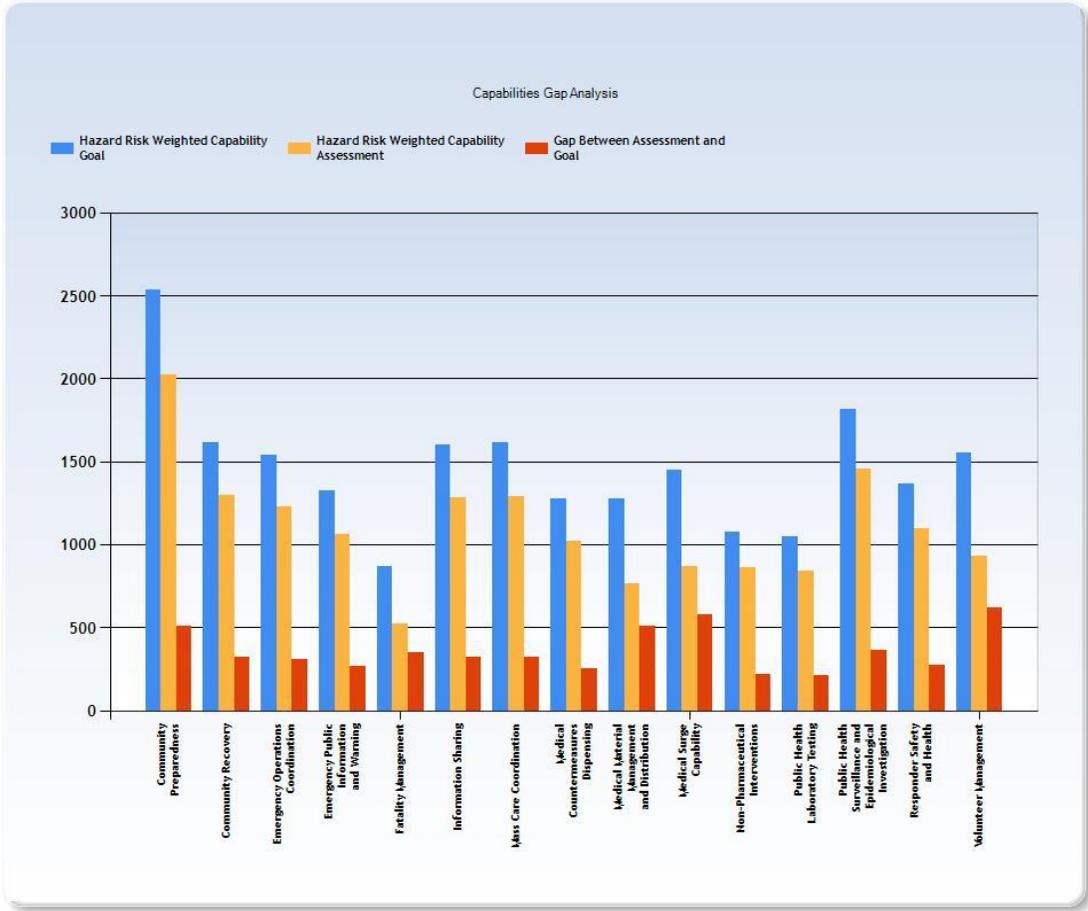
Appendix D: CFDMC HVA-JRA Survey Results

Appendix A: Region 5 County FPHRATs
Brevard County FPHRAT

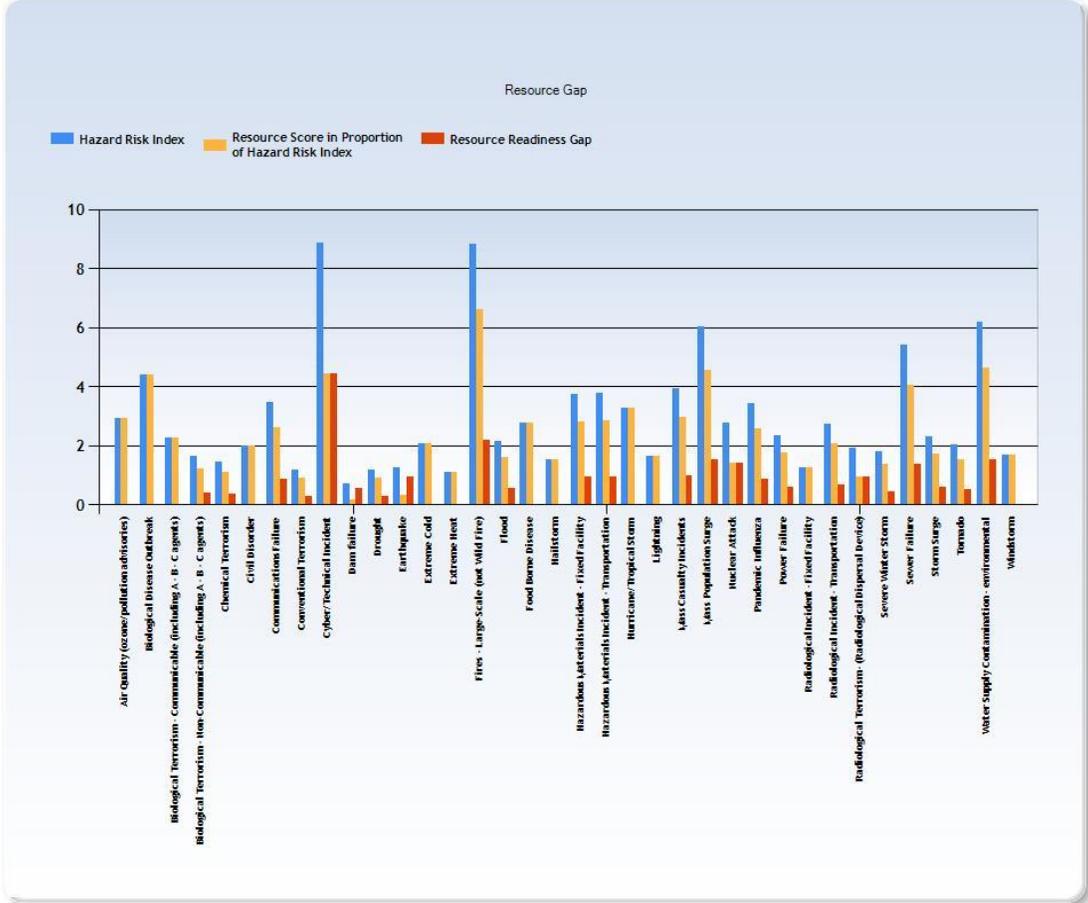
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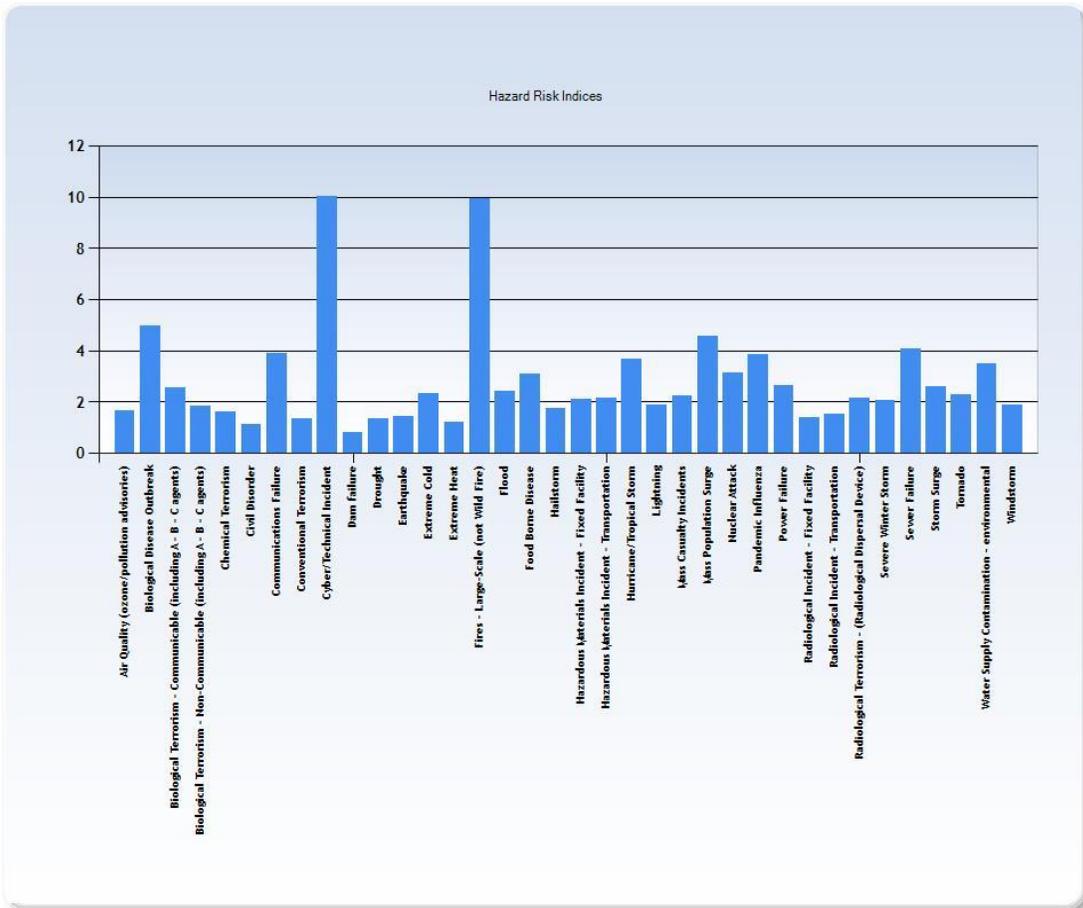
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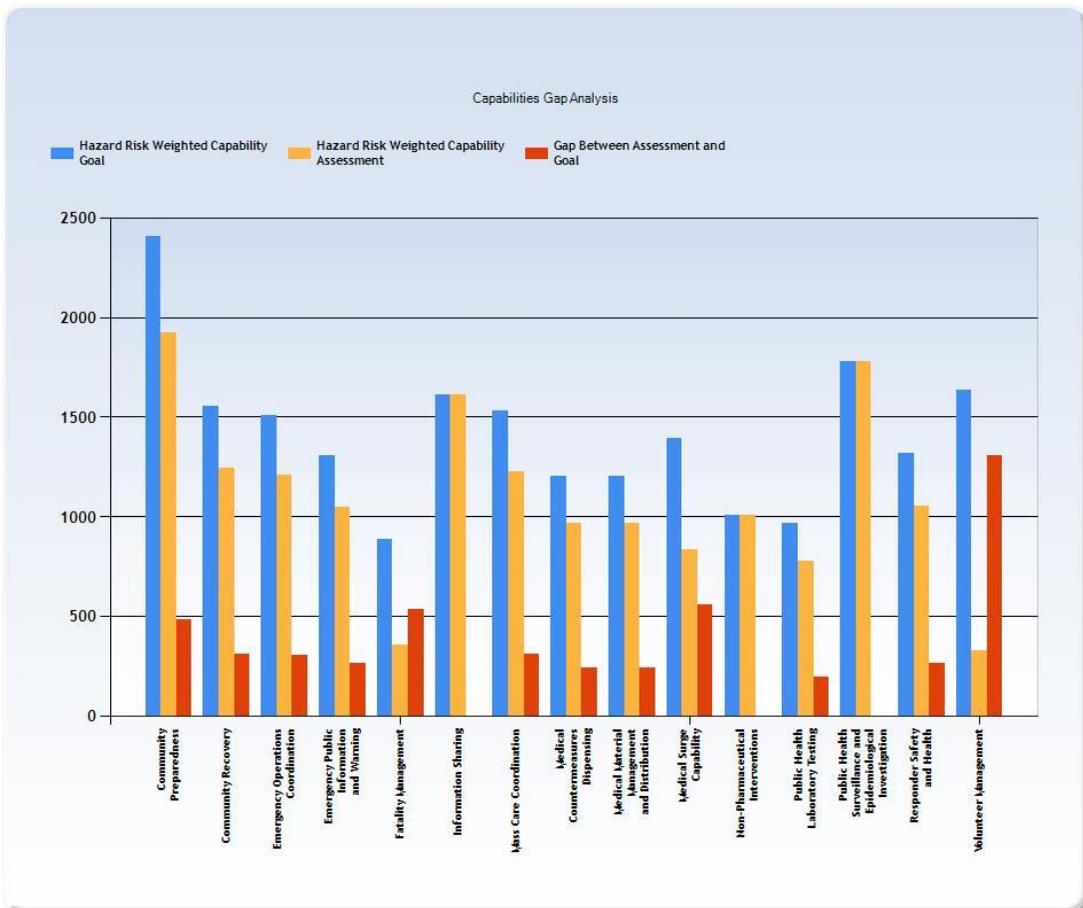
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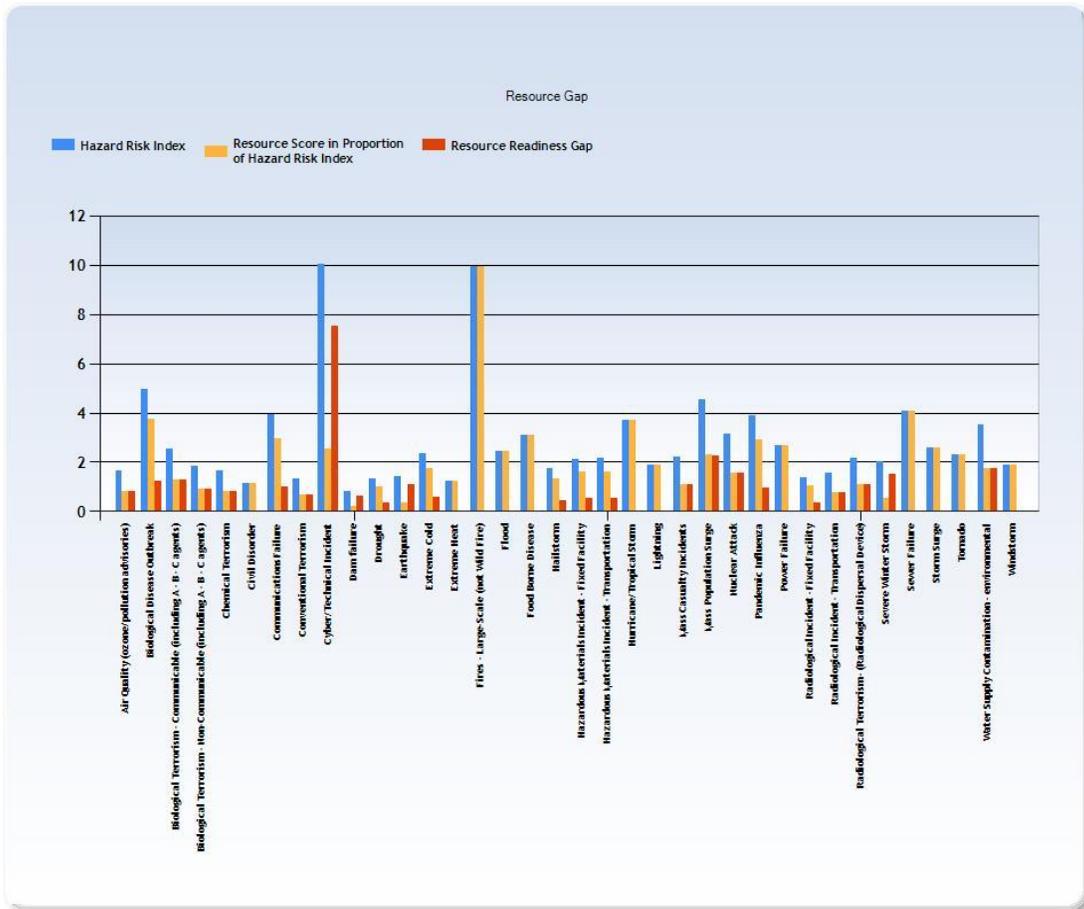
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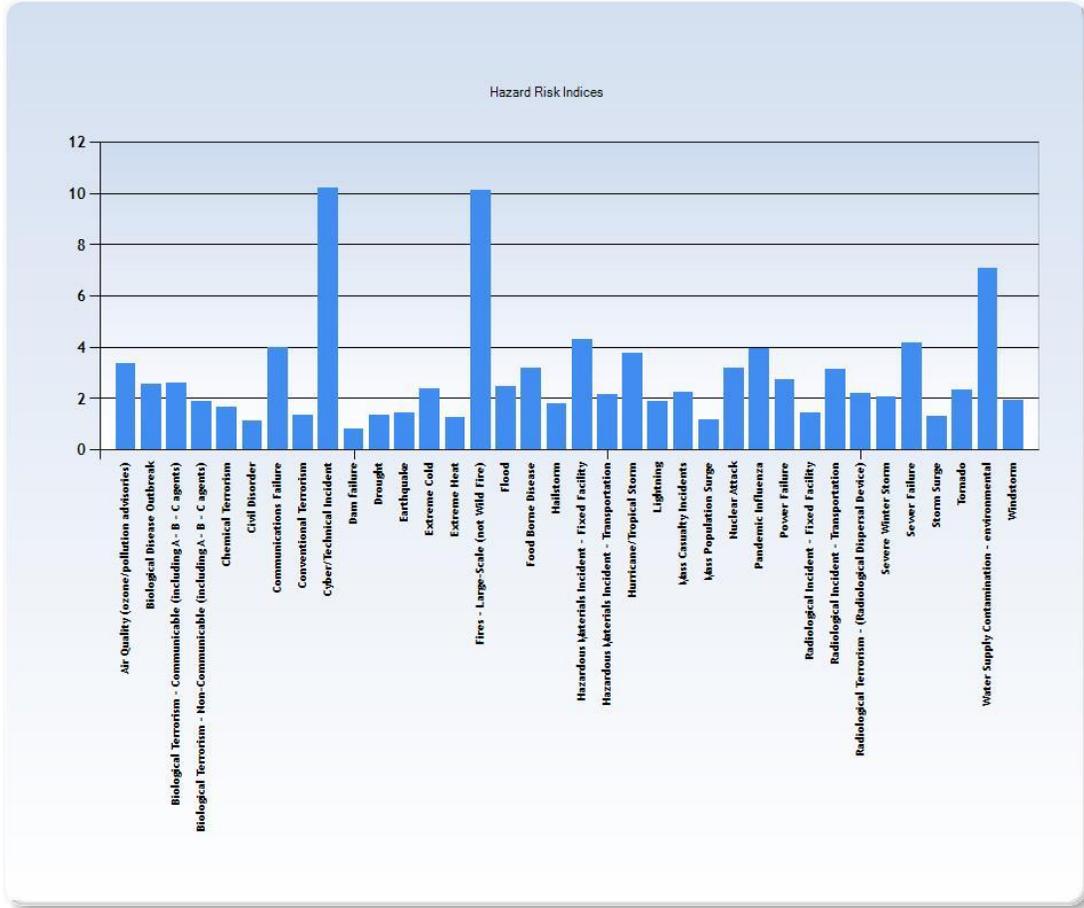
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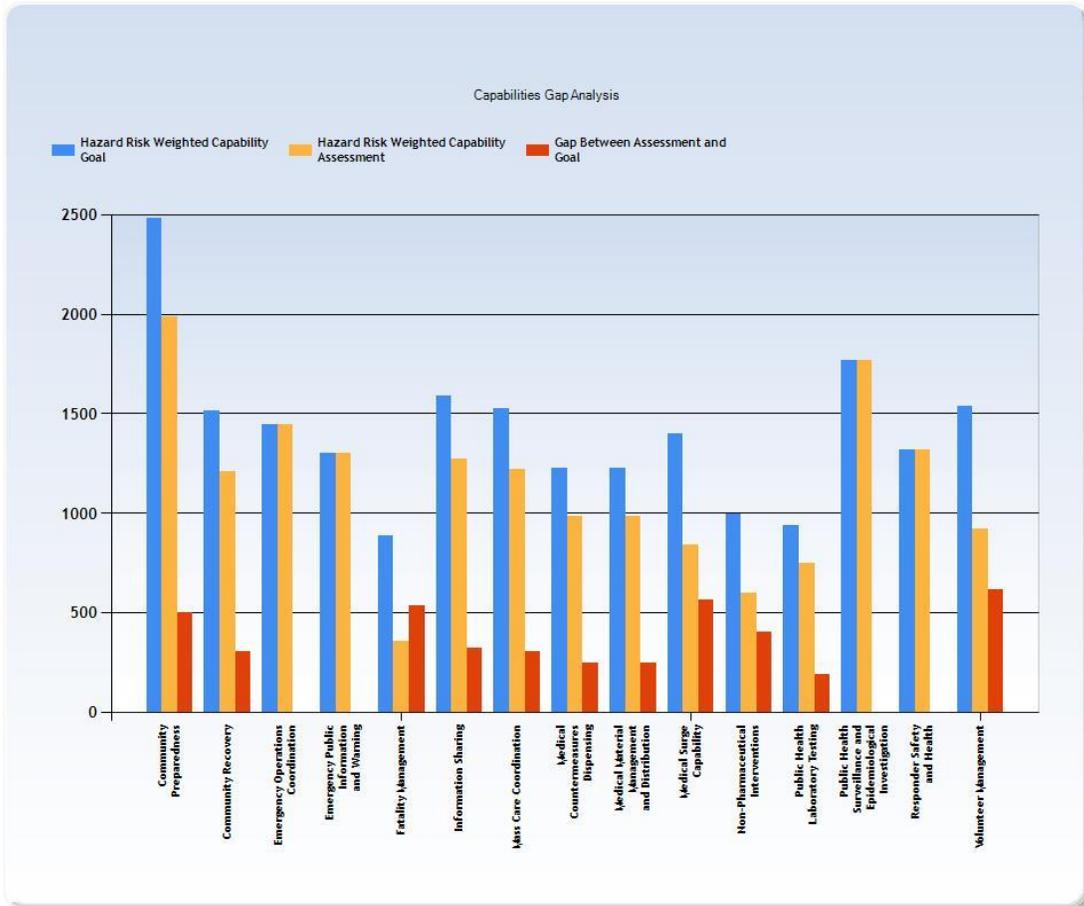
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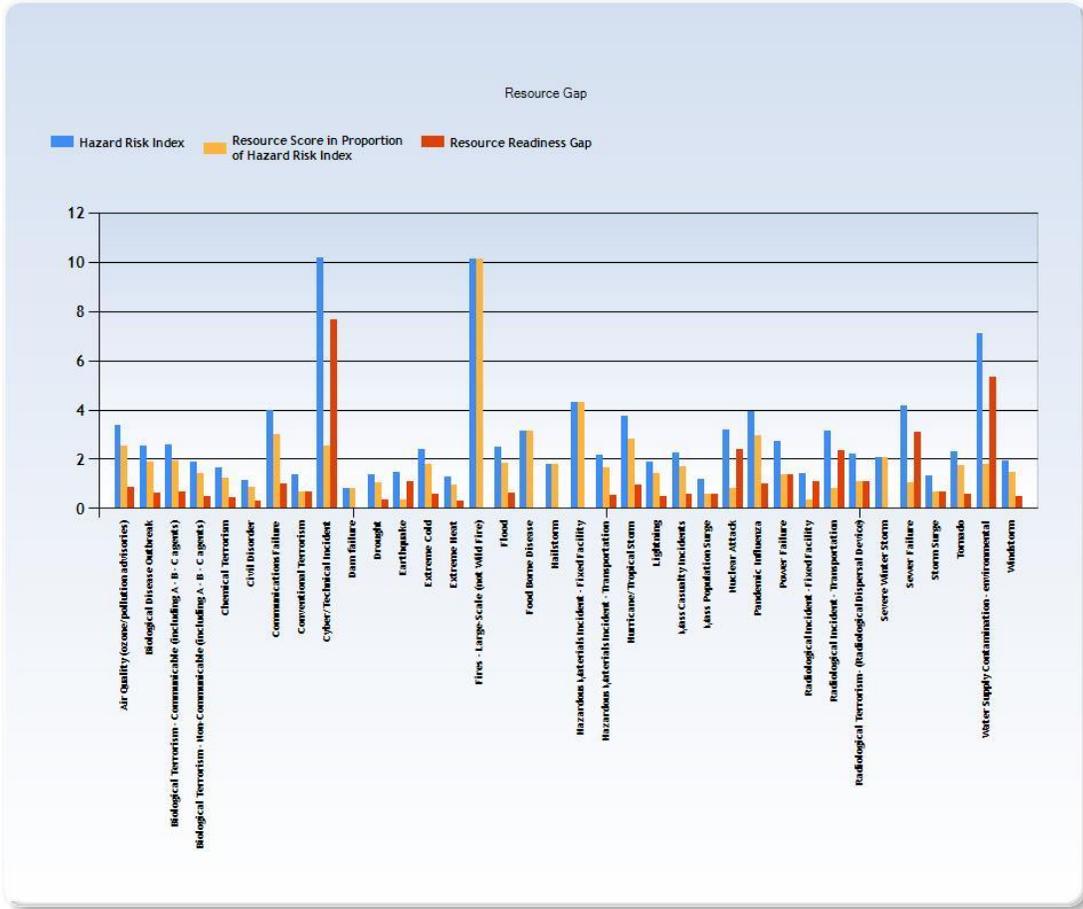
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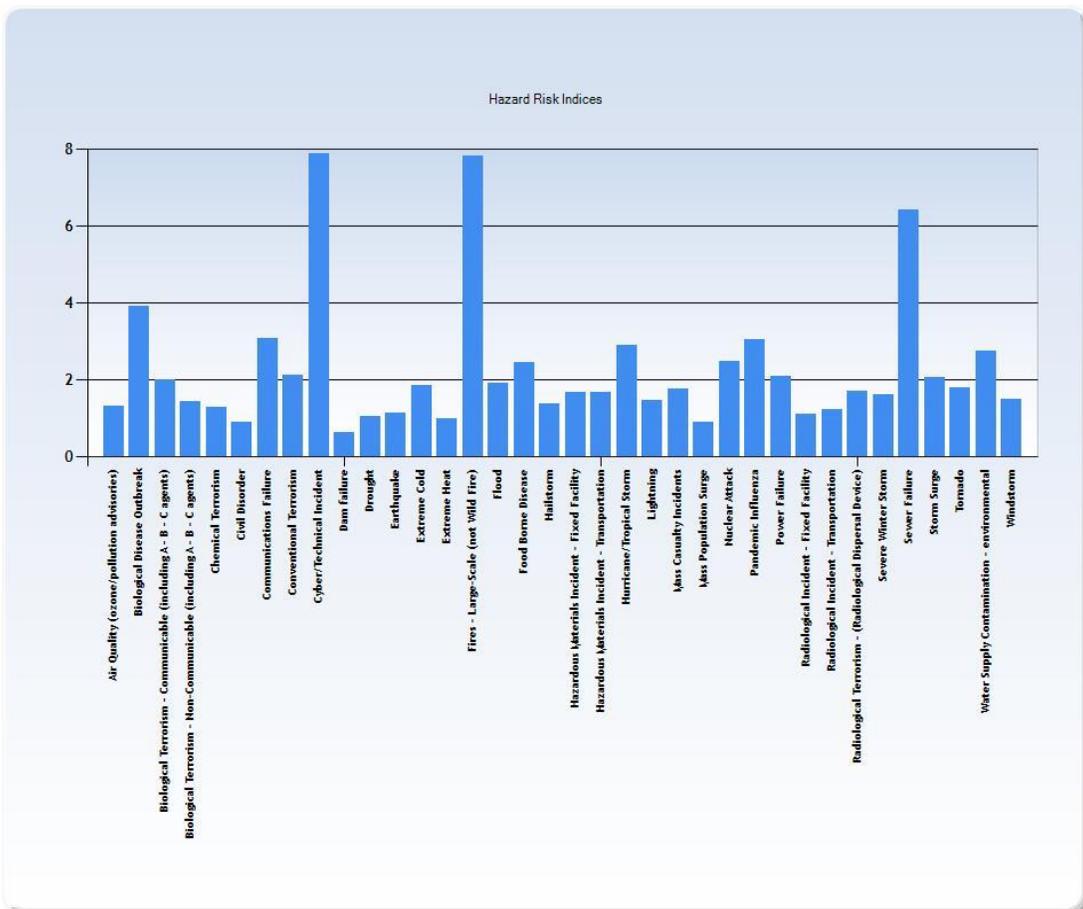


