# REGION 3 HEALTHCARE PREPAREDNESS PLAN

## TABLE OF CONTENTS

1. INTRODUCTION 2
   1.1 Purpose ................................................................................................................................. 2
   1.2 Scope ........................................................................................................................................... 3
   1.3 Membership Input and Plan Updates ......................................................................................... 3
2. COALITION OVERVIEW .................................................................................................. 4
   2.1 Introduction – Role – Purpose of Coalitions ........................................................................... 4
   2.2 Coalition Boundaries ............................................................................................................. 5
   2.3 Coalition Members .................................................................................................................. 6
   2.4 Organizational Structure/ Governance .................................................................................. 8
   2.5 Risk ............................................................................................................................................ 8
   2.6 Gaps .......................................................................................................................................... 9
   2.7 Compliance Requirements/ Legal Authorities ......................................................................... 10
3. COALITION OBJECTIVES ............................................................................................ 11
4. MEMBERSHIP ................................................................................................................ 12
   4.1 Coalition Member Roles and Responsibilities ........................................................................ 12
   4.2 Working Groups ...................................................................................................................... 13
5. WORK PLAN .................................................................................................................. 13
   5.1 Member Activities .................................................................................................................. 13
6. RESOURCES and REFERENCES ...................................................................................... 14
1. INTRODUCTION

The Northeast Florida Healthcare Coalition (NEFLHCC) was organized in early 2014 representing six counties (Baker, Clay, Duval, Flagler, Nassau and St. Johns Counties). Those six counties along with four discipline group partner members (Public Health, Emergency Management, Hospital and Emergency Medical Services) make up the Board of Directors. The NEFLHCC saw tremendous membership growth in 2017 and expanded the Board to include two ‘At Large’ Members, representing Long Term Care and Allied Health (Home Health, Dialysis, Ambulatory SurgiCenters, Durable Medical Equipment providers, Pharmacies, etc.). The surge in membership can be attributed to increase in outreach activities and the implementation of the CMS Rule for Emergency Preparedness, which encourages healthcare providers to seek out their Healthcare Coalitions.

The North Central Florida Healthcare Coalition (NCFHCC) serves Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee and Union counties. The Board consists of seven members, three at large members and four discipline representatives from Public Health, Emergency Management, Hospitals, and EMS.

The Marion County Coalition for Health and Medical Preparedness (CHAMP) is a collective, independent voice of individuals and public, private, professional and non-profit organizations, services, citizen groups and businesses, working together in emergency preparedness for all-hazards that impact the health and medical systems within Marion County.

The creation of the Region 3 Healthcare Coalition Alliance took place in 2017. This was the structure created in response to the simplified contracting process put in place by the Florida Department of Health (FDOH), allowing for only one contract to be written per region. In Region 3, as defined by FDOH, this included three established healthcare coalitions:

- Northeast Florida HCC,
- North Central HCC, and
- the Coalition for Health and Medical Preparedness (CHAMP).

The formation of the Alliance provides oversight to the funding while allowing the three coalitions to maintain their individual missions within their unique geographic and demographic healthcare community. Each healthcare coalition has Bylaws that identify and inform the member roles and responsibilities. The Region 3 Healthcare Coalition Alliance Bylaws, adopted in 2017, provide additional information on each coalition’s roles and responsibilities.

1.1 Purpose

The Region 3 HCC Alliance Preparedness Plan has been developed to establish and describe the roles and responsibilities of the Coalition in the five mission areas of the National Preparedness Goal – Prevention, Protection, Mitigation, Response, and Recovery. This plan
works in coordination with other Coalition plans, including the Strategic Plan for 2018 - 2020, which establishes the goals and objectives for each of the four ASPR defined Health Care Preparedness and Response Capabilities. Additionally, the Hazard Vulnerability Assessment (2018) and Jurisdictional Risk Assessment (2018) frame the risks the 18 county region faces. Collectively, these plans define the work of the Alliance and its member Coalitions and help to inform the training and exercise priorities and project funding processes to fill gaps in resources and supplies.

1.2 Scope

This Preparedness Plan supports the short and long term objectives defined in the Strategic Plans for the Northeast Florida Healthcare Coalition and the North Central Florida Healthcare Coalition and includes an annex of the CHAMP Preparedness Plan. These objectives were developed with full coordination of member organizations and based on hazards faced and gaps identified in relevant planning documents across the 18 counties within Region 3. The Preparedness Plan will address those issues that are experienced across the 18 counties in Region 3, to allow for effective coordination and collaboration in preparedness and to efficiently recover from an emergency.

The real world events and experiences from the hurricane seasons of 2016 and 2017 have allowed the Coalitions and all of Region 3 to better understand the risk and the extent of the needs for the healthcare community during a natural disaster. This plan will be reviewed and updated annually.

1.3 Membership Input and Plan Updates

This Preparedness Plan is considered a “living document”, in that it is subject to an annual review and revision based upon recommendations following any exercise or other type of test of the plan and/or change in State contract requirements or Federal guidelines.

The draft of the Region 3 Alliance Preparedness Plan and all of the supplemental, supporting plans were presented to each healthcare coalition board for review and input following guidelines outlined in the Bylaws. Comments and feedback from members was analyzed and included in the final document presented to each Board for approval. Each Board approved the final plan at the May meetings. The approved plan was presented to the Alliance Board and was approved at the June meeting.

Following the June Alliance Meeting, a copy of the Alliance approved plan is posted on each Coalition’s website for use by Coalition members. Links to the locations are emailed to all Board members when they are available.
2. COALITION OVERVIEW

2.1 Introduction – Role – Purpose of Coalitions

The development and sustainment of HCCs is a federal initiative and a requirement of the Hospital Preparedness Program (HPP) Cooperative Agreement funded by the Assistant Secretary for Preparedness and Response (ASPR). The purpose of HCCs is to ensure that local providers and other healthcare partners plan collaboratively for the risks facing the healthcare community and identify available local resources.

Healthcare Coalitions have been defined as “a collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multi-agency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.”—Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness.

Each Coalition within Region 3 has developed a specific mission or purpose. For the Northeast Florida Healthcare Coalition, the mission developed in 2014 remains relevant in the state of the world today – “Achieve a health and medical system that is efficient and resilient in an emergency”. This is done through a membership of core partners in the public health, emergency management, hospital, EMS, Long Term Care and Allied Health disciplines. This multi-jurisdiction membership will grow, flex and expand to meet the challenges of today’s world and in the future.

The mission of the North Central Florida HealthCare Coalition (NCFHCC) is to coordinate healthcare system preparedness and resilience through all sectors of the healthcare system. Response activities are managed through existing Emergency Support Function (ESF) 8: Health and Medical structures within local jurisdictions as defined in each member county Comprehensive Emergency Management Plans (CEMP). While not a response entity, NCFHCC members serve a multi-jurisdictional and multi-agency function to coordinate actions and resources during response, based on the networks built through the Coalition process. It is also recognized that NCFHCC activities will serve to enhance and expand local ESF 8 Health and Medical and regional response capabilities and capacities.

The Marion County Coalition for Health and Medical Preparedness (CHAMP) mission is to be an independent voice of public and private partners working together in emergency preparedness for all-hazards that impact the health and medical systems.
2.2 Coalition Boundaries

The Northeast Florida Healthcare Coalition is made up of six counties - Baker, Clay, Duval, Nassau, Flagler and St. Johns counties and North Central Florida HCC is made up of an additional 11 counties - Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee and Union. Including Marion County, represented by CHAMP, this creates an 18 county region.