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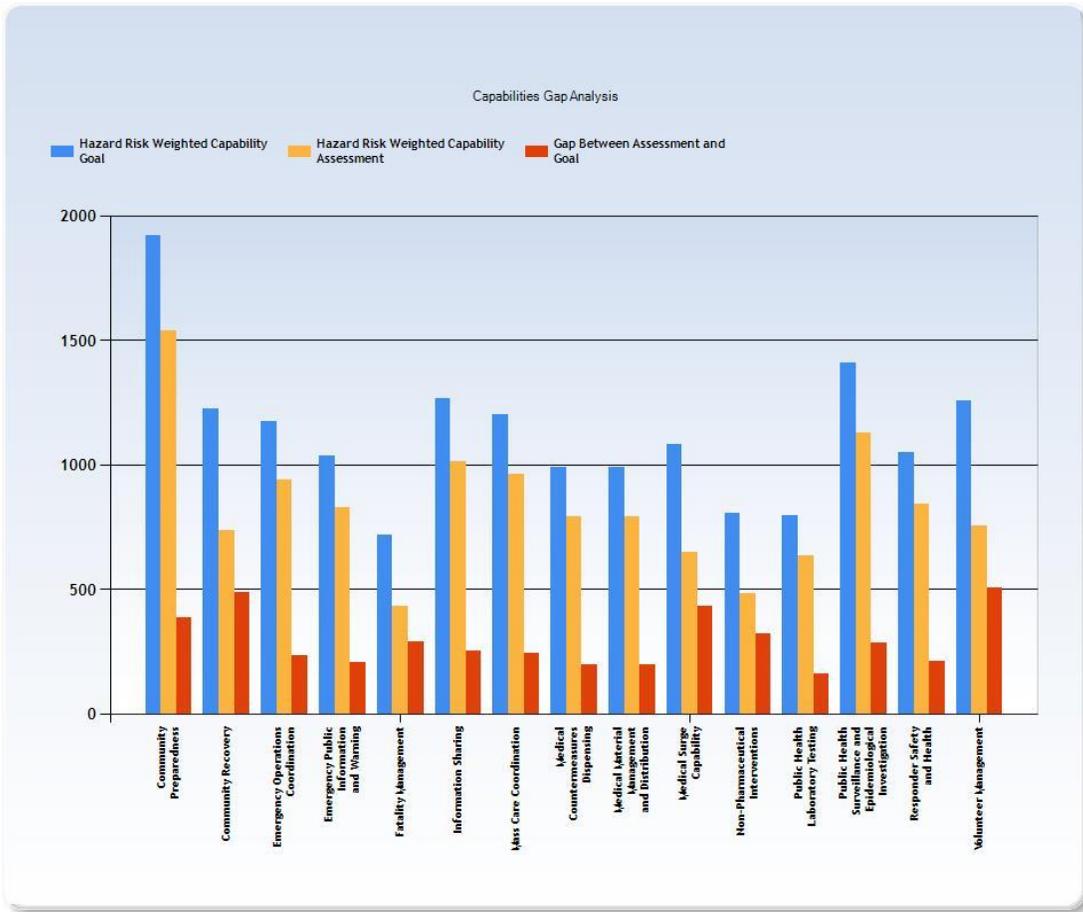


Martin County FPHRAT

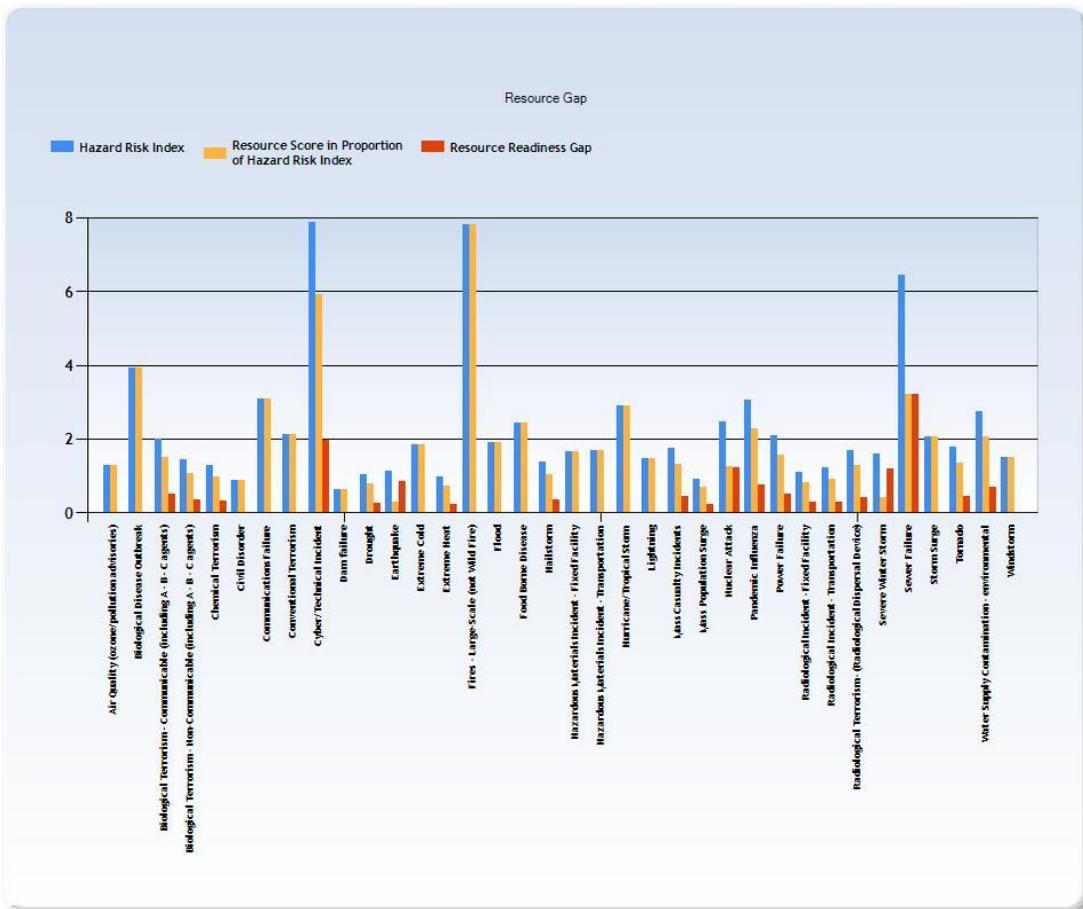
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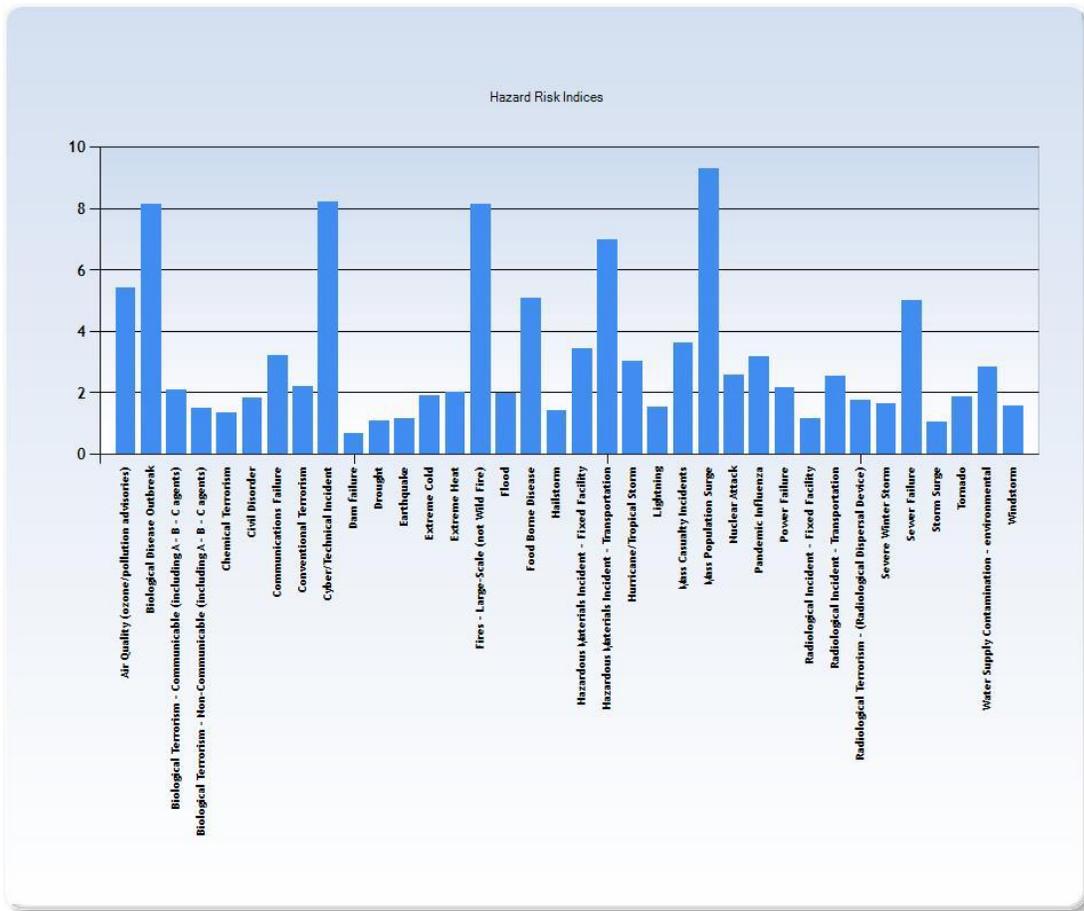
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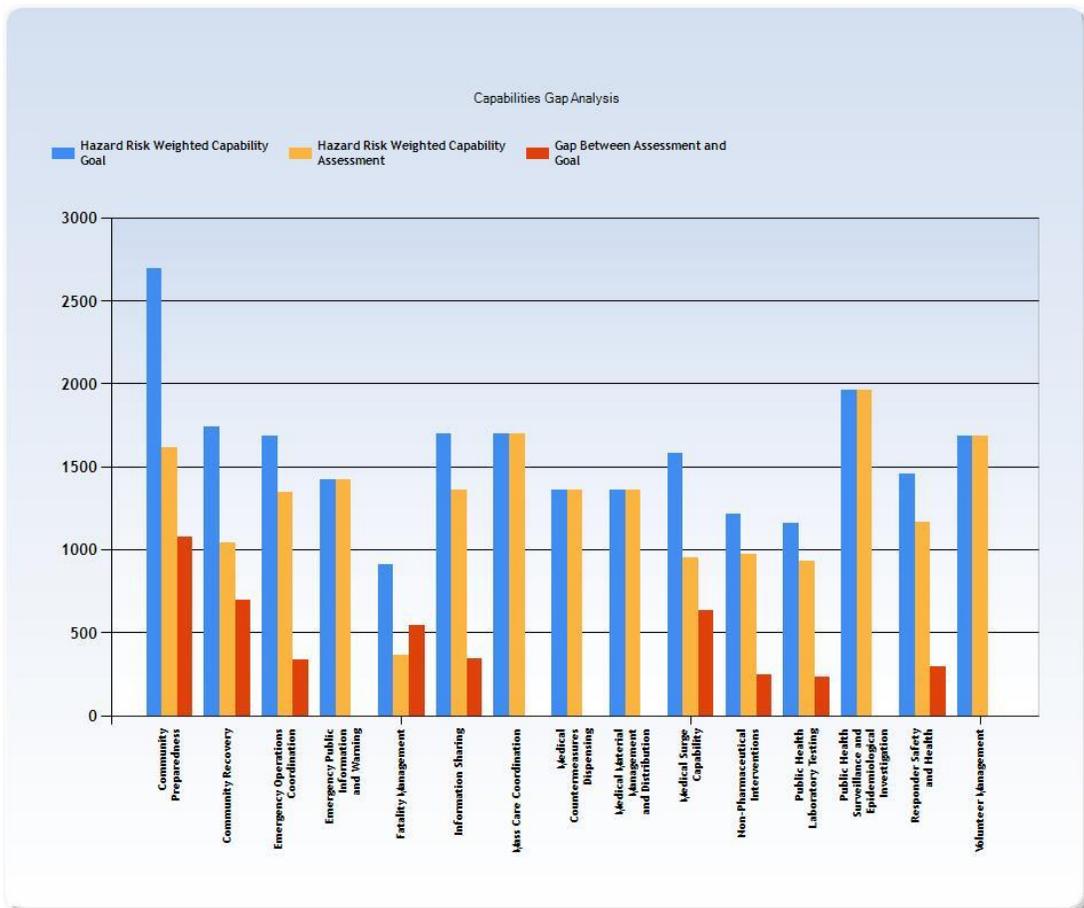
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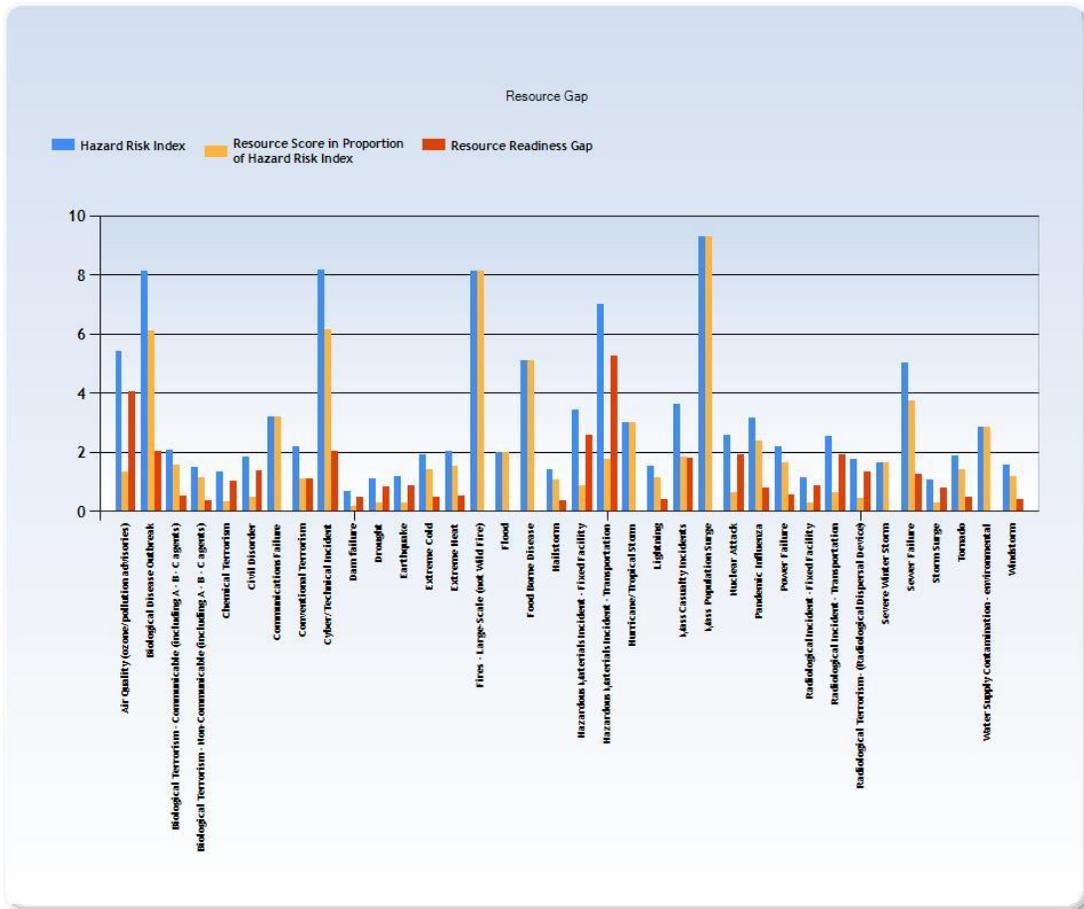
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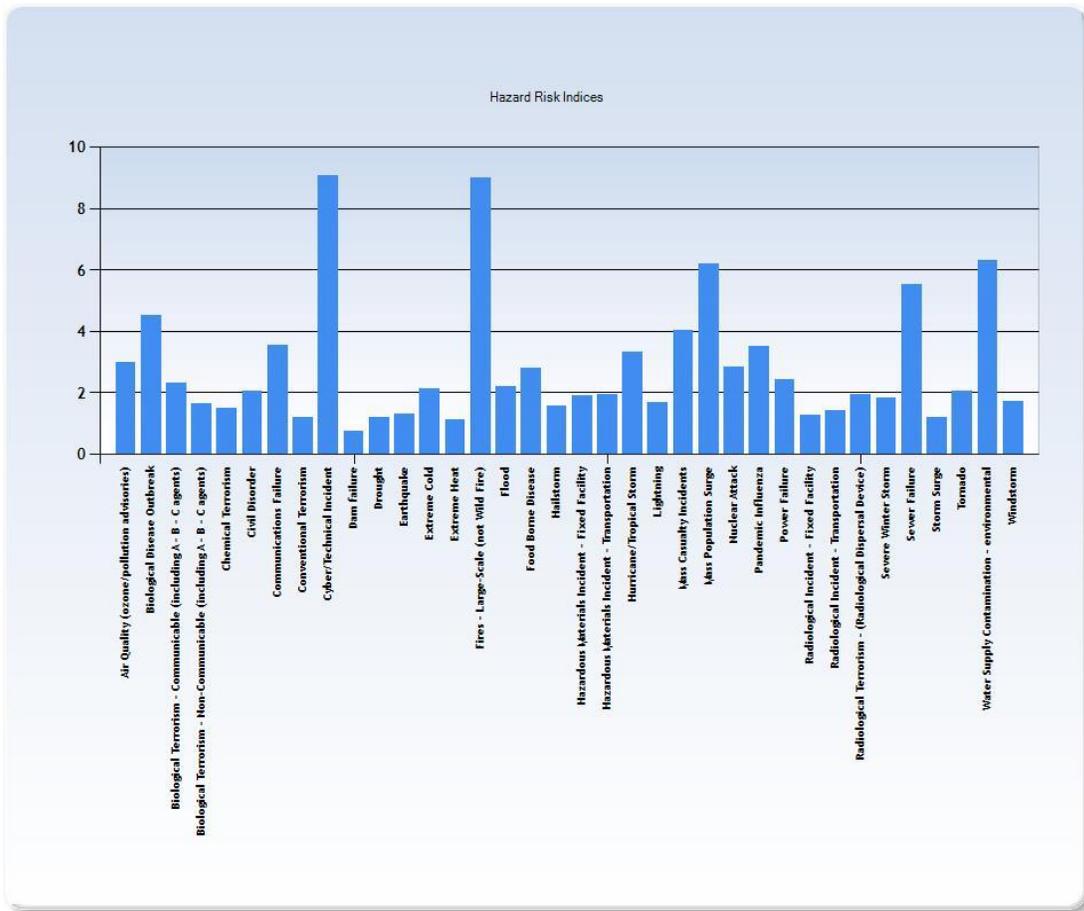
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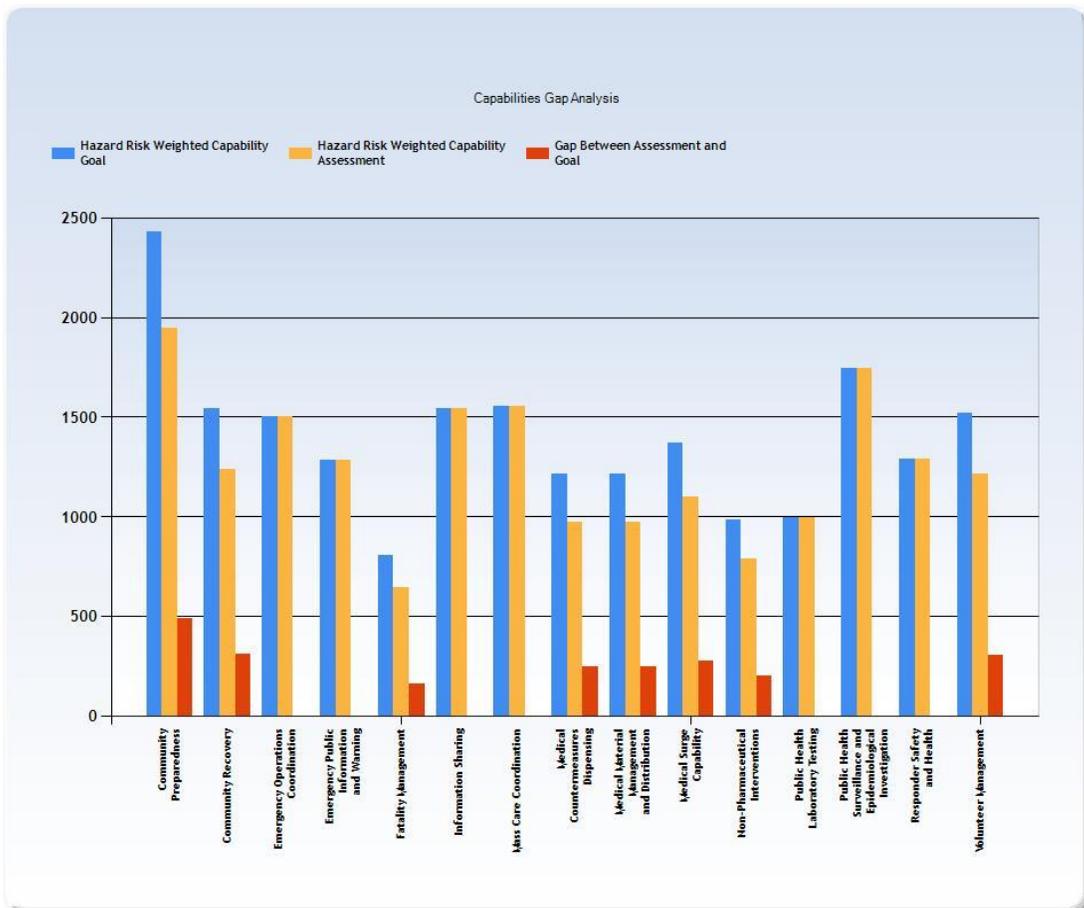
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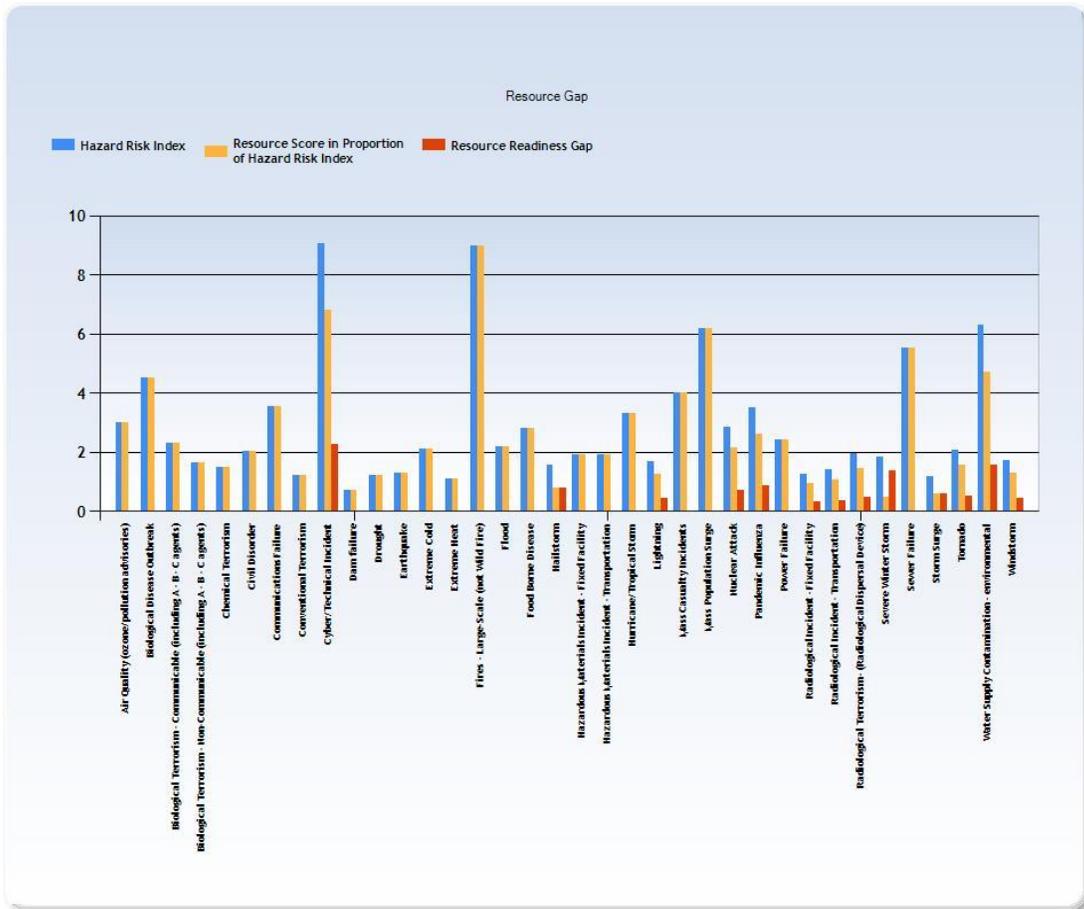
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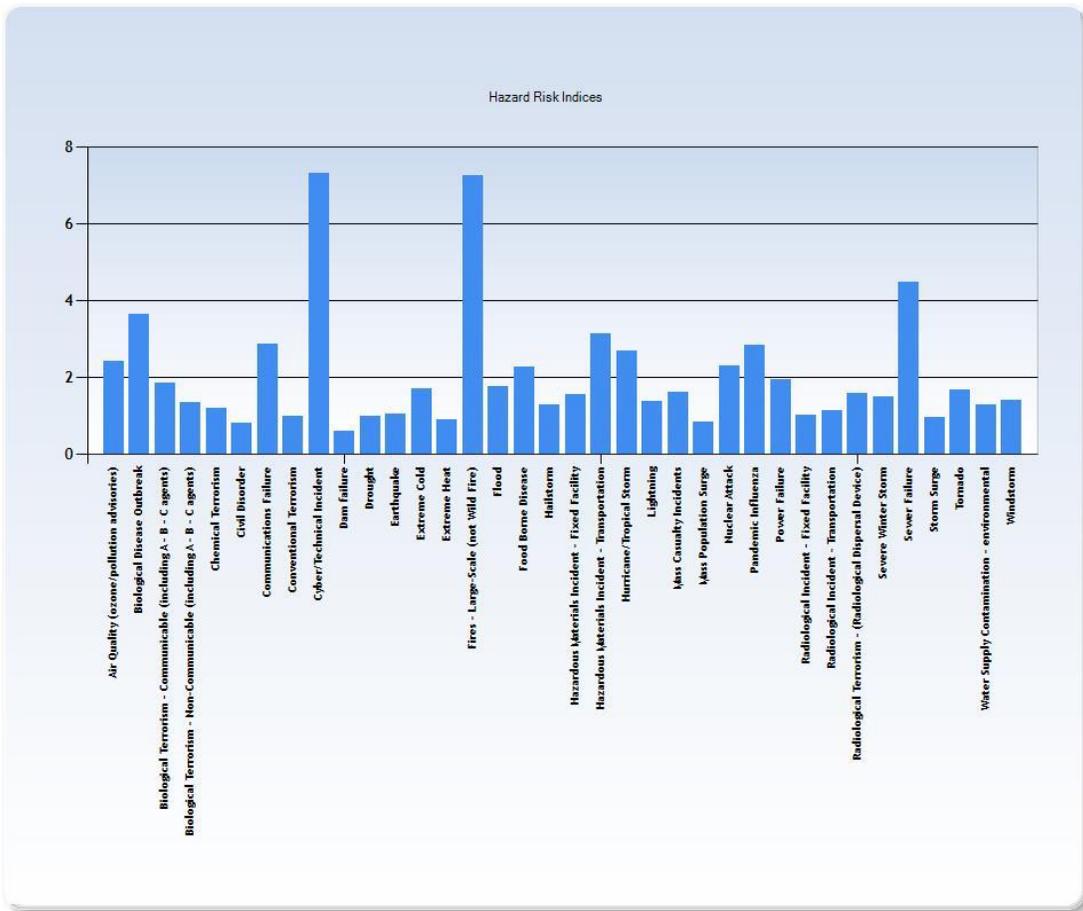
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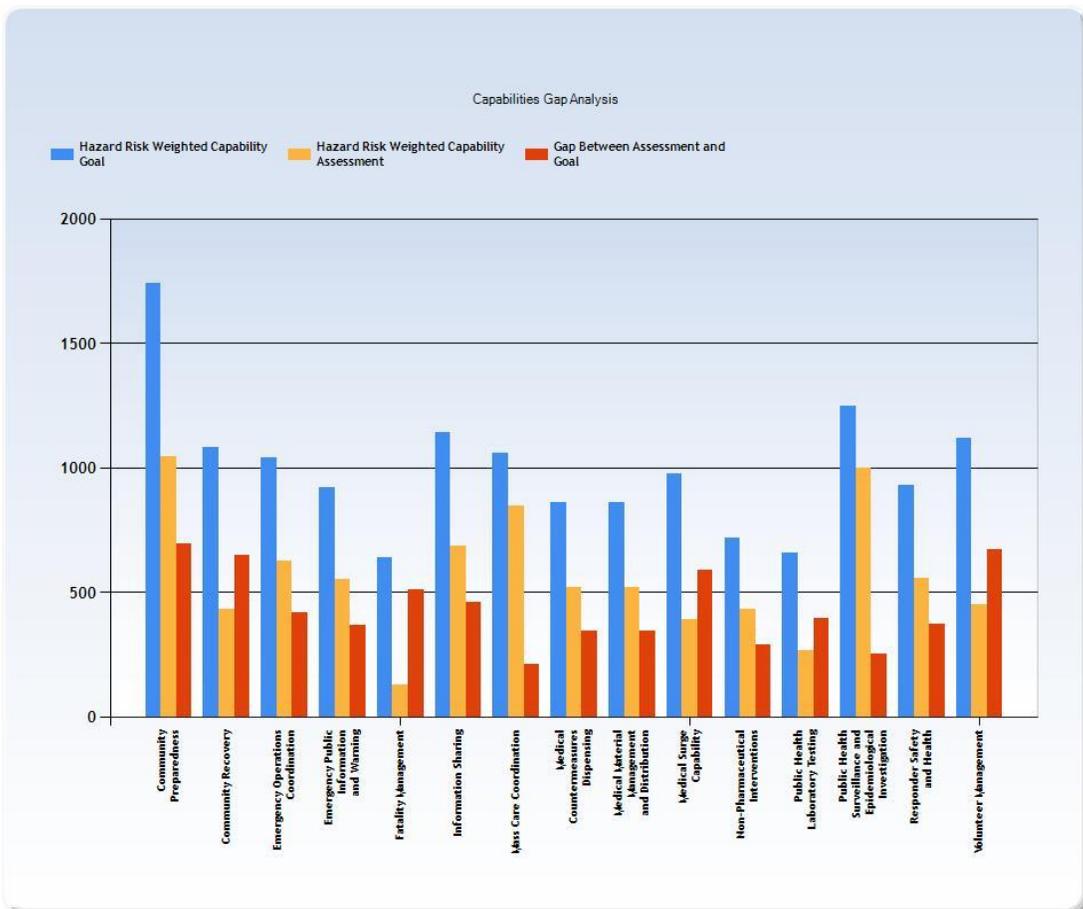
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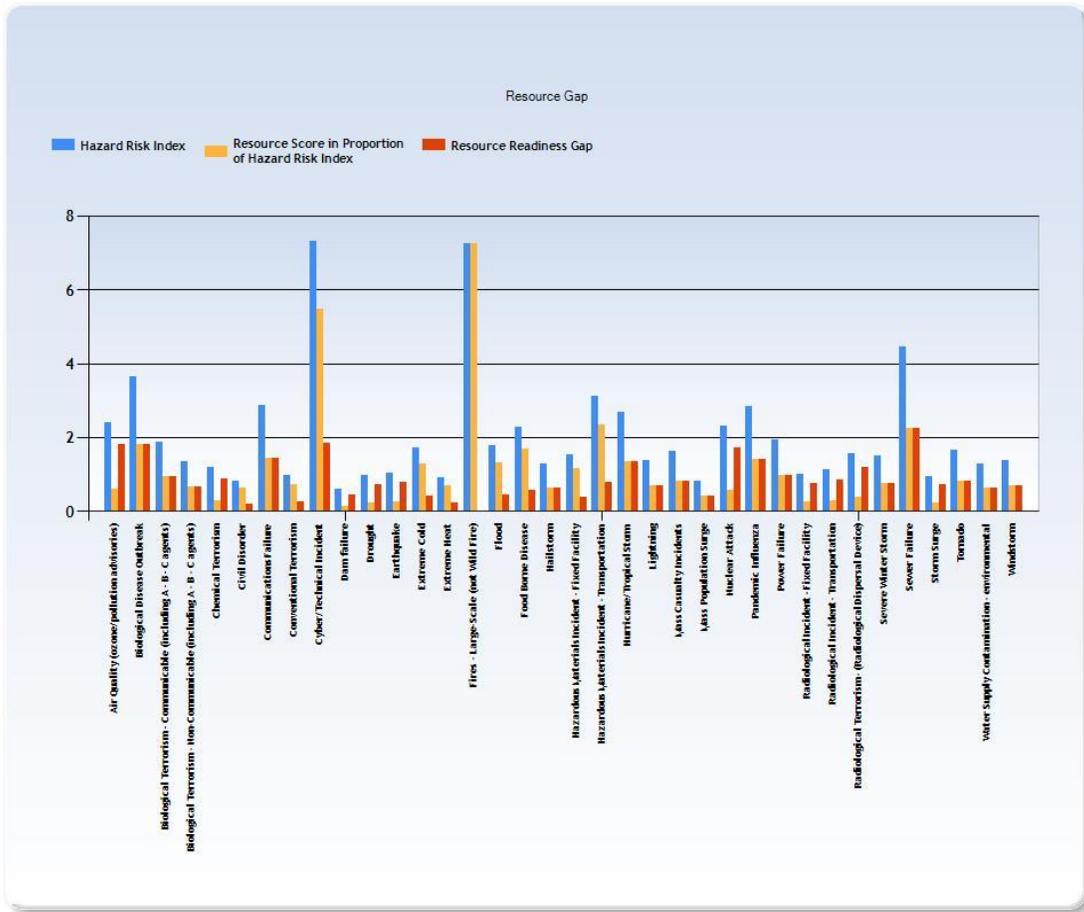
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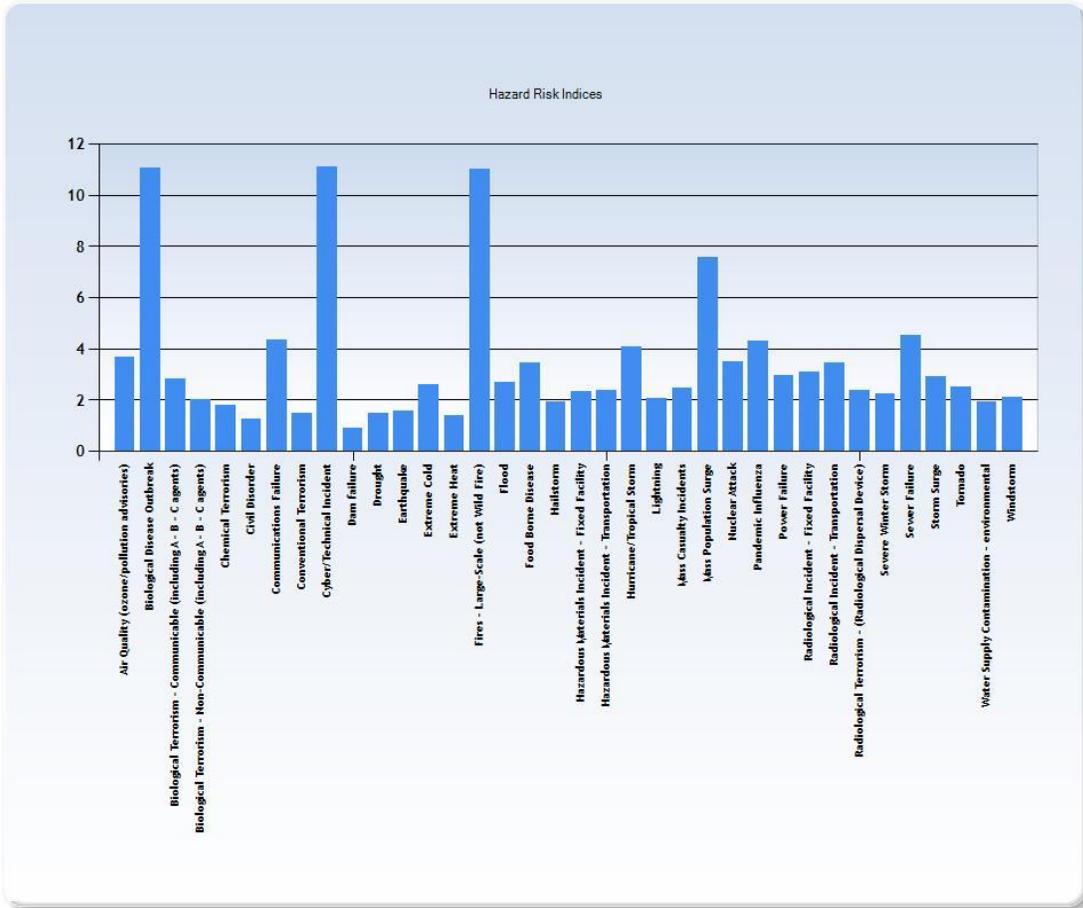
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Resource Gap Chart



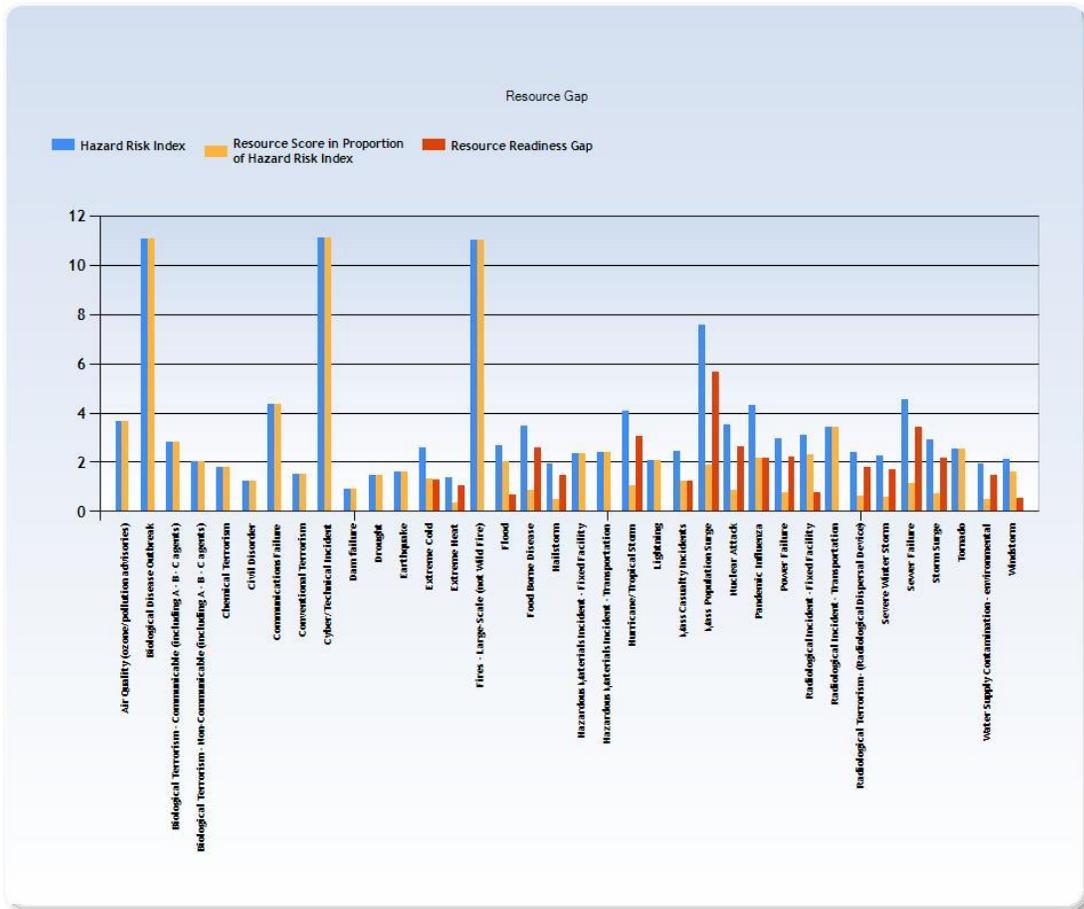
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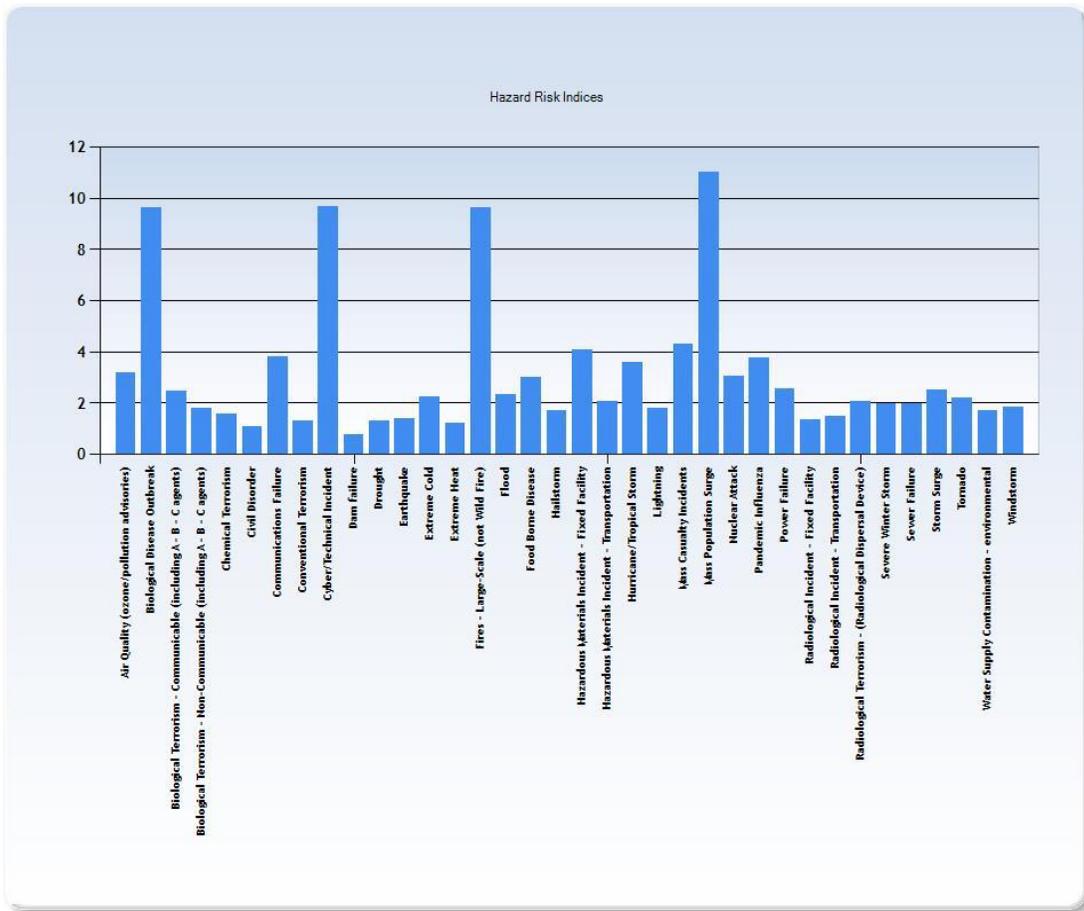
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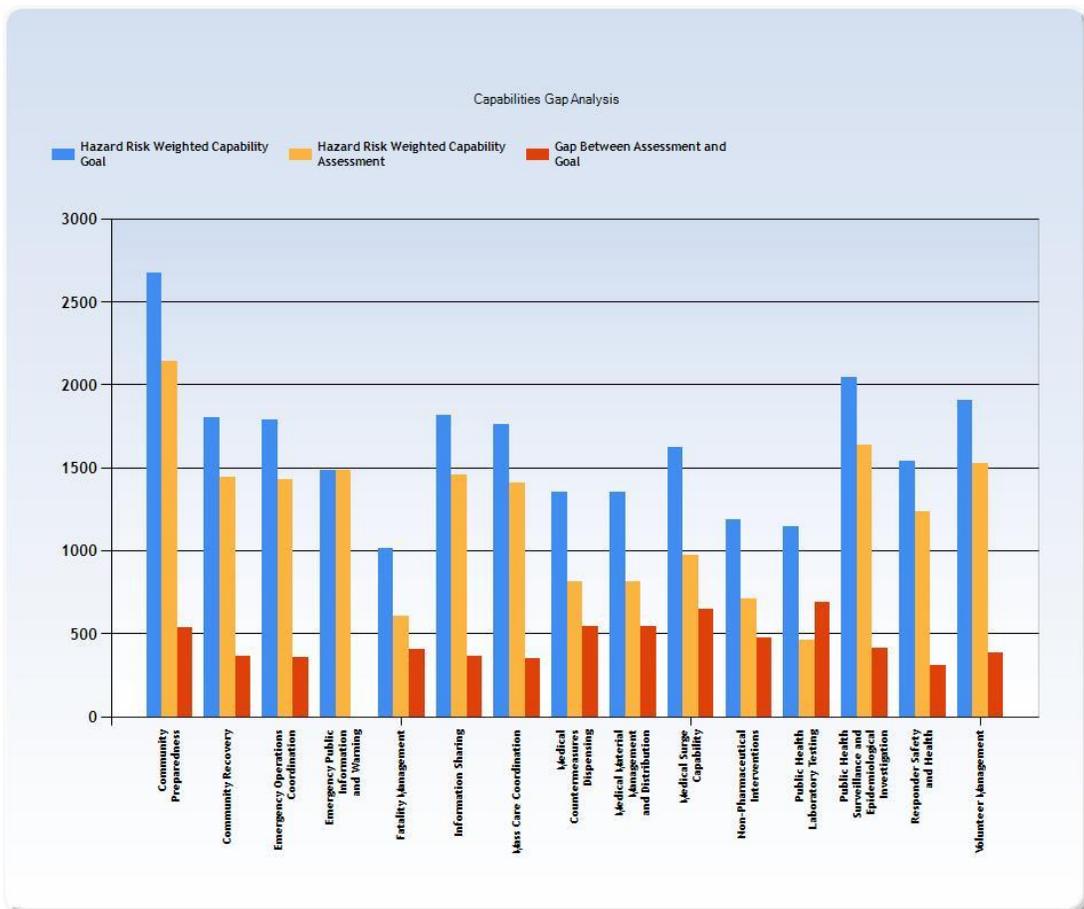
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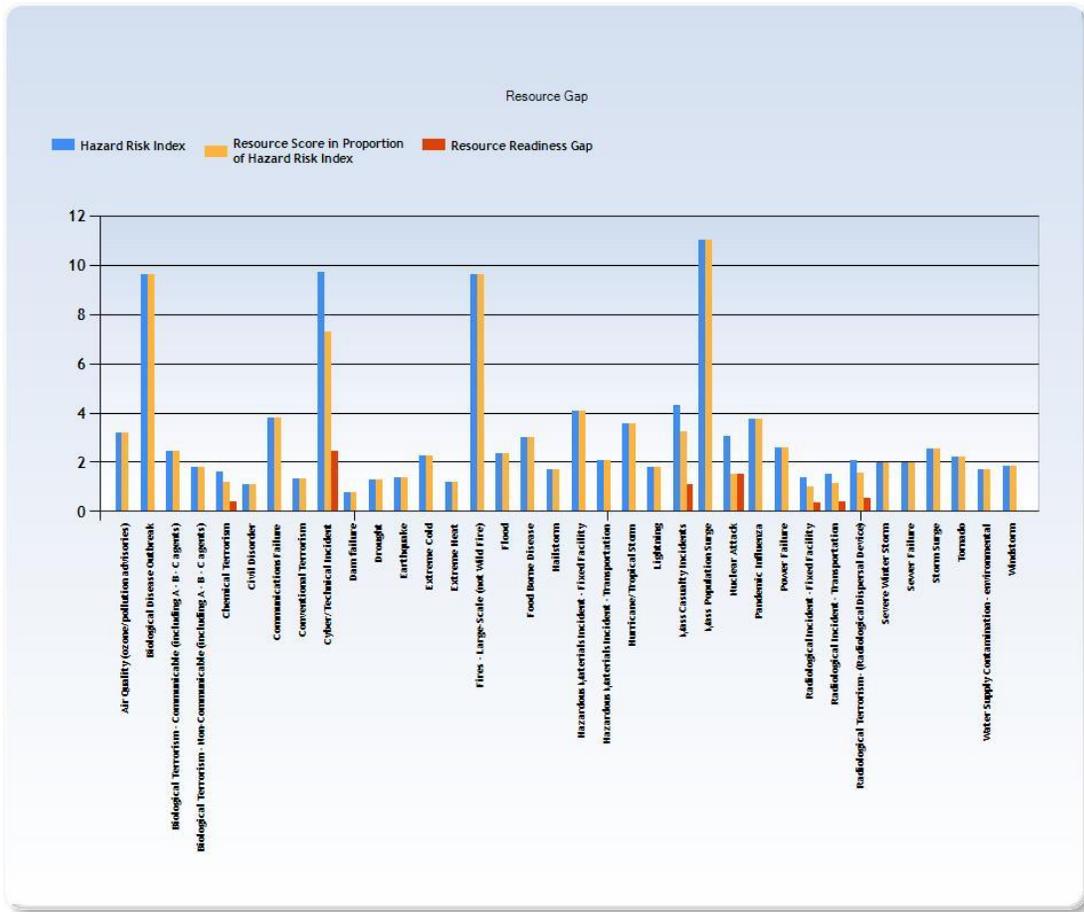
Hazard Risk Indices Chart



Capabilities Gap Analysis Chart



Resource Gap Chart



Appendix B:

emPOWER Data December 2020 (Data downloaded 12-1-20) for each county is followed by

emPOWER Data June 2021 (Data downloaded 6-2-21)

HHS emPOWER Map 3.0- Brevard

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.

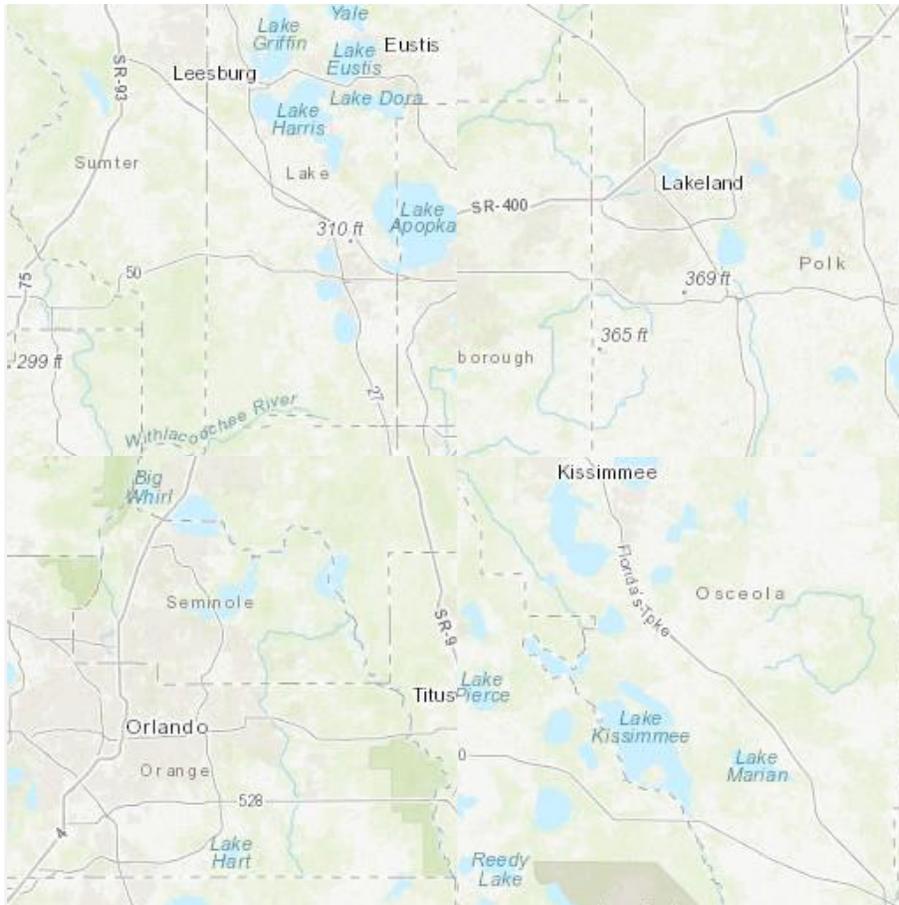
The HHS emPOWER Map gives every public health official, emergency manager, hospital, first responder, electric company, and community member the power to discover the electricity-dependent Medicare population in their state, territory, county, and ZIP Code. When combined with real-time severe weather and hazard maps, communities can easily anticipate and plan for the needs of this population during an emergency.

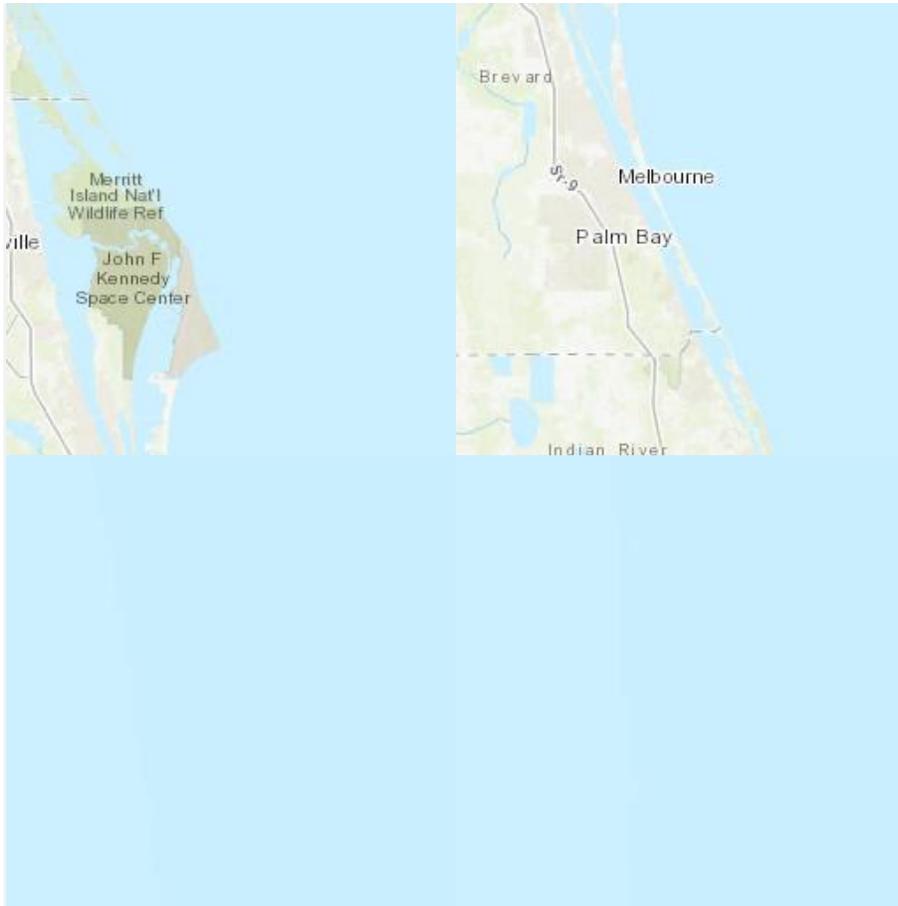
For more information on when and how to use the HHS emPOWER Map please see the resources section.