Planning for response and recovery for this geographic area can be challenging as it includes immense diversity:

- 18 Counties
- 12,000 square miles
- 28 Hospitals
- 6,000 + Acute Care Beds
- 10,000 + Nursing Home Beds
2.3 Coalition Members

Each Coalition contains the core member groups as defined by ASPR: Emergency Management, Public Health, EMS, Acute Care Hospitals and Assisted Living Facilities. Each Coalition continues to grow in these areas, most specifically among the “Long Term Care” facilities and “other” healthcare provider types. This is a continued objective of the Coalitions – to increase membership, including leadership of hospitals and healthcare facilities. Below are tables that show the members within both Northeast Florida HCC and North Central Florida HCC by County (Table A) and by Facility Type (Table B).
Table B
2.4 Organizational Structure/ Governance

Each Coalition is structured slightly differently, with a varying number of Board members. Each Coalition is governed with Bylaws and Charter documents. However, the Region 3 HCC Alliance has its own structure as defined in the Region 3 Healthcare Coalition Bylaws. The Chair of the Alliance Board is the Department of Health- Health and Medical Co-chair of the Regional Domestic Security Task Force (RDSTF) Regional Health and Medical Committee. The Chair is a non-voting member. The remaining Board of the Alliance will be made up of the three members of each Coalition. The Chair and Vice Chair of each Coalition are permanent members of the Alliance Board and the third member is a Member at Large from each Coalition, who shall be selected by each Coalition. Each Coalition has a single vote on the Alliance. The Alliance strives to maintain a diverse Board, with representation from all disciplines the Coalitions represent.

2.4.1 Role of Leadership within Member Organizations

The bylaws for each coalition include provisions for the attendance and participation at Coalition meetings. But more importantly, numerous opportunities exist for members to engage in the work of the Coalition. Opportunities include working groups, exercise planning teams and subject matter expert roles at events. This allows members to better understand the important role the Coalition plays in the Region and gives ownership in shaping the activities of the Coalition to meet member’s needs.

A noted gap across the three Coalitions is the engagement of healthcare facility executive leadership. Preparedness planners, safety officers, disaster coordinators, etc. recognize the valuable opportunities the Coalition provides and actively participate for their agency and/or facility. The Coalitions’ value is not fully appreciated by the leadership of most facilities in the C-Suite. This is an objective identified in the NEFLHCC Strategic Plan as well as the Alliance’s Strategic Plan.

2.5 Risk

The hazard identification and analysis sections from member Counties’ Comprehensive Emergency Management Plans (CEMP) serve as the local jurisdictions’ foundation for all-hazard emergency planning, training, exercise, and resource allocation. Consequently, the data and information presented in these documents was considered to be valid and current and along with other data sources, was used to build the Region 3 Healthcare Hazard Vulnerability Assessment.
The hazard ranking priorities determined in the 2018 Region 3 Alliance Healthcare HVA are:

<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Hazard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Major</strong></td>
<td>Hurricane / Tropical Storm (including storm surge)</td>
</tr>
<tr>
<td></td>
<td>Regional Electrical Failure (i.e. blackout)</td>
</tr>
<tr>
<td></td>
<td>Flooding with potential for disruption / harm</td>
</tr>
<tr>
<td></td>
<td>Cyber Terrorism</td>
</tr>
<tr>
<td></td>
<td>Infectious Disease</td>
</tr>
<tr>
<td></td>
<td>MCI Incident General Injuries</td>
</tr>
<tr>
<td><strong>Moderate</strong></td>
<td>Regional Communications Disruption</td>
</tr>
<tr>
<td></td>
<td>Multi-Jurisdictional Wild Fire</td>
</tr>
<tr>
<td></td>
<td>Widespread Supply Chain Interruption</td>
</tr>
<tr>
<td></td>
<td>Armed Individual/Active Shooter incident (Large Scale)</td>
</tr>
<tr>
<td></td>
<td>Tornado or Microburst</td>
</tr>
<tr>
<td></td>
<td>Pandemic</td>
</tr>
<tr>
<td></td>
<td>Multiple Facility Evacuations</td>
</tr>
<tr>
<td></td>
<td>Regional Sewer / Water Treatment Failure</td>
</tr>
<tr>
<td></td>
<td>Regional Water Disruption / Interruption</td>
</tr>
<tr>
<td><strong>Minor</strong></td>
<td>Widespread Transportation Disruption / Failure</td>
</tr>
<tr>
<td></td>
<td>Regional Fuel Shortage(s)</td>
</tr>
<tr>
<td></td>
<td>Temperature Extremes</td>
</tr>
<tr>
<td></td>
<td>MCI involving chemical, biological or radiological materials</td>
</tr>
<tr>
<td></td>
<td>MCI involving conventional weapons</td>
</tr>
<tr>
<td></td>
<td>Winter Weather Event</td>
</tr>
</tbody>
</table>

Scoring matrix and detailed criteria on the ranking of these hazards can be found in the Region 3 Alliance Healthcare Hazard Vulnerability Assessment.

2.6 Gaps

Planning, training, exercise and project funding are prioritized according to the gaps found in the regional healthcare system. Projects that meet the greatest needs across Region 3 are generally given preference. Regional gaps are identified using various data sources.

The Florida Public Health Risk Assessment Tool (FPHRAT) includes jurisdictional risk assessments that identify potential risks within the community relating to the public health, medical, and mental/behavioral systems, inclusive of at-risk individuals. Gaps in the public health and medical system are identified in this tool. This and other data were used to develop the Region 3 Jurisdictional Risk Assessment for Healthcare, which provides the basis for the identification of gaps in the Region 3 healthcare response capability.

Additional resources are used by the Coalitions to identify gaps in planning, training, and resources including a reliance on After Action Reports (AAR) completed after exercises or real world events. Most recently, there are several AAR that document areas for improvement and specific action items to address those issues. Those include:
1. AAR from Danielle’s Dilemma Exercise (April 2016)
2. AAR from Hurricane Matthew Response (October 2016)
3. AAR from Hurricane Irma Response (September 2017)
4. AAR from Coalition Surge Tool Exercises (March 2018)

2.7 Compliance Requirements/ Legal Authorities

The Coalitions in Region 3 are bound by the terms of the contract with the Florida Department of Health. This includes authorities as found in Sections 252.35(2) (a) 3 and 381.0011(7), Florida Statutes.

Healthcare Coalitions in collaboration with the ESF-8 lead agency and state authorities, must meet regulatory compliance requirements that are applicable to day-to-day operations and may play a role in planning for, responding to, and recovering from emergencies.

Applicable State References
- Chapter 252, Florida Statutes – Emergency Management Act
- Chapter 395.1055, F.S. – Hospital Licensing and Regulation
- Chapter 381, F.S. - Public Health: General Provisions
- Chapter 400, F.S. – Health Care Clinic Act
- Chapter 401, F.S. – Medical Telecommunications and Transportation Act (Emergency Medical Services)
- Chapter 406 – Medical Examiners Act
- Chapter 408, F.S. – Health Care Administration Act
- Florida Administrative Code - Emergency Planning Criteria for health and medical facilities and providers
  - Chapter 58A-6, F.A.C. - Adult Day Care Centers
  - Chapter 59A-5, F.A.C. - Ambulatory Surgery Centers
  - Chapter 58A-5, F.A.C. - Assisted Living Facilities
  - Chapter 59A-8, F.A.C. - Home Health Agencies
  - Chapter 59A-25, F.A.C. - Home Medical Equipment Providers
  - Chapter 58A-2, F.A.C. – Home Hospice
  - Chapter 59A-3, F.A.C. - Hospitals
  - Chapter 59A-18, F.A.C. - Nurse Registries
  - Chapter 59A-4, F.A.C. - Nursing Homes

Applicable Federal References
- National Security Presidential Directive 51
- National Continuity Policy Implementation Plan
- Federal Continuity Documents 1and 2
- Continuity Guidance Circular (CGC)s 1 and 2
- Title 42 Code of Federal Regulations (CFR), Chapter IV, Subchapter G, Part 494.100 (c)(vii) - Requirements for Dialysis Centers

Accreditation Standards
The Coalitions are working diligently to better understand the new CMS Rule for Emergency Preparedness that was recently implemented and how it affects member organizations. The Coalition is working to provide data, as needed, for facilities as they create their required plans and procedures. Specifically, the NEFLHCC has implemented several community based table top exercises to allow facilities to participate and satisfy one of their exercise requirements. The Coalition also works with the First Coast Disaster Council, an organization representing the hospitals in Northeast Florida, on their relevant Joint Commission requirements as they pertain to exercises. When planning, designing and implementing exercises for Coalition members, staff is cognizant of all relevant accreditation standards and works to address as many as possible. There is room for growth in this area, as more facilities are surveyed for these new standards, the Coalition will better understand the needs of the members in this regard.