Resources

- [HHS emPOWER Program Fact Sheet](#)
- [HHS emPOWER Program Executive Summary](#)
- [HHS emPOWER AI Fact Sheet](#)
- [HHS emPOWER AI Job Aid](#)
- [HHS emPOWER AI Supplemental Job Aid for Home Devices](#)
- [HHS emPOWER Program Web-Based Training](#)
- [HHS emPOWER Program Web-Based Training Job Aid](#)
- [HHS emPOWER Map Job Aid](#)
- [HHS emPOWER REST Service Public](#)

- HHS emPOWER REST Service Job Aid





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Select data type

[RESET MAP](#)

SINGLE LOCATION

MULTIPLE LOCATIONS

Select map attributes to display data

NATURAL HAZARDS

MAP
STYLE (Optional)

REGION FOR HEALTH DATA

STATE

COUNTY

Brevard

ZIP CODE

Medicare Data Totals

Geographical Area:	Brevard
Beneficiaries:	158,253
Electricity-Dependent Beneficiaries:	6,518

Electricity-Dependent Scale

- 0 - 0
- 1 - 133
- 134 - 237
- 238 - 396
- 397 - 1,275

Natural Hazard Legend

Electricity-Dependent Medicare Population by Selected Region

- States/Territories
- Counties
- ZIP Codes

Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
32754	3,241	136
32775	116	11
32780	11,192	530
32796	5,624	302
32815	0	0

Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
32899	11	0
32901	7,418	356
32903	3,657	103
32904	8,406	342
32905	6,848	300
32907	10,535	471
32908	2,496	96
32909	7,794	278
32920	3,375	96
32922	3,680	169
32925	180	11
32926	5,913	281
32927	5,549	279
32931	4,736	141
32934	4,944	219
32935	9,541	451

Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
32937	7,038	253
32940	12,950	416
32949	847	25
32950	1,357	50
32951	3,959	95
32952	5,595	192
32953	6,507	300
32955	9,674	411
32976	5,070	204

Note (1): The map uses de-identified claims data, updated monthly, on Medicare Fee-for-Service and Medicare Advantage (Parts A, B and C) beneficiaries, which includes Americans age 65 and over, and disabled Americans under age 65. The totals listed here may underestimate the total at-risk Medicare beneficiary population due to certain Medicare policies and processes.

Note (2): The "electricity-dependent" number, by location, represents the total number of beneficiaries with claims in Centers for Medicare and Medicaid Services (CMS) databases from the prior month for: ventilator, BiPAP, enteral feeding machine, intravenous (IV) infusion pump, suction pump, at-home dialysis machine, electric wheelchair, electric scooter, and electric bed equipment in the past 13 months; oxygen concentrator equipment in the past 36 months; and implanted cardiac devices that include left ventricular assistive device (LVAD), right ventricular assistive device (RVAD), bi-ventricular assistive device (BIVAD), and total artificial heart (TAH) in the past 5 years. To protect individual privacy, the following de-identification methodologies have been implemented: removal of all personal identifiers; aggregating data totals at the geographic level; and replacing any small cell size between 1 and 10 (e.g., a ZIP Code with only 3 individuals) with an 11. Some ZIP Codes may not be represented on the map because they do not have geographical boundaries (e.g. post office boxes, a large building, etc.). In these instances, we add their total to the geographical ZIP Code where the post office box or building can be found.

Note (3): The map is provided to inform and support community partner emergency preparedness, mitigation, response, recovery, and resilience activities. Use of this tool and data signifies your agreement to: use it for the specified purposes; make no attempt to identify any individual in this data; and send an email to empower@hhs.gov if a small size between 1 and 10 is identified at any geographic level. Send any additional questions to empower@hhs.gov.

Note (4): The public emPOWER REST Service that contains emPOWER Program geospatial data can be found at: https://geohealth.hhs.gov/dataaccess/rest/services/HHS_emPOWER_REST_Service_Public/MapServer.

Note (5): Information regarding the Natural Hazards can be found from the source webpages:

- National Oceanic and Atmospheric Administration (NOAA) National Weather Service active weather alerts can be found at: <http://www.weather.gov>.
 - Hurricanes, Radar, Flood, Precipitation, and Storm Prediction: <https://idpgis.ncep.noaa.gov/arcgis/rest/services>.
 - Long Duration and Short Duration Hazards: <https://new.nowcoast.noaa.gov/arcgis/rest/services>.
 - Wildfire: <https://geohealth.hhs.gov/arcgis/home/item.html?id=81934f7c953240de89405da4602a7a5a>.
 - Seismic Activity: https://earthquake.usgs.gov/arcgis/rest/services/eq/dyfi_30DaySignificant/MapServer.
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DOWNLOAD HISTORICAL DATASETS

HHS emPOWER Map

INTERACTIVE MAP

CROSS-JURISDICTIONAL TOTALS

DATA INFORMATION

Medicare Electricity-Dependent Populations by Geography

Over 2.6 million Medicare beneficiaries rely on electricity-dependent durable medical and assistive equipment and devices, such as ventilators, to live independently in their homes. Severe weather and other emergencies, especially those with prolonged 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 (i.e., state, territory, county, or ZIP Code), as well as near real-time natural hazard data.

Map users can select different geographies, as needed, to identify at-risk populations and download selected data results to inform emergency preparedness, response, recovery, and mitigation public health activities. Users can also access near real-time natural hazard data layers to anticipate and address the needs of at-risk community members in emergencies. For more information, review the job aids in the top right corner.

MEDICARE DATA TOTALS

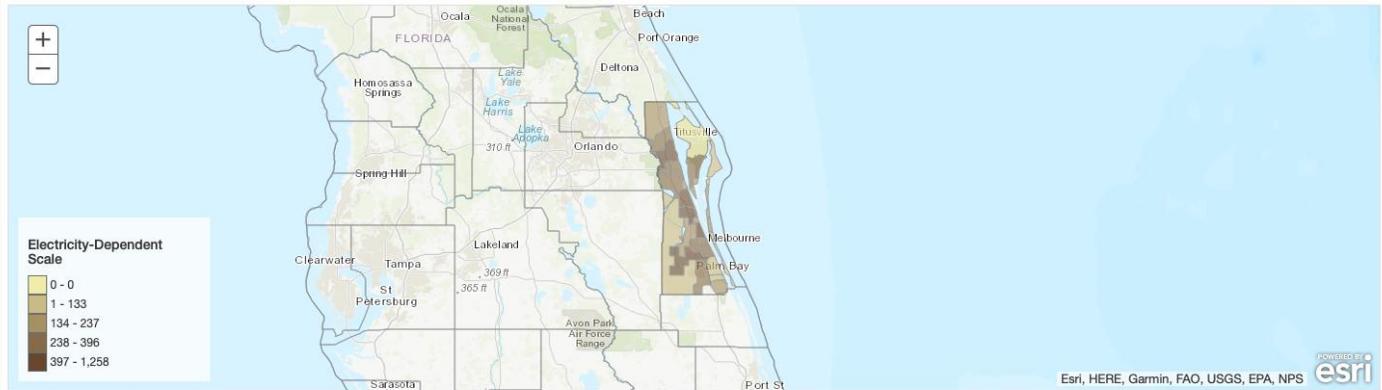
TOTAL BENEFICIARIES:	158,961
TOTAL ELECTRICITY-DEPENDENT BENEFICIARIES:	6,519

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: Florida | Select a county: Brevard | ADD ADDITIONAL COUNTIES | - OR - | Select a ZIP Code: | Natural hazards (Optional): | Map style (Optional): | RESET MAP

SELECTED GEOGRAPHIES

Brevard x



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	3,268	139
32775	113	11
32780	11,121	547
32796	5,610	298
32815	0	0
32899	11	0
32901	7,448	355
32903	3,689	104
32904	8,459	350
32905	6,822	297
32907	10,581	481
32908	2,538	94
32909	7,886	268
32920	3,402	100
32922	3,694	162
32925	178	11
32926	5,927	277
32927	5,585	276
32931	4,787	140
32934	4,974	221
32935	9,509	447
32937	7,055	234
32940	13,116	415
32949	869	24
32950	1,377	50
32951	4,004	101
32952	5,626	192
32953	6,490	301
32955	9,707	409
32976	5,115	215

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HHS emPOWER Map 3.0 - Indian River

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.

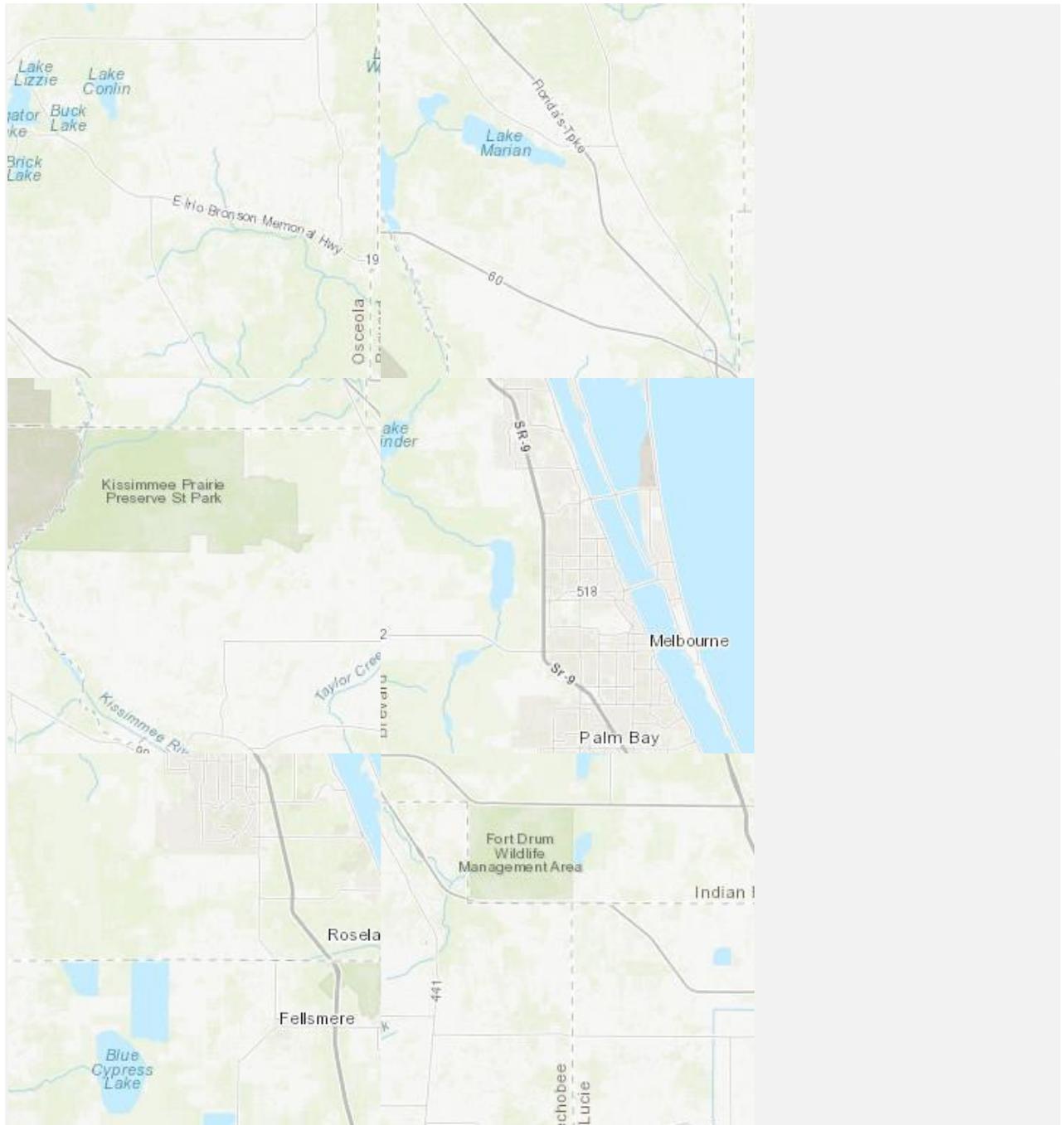
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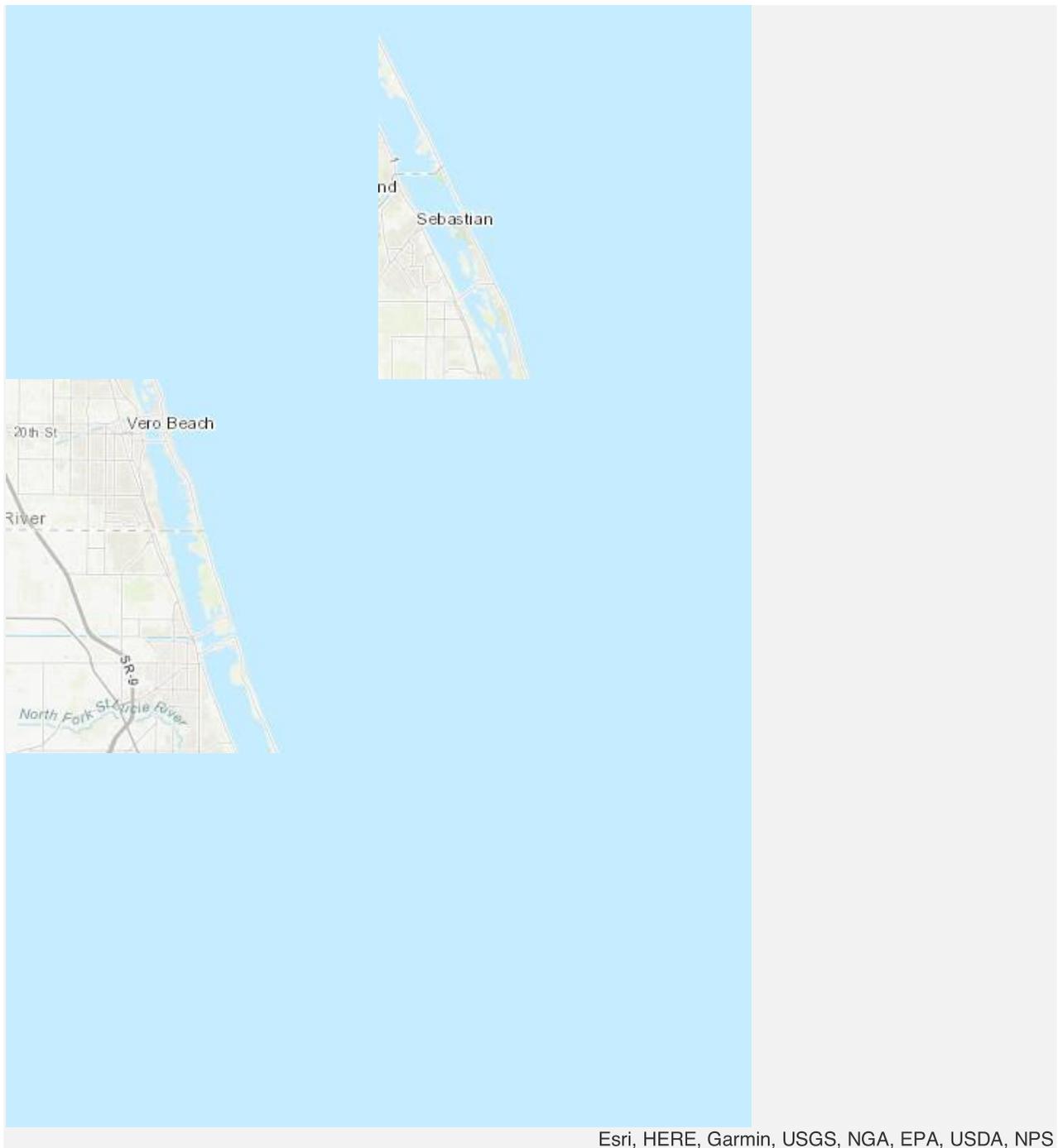
For more information on when and how to use the HHS emPOWER Map please see the resources section.

Resources

- [HHS emPOWER Program Fact Sheet](#)
- [HHS emPOWER Program Executive Summary](#)
- [HHS emPOWER AI Fact Sheet](#)
- [HHS emPOWER AI Job Aid](#)
- [HHS emPOWER AI Supplemental Job Aid for Home Devices](#)
- [HHS emPOWER Program Web-Based Training](#)
- [HHS emPOWER Program Web-Based Training Job Aid](#)
- [HHS emPOWER Map Job Aid](#)
- [HHS emPOWER REST Service Public](#)

- HHS emPOWER REST Service Job Aid





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Select data type

[RESET MAP](#)

- SINGLE LOCATION
- MULTIPLE LOCATIONS

Select map attributes to display data

NATURAL HAZARDS

MAP

STYLE (Optional)

REGION FOR HEALTH DATA

STATE

COUNTY

ZIP CODE

Medicare Data Totals

Geographical Area:	Indian River
Beneficiaries:	54,240
Electricity-Dependent Beneficiaries:	1,587

Electricity-Dependent Scale

	0 - 0
	1 - 133
	134 - 237
	238 - 396
	397 - 1,275

Natural Hazard Legend

Electricity-Dependent Medicare Population by Selected Region

- States/Territories
- Counties
-

Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
32948	861	40
32958	10,952	345
32960	6,359	217
32962	7,426	213
32963	7,756	144
32966	8,896	299
32967	7,766	204
32968	4,224	125

Note (1): The map uses de-identified claims data, updated monthly, on Medicare Fee-for-Service and Medicare Advantage (Parts A, B and C) beneficiaries, which includes Americans age 65 and over, and disabled Americans under age 65. The totals listed here may underestimate the total at-risk Medicare beneficiary population due to certain Medicare policies and processes.

Note (2): The "electricity-dependent" number, by location, represents the total number of beneficiaries with claims in Centers for Medicare and Medicaid Services (CMS) databases from the prior month for: ventilator, BiPAP, enteral feeding machine, intravenous (IV) infusion pump, suction pump, at-home dialysis machine, electric wheelchair, electric scooter, and electric bed equipment in the past 13 months; oxygen concentrator equipment in the past 36 months; and implanted cardiac devices that include left ventricular assistive device (LVAD), right ventricular assistive device (RVAD), bi-ventricular assistive device (BIVAD), and total artificial heart (TAH) in the past 5 years. To protect individual privacy, the following de-identification methodologies have been implemented: removal of all personal identifiers; aggregating data totals at the geographic level; and replacing any small cell size between 1 and 10 (e.g., a ZIP Code with only 3 individuals) with an 11. Some ZIP Codes may not be represented on the map because they do not have geographical boundaries (e.g. post office boxes, a large building, etc.). In these instances, we add their total to the geographical ZIP Code where the post office box or building can be found.

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 - Long Duration and Short Duration Hazards: <https://new.nowcoast.noaa.gov/arcgis/rest/services>.
 - Wildfire: <https://geohealth.hhs.gov/arcgis/home/item.html?id=81934f7c953240de89405da4602a7a5a>.
 - Seismic Activity: https://earthquake.usgs.gov/arcgis/rest/services/eq/dyfi_30DaySignificant/MapServer.
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HHS emPOWER Map

INTERACTIVE MAP

CROSS-JURISDICTIONAL TOTALS

DATA INFORMATION

Medicare Electricity-Dependent Populations by Geography

Over 2.6 million Medicare beneficiaries rely on electricity-dependent durable medical and assistive equipment and devices, such as ventilators, to live independently in their homes. Severe weather and other emergencies, especially those with prolonged 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 (i.e., state, territory, county, or ZIP Code), as well as near real-time natural hazard data.

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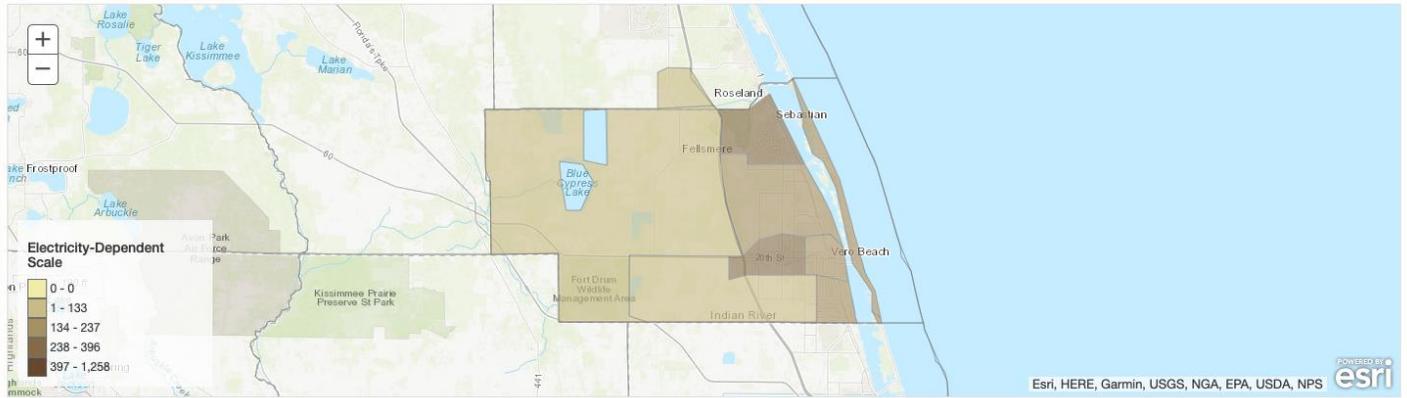
MEDICARE DATA TOTALS

TOTAL BENEFICIARIES: 54,871
TOTAL ELECTRICITY-DEPENDENT BENEFICIARIES: 1,542

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: - OR - Select a ZIP Code: Natural hazards (Optional): Map style (Optional):

SELECTED GEOGRAPHIES



Medicare Data Totals by Selected Geographies

Download the data from this table

[States/Territories](#) [Counties](#) [ZIP Codes](#) [Multi-Selected Geographies](#)

Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
32948	873	41
32958	11,092	350
32960	6,348	195
32962	7,495	197
32963	7,914	136
32966	8,920	293
32967	7,954	204
32968	4,275	126

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HHS emPOWER Map 3.0-Lake

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.

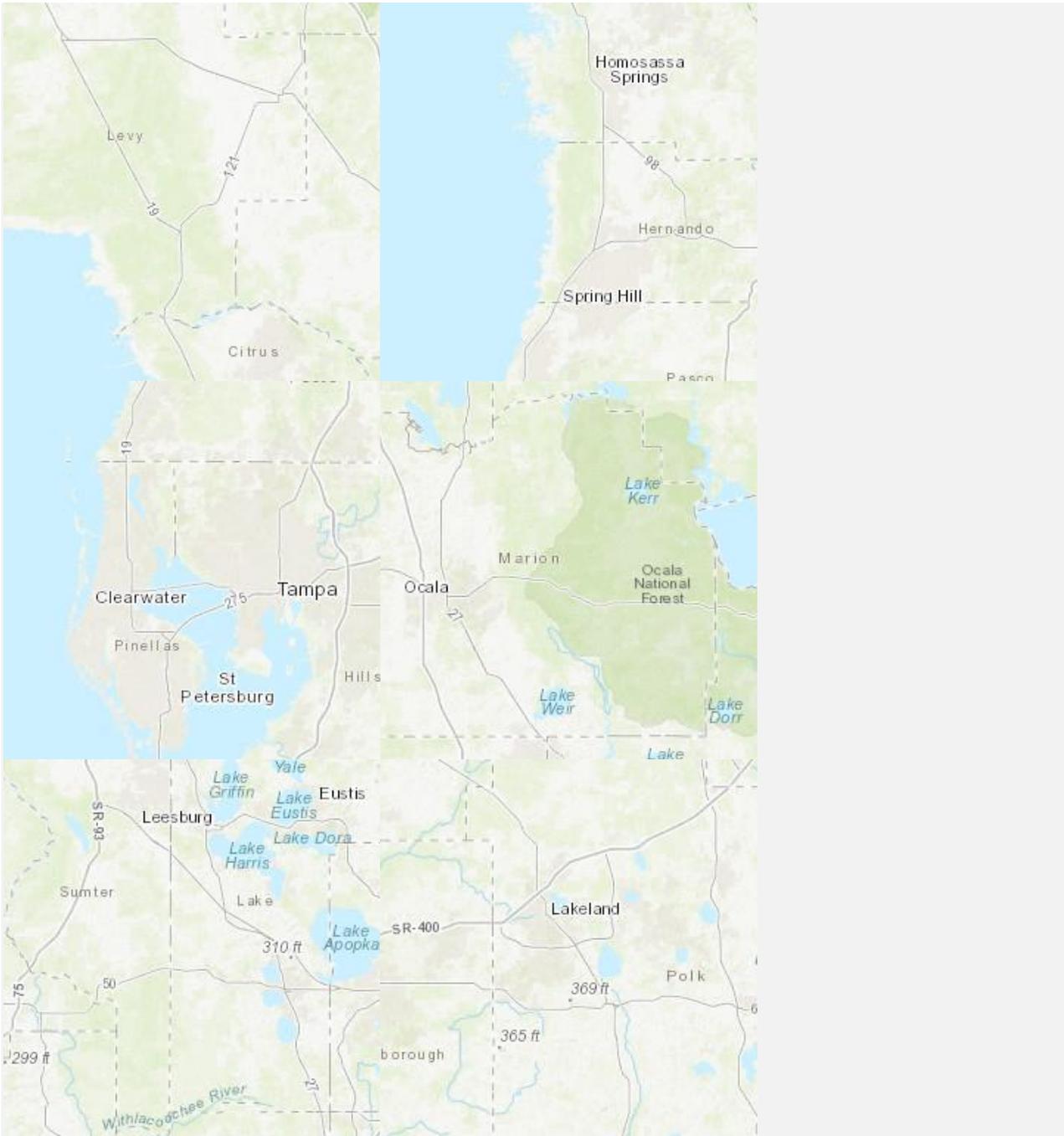
The HHS emPOWER Map is updated monthly and displays the total number of at-risk electricity-dependent Medicare beneficiaries in a geographic area, down to the ZIP Code.

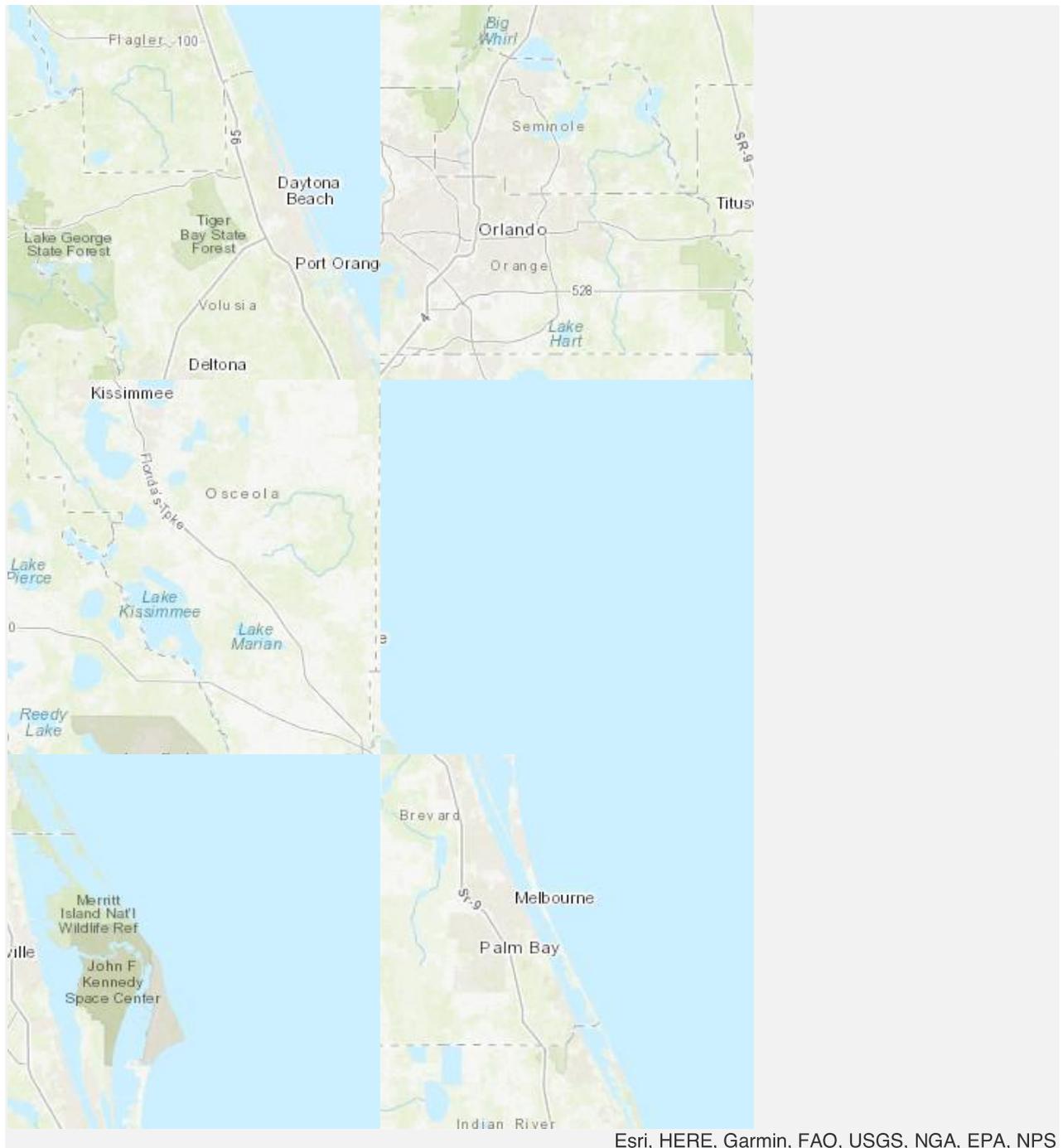
The HHS emPOWER Map gives every public health official, emergency manager, hospital, first responder, electric company, and community member the power to discover the electricity-dependent Medicare population in their state, territory, county, and ZIP Code. When combined with real-time severe weather and hazard maps, communities can easily anticipate and plan for the needs of this population during an emergency.

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Resources

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- [HHS emPOWER Program Executive Summary](#)
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- [HHS emPOWER AI Supplemental Job Aid for Home Devices](#)
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- [HHS emPOWER Program Web-Based Training Job Aid](#)
- [HHS emPOWER Map Job Aid](#)
- [HHS emPOWER REST Service Public](#)
- [HHS emPOWER REST Service Job Aid](#)





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Select data type

[RESET MAP](#)

- SINGLE LOCATION
- MULTIPLE LOCATIONS

Select map attributes to display data

NATURAL HAZARDS

MAP
STYLE (Optional)

REGION FOR HEALTH DATA

STATE

COUNTY

ZIP CODE

Medicare Data Totals

Geographical Area:	Lake
Beneficiaries:	111,132
Electricity-Dependent Beneficiaries:	4,831

Electricity-Dependent Scale

- 0 - 0
- 1 - 133
- 134 - 237
- 238 - 396
- 397 - 1,275

Natural Hazard Legend

Electricity-Dependent Medicare Population by Selected Region

- States/Territories
- Counties
-

Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
32102	981	47
32159	16,418	591
32726	5,378	313
32735	1,607	89
32736	2,431	110
32756	375	11
32757	8,004	351
32767	702	43
32776	2,495	105
32778	7,557	415
32784	2,675	150
34705	599	25
34711	15,541	572
34714	3,753	127
34715	3,693	148
34731	3,404	130

Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
34736	4,958	185
34737	928	31
34748	19,049	809
34753	852	40
34756	734	29
34762	267	14
34788	7,081	387
34797	470	31

Note (1): The map uses de-identified claims data, updated monthly, on Medicare Fee-for-Service and Medicare Advantage (Parts A, B and C) beneficiaries, which includes Americans age 65 and over, and disabled Americans under age 65. The totals listed here may underestimate the total at-risk Medicare beneficiary population due to certain Medicare policies and processes.

Note (2): The "electricity-dependent" number, by location, represents the total number of beneficiaries with claims in Centers for Medicare and Medicaid Services (CMS) databases from the prior month for: ventilator, BiPAP, enteral feeding machine, intravenous (IV) infusion pump, suction pump, at-home dialysis machine, electric wheelchair, electric scooter, and electric bed equipment in the past 13 months; oxygen concentrator equipment in the past 36 months; and implanted cardiac devices that include left ventricular assistive device (LVAD), right ventricular assistive device (RVAD), bi-ventricular assistive device (BIVAD), and total artificial heart (TAH) in the past 5 years. To protect individual privacy, the following de-identification methodologies have been implemented: removal of all personal identifiers; aggregating data totals at the geographic level; and replacing any small cell size between 1 and 10 (e.g., a ZIP Code with only 3 individuals) with an 11. Some ZIP Codes may not be represented on the map because they do not have geographical boundaries (e.g. post office boxes, a large building, etc.). In these instances, we add their total to the geographical ZIP Code where the post office box or building can be found.

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 - Long Duration and Short Duration Hazards: <https://new.nowcoast.noaa.gov/arcgis/rest/services>.
 - Wildfire: <https://geohealth.hhs.gov/arcgis/home/item.html?id=81934f7c953240de89405da4602a7a5a>.
 - Seismic Activity: https://earthquake.usgs.gov/arcgis/rest/services/eq/dyfi_30DaySignificant/MapServer.
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HHS emPOWER Map

INTERACTIVE MAP

CROSS-JURISDICTIONAL TOTALS

DATA INFORMATION

Medicare Electricity-Dependent Populations by Geography

Over 2.6 million Medicare beneficiaries rely on electricity-dependent durable medical and assistive equipment and devices, such as ventilators, to live independently in their homes. Severe weather and other emergencies, especially those with prolonged 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 (i.e., state, territory, county, or ZIP Code), as well as near real-time natural hazard data.

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MEDICARE DATA TOTALS

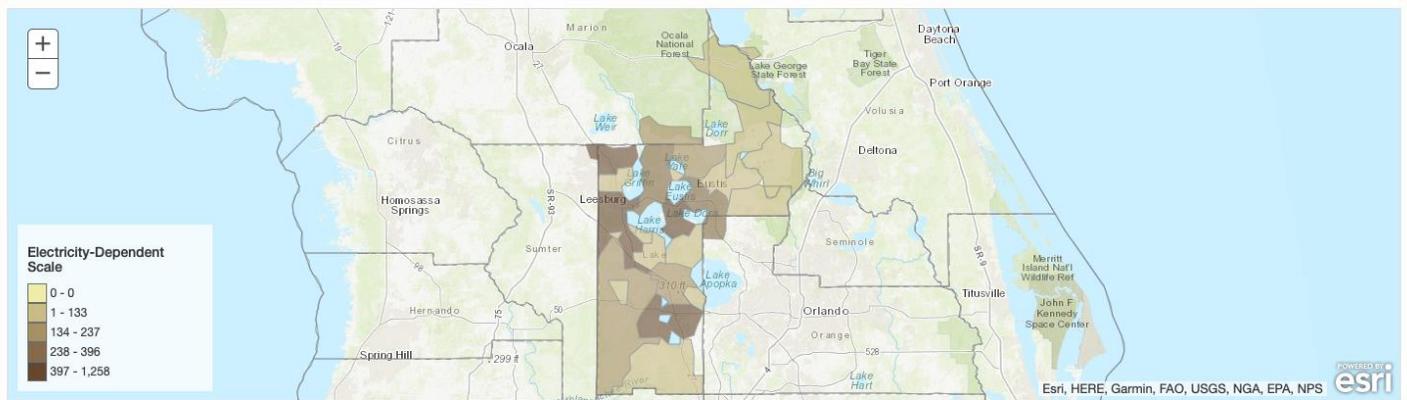
TOTAL BENEFICIARIES: 110,424
TOTAL ELECTRICITY-DEPENDENT BENEFICIARIES: 4,728

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: - OR - Select a ZIP Code: Natural hazards (Optional): Map style (Optional):

SELECTED GEOGRAPHIES

Lake



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
32102	954	48
32159	16,372	599
32726	5,327	308
32735	1,633	92
32736	2,464	102
32756	377	11
32757	8,034	352
32767	700	36
32776	2,510	101
32778	7,568	415
32784	2,677	153
34705	584	21
34711	15,665	580
34714	3,827	126
34715	3,791	150
34731	3,417	119
34736	5,034	194
34737	942	27
34748	19,145	794
34753	864	39
34756	734	30
34762	265	11
34788	7,085	392
34797	455	28

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 Webpage last updated: 30 December 2016
 Webpage first published: 23 June 2015

Office of the Assistant Secretary for Preparedness & Response

HHS emPOWER Map 3.0-Martin

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.

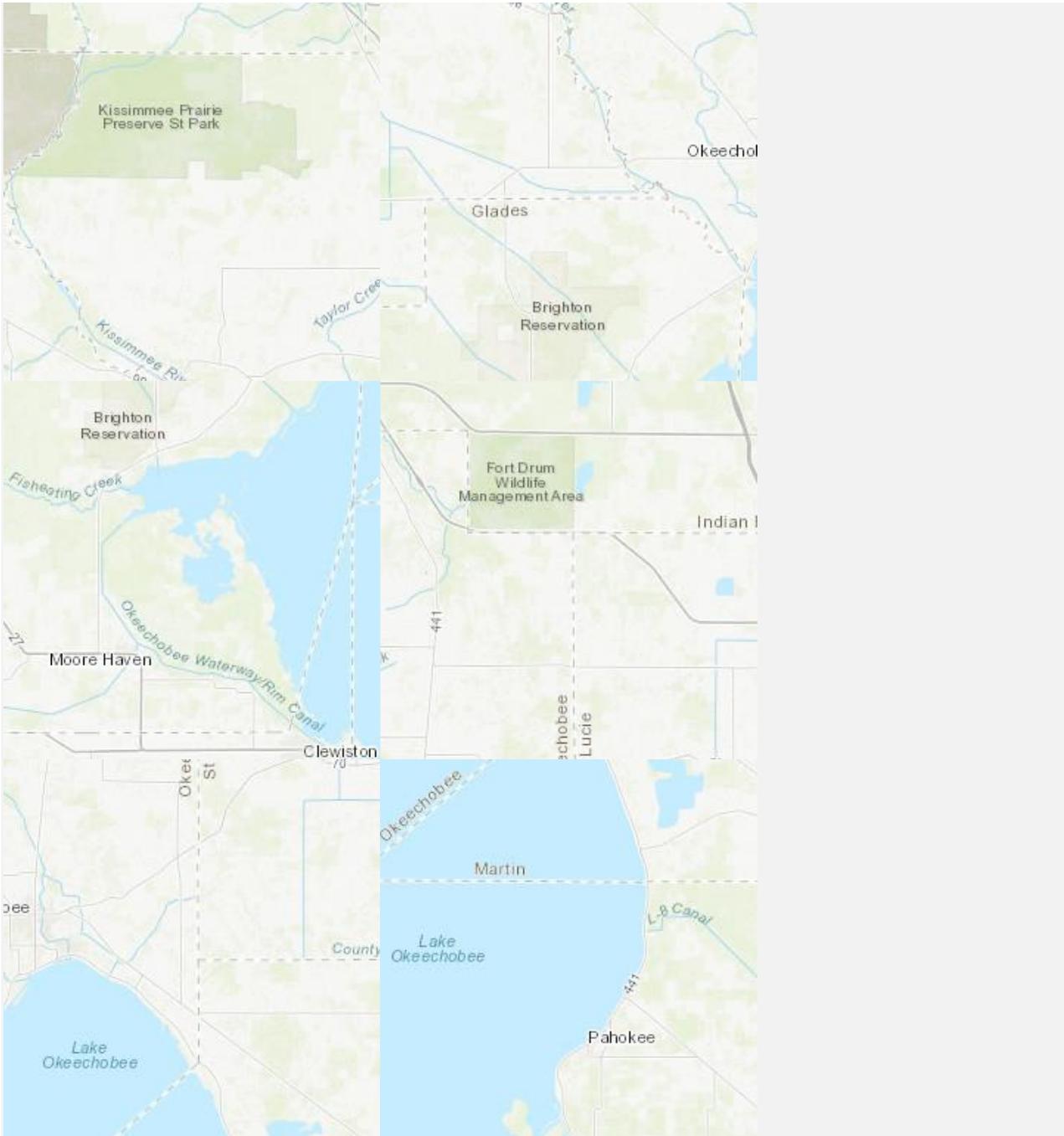
The HHS emPOWER Map is updated monthly and displays the total number of at-risk electricity-dependent Medicare beneficiaries in a geographic area, down to the ZIP Code.

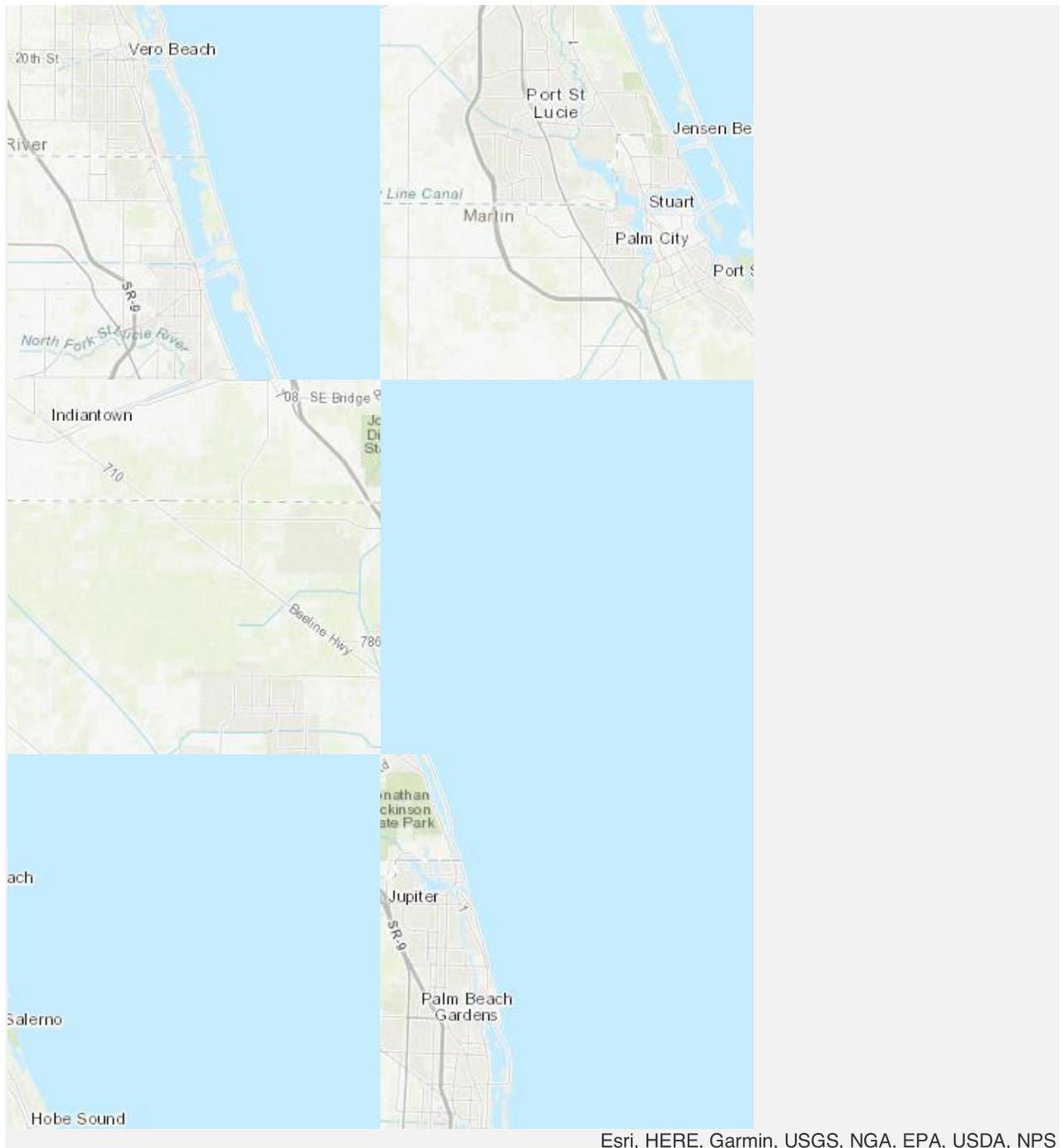
The HHS emPOWER Map gives every public health official, emergency manager, hospital, first responder, electric company, and community member the power to discover the electricity-dependent Medicare population in their state, territory, county, and ZIP Code. When combined with real-time severe weather and hazard maps, communities can easily anticipate and plan for the needs of this population during an emergency.

For more information on when and how to use the HHS emPOWER Map please see the resources section.

Resources

- [HHS emPOWER Program Fact Sheet](#)
- [HHS emPOWER Program Executive Summary](#)
- [HHS emPOWER AI Fact Sheet](#)
- [HHS emPOWER AI Job Aid](#)
- [HHS emPOWER AI Supplemental Job Aid for Home Devices](#)
- [HHS emPOWER Program Web-Based Training](#)
- [HHS emPOWER Program Web-Based Training Job Aid](#)
- [HHS emPOWER Map Job Aid](#)
- [HHS emPOWER REST Service Public](#)
- [HHS emPOWER REST Service Job Aid](#)





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Select data type

[RESET MAP](#)

- SINGLE LOCATION
- MULTIPLE LOCATIONS

Select map attributes to display data

NATURAL HAZARDS

MAP

STYLE (Optional)

REGION FOR HEALTH DATA

STATE

COUNTY

ZIP CODE

Medicare Data Totals

Geographical Area:	Martin
Beneficiaries:	47,476
Electricity-Dependent Beneficiaries:	1,440

Electricity-Dependent Scale

	0 - 0
	1 - 133
	134 - 237
	238 - 396
	397 - 1,275

Natural Hazard Legend

Electricity-Dependent Medicare Population by Selected Region

- States/Territories
- Counties
-

Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
33438	164	11
33455	7,585	246
33458	8,938	278
33469	4,669	97
34956	1,206	50
34957	7,809	240
34990	8,884	245
34994	4,857	146
34996	4,389	120
34997	12,746	393

Note (1): The map uses de-identified claims data, updated monthly, on Medicare Fee-for-Service and Medicare Advantage (Parts A, B and C) beneficiaries, which includes Americans age 65 and over, and disabled Americans under age 65. The totals listed here may underestimate the total at-risk Medicare beneficiary population due to certain Medicare policies and processes.

Note (2): The "electricity-dependent" number, by location, represents the total number of beneficiaries with claims in Centers for Medicare and Medicaid Services (CMS) databases from the prior month for: ventilator, BiPAP, enteral feeding machine, intravenous (IV) infusion pump, suction pump, at-home dialysis machine, electric wheelchair, electric scooter, and electric bed equipment in the past 13 months; oxygen concentrator equipment in the past 36 months; and implanted cardiac devices that include left ventricular assistive device (LVAD), right ventricular assistive device (RVAD), bi-ventricular assistive device (BIVAD), and total artificial heart (TAH) in the past 5 years. To protect individual privacy, the following de-identification methodologies have been implemented: removal of all personal identifiers; aggregating data totals at the geographic level; and replacing any small cell size between 1 and 10 (e.g., a ZIP Code with only 3 individuals) with an 11. Some ZIP Codes may not be represented on the map because they do not have geographical boundaries (e.g. post office boxes, a large building, etc.). In these instances, we add their total to the geographical ZIP Code where the post office box or building can be found.

Note (3): The map is provided to inform and support community partner emergency preparedness, mitigation, response, recovery, and resilience activities. Use of this tool and data signifies your agreement to: use it for the

specified purposes; make no attempt to identify any individual in this data; and send an email to empower@hhs.gov if a small size between 1 and 10 is identified at any geographic level. Send any additional questions to empower@hhs.gov.

Note (4): The public emPOWER REST Service that contains emPOWER Program geospatial data can be found at: https://geohealth.hhs.gov/dataaccess/rest/services/HHS_emPOWER_REST_Service_Public/MapServer.

Note (5): Information regarding the Natural Hazards can be found from the source webpages:

- National Oceanic and Atmospheric Administration (NOAA) National Weather Service active weather alerts can be found at: <http://www.weather.gov>.
- Hurricanes, Radar, Flood, Precipitation, and Storm Prediction: <https://idpgis.ncep.noaa.gov/arcgis/rest/services>.
- Long Duration and Short Duration Hazards: <https://new.nowcoast.noaa.gov/arcgis/rest/services>.
- Wildfire: <https://geohealth.hhs.gov/arcgis/home/item.html?id=81934f7c953240de89405da4602a7a5a>.
- Seismic Activity: https://earthquake.usgs.gov/arcgis/rest/services/eq/dyfi_30DaySignificant/MapServer.

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HHS emPOWER Map

INTERACTIVE MAP | **CROSS-JURISDICTIONAL TOTALS** | **DATA INFORMATION**

Medicare Electricity-Dependent Populations by Geography

Over 2.6 million Medicare beneficiaries rely on electricity-dependent durable medical and assistive equipment and devices, such as ventilators, to live independently in their homes. Severe weather and other emergencies, especially those with prolonged 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 (i.e., state, territory, county, or ZIP Code), as well as near real-time natural hazard data.

Map users can select different geographies, as needed, to identify at-risk populations and download selected data results to inform emergency preparedness, response, recovery, and mitigation public health activities. Users can also access near real-time natural hazard data layers to anticipate and address the needs of at-risk community members in emergencies. For more information, review the job aids in the top right corner.

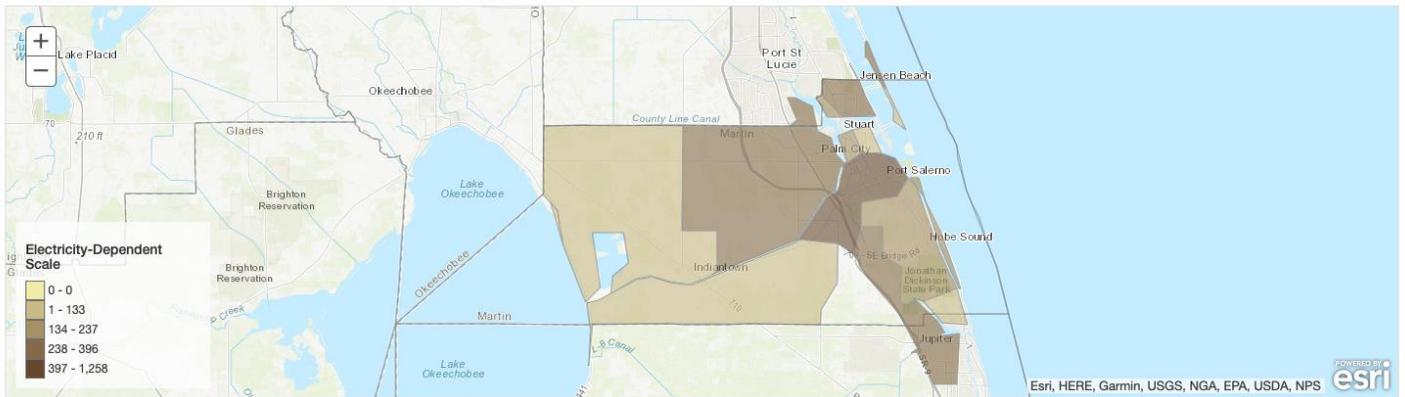
MEDICARE DATA TOTALS

TOTAL BENEFICIARIES: 61,655
TOTAL ELECTRICITY-DEPENDENT BENEFICIARIES: 1,810

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 ADDITIONAL COUNTIES |
 - OR - |
 Select a ZIP Code: |
 Natural hazards (Optional): |
 Map style (Optional): |
 RESET MAP

SELECTED GEOGRAPHIES



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
33438	163	11
33455	7,634	226
33458	9,027	268
33469	4,701	98
34956	1,200	48
34957	7,857	251
34990	8,976	239
34994	4,849	159
34996	4,435	113
34997	12,813	397

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HHS emPOWER Map 3.0-Orange

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.

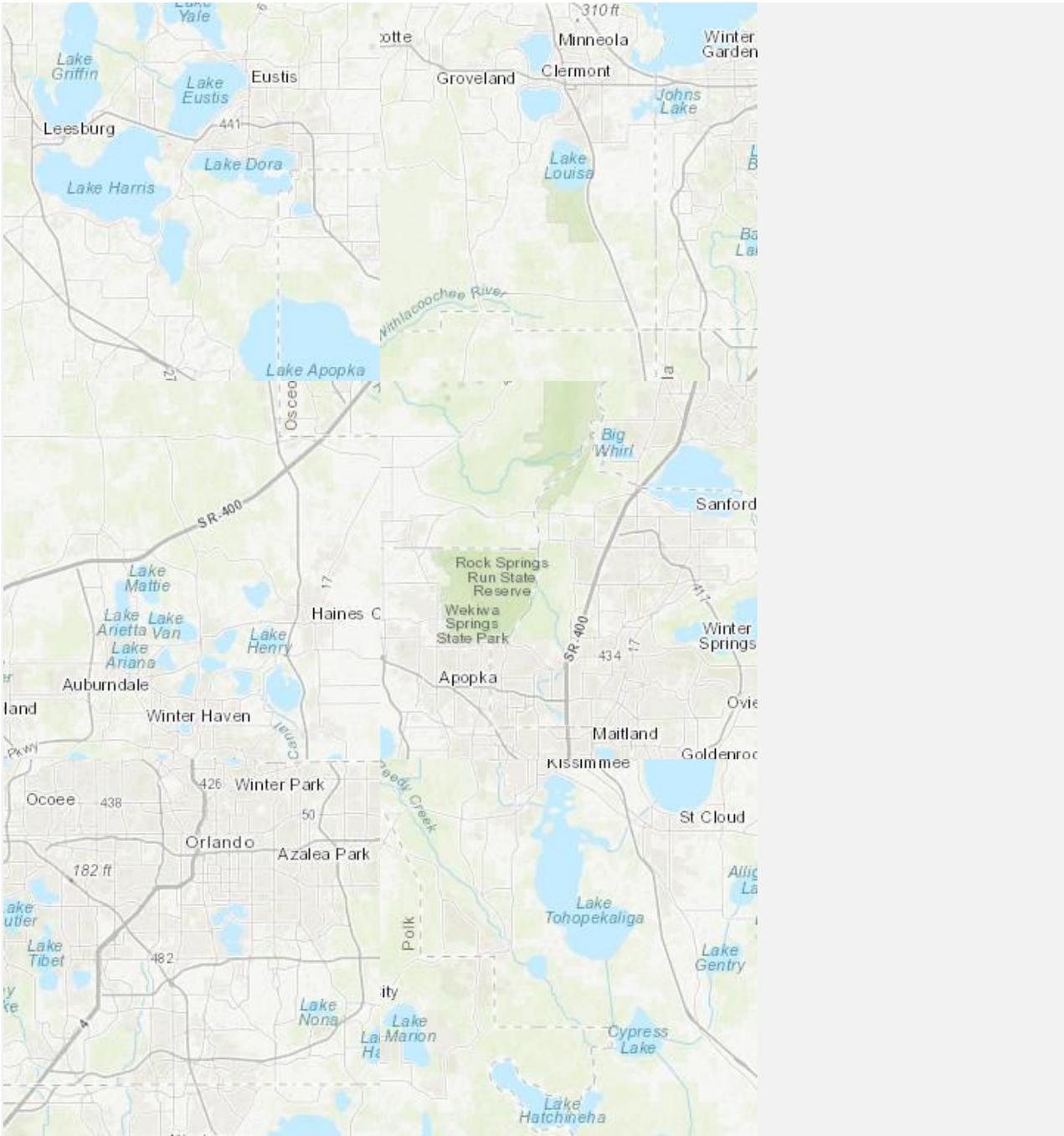
The HHS emPOWER Map is updated monthly and displays the total number of at-risk electricity-dependent Medicare beneficiaries in a geographic area, down to the ZIP Code.