3. COALITION OBJECTIVES

The Coalition’s strategic plans reflect the new structure of the Coalitions within Region 3, the new ASPR Health Care Preparedness and Response Capabilities (2017-2022) and growth and development since the last strategic plans were written. Short-term Objectives/Strategies include: Membership; Sustainability; Gap Filling; and Healthcare Executive Engagement. Long-term Objectives/Strategies include: Coalition Role in Response and Crisis Standards of Care. The Coalitions are beginning to develop response strategies will continue to be refined each year. Objectives and Strategies for the Alliance include: Strengthening the working relations between NEFLHCC, NCFHCC and CHAMP and determining the functionality of an 18 county coalition.

Below is a summary table, illustrating some of the short term and long term objectives of the Coalition by Health Care Preparedness and Response Capability.

<table>
<thead>
<tr>
<th>Capability</th>
<th>Short Term Objectives</th>
<th>Long Term Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capability 1: Foundation for Healthcare and Medical Readiness</td>
<td>Coordination and implementation of a multi-year training and exercise program that engages the whole healthcare community in Region 3</td>
<td>Create a targeted marketing plan, specific to executives and clinical leaders, to show value of the Coalition.</td>
</tr>
<tr>
<td>Capability 2: Health Care and Medical Response Coordination</td>
<td>Further engage Allied Health members in planning, training and exercise opportunities with the Coalition.</td>
<td>Implement an information sharing process that ensures regional situational awareness during a disaster.</td>
</tr>
<tr>
<td>Capability 3: Continuity of Health Care Service Delivery</td>
<td>Train and educate members on the implications of the CMS Rule</td>
<td>Analyze the Region’s resource supply chain for evaluation of equipment and supply needs during a disaster.</td>
</tr>
<tr>
<td>Capability 4: Medical Surge</td>
<td>Work with the Coalition members on exercising, yearly, the Coalition Surge Tool and other medical surge related objectives.</td>
<td>Coordinate the development of relevant documents related to medical surge as required in the State of Florida DOH contract, while also focusing on new issues and emerging trends relevant to North Florida in the healthcare field.</td>
</tr>
</tbody>
</table>
4. MEMBERSHIP
Each Coalition of the Region 3 Alliance has Membership from the following disciplines. Across each Coalition, members have similar roles and responsibilities.

4.1 Coalition Member Roles and Responsibilities

County Departments of Health
Departments of Health (DOH) have the lead role in coordinating public health in their respective county. Each DOH has developed all-hazards response plans and can implement these plans on short notice. Additionally, DOH plays the lead agency in most counties Emergency Support Function (ESF) 8 during a County activation. DOH are represented on all Healthcare Coalition Boards and function as a subject matter expert on all matters regarding public health, including highly infectious disease, special needs sheltering and statewide health and medical issues.

County Emergency Management offices
Local emergency management activities are coordinated by County Emergency Management offices (EM). County EM coordinate regionally, as needed and provide leadership in all aspects of preparedness, response, recovery and mitigation for their citizens and agency partners. Local EM is represented on all Healthcare Coalition Boards.

Hospitals
Hospitals are a critical partner in healthcare coalitions, as they responsible for providing definitive care to individuals resulting from a disaster or other medical emergency. Hospital emergency operation activities include preparing for medical surge incidents, as well as activating and staffing alternative care sites and extended care sites. Coalitions work closely with hospitals to assist in meeting their annual training and exercise requirements for accreditations.

Emergency Medical Services agencies
Emergency Medical Services agencies (EMS), both public and private, are responsible for providing varied types of transport for a variety of patients, including during times of disaster. EMS agencies are critical partners for medical surge, healthcare evacuations and mass casualty response operations.

Long Term Care/Assisted Living/Residential Care
Long-term Care, Assisted Living and Residential Care are all fairly interchangeable terms. There are differences in the level of care provided to the residents i.e. medical (ex.Long-term Care) versus nonmedical (ex. Residential Care). The types of assistance provided during a disaster will vary depending on the facility and its number of beds. Most likely these types of facilities can place patients for evacuating facilities, if needed. The Coalition works with these facilities for training and exercise opportunities to meet various accreditation requirements, focusing on the newly implemented CMS Emergency Preparedness Rule.

Home Health Agencies
Member home care agencies provide support to the healthcare continuum of care by continuing to provide the delivery of care during disasters for individuals able to shelter
in place within their own homes. Additional coordination with home health agencies is ongoing to coordinate a role for these agencies in special needs sheltering operations and in helping to prepare their patients for hurricane season and assembling an evacuation plan.

Allied Health
In addition to the acute-care hospitals, there are skilled nursing facilities, standalone emergency rooms, community health centers, dialysis centers and numerous tertiary care facilities in the region. Skilled nursing facilities (SNF) and other allied healthcare entities are being integrated into the coalition, as they have an important role in the response and recovery to disasters. In addition, with greater participation in the Coalition, these facilities can be better supported in the event of an isolated incident affecting their operations.

4.2 Working Groups

Several working groups have been formed during 2017-18 to address ongoing issues and trends in the 18 counties within Region 3. Currently, there is an Active Assailant Working Group to address the needs of healthcare facilities in the development of plans, training and exercise opportunities surrounding this emerging threat. The working group is multi-disciplinary and will develop a three-year workplan to meet the needs of the members.

The Home Health working group is focusing on the gaps that exist in caring for home health clients during a disaster, including the issues of hospital discharge processes before an impending storm, locating clients in shelters and continuing to provide care to those people and educating home health providers on the process of the special needs registry and helping their clients create a disaster preparedness plan.

5. WORK PLAN

The Alliance work plan is designed to meet multiple requirements identified in the coalitions' strategic plans. This work plan provides an outline for staff and members to follow to ensure all of the ASPR defined Health Care Preparedness and Response Capabilities are achieved.

Work plan progress is tracked in multiple ways including Management and Administration updates during the each Coalition’s monthly Board meetings, participation in the Coalition Board reports on monthly conference calls and face-to-face Healthcare Coalition Task Force meetings, and submission of quarterly and annual reports to the Florida Department of Health.

5.1 Member Activities

To fill gaps in the preparedness and operational activities of the healthcare system and to achieve the objectives identified in the Coalition’s Strategic Plans, contact deliverables and the multi-year training and exercise plan (TEPW) allows each coalition member organization the opportunities to participate in training and exercise activities. Participation in these activities is tracked using an electronic registration system, Eventbrite, and event specific sign-in sheets.
Numerous plans and documents have been developed over the past several years by Coalitions to quantify their role and the role of the Coalition members during a disaster, including documenting communication, resources and information sharing procedures in the region. Members have the opportunity to participate in the creation of these documents by participating on workgroups, answering surveys, and/or providing feedback to draft documents presented to the membership.

Existing coalition documents include:
- Hazard Vulnerability Analysis
- Risk Assessments
- Communications Plan
- Resource Coordination Procedures
- Patient Tracking Monitoring Plan
- Strategic Plans
- Ebola related plans/procedures – Gap Analysis and Resource Plan

Additionally, contractual requirements call for the update of many of the plans/procedures listed above as well as the creation of plans over the next several years to further refine the operational role of the Coalition. These plans include:
- Operational Plan
- Continuity of Operations Plan
- Infectious Disease Response Plan
- Supply Chain Integrity Assessment
- Regional Crisis of Care Standards document
- Evacuation and Transportation Plan
- Mass Fatality Plan

6. RESOURCES and REFERENCES

Each Coalition and the Alliance have guiding documents that provide the structure by which the organizations are organized. These bylaws, as well as other reports are the foundation documents that the Alliance uses in determining the activities of each coalition.

Northeast Florida Healthcare Coalition Bylaws
North Central Florida Healthcare Coalition Bylaws
Coalition for Health and Medical Preparedness (CHAMP) Bylaws
Region 3 Healthcare Coalition Alliance Bylaws
Region 3 Healthcare Hazard Vulnerability Assessment
Region 3 Florida PHRAT Assessment Aggregated Reports

Attachment: CHAMP Preparedness Plan Annex
Marion County Coalition for Health and Medical Planning

Emergency Preparedness Plan
March 2018
A. INTRODUCTION

1. Purpose

The Coalition is actively involved in planning to meet public health responsibilities in times of emergency or disaster. The purpose of this plan is to provide general guidance for preparation, response, and recovery to all hazards events that threaten the health care system that results in illness or injury to the population within the coalition’s boundaries and the healthcare system.