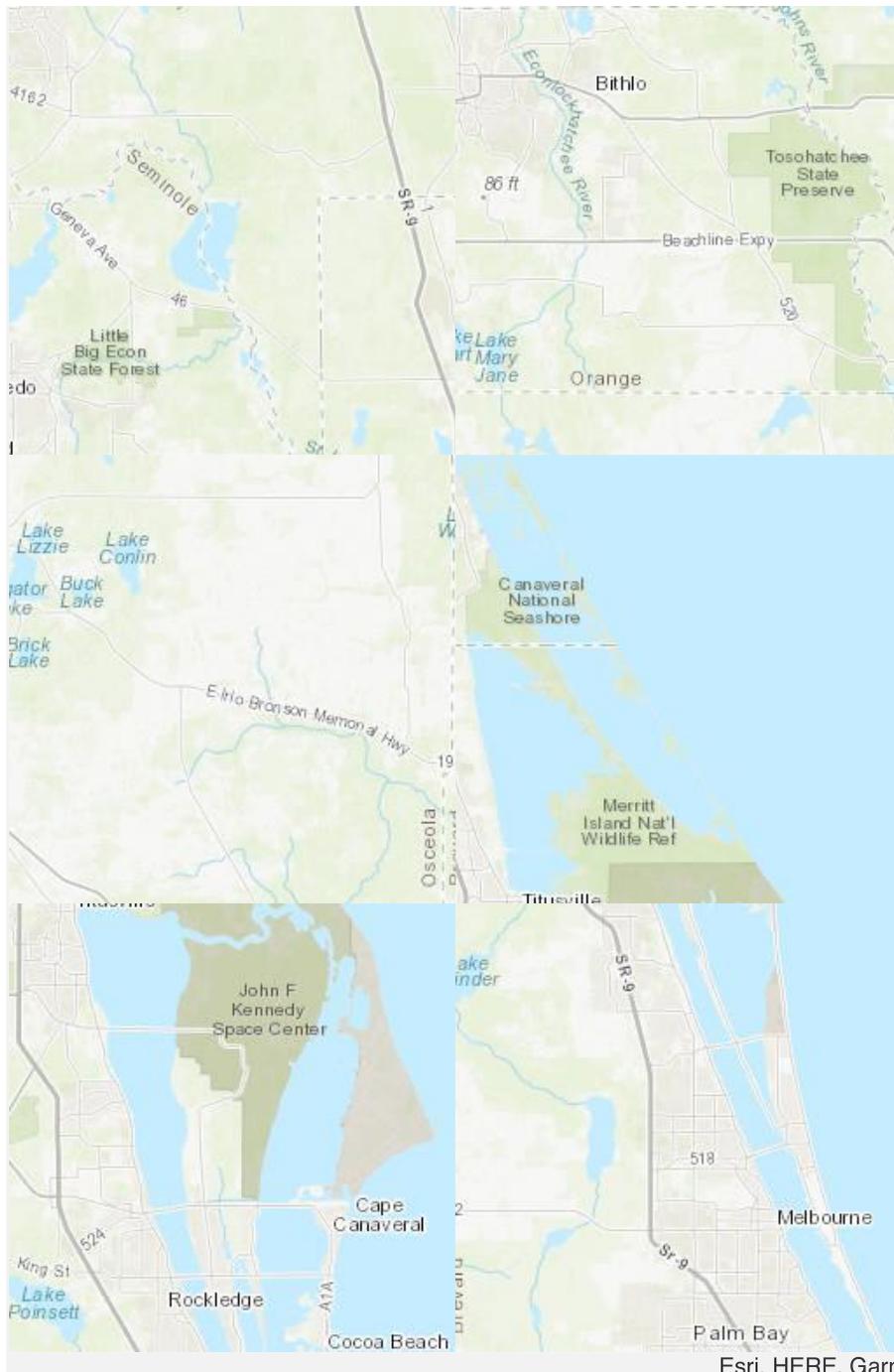
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Resources

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- [HHS emPOWER Program Executive Summary](#)
- [HHS emPOWER AI Fact Sheet](#)
- [HHS emPOWER AI Job Aid](#)
- [HHS emPOWER AI Supplemental Job Aid for Home Devices](#)
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- [HHS emPOWER Map Job Aid](#)
- [HHS emPOWER REST Service Public](#)
- [HHS emPOWER REST Service Job Aid](#)





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Select data type

[RESET MAP](#)

- SINGLE LOCATION
- MULTIPLE LOCATIONS

Select map attributes to display data

NATURAL HAZARDS

MAP

STYLE (Optional)

REGION FOR HEALTH DATA

STATE

COUNTY

ZIP CODE

Medicare Data Totals

Geographical Area: Orange

Beneficiaries: 198,152

Electricity-Dependent
Beneficiaries: 6,787

Electricity-Dependent Scale

- 0 - 0
- 1 - 133
- 134 - 237
- 238 - 396
- 397 - 1,275

Natural Hazard Legend

Electricity-Dependent Medicare Population by Selected Region

- States/Territories
 - Counties
 -
-

Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
32703	7,829	347
32709	577	42
32712	9,000	354
32751	4,321	135
32789	5,715	152
32798	1,595	76
32801	2,967	145
32803	2,985	83
32804	3,392	94
32805	4,870	202
32806	4,583	156
32807	5,493	225
32808	7,433	303
32809	4,285	129
32810	5,529	230
32811	4,767	168

Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
32812	5,732	182
32814	939	17
32816	11	0
32817	5,139	164
32818	7,385	229
32819	4,979	130
32820	1,433	64
32821	2,115	62
32822	10,016	364
32824	6,434	180
32825	8,791	301
32826	3,192	150
32827	2,042	48
32828	7,546	264
32829	2,512	76
32830	15	0

Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
32831	12	0
32832	2,453	51
32833	1,748	65
32835	4,550	115
32836	3,131	71
32837	7,152	187
32839	5,303	173
34734	715	24
34760	261	11
34761	6,027	240
34786	4,892	116
34787	9,919	344

Note (1): The map uses de-identified claims data, updated monthly, on Medicare Fee-for-Service and Medicare Advantage (Parts A, B and C) beneficiaries, which includes Americans age 65 and over, and disabled Americans under age 65. The totals listed here may underestimate the total at-risk Medicare beneficiary population due to certain Medicare policies and processes.

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- Hurricanes, Radar, Flood, Precipitation, and Storm Prediction: <https://idpgis.ncep.noaa.gov/arcgis/rest/services>.
- Long Duration and Short Duration Hazards: <https://new.nowcoast.noaa.gov/arcgis/rest/services>.
- Wildfire: <https://geohealth.hhs.gov/arcgis/home/item.html?id=81934f7c953240de89405da4602a7a5a>.
- Seismic Activity: https://earthquake.usgs.gov/arcgis/rest/services/eq/dyfi_30DaySignificant/MapServer.

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HHS emPOWER Map

INTERACTIVE MAP CROSS-JURISDICTIONAL TOTALS DATA INFORMATION

Medicare Electricity-Dependent Populations by Geography

Over 2.6 million Medicare beneficiaries rely on electricity-dependent durable medical and assistive equipment and devices, such as ventilators, to live independently in their homes. Severe weather and other emergencies, especially those with prolonged 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 (i.e., state, territory, county, or ZIP Code), as well as near real-time natural hazard data.

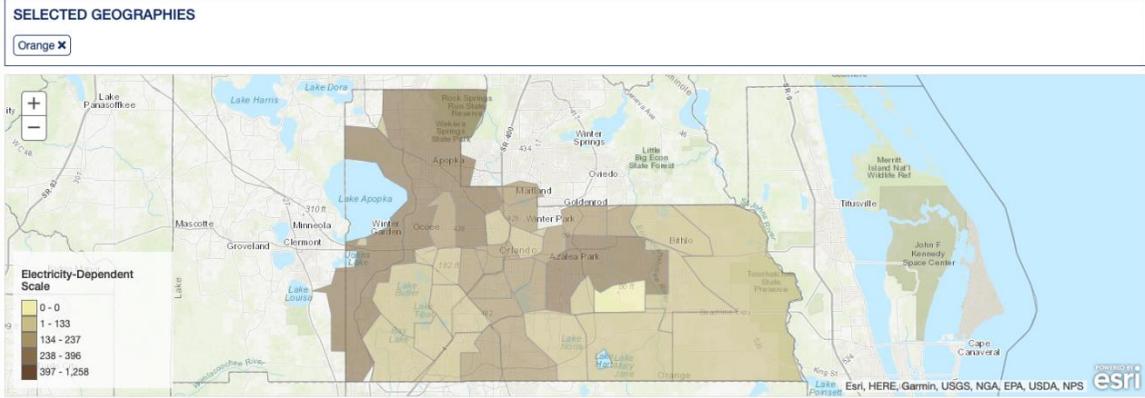
Map users can select different geographies, as needed, to identify at-risk populations and download selected data results to inform emergency preparedness, response, recovery, and mitigation public health activities. Users can also access near real-time natural hazard data layers to anticipate and address the needs of at-risk community members in emergencies. For more information, review the job aids in the top right corner.

MEDICARE DATA TOTALS

TOTAL BENEFICIARIES: 190,819
TOTAL ELECTRICITY-DEPENDENT BENEFICIARIES: 6,491

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: Florida | Select a county: Orange | ADD ADDITIONAL COUNTIES | - OR - | Select a ZIP Code | Natural hazards (Optional) | Map style (Optional) | RESET MAP



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
32703	7,887	348
32709	583	42
32712	9,006	347
32751	4,318	138
32789	5,734	155
32798	1,581	69
32801	2,927	140
32803	2,974	81
32804	3,403	90
32805	4,880	194
32806	4,542	151
32807	5,465	216
32808	7,424	281
32809	4,307	134
32810	5,528	256
32811	4,784	176
32812	5,709	210
32814	950	18
32816	11	11
32817	5,131	171
32818	7,440	224
32819	5,053	122
32820	1,450	60
32821	2,157	56
32822	10,030	339
32824	6,466	181
32825	8,865	303
32826	3,185	158
32827	2,121	51
32828	7,584	260
32829	2,516	80
32830	15	11
32831	11	0
32832	2,531	55
32833	1,797	76
32835	4,617	119
32836	3,214	80
32837	7,208	189
32839	5,268	170
34734	704	20
34760	258	11
34761	6,098	242
34786	5,003	125
34787	10,084	331

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HHS emPOWER Map 3.0- Osceola

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.

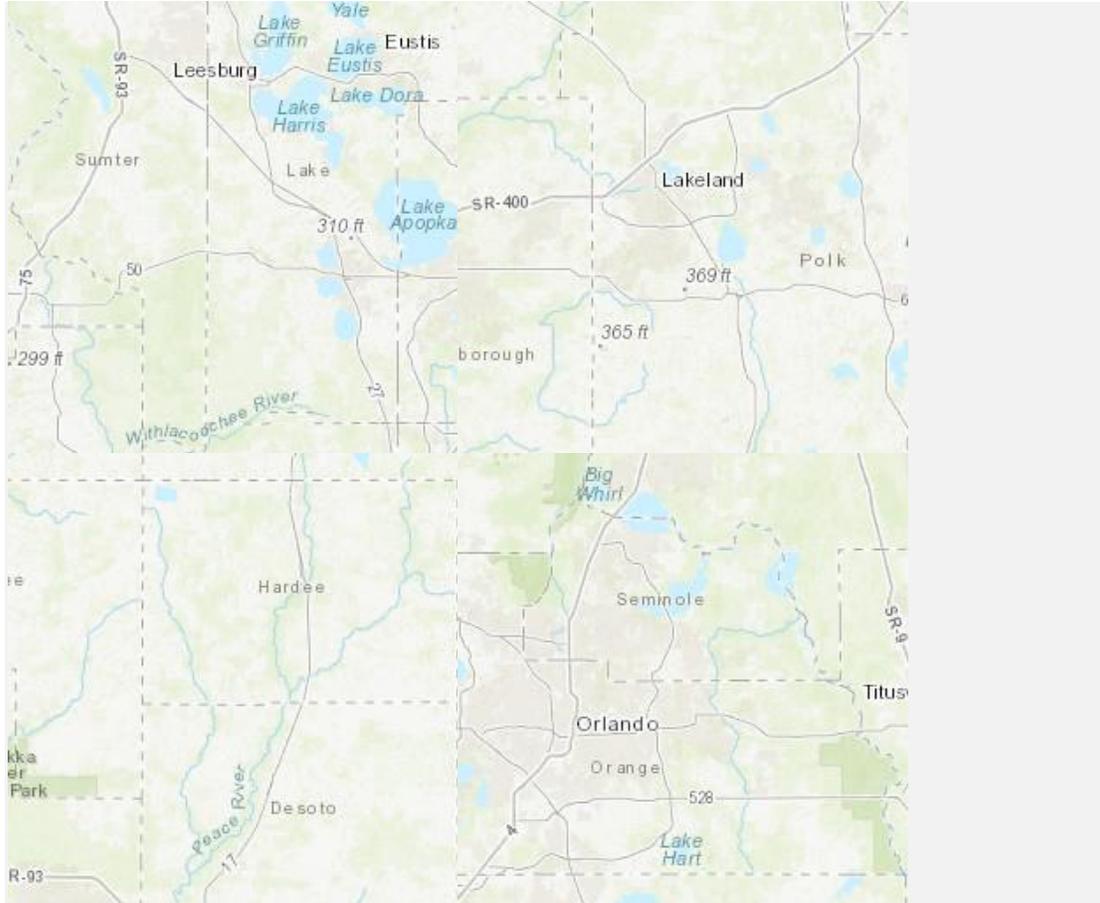
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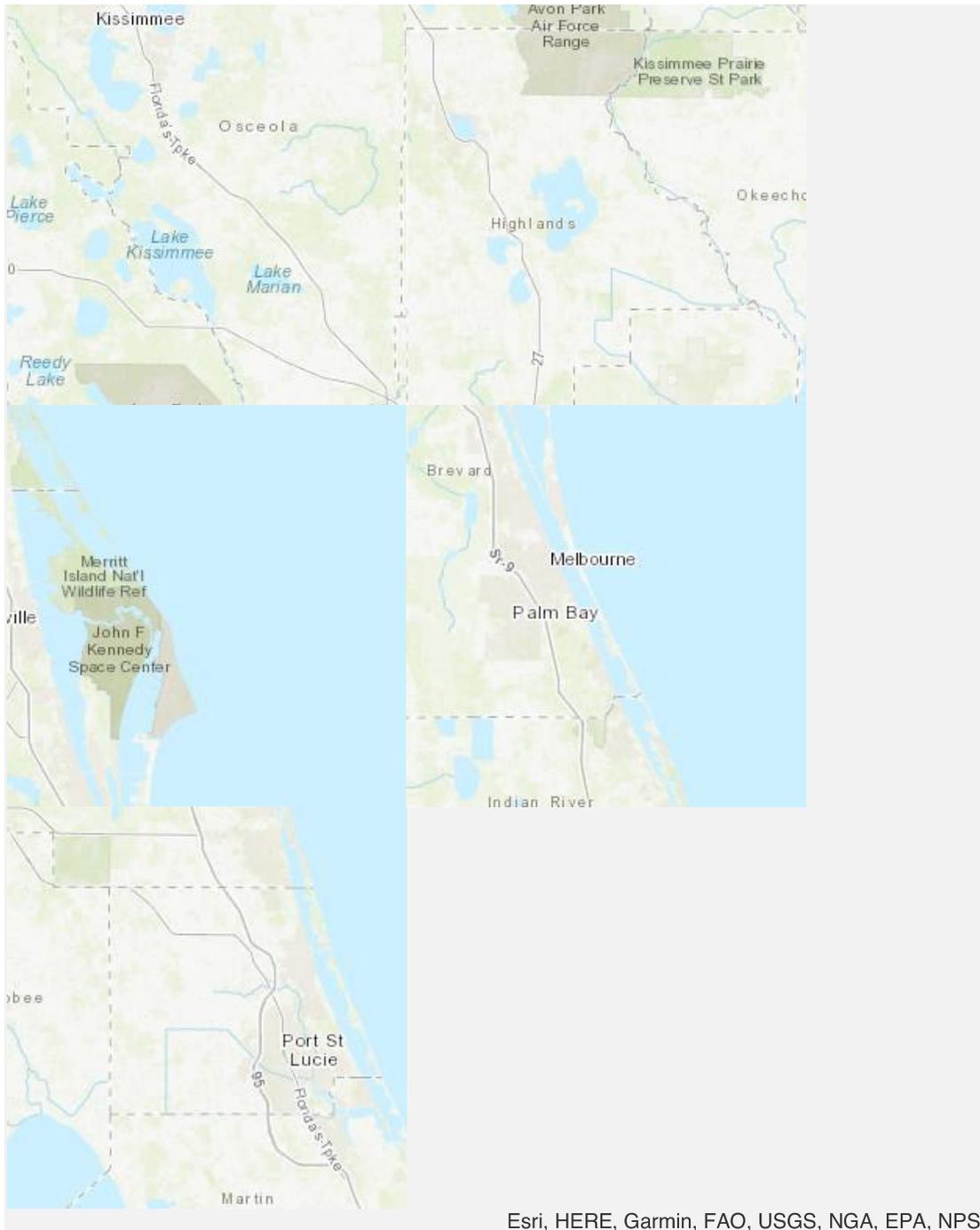
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Resources

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- [HHS emPOWER Program Executive Summary](#)
- [HHS emPOWER AI Fact Sheet](#)
- [HHS emPOWER AI Job Aid](#)

- [HHS emPOWER AI Supplemental Job Aid for Home Devices](#)
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- [HHS emPOWER REST Service Job Aid](#)





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Select data type

RESET MAP

	• SINGLE LOCATION	
	• MULTIPLE LOCATIONS	

Select map attributes to display data

NATURAL HAZARDS MAP STYLE (Optional)

REGION FOR HEALTH DATA

STATE

COUNTY

ZIP CODE

Medicare Data Totals

Geographical Area:	Osceola
Beneficiaries:	59,981
Electricity-Dependent Beneficiaries:	2,109

Electricity-Dependent Scale

- 0 - 0
- 1 - 133
- 134 - 237
- 238 - 396
- 397 - 1,275

Natural Hazard Legend

Electricity-Dependent Medicare Population by Selected Region

- States/Territories
- Counties
- ZIP Codes

Geographic Area	Beneficiaries	Electricity-Dependent Benefic
33848	248	11
34739	240	12
34741	7,590	269
34743	6,922	216
34744	9,435	312
34746	8,972	313
34747	3,379	67
34758	7,258	247
34769	5,727	252
34771	3,999	169
34772	5,410	207
34773	801	34

Note (1): The map uses de-identified claims data, updated monthly, on Medicare Fee-for-Service and Medicare Advantage (Parts A, B and C) beneficiaries, which includes Americans age 65 and over, and

disabled Americans under age 65. The totals listed here may underestimate the total at-risk Medicare beneficiary population due to certain Medicare policies and processes.

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- Long Duration and Short Duration Hazards: <https://new.nowcoast.noaa.gov/arcgis/rest/services>.
- Wildfire: <https://geohealth.hhs.gov/arcgis/home/item.html?id=81934f7c953240de89405da4602a7a5a>.
- Seismic Activity: https://earthquake.usgs.gov/arcgis/rest/services/eq/dyfi_30DaySignificant/MapServer.

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INTERACTIVE MAP

CROSS-JURISDICTIONAL TOTALS

DATA INFORMATION

Medicare Electricity-Dependent Populations by Geography

Over 2.6 million Medicare beneficiaries rely on electricity-dependent durable medical and assistive equipment and devices, such as ventilators, to live independently in their homes. Severe weather and other emergencies, especially those with prolonged 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 (i.e., state, territory, county, or ZIP Code), as well as near real-time natural hazard data.

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MEDICARE DATA TOTALS

TOTAL BENEFICIARIES:	60,383
TOTAL ELECTRICITY-DEPENDENT BENEFICIARIES:	2,137

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 ADDITIONAL COUNTIES
 - OR -
 Select a ZIP Code:
 Natural hazards (Optional):
 Map style (Optional):
 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	246	11
34739	250	13
34741	7,523	274
34743	6,922	219
34744	9,451	323
34746	9,140	320
34747	3,470	69
34758	7,262	242
34769	5,735	243
34771	4,089	164
34772	5,483	225
34773	812	34

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Data last updated: 25 May 2021
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HHS emPOWER Map 3.0 - Seminole

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.

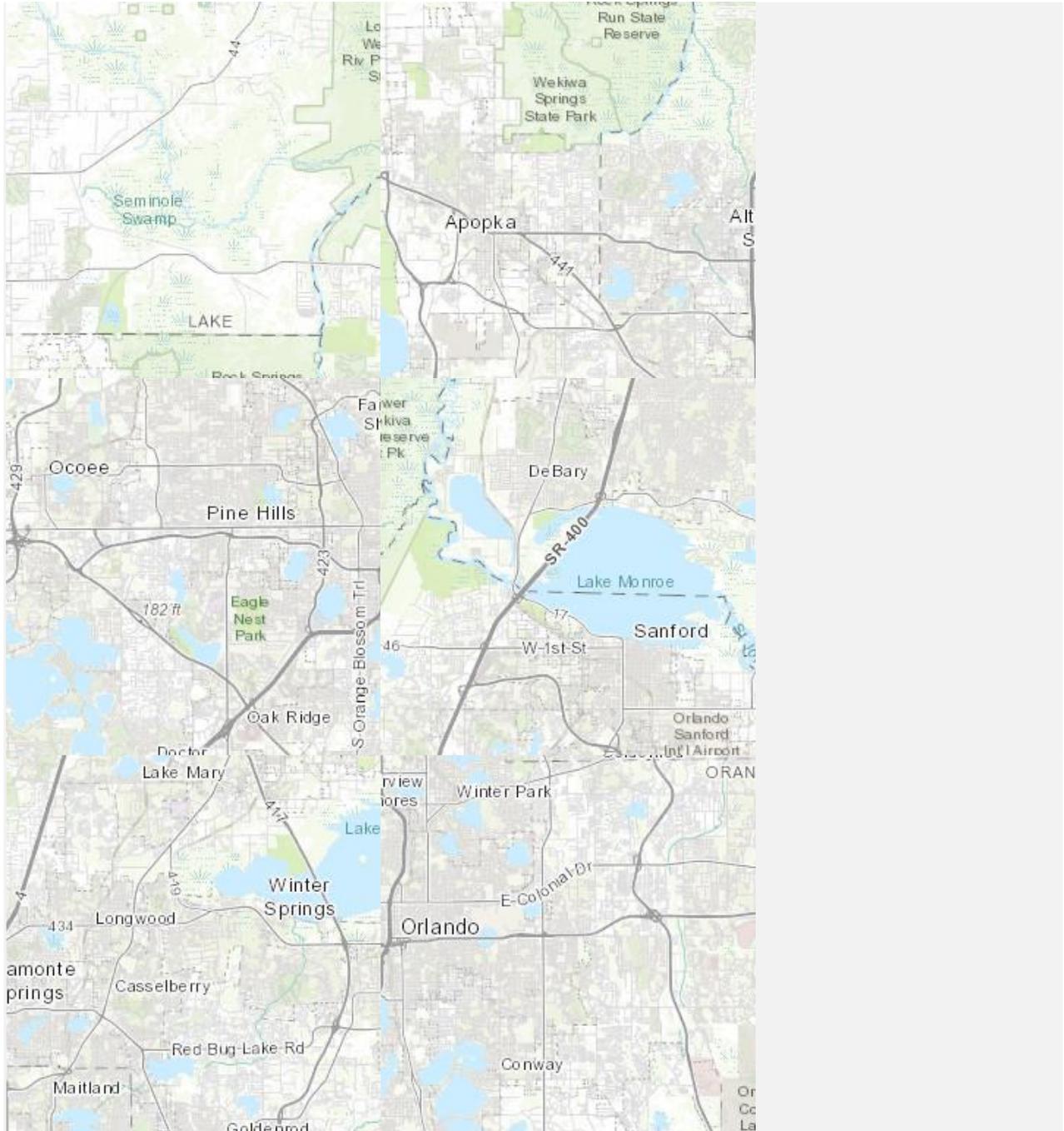
The HHS emPOWER Map gives every public health official, emergency manager, hospital, first responder, electric company, and community member the power to discover the electricity-dependent Medicare population in their state, territory, county, and ZIP Code. When combined with real-time severe weather and hazard maps, communities can easily anticipate and plan for the needs of this population during an emergency.

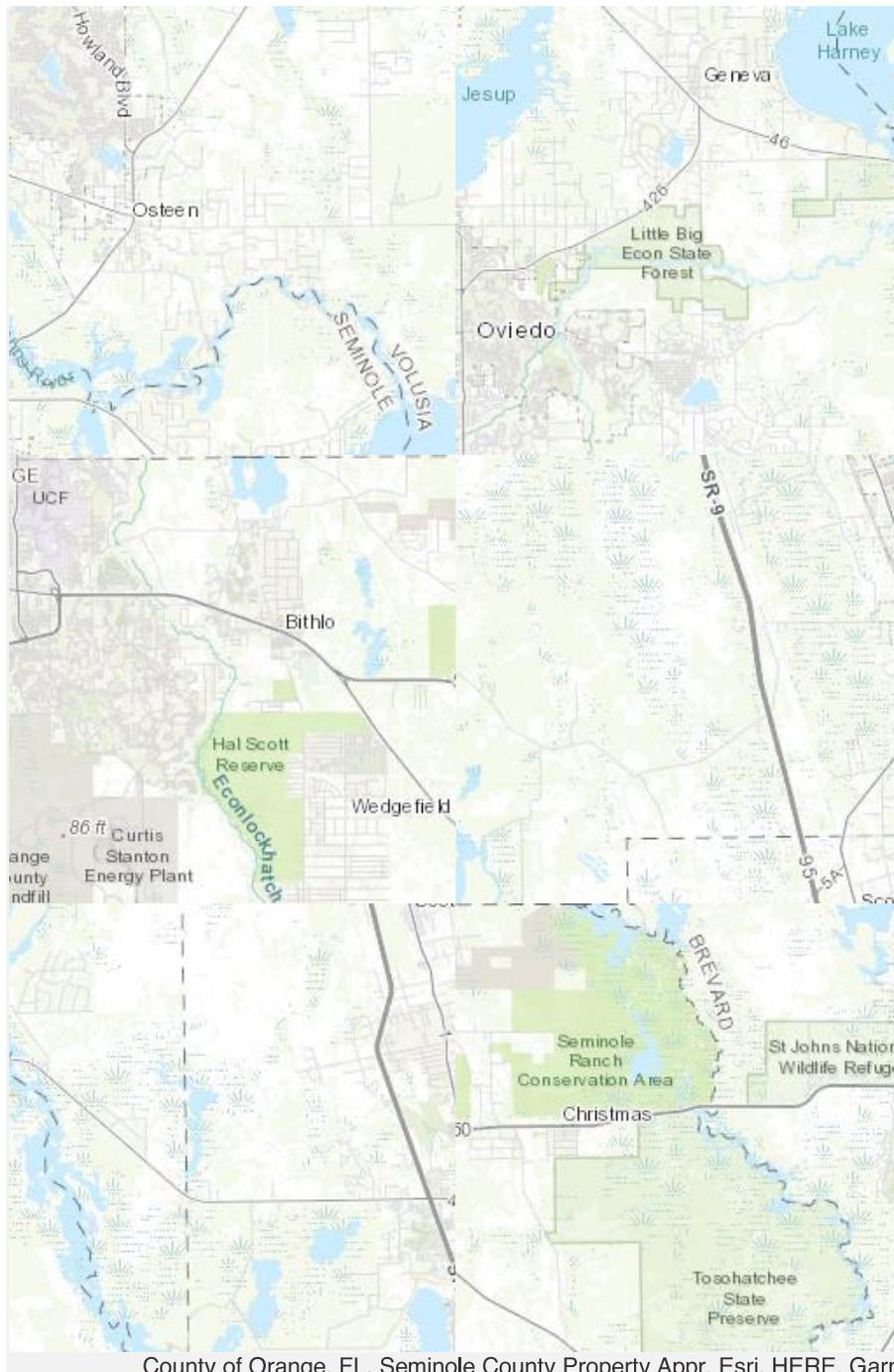
For more information on when and how to use the HHS emPOWER Map please see the resources section.