2. Scope

CHAMPS Scope of work is to provide planning for Medical Surge Capacity and Capability within Marion County, FL.

CHAMP is able to accomplish our mission by working closely with our member partners in the areas of planning, training, exercising and equipping to address disasters that affect our community. CHAMP functions as a clearinghouse of information, a hub for standardized training and equipment referrals as well as evaluating individual response capabilities of our partners.

Specific objectives include:

1. Coordinate and improve the delivery of healthcare services during emergency response incidents through preparedness planning

2. Identify local healthcare assets available during a response

3. Assist the Health & Medical Group (ESF 8) within the Emergency Operations Center by providing situational awareness and a common operating picture

CHAMP is also part of the Region 3 Healthcare Coalition Alliance (referred to in this document as The Alliance). The Alliance is made up of three existing Healthcare Coalitions:

- Northeast Florida Healthcare Coalition (NEFLHCC) serving Baker, Clay, Duval, Flagler, Nassau and St. Johns Counties;
- North Central Florida Health Care Coalition (NCFHCC) serving Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union Counties and
- Coalition for Health and Medical Preparedness (CHAMP) serving Marion County.
3. Administrative Support

Promulgation: This Emergency Response Plan for Marion County Coalition for Health and Medical Planning (CHAMP), adopted on this date, March 31, 2018, is the official instrument by which CHAMP actions are coordinated relating to a public health emergency.

This document supplements the following administrative instruments that also govern responses to local threats and emergencies:

- Marion County Comprehensive Emergency Management Plan

Authorities:

Legal authority for various aspects of this plan is found in the following:

1. Chapter 252 Florida Statutes: Emergency Management Act: Allows the Governor to declare a state of emergency. Gives the Governor and the Director of the Florida Division of Emergency Management control of emergency management and authorizes cooperation with Federal Government and other states for mutual aid. Allows the Governor and Director to delegate authority to carry out critical emergency functions involving the peace, health, safety, and property of the people of Florida. Authorizes the establishment of local (county) emergency management agencies charged with the responsibility to prepare for, respond to, recovery from and mitigate against threats, emergencies, or disasters from any hazard.

2. Chapter 381 Florida Statutes, Section 381.0011 deals with Communicable Diseases and Quarantine and Section 381.00315 deals with Public Health Emergencies and Advisories: Applicable to the Department of Health authorizes the department to administer and enforces laws and rules relating to the control of communicable disease. Authorizes the department to declare, enforce, modify and abolish quarantine of persons, animals, and premises. Authorizes the department to specify the conditions and procedures for imposing and releasing quarantine. Authorizes the State Health Officer to declare public health emergencies and issue public health advisories.

Approval and Implementation

The Marion County Coalition for Health and Medical Preparedness, Emergency Preparedness Plan (EPP) is a document, which describes the CHAMP’s response to a public health emergency. The EPP establishes the framework for an effective system to ensure that Coalition will be prepared to deal with the occurrence of public health emergencies and disasters. The plan outlines the roles and responsibilities of the Coalition and provides a clear linkage with emergency plans of other local and state agencies.
The Coalition Emergency Preparedness Plan is considered a “living document,” in that it is subject to an annual review and/or revision based upon recommendations following any type of execution of the plan, i.e., drills or exercises and upon a public health emergency activation of the plan.

**Signatures:** Approval and adoption of this plan by the Executive Board of the Marion County Coalition for Health and Medical Preparedness are indicated by the signature documented below. Upon adoption, this plan shall be distributed and made available to the Executive Board and member organizations of the CHAMP.

**Record of Distribution**

This plan will be distributed in electronic format.

<table>
<thead>
<tr>
<th>Title</th>
<th>Agency</th>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Board</td>
<td>Marion County CHAMP</td>
<td>03/15/18</td>
</tr>
<tr>
<td>Program Administrator</td>
<td>Region 3 Healthcare Alliance</td>
<td>03/15/18</td>
</tr>
</tbody>
</table>
Record of Changes

The Coalition Emergency Preparedness Plan (EPP) will be reviewed and updated on an annual basis.

If it is determined that corrective action is suggested by information learned during a discussion-based or operations-based exercise or response to a public health emergency, the plan will be amended before the annual review, directly following recommendations made in the after-action report from the exercise or incident.

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Record of Changes</th>
<th>Changed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/15/18</td>
<td>1</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B. Coalition Overview

1. Introduction/Role/Purpose of Coalition

Mission- The Marion County Coalition for Health and Medical Preparedness is a collective, independent voice of individuals and public, private, professional and nonprofit organizations, service and citizen groups, and businesses working together to prepare for all-hazards that impact the health and medical system in Marion County. See CHAMP Strategic Plan Appendix 1

Purpose-

a. Provide a forum for the healthcare community to interact with one another and other response agencies at a local level.

b. Coordinate and improve the delivery of healthcare services during emergency response incidents through preparedness planning

c. Identify local healthcare assets available during a response

d. Identify gaps in the healthcare community’s ability to effectively respond to an incident.

e. Assist the Health & Medical Group (ESF 8) within the Emergency Operations Center by providing situational awareness and a common operating picture.

2. Coalition Boundaries

Marion County is the fifteenth most populated county in the State of Florida, according to the Federal government’s 2015 census estimate. Marion County is 1,662 square miles.

Providers

Total Licensed Dentists (Fiscal Year) 2016 is 121, which is 34.9 per 100,00
Total Licensed Physicians (Fiscal Year) 2016 is 741, which is 213.6 per 100,000
Total Licensed Family Practice Physicians (Fiscal Year) 2016, is 45, which 13.0 per 100,00
Total Licensed Internists (Fiscal Year) 2016 is 131, which is 37.8 per 100,00
Total Licensed OB/GYN (Fiscal Year) 2016 is 18, which is 5.2 per 100,00
Total Licensed Pediatricians (Fiscal Year) 2016 is 29, which is 8.4 per 100,00

Facilities

Total Hospital Beds 2016 is 907, which is 261.4 per 100,00
Total Acute Care Beds 2016 is 737, which is 212.4 per 100,000
Total Specialty Beds 2016 is 170, which is 49.0 per 100,00
Total Nursing Home Beds 2016 is 1,380, which is 397.7 per 100,000

County Health Department Full-Time Employees 2016 is 169, which is 49.0 per 100,000

Data Source: Florida Department of Health, Division of Medical Quality Assurance, Agency for Health Care Administration. *Data for providers are for a fiscal year, not a calendar year

CHAMP is also part of the Region 3 Healthcare Coalition Alliance (referred to in this document as The Alliance). The Alliance is made up of three existing Healthcare Coalitions:

- Northeast Florida Healthcare Coalition (NEFLHCC) serving Baker, Clay, Duval, Flagler, Nassau and St. Johns Counties;
- North Central Florida Health Care Coalition (NCFHCC) serving Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union Counties and
- Coalition for Health and Medical Preparedness (CHAMP) serving Marion County.

3. Coalition Members

Hospitals – Ocala Regional Medical Center, Munroe Regional Medical Center

Emergency Medical Services Providers – Marion County Fire Rescue

Emergency Management – Marion County Sheriff’s Office Department of

Local and State Law Enforcement and Fire Services – Ocala Fire Rescue

Long-Term Care Providers – Greystone The Health Club, HealthSouth, The Lodge Health and Rehab, Ocala Oaks Rehab

Public Health – Florida Department of Health Marion County Health Department

Mental/Behavioral Health Providers – The Centers

Medical Associations

Specialty Service Providers – Hospice of Marion County, Central Florida Eye Institute, Orthopedic Surgery Center of Ocala(including but not limited to dialysis centers, urgent care facilities, ambulatory surgical centers)

Home Health – Munroe Regional Home Care, Brookdale Home Health

Support Service Providers – Life South Blood Center

Primary Care Providers

Community Health Centers - Langley Health Centers, Heart of Florida Health Centers

Federal Entities

Other Government Department/Agencies – Children’s Medical Services

Private Organizations – Hiers Baxley Funeral Home

Non-Profit Organizations – Center for Independent Living

Community-Based Organizations – Marion County Health Alliance
Volunteer Medical Organizations – Community Crisis Response Team
Medical Reserve Corps – Marion County Medical Reserve Corps, College of Central Florida
Federal Volunteer Programs (CERT, COPS, etc.)
Educational – Marion County Public Schools K-12, Colleges, technical centers,

4. Organizational Structure
The CHAMP organizational structure is outlined in the CHAMP Strategic Plan which includes the CHAMP by-laws. See Appendix 1

5. Role of Leadership within Member Organizations
As outlined in the CHAMP Strategic Plan, member organizations will:

Appoint a designated representative. The appointing authority of each Coalition Member Agency shall designate a representative (Liaison) to attend the Coalition meetings. The Liaison should have a role at their agency related to emergency preparedness or disaster response.