Resources

- [HHS emPOWER Program Fact Sheet](#)
- [HHS emPOWER Program Executive Summary](#)
- [HHS emPOWER AI Fact Sheet](#)
- [HHS emPOWER AI Job Aid](#)
- [HHS emPOWER AI Supplemental Job Aid for Home Devices](#)
- [HHS emPOWER Program Web-Based Training](#)
- [HHS emPOWER Program Web-Based Training Job Aid](#)
- [HHS emPOWER Map Job Aid](#)
- [HHS emPOWER REST Service Public](#)

- HHS emPOWER REST Service Job Aid





County of Orange, FL, Seminole County Property Appr, Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

Select data type

[RESET MAP](#)

- SINGLE LOCATION
- MULTIPLE LOCATIONS

Select map attributes to display data

NATURAL HAZARDS

MAP

STYLE (Optional)

REGION FOR HEALTH DATA

STATE

COUNTY

ZIP CODE

Medicare Data Totals

Geographical Area: Seminole

Beneficiaries: 74,945

Electricity-Dependent
Beneficiaries: 3,132

Electricity-Dependent Scale

- 0 - 0
- 1 - 133
- 134 - 237
- 238 - 396
- 397 - 1,275

Natural Hazard Legend

Electricity-Dependent Medicare Population by Selected Region

- States/Territories
 - Counties
 -
-

Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
32701	4,520	180
32707	7,170	319
32708	9,357	369
32714	6,168	266
32730	1,284	65
32732	1,209	56
32746	8,049	297
32750	5,133	219
32765	9,430	363
32766	1,974	77
32771	9,237	426
32773	4,621	261
32779	6,793	234
32792	8,367	318

Note (1): The map uses de-identified claims data, updated monthly, on Medicare Fee-for-Service and Medicare Advantage (Parts A, B and C) beneficiaries, which includes Americans age 65 and over, and disabled Americans under age 65. The totals listed here may underestimate the total at-risk Medicare beneficiary population due to certain Medicare policies and processes.

Note (2): The "electricity-dependent" number, by location, represents the total number of beneficiaries with claims in Centers for Medicare and Medicaid Services (CMS) databases from the prior month for: ventilator, BiPAP, enteral

feeding machine, intravenous (IV) infusion pump, suction pump, at-home dialysis machine, electric wheelchair, electric scooter, and electric bed equipment in the past 13 months; oxygen concentrator equipment in the past 36 months; and implanted cardiac devices that include left ventricular assistive device (LVAD), right ventricular assistive device (RVAD), bi-ventricular assistive device (BIVAD), and total artificial heart (TAH) in the past 5 years. To protect individual privacy, the following de-identification methodologies have been implemented: removal of all personal identifiers; aggregating data totals at the geographic level; and replacing any small cell size between 1 and 10 (e.g., a ZIP Code with only 3 individuals) with an 11. Some ZIP Codes may not be represented on the map because they do not have geographical boundaries (e.g. post office boxes, a large building, etc.). In these instances, we add their total to the geographical ZIP Code where the post office box or building can be found.

Note (3): The map is provided to inform and support community partner emergency preparedness, mitigation, response, recovery, and resilience activities. Use of this tool and data signifies your agreement to: use it for the specified purposes; make no attempt to identify any individual in this data; and send an email to empower@hhs.gov if a small size between 1 and 10 is identified at any geographic level. Send any additional questions to empower@hhs.gov.

Note (4): The public emPOWER REST Service that contains emPOWER Program geospatial data can be found at: https://geohealth.hhs.gov/dataaccess/rest/services/HHS_emPOWER_REST_Service_Public/MapServer.

Note (5): Information regarding the Natural Hazards can be found from the source webpages:

- National Oceanic and Atmospheric Administration (NOAA) National Weather Service active weather alerts can be found at: <http://www.weather.gov>.
- Hurricanes, Radar, Flood, Precipitation, and Storm Prediction: <https://idpgis.ncep.noaa.gov/arcgis/rest/services>.
- Long Duration and Short Duration Hazards: <https://new.nowcoast.noaa.gov/arcgis/rest/services>.
- Wildfire: <https://geohealth.hhs.gov/arcgis/home/item.html?id=81934f7c953240de89405da4602a7a5a>.
- Seismic Activity: https://earthquake.usgs.gov/arcgis/rest/services/eq/dyfi_30DaySignificant/MapServer.

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HHS emPOWER Map

INTERACTIVE MAP

CROSS-JURISDICTIONAL TOTALS

DATA INFORMATION

Medicare Electricity-Dependent Populations by Geography

Over 2.6 million Medicare beneficiaries rely on electricity-dependent durable medical and assistive equipment and devices, such as ventilators, to live independently in their homes. Severe weather and other emergencies, especially those with prolonged 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 (i.e., state, territory, county, or ZIP Code), as well as near real-time natural hazard data.

Map users can select different geographies, as needed, to identify at-risk populations and download selected data results to inform emergency preparedness, response, recovery, and mitigation public health activities. Users can also access near real-time natural hazard data layers to anticipate and address the needs of at-risk community members in emergencies. For more information, review the job aids in the top right corner.

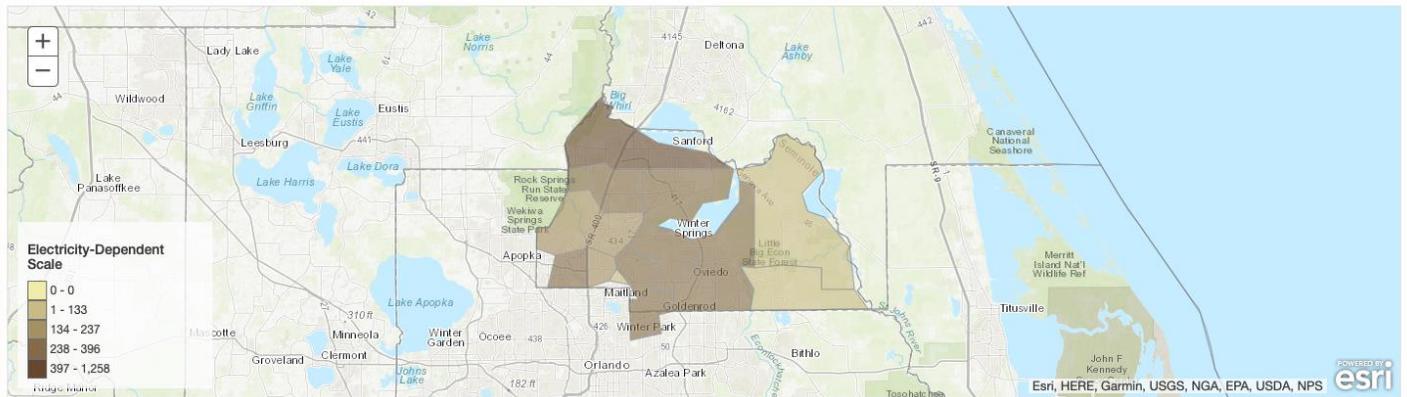
MEDICARE DATA TOTALS

TOTAL BENEFICIARIES: 83,421
TOTAL ELECTRICITY-DEPENDENT BENEFICIARIES: 3,375

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: - OR - Select a ZIP Code: Natural hazards (Optional): Map style (Optional):

SELECTED GEOGRAPHIES



Medicare Data Totals by Selected Geographies

Download the data from this table

[States/Territories](#) [Counties](#) [ZIP Codes](#) [Multi-Selected Geographies](#)

Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
32701	4,526	174
32707	7,191	325
32708	9,416	368
32714	6,161	254
32730	1,281	63
32732	1,234	59
32746	8,122	295
32750	5,074	212
32765	9,479	355
32766	1,983	71
32771	9,258	410
32773	4,578	263
32779	6,776	221
32792	8,342	305

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HHS emPOWER Map 3.0-St. Lucie

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.

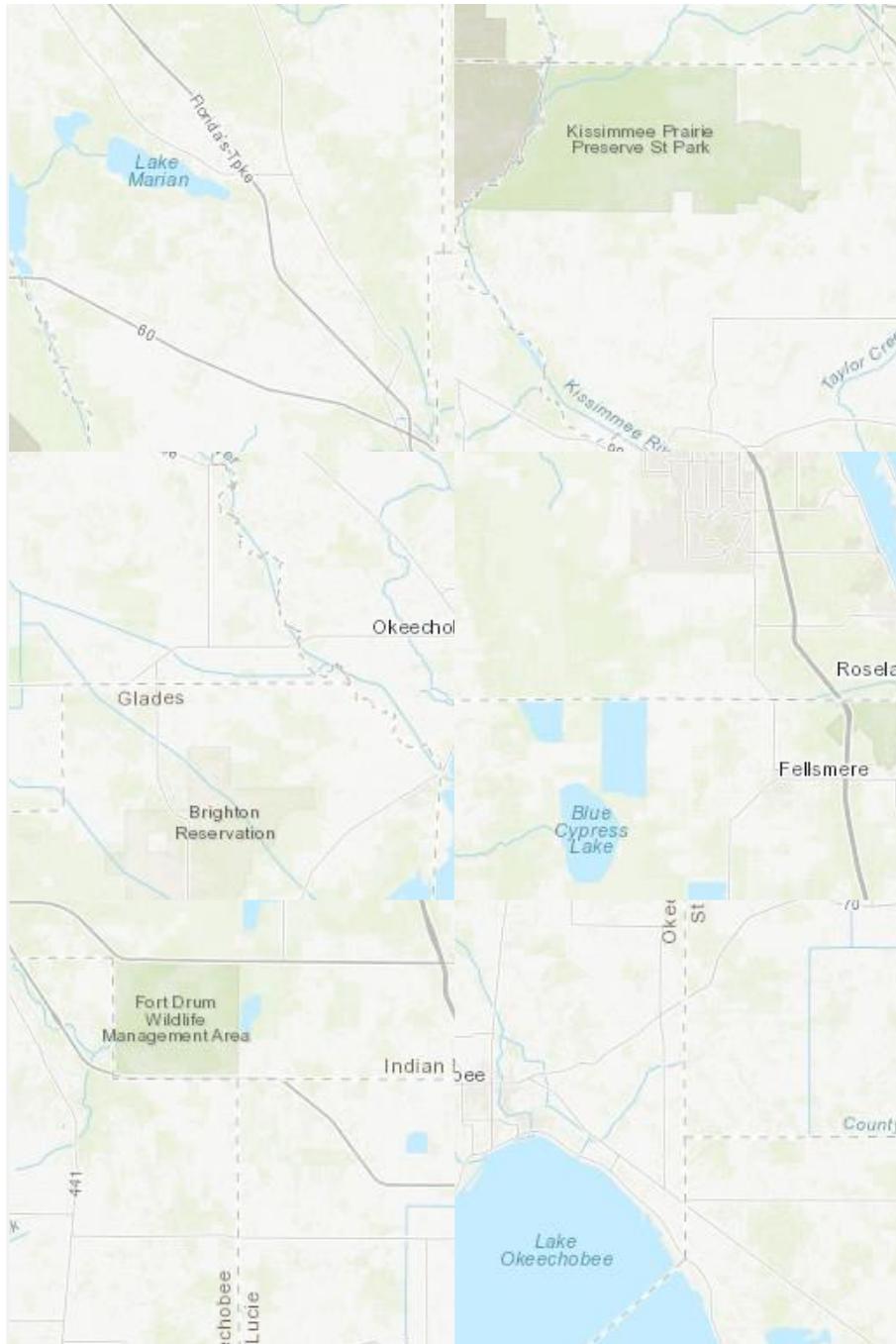
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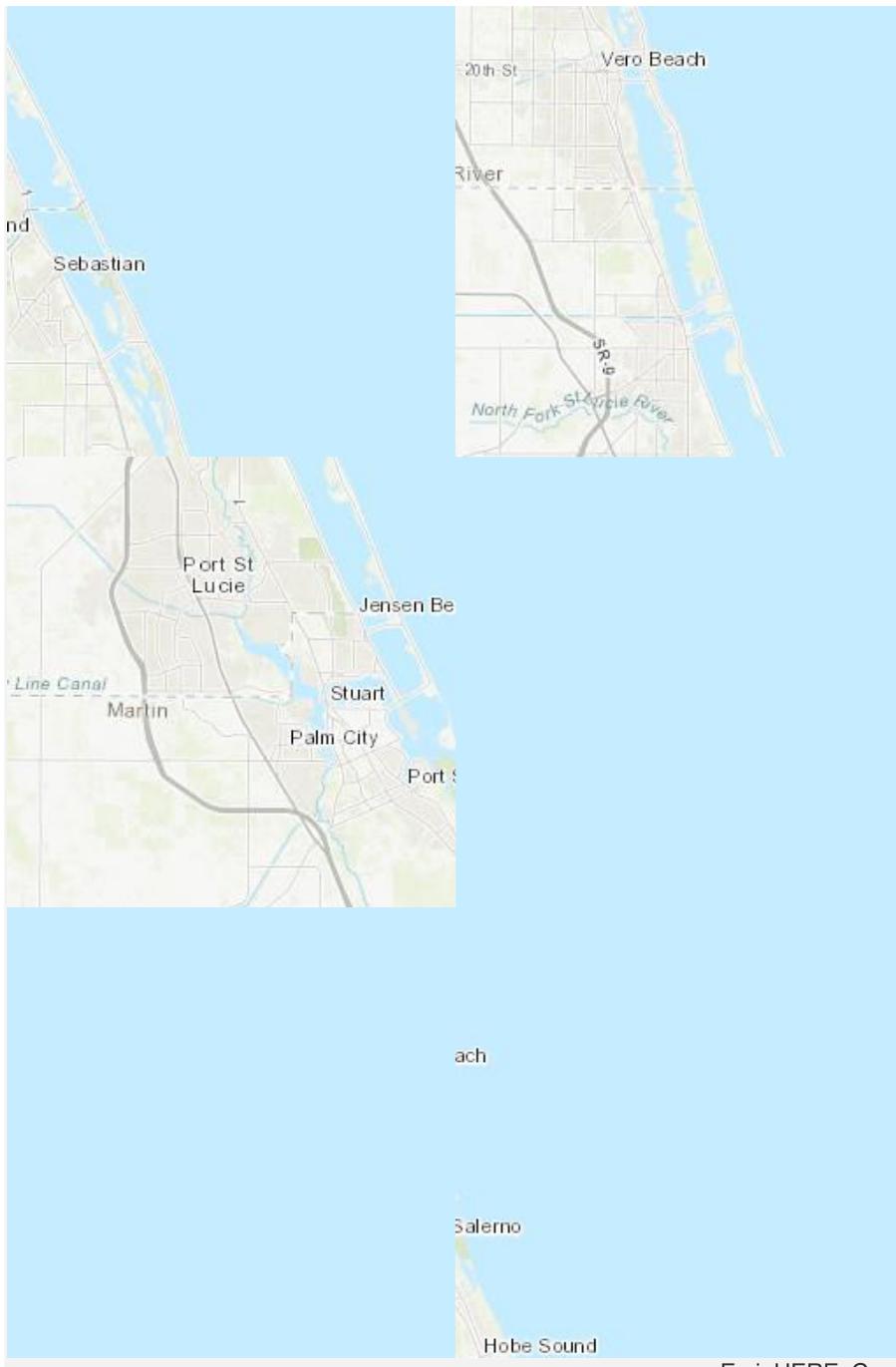
For more information on when and how to use the HHS emPOWER Map please see the resources section.

Resources

- [HHS emPOWER Program Fact Sheet](#)
- [HHS emPOWER Program Executive Summary](#)
- [HHS emPOWER AI Fact Sheet](#)
- [HHS emPOWER AI Job Aid](#)
- [HHS emPOWER AI Supplemental Job Aid for Home Devices](#)
- [HHS emPOWER Program Web-Based Training](#)
- [HHS emPOWER Program Web-Based Training Job Aid](#)
- [HHS emPOWER Map Job Aid](#)
- [HHS emPOWER REST Service Public](#)

- HHS emPOWER REST Service Job Aid





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

Select data type

[RESET MAP](#)

- SINGLE LOCATION
- MULTIPLE LOCATIONS

Select map attributes to display data

NATURAL HAZARDS

MAP

STYLE (Optional)

REGION FOR HEALTH DATA

STATE

COUNTY

ZIP CODE

Medicare Data Totals

Geographical Area:	Saint Lucie
Beneficiaries:	79,091
Electricity-Dependent Beneficiaries:	2,609

Electricity-Dependent Scale

	0 - 0
	1 - 133
	134 - 237
	238 - 396
	397 - 1,275

Natural Hazard Legend

Electricity-Dependent Medicare Population by Selected Region

- States/Territories
- Counties
-

Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
34945	1,072	33
34946	1,642	70
34947	1,938	62
34949	3,423	77
34950	3,271	127
34951	5,353	168
34952	13,589	506
34953	12,062	425
34981	867	45
34982	6,197	217
34983	9,625	327
34984	3,589	98
34986	11,222	326
34987	5,241	128

Note (1): The map uses de-identified claims data, updated monthly, on Medicare Fee-for-Service and Medicare Advantage (Parts A, B and C) beneficiaries, which includes Americans age 65 and over, and disabled Americans under age 65. The totals listed here may underestimate the total at-risk Medicare beneficiary population due to certain Medicare policies and processes.

Note (2): The "electricity-dependent" number, by location, represents the total number of beneficiaries with claims in Centers for Medicare and Medicaid Services (CMS) databases from the prior month for: ventilator, BiPAP, enteral

feeding machine, intravenous (IV) infusion pump, suction pump, at-home dialysis machine, electric wheelchair, electric scooter, and electric bed equipment in the past 13 months; oxygen concentrator equipment in the past 36 months; and implanted cardiac devices that include left ventricular assistive device (LVAD), right ventricular assistive device (RVAD), bi-ventricular assistive device (BIVAD), and total artificial heart (TAH) in the past 5 years. To protect individual privacy, the following de-identification methodologies have been implemented: removal of all personal identifiers; aggregating data totals at the geographic level; and replacing any small cell size between 1 and 10 (e.g., a ZIP Code with only 3 individuals) with an 11. Some ZIP Codes may not be represented on the map because they do not have geographical boundaries (e.g. post office boxes, a large building, etc.). In these instances, we add their total to the geographical ZIP Code where the post office box or building can be found.

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Note (4): The public emPOWER REST Service that contains emPOWER Program geospatial data can be found at: https://geohealth.hhs.gov/dataaccess/rest/services/HHS_emPOWER_REST_Service_Public/MapServer.

Note (5): Information regarding the Natural Hazards can be found from the source webpages:

- National Oceanic and Atmospheric Administration (NOAA) National Weather Service active weather alerts can be found at: <http://www.weather.gov>.
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- Long Duration and Short Duration Hazards: <https://new.nowcoast.noaa.gov/arcgis/rest/services>.
- Wildfire: <https://geohealth.hhs.gov/arcgis/home/item.html?id=81934f7c953240de89405da4602a7a5a>.
- Seismic Activity: https://earthquake.usgs.gov/arcgis/rest/services/eq/dyfi_30DaySignificant/MapServer.

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HHS emPOWER Map

INTERACTIVE MAP | **CROSS-JURISDICTIONAL TOTALS** | **DATA INFORMATION**

Medicare Electricity-Dependent Populations by Geography

Over 2.6 million Medicare beneficiaries rely on electricity-dependent durable medical and assistive equipment and devices, such as ventilators, to live independently in their homes. Severe weather and other emergencies, especially those with prolonged 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 (i.e., state, territory, county, or ZIP Code), as well as near real-time natural hazard data.

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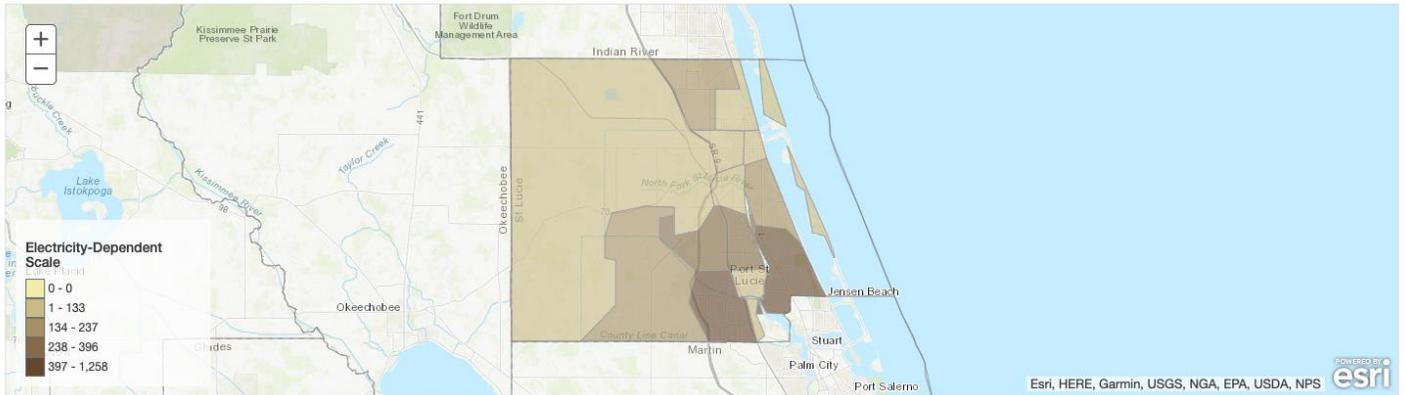
MEDICARE DATA TOTALS

TOTAL BENEFICIARIES: 79,813
TOTAL ELECTRICITY-DEPENDENT BENEFICIARIES: 2,593

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 ADDITIONAL COUNTIES |
 - OR - |
 Select a ZIP Code: |
 Natural hazards (Optional): |
 Map style (Optional): |
 RESET MAP

SELECTED GEOGRAPHIES



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
34945	1,072	32
34946	1,638	78
34947	1,945	62
34949	3,456	85
34950	3,270	123
34951	5,360	174
34952	13,610	497
34953	12,133	406
34981	867	38
34982	6,203	214
34983	9,646	318
34984	3,617	101
34986	11,287	327
34987	5,709	138

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HHS emPOWER Map 3.00- Volusia

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.

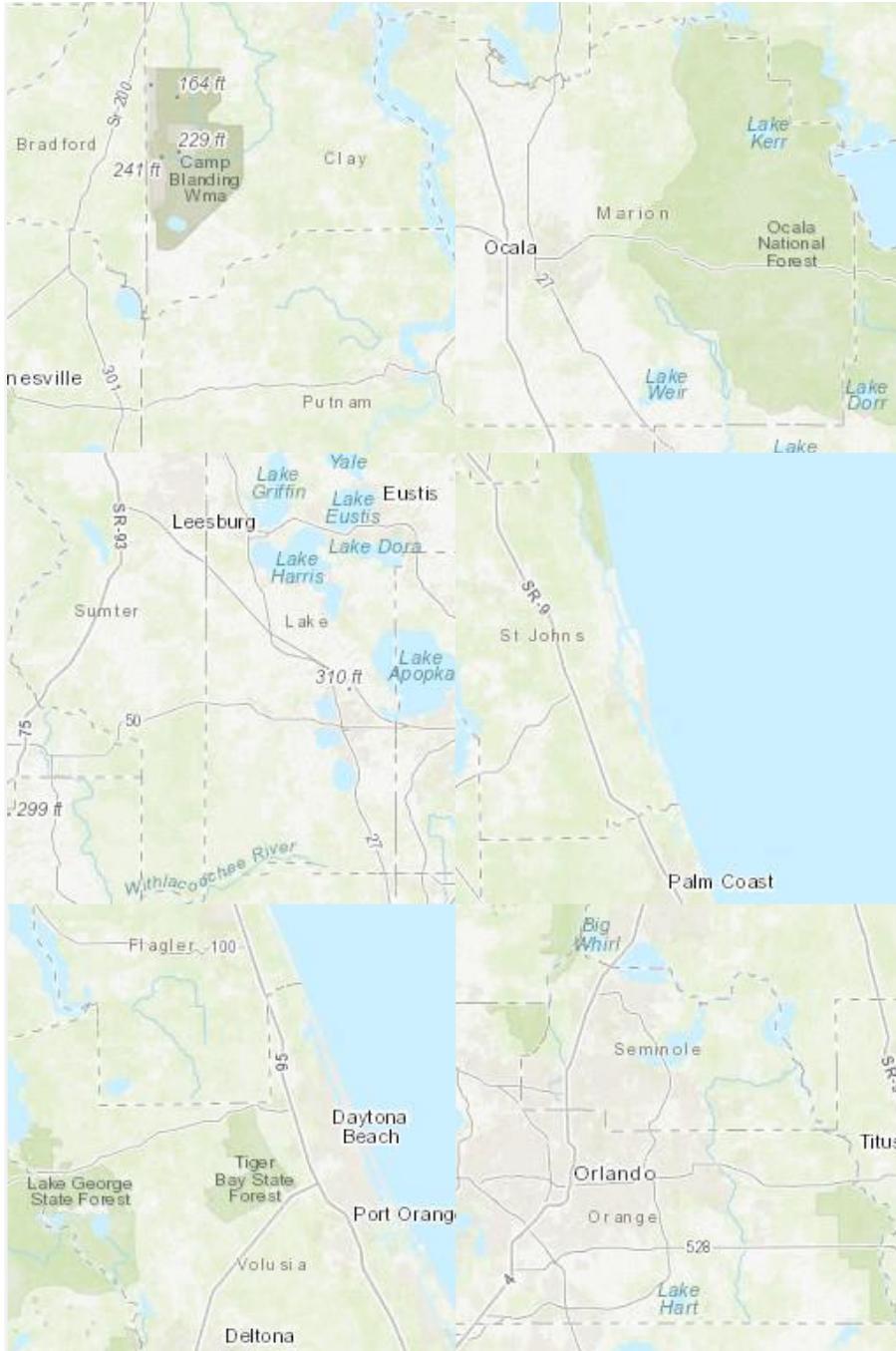
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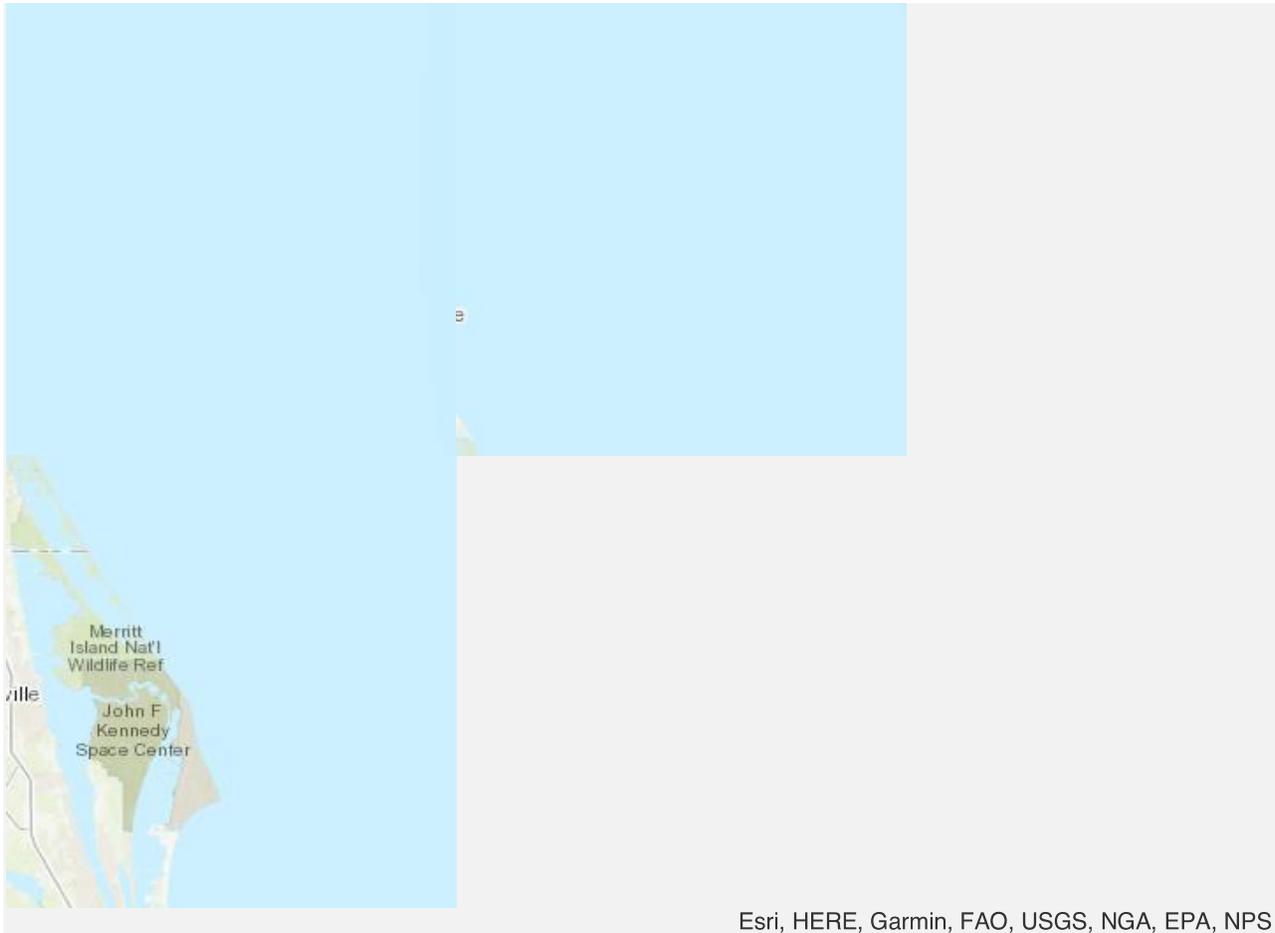
For more information on when and how to use the HHS emPOWER Map please see the resources section.