Appoint an alternate representative. Each appointing authority shall designate an alternate representative who can attend the meeting at which the Designated Representative cannot be present.

If the Designee or Alternate is unable to attend, the Member Agency can send a representative to speak on their behalf but will have no voting authority.

The appointing authority shall be advised of any vacancy and asked to appoint a replacement.

6. Risk
The top 5 hazard events are; hurricanes/tropical storms, power failure, sinkholes, flood, epidemic, communications failure and cyber/IT attack. (7 are listed due to tying risk scores.) Addressing these areas will also assist in other hazards that may be high in probability but lower in risks such as severe thunderstorms and tornadoes. Many conditions of thunderstorms and tornadoes are found in tropical storms and may cause similar actions such as response to power failure or need for shelters.

Hurricane/tropical storms, sinkholes, and floods can cause transportation disruptions which would address another specific hazard. The epidemic response would be similar to biological terrorism and in some cases chemical terrorism because isolation/quarantine or mass prophylaxis could be necessary for all of them. See complete Hazard Vulnerability Assessment Appendix 2
7. Gaps

A Gap analysis was conducted of our coalition partners utilizing the ASPR TRACIE Healthcare Coalition Resource and Gap Analysis Tool. This tool was designed to assist healthcare coalition partners develop a common understanding of their resources, existing gaps, and assist in prioritizing activities to close the gaps. The following are the top 15 Gaps Identified for Marion County CHAMP and their priority.

1. LTC Information Sharing Plan/Communications Plan
2. LTC Staff and Resource Sharing Plan
3. EMS Active Shooter / Armed Assaultant / Active Threat Response Plan
4. EMS Crisis Care / Crisis Standards of Care Plan
5. LTC Security Plan
6. Hospital Decontamination Plan
7. Public Health Shelter Support Plan
8. LTC Evacuation Plan
9. HCC Evacuation Plan
10. Outpatient Care Security Plan
11. Public Health Risk Communications Plan
12. Outpatient Care COOP, Recovery / Business Continuity Plan
13. HCC Response Plan
14. Outpatient Care Staff and Resource Sharing Plan
15. Outpatient Care Information Sharing Plan / Communications Plan

8. Compliance Requirements/Legal Authorities

The HCC, in collaboration with the ESF-8 lead agency and state authorities, must meet regulatory compliance requirements that are applicable to day-to-day operations and may play a role in planning for, responding to, and recovering from emergencies.

State

Chapter 252, Florida Statutes – Emergency Management Act
- Chapter 395.1055, F.S. – Hospital Licensing and Regulation
- Chapter 381, F.S. - Florida Community Health Protection Act
- Chapter 400, F.S. – Health Care Clinic Act
- Chapter 401, F.S. – Medical Telecommunications and Transportation Act (Emergency Medical Services)
- Chapter 406 – Medical Examiners Act
- Chapter 408, F.S. – Health Care Administration Act
- Florida Administrative Code - Emergency Planning Criteria for health and medical facilities and providers
- Chapter 58A-6, F.A.C. - Adult Day Care Centers
C. Coalition Objectives

1. Maintenance and /Sustainability

   a. Goal 1: Improve Coalition Effectiveness
      1) Review / Revise Coalition By-Laws (Annually)
      2) Review / Revise Coalition Strategic Plan (Annually)
      3) Develop Subcommittees (as needed)
b. **Goal 2**: Increase Awareness of Coalition  
1) Maintain Coalition website  
2) Expand mailing (Constant Contact) list of meetings, activities, exercises, etc.  
3) Create an annual report that includes coalition vision, mission, goals, membership, accomplishments, articles, etc.

c. **Goal 3**: Increase Participation / Engagement of Members  
1) Host bi-annual membership drive meetings  
2) Develop member commitments to projects, tasks or workgroups  
3) Encourage members to promote the Health Care Coalition and activities within their organizations

d. **Goal 4**: Increase Coalition Membership  
1) Identify/Invite new partners as needed  
2) Develop tools for recruitment (i.e., brochures, website, annual report)  
3) Encourage members to bring guests to meetings  
4) Develop member packets  
5) Create membership certificates for display in member offices

2. **Engagement of Partners and Stakeholders**

   a. **Health Care Executives**

   Provide CHAMP members with all documents and members to share with their respective agency executives.

   Members will share training opportunities with their facilities providing valuable preparedness training to the whole agency.

   Provide CHAMP members with information for their agencies to request projects of training and exercises.

   Conduct exercises involving multiple agencies and provide lessons learned with members. Members will pass this on to executives.

   Inform health care executives, through members, that the coalition can assist in compliance with 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)

   b. **Clinicians**
CHAMP members include many clinicians.

Members are encouraged to bring others to meetings and promote the coalition.

Members will share training opportunities with their facilities providing valuable preparedness training to the whole agency.

Conduct exercises with member agencies that involve clinicians.

Inform clinicians, through members, that the coalition can assist in compliance with 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)

c. Community Leaders

Invite public information outlets to appropriate activities to make the community, and its leaders aware of activities and benefits of the coalition.

CHAMP members that are community-based organizations will provide information to community leaders.

d. Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs

Include this population in coalition training and exercises.

Provide lessons learned involving this population to all members.

Participate in community preparedness events involving this population.

Include information regarding this population in the HVA.

3. Workplan

a. Roles and Responsibilities

<table>
<thead>
<tr>
<th>Champ Preparedness Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
</tr>
<tr>
<td>Improve Coalition Effectiveness</td>
</tr>
<tr>
<td>Goal</td>
</tr>
<tr>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Increase Awareness of Coalition</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Increase Participation / Engagement of Members</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Increase Coalition Membership</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Goal</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>Engage Agency Executives</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Engage Clinicians</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
can assist in compliance with 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)

<table>
<thead>
<tr>
<th>Goal</th>
<th>Key Action Steps</th>
<th>Timeline</th>
<th>Person/Area Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage Community Leaders</td>
<td>Invite public information outlets to appropriate activities to make the community and its leaders aware of activities and benefits of the coalition.</td>
<td>As Indicated</td>
<td>Executive Committee</td>
</tr>
<tr>
<td></td>
<td>CHAMP members that are community based organizations will provide information to community leaders</td>
<td>Ongoing</td>
<td>CHAMP Members</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal</th>
<th>Key Action Steps</th>
<th>Timeline</th>
<th>Person/Area Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning, training and exercise will include awareness of Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs</td>
<td>Include this population in coalition trainings and exercises.</td>
<td>Ongoing</td>
<td>Executive Committee/CHAMP Membership</td>
</tr>
<tr>
<td>Provide lessons learned involving this population to all members.</td>
<td>Ongoing</td>
<td>Executive Committee/CHAMP Membership</td>
<td></td>
</tr>
<tr>
<td>Participate in community preparedness events involving this population.</td>
<td>As Indicated</td>
<td>Executive Committee/CHAMP Membership</td>
<td></td>
</tr>
<tr>
<td>Include information regarding this population in the HVA.</td>
<td>Annually</td>
<td>Executive Committee/CHAMP Membership</td>
<td></td>
</tr>
</tbody>
</table>

D. Attachments

1. CHAMP Strategic Plan
2. CHAMP HVA

E. Resources

ASPR TRACIE Technical Resources – Health Care Coalition Preparedness Plan


Florida Department of Health – HealthCare Coalitions
Marion County CHAMP

Strategic Plan

2015 / 2017
# Table of Contents

**Introduction** ............................................................................................................................................. 3

**Mission, Purpose and Scope of Work** ................................................................................................. 3

**Administrative Guidelines** ....................................................................................................................... 5

**Preparedness Strategy** ............................................................................................................................. 5

**Federal and State Contract Deliverable Goals and Timeline** ............................................................... 6

**Coalition Improvement, Maintenance and Management Goals** ......................................................... 7

**Appendix:**
Appendix A: Glossary of Terms…………………………………………………………………………………9

Appendix B: Marion County Coalition for Health and Medical Preparedness Inc. By-Laws…..11

Introduction
The Marion County Coalition for Health and Medical Preparedness, CHAMP, was organized in 2012 as a volunteer committee, managed by the Florida Department of Health in Marion County. The mission at the time was to develop a medical coalition to address the needs of the medical community in times of disaster. Funding for the Healthcare Coalitions is provided by Assistant Secretary for Preparedness and Response, Hospital Preparedness Program (ASPR/HPP), through the Florida Department of Health to the Florida Department of Health in Marion County.