Resources

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- [HHS emPOWER Program Executive Summary](#)
- [HHS emPOWER AI Fact Sheet](#)
- [HHS emPOWER AI Job Aid](#)
- [HHS emPOWER AI Supplemental Job Aid for Home Devices](#)
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- [HHS emPOWER Program Web-Based Training Job Aid](#)
- [HHS emPOWER Map Job Aid](#)
- [HHS emPOWER REST Service Public](#)

- HHS emPOWER REST Service Job Aid





Select data type

[RESET MAP](#)

<input type="radio"/>	<input checked="" type="radio"/> SINGLE LOCATION
<input type="radio"/>	<input type="radio"/> MULTIPLE LOCATIONS

Select map attributes to display data

NATURAL HAZARDS

MAP
STYLE (Optional)

REGION FOR HEALTH DATA

STATE

COUNTY

ZIP CODE

Medicare Data Totals

Geographical Area:	Volusia
Beneficiaries:	152,129
Electricity-Dependent Beneficiaries:	6,511

Electricity-Dependent Scale

- 0 - 0
- 1 - 133
- 134 - 237
- 238 - 396
- 397 - 1,275

Natural Hazard Legend

Electricity-Dependent Medicare Population by Selected Region

- States/Territories
- Counties
- ZIP Codes

Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
32114	7,040	304
32117	6,195	314
32118	6,475	211
32119	6,387	259
32124	1,766	41

Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
32127	9,237	382
32128	6,394	181
32129	6,563	322
32130	1,309	77
32132	2,505	106
32141	6,002	273
32168	9,321	332
32169	4,554	100
32174	18,465	599
32176	5,304	157
32180	786	48
32190	278	11
32713	6,168	285
32720	8,280	400
32724	10,605	506
32725	10,725	593

Geographic Area	Beneficiaries	Electricity-Dependent Beneficiaries
32738	8,815	494
32744	1,126	52
32759	1,079	52
32763	5,849	360
32764	901	52

Note (1): The map uses de-identified claims data, updated monthly, on Medicare Fee-for-Service and Medicare Advantage (Parts A, B and C) beneficiaries, which includes Americans age 65 and over, and disabled Americans under age 65. The totals listed here may underestimate the total at-risk Medicare beneficiary population due to certain Medicare policies and processes.

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- Hurricanes, Radar, Flood, Precipitation, and Storm Prediction: <https://idpgis.ncep.noaa.gov/arcgis/rest/services>.
- Long Duration and Short Duration Hazards: <https://new.nowcoast.noaa.gov/arcgis/rest/services>.
- Wildfire: <https://geohealth.hhs.gov/arcgis/home/item.html?id=81934f7c953240de89405da4602a7a5a>.
- Seismic Activity: https://earthquake.usgs.gov/arcgis/rest/services/eq/dyfi_30DaySignificant/MapServer.

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HHS emPOWER Map

INTERACTIVE MAP

CROSS-JURISDICTIONAL TOTALS

DATA INFORMATION

Medicare Electricity-Dependent Populations by Geography

Over 2.6 million Medicare beneficiaries rely on electricity-dependent durable medical and assistive equipment and devices, such as ventilators, to live independently in their homes. Severe weather and other emergencies, especially those with prolonged 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 (i.e., state, territory, county, or ZIP Code), as well as near real-time natural hazard data.

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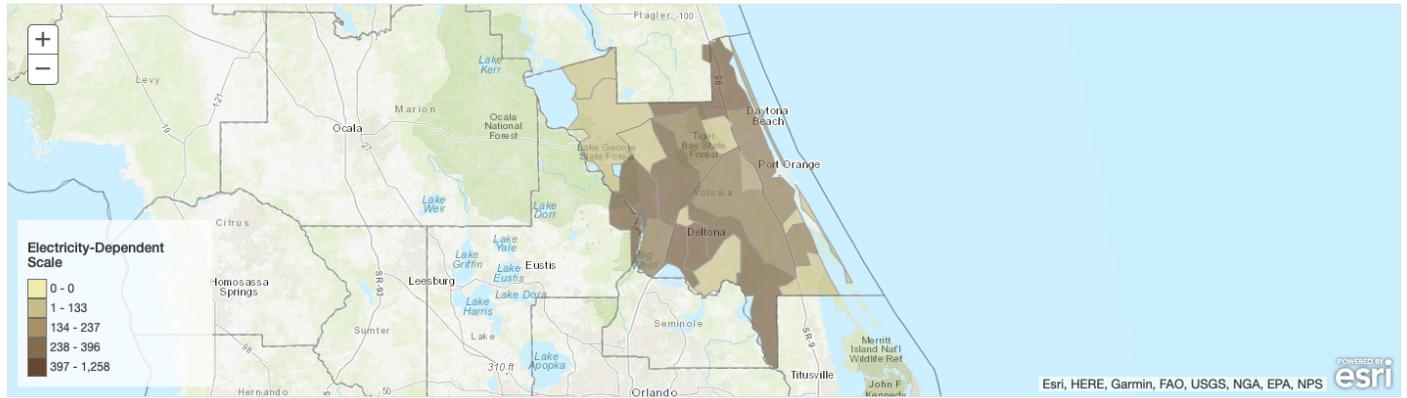
MEDICARE DATA TOTALS

TOTAL BENEFICIARIES: 152,927
TOTAL ELECTRICITY-DEPENDENT BENEFICIARIES: 6,531

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 ADDITIONAL COUNTIES |
 - OR - |
 Select a ZIP Code: |
 Natural hazards (Optional): |
 Map style (Optional): |
 RESET MAP

SELECTED GEOGRAPHIES



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	6,991	300
32117	6,226	297
32118	6,479	201
32119	6,384	266
32124	1,980	48
32127	9,268	384
32128	6,416	175
32129	6,593	331
32130	1,303	80
32132	2,516	116
32141	6,053	275
32168	9,444	313
32169	4,588	100
32174	18,639	617
32176	5,301	143
32180	794	54
32190	276	14
32713	6,198	286
32720	8,238	418
32724	10,671	528
32725	10,687	563
32738	8,879	504
32744	1,134	51
32759	1,071	54
32763	5,886	363
32764	912	50

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Appendix C: Region 5 County SVIs

2018 represents the latest data available. This data was downloaded on April 6, 2021.

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

Martin County, Florida

2018 Overall SVI Score: 0.4416

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

A score of 0.4416 indicates a low to moderate level of vulnerability.

https://svi.cdc.gov/Documents/CountyMaps/2018/Florida/Florida2018_Martin.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

Osceola County, Florida

2018 Overall SVI Score: 0.8551

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

A score of 0.8551 indicates a high level of vulnerability.

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

St. Lucie County, Florida

2018 Overall SVI Score: 0.7676

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

A score of 0.7676 indicates a high level of vulnerability.

https://svi.cdc.gov/Documents/CountyMaps/2018/Florida/Florida2018_St.%20Lucie.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

	NOT LIKELY TO OCCUR	POSSIBILITY TO OCCUR	LIKELY TO OCCUR	LOW IMPACT IF IT OCCURS	MODERATE IMPACT IF IT OCCURS	HIGH IMPACT IF IT OCCURS	TOTAL RESPONDENTS
Hurricane	0.00% 0	10.17% 6	79.66% 47	1.69% 1	28.81% 17	66.10% 39	59
Tornado	7.02% 4	56.14% 32	28.07% 16	5.26% 3	35.09% 20	54.39% 31	57
Avalanche	100.00% 53	0.00% 0	0.00% 0	47.17% 25	5.66% 3	11.32% 6	53
Winter Storm	79.66% 47	20.34% 12	0.00% 0	40.68% 24	22.03% 13	6.78% 4	59
Animal Disease Outbreak	27.59% 16	63.79% 37	10.34% 6	48.28% 28	29.31% 17	1.72% 1	58
Earthquake	76.27% 45	23.73% 14	0.00% 0	28.81% 17	20.34% 12	20.34% 12	59
Tidal Wave/Tsunami	54.24% 32	45.76% 27	1.69% 1	27.12% 16	18.64% 11	28.81% 17	59
Temperature Extremes	16.95% 10	35.59% 21	45.76% 27	32.20% 19	49.15% 29	3.39% 2	59
Drought	15.52% 9	55.17% 32	27.59% 16	39.66% 23	37.93% 22	8.62% 5	58
Flood	13.56% 8	52.54% 31	27.12% 16	11.86% 7	49.15% 29	30.51% 18	59
Wildfire	15.25% 9	47.46% 28	30.51% 18	11.86% 7	42.37% 25	38.98% 23	59
Landslide	94.92% 56	5.08% 3	0.00% 0	45.76% 27	13.56% 8	6.78% 4	59
Volcanic Eruption	100.00% 59	0.00% 0	0.00% 0	42.37% 25	6.78% 4	16.95% 10	59
Epidemic	1.69% 1	40.68% 24	49.15% 29	1.69% 1	33.90% 20	62.71% 37	59
Pandemic	0.00% 0	28.81% 17	61.02% 36	0.00% 0	18.64% 11	81.36% 48	59
Biological Attack	25.42% 15	61.02% 36	5.08% 3	5.08% 3	32.20% 19	57.63% 34	59
Chemical Attack	25.86% 15	62.07% 36	5.17% 3	3.45% 2	37.93% 22	55.17% 32	58
Cyber Attack against Data	3.39% 2	45.76% 27	40.68% 24	3.39% 2	37.29% 22	57.63% 34	59
Cyber Attack against Infrastructure	10.17% 6	50.85% 30	28.81% 17	8.47% 5	37.29% 22	52.54% 31	59
Explosives Attack	34.48% 20	53.45% 31	6.90% 4	1.72% 1	51.72% 30	39.66% 23	58
Radiological Attack	45.76% 27	45.76% 27	3.39% 2	6.78% 4	25.42% 15	52.54% 31	59
Sabotage	37.29% 22	49.15% 29	8.47% 5	15.25% 9	44.07% 26	25.42% 15	59
Active Shooter Incident	11.86% 7	54.24% 32	25.42% 15	6.78% 4	35.59% 21	54.24% 32	59
Nuclear Terrorism Attack	52.54% 31	38.98% 23	3.39% 2	0.00% 0	15.25% 9	71.19% 42	59
Armed Assault	24.14% 14	53.45% 31	13.79% 8	12.07% 7	36.21% 21	44.83% 26	58
Mass Migration	53.45% 31	32.76% 19	6.90% 4	34.48% 20	39.66% 23	12.07% 7	58
Civil Disruption	17.24% 10	56.90% 33	20.69% 12	15.52% 9	55.17% 32	18.97% 11	58
Improved Nuclear Attack	58.62% 34	36.21% 21	3.45% 2	5.17% 3	15.52% 9	60.34% 35	58
Aircraft as a Weapon	50.85% 30	38.98% 23	3.39% 2	13.56% 8	28.81% 17	45.76% 27	59
Airplane Crash	29.31% 17	55.17% 32	8.62% 5	20.69% 12	29.31% 17	39.66% 23	58
Dam Failure	91.38% 53	8.62% 5	0.00% 0	48.28% 28	13.79% 8	8.62% 5	58
Levee Failure	86.21% 50	10.34% 6	1.72% 1	46.55% 27	17.24% 10	6.90% 4	58
Mine Accident	91.53% 54	8.47% 5	1.69% 1	59.32% 35	6.78% 4	1.69% 1	59
Utility Disruption	6.78% 4	50.85% 30	32.20% 19	27.12% 16	47.46% 28	22.03% 13	59
Radiological Release	47.46% 28	42.37% 25	5.08% 3	10.17% 6	37.29% 22	37.29% 22	59
Train Derailment	34.48% 20	51.72% 30	10.34% 6	37.93% 22	32.76% 19	15.52% 9	58
Urban Conflagration	51.72% 30	43.10% 25	1.72% 1	31.03% 18	36.21% 21	15.52% 9	58
Industrial Accident	24.14% 14	58.62% 34	15.52% 9	34.48% 20	44.83% 26	6.90% 4	58
Transportation Accident	13.56% 8	44.07% 26	33.90% 20	40.68% 24	38.98% 23	11.86% 7	59
Pipeline Explosion	63.16% 36	35.09% 20	3.51% 2	24.56% 14	35.09% 20	17.54% 10	57

	NO GAP	SMALL GAP	MEDIUM GAP	LARGE GAP	TOTAL	WEIGHTED AVERAGE
Identify Risks and Needs	35.19% 19	40.74% 22	22.22% 12	1.85% 1	54	1.91
Train and Prepare the Health and Medical Workforce	15.25% 9	40.68% 24	37.29% 22	6.78% 4	59	2.36
Ensure Preparedness is Sustainable	10.34% 6	39.66% 23	37.93% 22	12.07% 7	58	2.52
Develop and Coordinate Healthcare Organization Response Plans	22.41% 13	41.38% 24	27.59% 16	8.62% 5	58	2.22
Develop and Coordinate Coalition Response Plan	30.51% 18	42.37% 25	22.03% 13	5.08% 3	59	2.02
Utilize Information Sharing Procedures/Platforms	16.95% 10	47.46% 28	23.73% 14	11.86% 7	59	2.31
Coordinate Response Strategy, Resources & Communications	22.03% 13	40.68% 24	27.12% 16	10.17% 6	59	2.25
Identify Essential Functions for Health Care Delivery	23.73% 14	49.15% 29	18.64% 11	8.47% 5	59	2.12
Plan for Continuity of Operations	26.79% 15	37.50% 21	30.36% 17	5.36% 3	56	2.14
Maintain Access to Non-Personnel Resources during Emergencies	22.41% 13	46.55% 27	20.69% 12	10.34% 6	58	2.19
Develop strategies to Protect Health Care Information System Networks	24.14% 14	37.93% 22	24.14% 14	13.79% 8	58	2.28
Protect Responders' Safety and Health	22.41% 13	46.55% 27	15.52% 9	15.52% 9	58	2.24
Plan for and Coordinate Health Care Evacuation/Relocation	17.24% 10	43.10% 25	29.31% 17	10.34% 6	58	2.33
Coordinate Health Care Delivery System Recovery	24.14% 14	43.10% 25	20.69% 12	12.07% 7	58	2.21
Plan for Medical Surge	22.41% 13	37.93% 22	24.14% 14	15.52% 9	58	2.33
Respond to Events Requiring Medical Surge	24.14% 14	37.93% 22	22.41% 13	15.52% 9	58	2.29

Based on your assessment above, what are your top three risks, in priority order (the most important risks to prepare for):

- Hurricanes, temperature extremes, transportation accident
- Hurricane, Tornado, Pandemic
- Hurricane, drought, tornado
- 1. Hurricane 2. Wildfire 3. Flood
- hurricanes, pandemics, cyber attacks
- Hurricane, Pandemic, Active Shooter
- Pandemic, Hurricane, Flood
- Hurricane, civil unrest, and active shooter
- Windstorm risks, Environmental/Biologic risks, Critical Infrastructure risks
- Cyber Attack against Infrastructure, Epidemic/Pandemic, Hurricanes
- Hurricane, utility failure, civil disturbance
- Shooting . Nuclear attacks Cyberattacks Mass movement
- Based on the events of 2020: 1. Continuing Pandemic 2. Hurricane 3. Tornado
- Hurricane, Pandemic, Utility disruption
- Nuclear, biological, chemical attacks.
- Nuclear, biological, chemical attacks.
- Hurricane, Active Shooter, Tornado
- Resident Elopement, Hurricane, Tornado
- hurricane, Pandemic, Tornado
- Tornado, Hurricane, Pandemic
- Hurricane, Tornado, pandemic
- Hurricane, Pandemic, Tornado
- Security -Safety Incident review above statement- Code Yellow Incident, Hurricane-Storm -Tornado
- Pandemic, Hurricanes, Tornadoes
- Utility, Hurricane, Pandemic
- Active Shooter, Hurricane, Utility Disruption
- Hurricane, tornado, pandemic
- Hurricane, Epidemic, Civil Disruption
- HURRICANE, TEMPERATURE EXTREMES AND DROUGHT
- Hurricane, flooding, cyber attack
- Active Shooter/Active Attacker, Hurricane/Severe Weather, Pandemic/Epidemic
- Hurricane, Pandemic, civil disturbance
- Tornado, wildfire, hurricane
- hurricanes, tornadoes, utility failures
- Hurricane, Pandemic, Active Shooter
- 1. Pandemic 2. Cyber attack against data 3. Wildfire
- Hurricane, Pandemic (ongoing), Tornado
- Pandemic, Epidemic, Transportation Accident
- Hurricanes, Pandemics, Temperature Extremes
- Pandemic, biological attack, radiological attack
- Hurricane, Temperature extreme, Tornado
- Hurricane, Tornado, Active shooter
- Hurricane, civil unrest, flooding
- Pandemic/Epidemic, Hurricane, Drought
- Being in Florida Hurricane, floods and Tornadoes
- Hurricanes, floods and pandemic
- Hurricanes/Severe Weather, Flood, Wildfires
- Pandemic/epidemic, Hurricane, Utility disruption
- Hurricane/Tornado/Flood, Cyber Attack, Active Shooter Incident
- Hurricane, Pandemic, Utility disruption
- Pandemic, tornado, wildfire
- Tropical Events (Hurricane, Tornado, Flooding), Cyber Threats, Pandemic events
- Pandemic, hurricane, power failure
- Severe Weather (Hurricane/Tornado), Pandemic, Active Shooter
- Hurricane, Pandemic, Cyber attack
- Hurricane, Wildfire, Epidemic
- Hurricane, cyberattack, Civil disruption
- Hurricane, Radiological Attack, Active Shooter

- Hurricane, Epi-Pandemic, Cyber attack

Capability Gaps:

Please help us identify capability gaps in addressing these threats -

Identify Risks and Needs:

- Large Gap – 1
- Medium Gap - 12
- Small Gap - 23
- No Gap - 19

Please help us identify capability gaps in addressing these threats -

Train and Prepare the Health and Medical Workforce:

- Large Gap – 4
- Medium Gap - 22
- Small Gap -24
- No Gap - 9

Please help us identify capability gaps in addressing these threats -

Ensure Preparedness is Sustainable:

- Large Gap – 7
- Medium Gap - 22
- Small Gap - 23
- No Gap - 6

Please help us identify capability gaps in addressing these threats -

Develop and Coordinate Healthcare Organization Response Plans:

- Large Gap – 5
- Medium Gap - 16
- Small Gap - 24
- No Gap -13

Please help us identify capability gaps in addressing these threats -

Develop and Coordinate Coalition Response Plan

- Large Gap – 3
- Medium Gap - 13
- Small Gap - 25
- No Gap -18

Please help us identify capability gaps in addressing these threats

Utilize Information Sharing Procedures/Platforms

- Large Gap – 7
- Medium Gap - 14
- Small Gap - 28
- No Gap -10

Please help us identify capability gaps in addressing these threats -

Coordinate Response Strategy, Resources & Communications

- Large Gap – 8
- Medium Gap - 15
- Small Gap - 24
- No Gap - 14

Please help us identify capability gaps in addressing these threats -

Identify Essential Functions for Health Care Delivery

- Large Gap – 5
- Medium Gap - 11
- Small Gap - 28
- No Gap -14

**Please help us identify capability gaps in addressing these threats -
Plan for Continuity of Operations**

- Large Gap – 3
- Medium Gap - 17
- Small Gap - 22
- No Gap - 15

**Please help us identify capability gaps in addressing these threats -
Maintain Access to Non-Personnel Resources during Emergencies**

- Large Gap – 6
- Medium Gap - 12
- Small Gap - 27
- No Gap -14

**Please help us identify capability gaps in addressing these threats -
Develop Strategies to Protect Health Care Information System Networks**

- Large Gap – 8
- Medium Gap - 14
- Small Gap - 22
- No Gap -14

**Please help us identify capability gaps in addressing these threats -
Protect Responders' Safety and Health**

- Large Gap – 9
- Medium Gap - 9
- Small Gap - 27
- No Gap - 13

**Please help us identify capability gaps in addressing these threats -
Plan for and Coordinate Health Care Evacuation/Relocation**

- Large Gap – 6
- Medium Gap - 17
- Small Gap - 25
- No Gap -11

**Please help us identify capability gaps in addressing these threats -
Coordinate Health Care Delivery System Recovery**

- Large Gap – 7
- Medium Gap - 12
- Small Gap - 24
- No Gap -14

**Please help us identify capability gaps in addressing these threats -
Plan for Medical Surge:**

- Large Gap – 9
- Medium Gap - 15
- Small Gap - 22
- No Gap - 13

**Please help us identify capability gaps in addressing these threats -
Respond to Events Requiring Medical Surge:**

- Large Gap – 9
- Medium Gap - 14
- Small Gap - 22
- No Gap - 14

Based on your assessment above, what are the most important things the Coalition can do to address these gaps?

- Strive to enhance ics adoption among regional partners,
- Yes we can
- The Coalition is doing an amazing job on helping the region prepare; the gaps identified could be addressed by providing training that goes one step further than currently offered. For example, COOP training through BOLDPlanning provides for a sample document, but doesn't train the attendees on how to identify and then catalogue Essential Functions, or how to implement a COOP plan, consider Devolution or Reconstitution. Detailed training such as this would make all the difference.
- Use more resources in the community. Identify ways to store and stock ppe for future crisis.
- Work with key groups for planning/response. Communicate efforts with all partners/stakeholders.
- Training, training, training.
- Identifying likely and also potentially less likely scenarios and provide potential clearly defined goals and established methods that can address the issue could help bring uniformity and awareness to responses.
- Communicate, communicate, communicate (as you already do).
- Provide proper training to all parties involved that will be responding to these events.
- Plan for medical surge, Protect responders safety and health, and maintain access to non-personnel resources during and emergency
- provide training
- First Net and the new pilot program of Hospital Bed census and hospital status alert will be a huge help the FHA spoke about. Thank You
- Combine home healthcare in the communication and emergency plans to include patient care during medical surge and PPE supplies.
- decon training and equipment grant
- Being in the midst of our current pandemic, it is uncertain whether our preparedness is sustainable. It is constantly changing, therefore, we will have better hindsight once the pandemic end nears.
- No gaps
- While everything can always be approved upon, I feel all in all there are no issues at this time.
- Having a plan and exercising the plan is where you find any gaps.
- unfortunately healthcare worker shortage is nationwide, so it requires creative ideas
- Continue continuity training. Assist companies with tools to use to train employees on threats and procedures during crisis.
- training
- Work collaboratively to find solutions
- Continue to share information that may be beneficial
- Communicate, share data, foresee and plan response
- Share resource deployment strategies.
- plan for coordinate evac and relocation
- Assuring appropriate and effective ppe when we have a large patient generating event.
- Identify potential communication gaps. Who is most likely to drop between the cracks? Focus on a plan to assure accurate information goes out to everyone.
- Provide opportunities for training across different systems: EMS, hospitals, and public health. Dedicated trainings for each separate entity, as well as coordinated relevant exercises. Less of the massive 1200 volunteer, 50 hospital full-scale exercises that don't allow much hands-on exercising. These aren't helpful IMHO. There is too much time & money spent on wrangling volunteers, and not enough on the actual exercise. It doesn't matter the numbers of participants--did the participants learn anything from the exercise? Did the exercise show glaring gaps? That's the important thing.
- Coordinate resources between facilities (pool) for tools and supplies to manage long term surge. Lobby the state to allow stockpiling of expired supplies (IV fluids, basic meds, Airway supplies etc) for 5 years post expiration in order to build up local supplies, lessening dependance on national resources.
- Communication and connecting local providers to regional/state resources in preparation and response hazard situations above.
- Healthcare evacuation/relocation
- Training at the provider level continue simulated events/drills participation
- Continue to share resources specific to some of the risks that are not as common, Biological threat, Cyber Attack and what other systems are doing to educate staff and revise plans.
- Continue to broker meetings with various medical disciplines on pre-, during, post- situational needs and communications to ensure all gaps discovered and tackled.
- Continue with multi-layered exercise events
- Training Communication Situational Awareness
- Resource Asset Provision, External Training and Education
- Provide a simple/easy approach to education healthcare providers that are not "usually" involved in large scale hazardous events.
- Have a stockpile of supplies we can access if needed. Offer training for frontline staff

- Being new to the community there hasn't been much communication to smaller facilities other than obtaining from them supplies
- Continue to provide the resources and training to assist with these areas of need
- Staffing, Equipment, Planning/drills
- Most of these are 'small gaps' because there is always room for development and improvement. In the main, I feel that communication and partnership working is the way to overcome and improve these elements. Sharing ideas, looking at what works well, what doesn't (analysis) - having clear guidance and not clouded by opinion or multiple sources, which does not always lend itself to clarity and can leave Providers confused and vulnerable. EG: CDC releases information, local Department of Health knows nothing of the change and berates Providers - the multiple entities need consistency.
- Coordinate response strategies