In 2015, CHAMP incorporated as a non-profit corporation and is formally known as *Marion County Coalition for Health and Medical Preparedness Inc.*, DBA CHAMP. As of 2015 CHAMP is the fiscal agent for the coalition with our office at Marion County Emergency Management. The coalition is managed by an executive board of 9 members representing critical partner agencies within our medical community. The board consists of: Chairman, Vice Chairman, Secretary, Treasurer, Emergency Management Representative, Public Safety Representative, Primary Care Representative, Secondary Care Representative and the Training/Exercise Committee Chairman.

**Mission, Purpose and Scope:**

**Mission** - The Marion County Coalition for Health and Medical Preparedness is a collective, independent voice of individuals and public, private, professional and nonprofit organizations, service and citizen groups, and businesses working together to prepare for all-hazards that impact the health and medical system in Marion County.
Purpose-

1. Provide a forum for the healthcare community to interact with one another and other response agencies at a local level.
2. Coordinate and improve the delivery of healthcare services during emergency response incidents through preparedness planning.
3. Identify local healthcare assets available during a response.
4. Identify gaps in the healthcare community’s ability to effectively respond to an incident.
5. Assist the Health & Medical Group (ESF 8) within the Emergency Operations Center by providing situational awareness and a common operating picture.

Scope of Coalition Work-

CHAMPS Scope of work is to provide planning for Medical Surge Capacity and Capability within Marion County, FL.

CHAMP is able to accomplish our mission by working closely with our member partners in the areas of planning, training, exercising and equipping to address disasters that affect our community. CHAMP functions as a clearinghouse of information, a hub for standardized training and equipment referrals as well as evaluating individual response capabilities of our partners.

CHAMP’s Operational capability lies with each individual partner agency. CHAMP as a whole is not a response entity, however some of our members are first response or first receiver agencies. CHAMP operates to assist in preparing all our medical community partners to be better prepared in times of disaster, assist in developing a common operating picture for our community and standardize common operations.
Administrative Guidelines

The Marion County Coalition for Health and Medical Preparedness Inc. has a formal governance structure. The Coalition was incorporated as a non-profit corporation in 2015 and is managed by an Executive Board. The Executive Board is governed by the Coalition By-Laws that were adopted by the membership in 2013, revisited in 2014 and again in 2015 to address the new non-profit corporation status. (See Appendix B)

Funding Strategy:

The Healthcare Coalitions are currently funded by the ASPR/HPP grant program. Funding is awarded to the State of Florida and subsequently contracted with individual Healthcare Coalitions to perform the work required by the contracts. This is currently the only funding stream for the Marion County Coalition for Health and Medical Preparedness Inc. and there are no other funding streams being sought at this time.

Preparedness Strategy

The Marion County Coalition for Health and Medical Preparedness Inc. has a structure in place to address the issues of planning, organizing, equipping, training, and exercising our coalition partners. These are included in the Marion County Coalition for Health and Medical Preparedness Operations Plan. Specific agency roles and responsibilities vary during times of disaster or emergency. These roles are expressed in the Marion County Comprehensive Emergency Management Plan, under several Annex sections.
The Marion County Coalition for Health and Medical Preparedness Inc. will follow the County CEMP during times of disaster or emergency. The CHAMP Operations Plan was developed to supplement and not replace any Federal, State, Local, Agency or Facility plans. The plan serves as a guide for member agencies and a conduit to the EOC, ESF-8.

**Federal and State Contract Deliverable Goals and Timelines**

**Goal 1: Complete 1st quarter State deliverables by October 30, 2015**

1) Prepare HCC Annual Calendar of Meetings (August 30)
2) Prepare Community HVA (August 30)
3) Prepare HCC member Organization Summary (September 30)
4) Develop a process used to assist with Resource Coordination (September 30)
5) Prepare Attestation of Qualifying Exercise (September 30)
6) Conduct HCC meetings (report by end of Quarter)
7) Conduct HCC communications capability test (once per Quarter)

**Goal 2: Complete 2nd quarter State deliverables by December 30, 2015**

1) Prepare HCC Patient Tracking Monitoring Plan (December 30)
2) Prepare HCC COOP (December 30)
3) Conduct a gap analysis of service capability to identify isolate treat and transport individuals suspected or confirmed of being infected with EBOLA (December 31)
4) Ensure HCC Members that are likely to provide first response to a possible outbreak of EBOLA have access to appropriate PPE equipment. (December 31)
5) Conduct HCC meetings (report by end of Quarter)
6) Conduct HCC communications capability test (once per Quarter)
Goal 3: Complete 3\textsuperscript{rd} quarter State deliverables by March 30, 2016

1) Conduct an assessment of HCC member healthcare delivery deficiencies (March 30)
2) Prepare a Strategic Plan for HCC (March 30)
3) Conduct HCC meetings (report by end of Quarter)
4) Conduct HCC communications capability test (once per Quarter)

Goal 4: Complete 4\textsuperscript{th} quarter State deliverables by June 30, 2016

1) Participate in Training and Exercise Planning Workshop (April 1)
2) Prepare HCC MYTEP (April 30)
3) Perform outreach activities to increase membership of Providers HCC (May 30)
4) Participate in a minimum of one HSEEP exercise (May 30)
5) Perform two multi-jurisdictional trainings to address deficiencies identified through the healthcare delivery assessment (May 30)
6) Hold a minimum of 1 EBOLA planning meeting (May 30)
7) Perform an assessment of the ability of providers to identify, isolate, and begin treatment of EBOLA victims (May 31)
8) Provide a training session for providers to instruct them on proper methods to identify, isolate and treat EBOLA victims (May 31)
9) Participate in a minimum of one HSEEP exercise specific to EOBLA (May 31)
10) Complete the ASPR HCC survey (June 1)
11) Conduct HCC meetings (report by end of Quarter)
12) Conduct HCC communications capability test (once per Quarter)

Coalition Improvement, Maintenance and Management Goals

Goal 1: Improve Coalition Effectiveness

1) Review / Revise Coalition By-Laws (Annually)
2) Review / Revise Coalition Strategic Plan (Annually)
3) Develop Subcommittees (as needed)

Goal 2: Increase Awareness of Coalition

1) Develop a website (March 2016)
2) Expand mailing (Constant Contact) list for meetings, activities, exercises, etc. (December 2015)
3) Create an annual report that includes coalition vision, mission, goals, membership, accomplishments, articles, etc. (June 2016)

Goal 3: Increase Participation / Engagement of Members

1) Host bi-annual membership drive meetings (October 2015, April 2016, October 2016, April 2017)
2) Develop member commitments to projects, tasks or workgroups (December 2015)
3) Encourage members to promote the Health Care Coalition and activities within their own organizations (Ongoing)

Goal 4: Increase Coalition Membership

1) Identify/Invite new partners as needed (Ongoing)
2) Develop tools for recruitment (i.e. brochures, website, annual report) (December 2015)
3) Encourage members to bring guests to meetings (Ongoing)
4) Develop member packets (March 2016)
5) Create membership certificates for display in member offices (March 2016)

Appendix A: GLOSSARY OF TERMS
MAA: Mutual Aid Agreement - In emergency services, mutual aid is a formal agreement among emergency responders to lend assistance across jurisdictional boundaries when required; either by an emergency that exceeds local resources or a disaster. On a smaller scale the principle of mutual aid guides the creation of militia and community emergency response teams.

Define Mass Casualty & Mass Fatality:

Mitigation: The activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident.

MOU: Memorandum of Understanding - A legal document describing a bilateral or multilateral agreement between parties. It expresses a convergence of will between the parties, indicating an intended common line of action and may not imply a legal commitment.

NIMS: National Incident Management System - A system mandated by HSPD-5 (Homeland Security Presidential Directive) that provides a consistent nationwide approach for state, local, and tribal governments. This system allows the private-sector and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. To provide for interoperability and compatibility among state, local, and tribal capabilities, the NIMS includes a core set of concepts, principles, and terminology. HSPD-5 identifies these components as the Incident Command System; multi-agency coordination systems; training; identification and management of resources (including systems for classifying types of resources); qualification and certification; and the collection, tracking, and reporting of incident information and incident resources.

Preparedness: The range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents.

Prevention: Actions to avoid an incident or to intervene to stop an incident from occurring
Recovery: The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public-assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post-incident reporting; and development of initiatives to mitigate the effects of future incidents.

Region One: Geographically, Region One includes; San Juan, Whatcom, Skagit, Island, and Snohomish Counties.

Response: Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes.

Surge: 2–3 times above baseline for patient admissions, infectious disease incidents

Appendix B: CHAMP By-Laws
Marion County Coalition for Health and Medical Preparedness Inc.

By-laws

Article I: Name

The name of the Healthcare Coalition shall be the Marion County Coalition for Health and Medical Preparedness Inc. or CHAMP. CHAMP is a Non-Profit Organization.

Article II: Mission and Purpose

Mission - The Marion County Coalition for Health and Medical Preparedness Inc. is a collective, independent voice of individuals and public, private, professional and nonprofit organizations, service and citizen groups, and businesses working together to prepare for all-hazards that impact the health and medical system in Marion County.

Purpose

1. Provide a forum for the healthcare community to interact with one another and other response agencies at a local level.
2. Coordinate and improve the delivery of healthcare services during emergency response incidents through preparedness planning
3. Identify local healthcare assets available during a response
4. Identify gaps in the healthcare community’s ability to effectively respond to an incident.
5. Assist the Health & Medical Group (ESF 8) within the Emergency Operations Center by providing situational awareness and a common operating picture.
6. Marion County CHAMP is organized exclusively for charitable purposes as defined and identified in the Internal Revenue Code.

Article III: Membership

General Membership

Membership in the Marion County Coalition for Health and Medical Preparedness Inc. shall be extended to the following agencies, institutions, and community-wide emergency response related disciplines within Marion County.

Membership Categories

- Hospitals (including acute care, rehabilitation and psychiatric)
- Emergency Medical Services Providers
- Emergency Management
- Local and State Law Enforcement and Fire Services
- Long Term Care Providers
- Public Health (including but not limited to County Health Departments, State Public Health Laboratories)
- Mental/Behavioral Health Providers
Designated Representative

The appointing authority of each Coalition Member Agency shall designate a representative (Liaison) to attend the Coalition meetings. The Liaison should have a role at their agency related to emergency preparedness or disaster response.

Alternate Representative

Each appointing authority shall designate an alternate representative who can attend the meeting at which the Designated Representative cannot be present.

Agency Representative

If the Designee or Alternate are unable to attend, the Member Agency can send a representative to speak on their behalf but will have no voting authority.

Term

The appointing authority shall be advised of any vacancy and asked to appoint a replacement.

Article IV: Executive Board
The Executive Board shall consist of the representatives of each of the following Coalition member organizations.

- Chairperson – Representative from General Membership
- Vice Chairperson – Representative from General Membership
- Secretary – Representative from the General Membership
- Treasurer – Representative from the General Membership
- Training/Exercise Committee Chair – Representative from the Training Committee
- Emergency Management Representative
- Public Safety Representative (Fire, Law,)
- Primary Care Representative (Hospitals, Urgent Care, Doctors Offices, etc)
- Secondary Care Representative (ALFs, Nursing Homes, etc)

The Executive Board shall determine issues the Coalition shall address, make recommendations to the Coalition membership on community-wide emergency related matters, coordinate the approach to community-wide emergency planning, training and response, coordinate the fiscal matters from programs managed by the coalition, and periodically ensure that the effectiveness of the Coalition is evaluated.

Duties of the Executive Board

CHAIRPERSON - Shall provide the direction and leadership for the Coalition. He/she shall act as chairperson of all Coalition meetings; serve as the official representative and spokesperson of the Coalition; act as the liaison to the Region 3 Domestic Security Terrorism Task Force, Health and Medical committee.

IMMEDIATE PAST CHAIRPERSON - Shall provide transitional support to the Chairperson and Executive Board, will be responsible for assisting in any strategic planning efforts as needed.

VICE-CHAIRPERSON - Shall preside over meetings in the absence of the Chairperson; serve as the liaison to outside agencies at the direction of the Chairperson; and perform other duties assigned by the Chairperson.

SECRETARY - Shall record, produce and distribute agendas and minutes for CHAMP meetings, maintain member contact lists including email distribution list, and other administrative functions as needed.

TREASURER - Shall work with the fiscal agent to coordinate the collection of any revenues associated with CHAMP activities to include, but not limited to, grants, contracts, membership dues, donations, contributions, and approve and track CHAMP financial matters in coordination with the Chair and fiscal
agent, and will provide monthly reports to the Executive Board and General Membership on the status of CHAMP account balances, revenues, and expenditures.

**TRAINING AND EXERCISE COMMITTEE CHAIR** - The training/committee chair shall preside over the Training/Exercise Committee which is tasked with researching and developing recommendations relating to purchasing of personal protective equipment and other associated equipment; recommending protocols to address regulatory issues; coordinating with regional and state activities relative to training and education; serving as a clearinghouse for training resources; and serving as the liaison with any tabletop exercise and live drills. Conduct and document an annual Multi-Year Training and Exercise Plan for the Coalition.

**Article V: CHAMP Working Group**

The Coalition working group will be made up of 1 representative and 1 alternate from each membership category. The Working Group will be the voting body of the Coalition and will represent their respective category members.

**Designated Representative**

The membership body shall appoint a representative who will attend all Coalition meetings and represent their respective membership category. The representative will have one (1) vote in all Coalition business.

**Alternate Representative**

The membership body shall designate an alternate representative who can attend the meeting at which the Designated Representative cannot be present.

**Term**

The term for working group members will be two (2) years with no term limits

**Confirmation**

All representatives and alternates must be reviewed by the chairperson and presented for approval to the Executive Board and Working Group with a recommendation for vote.

**Article VI: Meetings**

Meetings shall be held on dates and at locations to be determined by the Coalition. Each meeting shall follow a predetermined agenda established by the Chairman in consultation with the Executive Board.
Minutes of the meeting shall be taken and retained for a period of not less than five years. Committee and Task force meetings are held at the discretion of the Chair and/or Co-chair of each committee and/or task force.

**Executive Board Meetings** – The Executive Board will meet monthly to address planning and compliance requirements of the Coalition Grant Funding and Project deadlines. This group will approve work on deliverables required in the scope of work for the Coalition.

**Working Group Meetings** – The CHAMP Working Group meetings will be held every other month and will include the Executive Board. This group will meet to address issues common to the Coalition and its members. The Working Group will vote on all issues affecting the Coalition Membership.

**Quorum** – A majority (50%+1) of Executive Board and the Champ Working Group shall constitute a quorum for the transaction of business.

**Quarterly Membership Category Meetings** – Working Group representatives are encouraged to set up a quarterly meeting with their respective category members to address issues common to their category and bring back any issues from their group to the Executive Board and Working Group.

**Annual General Membership Meeting** – The General Membership will meet annually in June of each year to be briefed on the business accomplishments of the Coalition and future business of the Coalition.

Notice of Meetings - Written notice of meetings shall be emailed to each member at least 14 days in advance of each meeting. In the case of a special meeting, such notice shall state the purpose of the meeting. Special meeting notices shall be not less than 24 hours.

**Member Attendance** – All Coalition members are welcome to attend any of the above meetings. All meetings will be posted and emailed to all members.

Parliamentary Procedures - Robert's Rules of Order will be used to guide the conduct of any meeting of the Coalition.

**Article VII: Voting**

As outlined in these By-laws, Executive Board and Working Group Members are eligible to vote for the following:

1. Amendments to the Marion County Health and Medical Preparedness Coalition By-laws;

2. All other business issues that may come before the Marion County Health and Medical Preparedness Coalition.
Voting Privileges

Voting by Organizational Members - Each Executive Board and Working Group Member shall be entitled to one vote at any general meeting, cast by the representative or alternate it designates.

Unless otherwise specified in this guidance, decisions shall be made upon majority vote of those present at any general meeting.

Methods of Voting

Unless otherwise specified in this document, decisions shall be made by majority vote of Executive Board and Working Group (50%+1) members present at any meeting. If a quorum is not present at a meeting, transaction of business will take place under the condition that any motions that are put forth to a vote will be presented to absent voting representatives via electronic mail in order to receive a quorum vote. A reasonable amount of time will be allowed for receipt of absentee votes not to exceed ten days from the date of the meeting. If a quorum is not obtained the motion fails.

Article VIII - Tenure of Office

ELECTED POSITIONS- The tenure of office for the Chairperson and the Executive Board's Vice-chairperson shall commence in July of the calendar year following their election upon confirmation by the Executive Board at the June Regular Membership Meeting.

Chairperson – shall serve for a term of two (2) years. The Chairperson may serve 2 consecutive two year terms.

Even years

Vice-Chairperson – shall serve for a term of two (2) years. The Vice-Chair may serve 2 consecutive two year terms

Odd years

Secretary – shall serve for a term of two (2) years. The Secretary may serve 2 consecutive two year terms.

Odd Years

Treasurer – shall serve for a term of two (2) years. The Treasurer may serve 2 consecutive two year terms.

Even Years

Training/Exercise Committee Chair – shall serve for a term of one (1) year. The Task Force Chair may serve 2 consecutive one year terms.
Even years

**Appointed Positions** – All appointed Executive Board Members shall serve a term of one (1) year, commencing in June following the confirmation by the CHAMP Working Group at the Regular Meeting. Appointed Positions will be re-confirmed by their appointing authority. Appointed Positions have no term limits. (EM Liaison, Public Safety Liaison, Primary Care Liaison, Secondary Care Liaison

**Vacancies** – Vacancies on the Executive Board shall be appointed by the Chairperson and shall serve until the Working Group has voted in a new representative.

Positions will be appointed on an even/odd year.

**Article IX – Standing Committees**

**The Standing Committees of the Coalition shall be the Training and Exercise committee.**

**Training and Exercise Committee** – This Committee shall be chaired by a member of the Executive Board and shall research and develop recommendations relating to the purchasing of personal protective equipment and other associated equipment; recommend protocol to address regulatory issues; coordinate activities relative to training programs and coordinate activities relative to exercise development.

**AD HOC Committees** – Ad Hoc Committees of the Coalition will be appointed by the Executive Board as the need arises. Each Ad Hoc Committee will elect a chair and the life of the committee will be determined by the matter under consideration. The committee will be disbanded when the purpose has been served.

**Article X - Task Forces**

The Marion County Coalition for Health and Medical Preparedness Inc. may develop as needed, Task Force groups to research and or explore specific issues as they arise. Task Force members will serve on a voluntary basis and will be disbanded when the purpose has been served.
Article XI – Nominations and Elections

Elected Executive Board Members – All elected Executive Board Members must be nominated through the Coalition’s nominating process as outlined in the By-Laws and determined by the Nomination Committee. Elected members must be reviewed and confirmed by the Executive Board at the June Meeting.

Elected CHAMP Working Group Members – All elected CHAMP Working Group Members must be nominated through the Coalition’s nominating process as outlined in the By-Laws and determined by the Nomination Committee.

Appointed Executive Board Members – All appointed Executive Board Members shall be nominated by the appropriate appointing authority by virtue of their appointment to the Coalition and must be reviewed and confirmed by the Executive Board at the June Meeting.

Voting – Nominations and Voting for Elected Positions is open to all members. Elections will take place in June and positions will be filled and commence at the July meeting following the elections.

Nominating Committee – A Nominating Ad Hoc Committee shall be created at the Regular April Coalition Meeting. The committee will be responsible for:

- Soliciting nominations for open elected positions from the Coalition
- Verifying eligibility and willingness to serve from each nominee
- Creating a list of nominees with biographical information to present to the General Membership at least 15 days prior to the date of the election
- Create a ballot for the election at the June Coalition meeting
- Tabulate votes and report the outcome to the Executive Board and Working Group
- The ballot shall be approved by the Executive Board and Working Group prior to presentation to the General Membership meeting in June.

Article XII - Amendments to "Marion County Coalition for Health and Medical Preparedness Inc. By-Laws"

Any member of the Marion County Coalition for Health and Medical Preparedness Inc. may propose amendment(s) to the "By-Laws." Proposed amendments shall be presented to the Coalition no later than (4) four weeks before a full Coalition meeting in order to be considered. The Coalition will ensure that any proposed amendments are emailed to the membership no later than (2) two weeks before the same meeting. Amendments must receive a majority vote of the Executive Board and Working Group (50%+1) participating in the meeting or a majority of votes of returned ballots if the vote is conducted by e-mail.
Article XIII – Fiscal Agent and Fiscal Responsibility

The Marion County Coalition for Health and Medical Preparedness Inc. will be the fiscal agent for the Coalition and shall be responsible for tracking all Coalition related expenditures directed by the Executive Board and Working Group. The record keeping shall be in accordance with generally accepted accounting practices.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes of the corporation.

Article XIV – Coalition Dissolution

In the event the Marion County Coalition for Health and Medical Preparedness Inc. is dissolved, all assets will be used or provided for exempt purposes within the meaning of the Internal Revenue Code or shall be distributed to the federal government or to a state or local government, for public purposes.

Article XV – Coalition Address

The address for receipt of mail will be as follows;
Marion County Emergency Management
Attention CHAMP
692 NW 30th Ave
Ocala, FL 34475

Article XVI - Effective Date

The effective date of these by-laws is June 24, 2015.
Marion County Coalition for Health and Medical Preparedness

2015/2016 Hazard Vulnerability Assessment

Summary of update to the Marion County Coalition for Health and Medical Planning 2015/2016 Hazard Vulnerability Assessment.
Table of Contents

Contents
Table of Contents .......................................................................................................................... 2
Introduction ................................................................................................................................... 3
Review .......................................................................................................................................... 3
Materials and Methods ................................................................................................................ 4
Discussion ..................................................................................................................................... 4
Conclusion ..................................................................................................................................... 5
References ...................................................................................................................................... 6
Attachment 1 ................................................................................................................................ 8
  NATURALLY OCCURRING EVENTS .................................................................................. Error! Bookmark not defined.
  TECHNOLOGIC EVENTS .............................................................................................. Error! Bookmark not defined.
  HUMAN RELATED EVENTS ......................................................................................... Error! Bookmark not defined.
  EVENTS INVOLVING HAZARDOUS MATERIALS ..................................................... Error! Bookmark not defined. Attachment 2 ................................................................................................................. Error! Bookmark not defined.
  Baseline Health Indicators .....................................................................................................
Attachment 3 ............................................................................................................................... 11
  Risk Values ............................................................................................................................. 11
Attachment 4 ............................................................................................................................... 12
  Risk Ranking ........................................................................................................................... 12
Attachment 5 ............................................................................................................................... 13
  Vulnerable Populations ............................................................................................................ 13
Introduction

Trident Consulting Group, Inc. was tasked with updating the 2015 Hazard Vulnerability Assessment (HVA) for the Marion County Coalition for Health and Medical Preparedness (CHAMP). Trident utilized information from the 2015 HVA, state hazard assessment, and statistics from state and local resources to determine needed changes for 2015 / 2016. The Kaiser tool was utilized and factors in planning/mitigation along with potential and severity of hazards. For 2015 / 2016 additional input was gathered from several local agency HVA processes, and Marion County Emergency Management. This new information was instrumental in updating the CHAMP HVA. This gives a picture of the risks facing the health and medical community. This information is valuable in assisting CHAMP with continued planning efforts for the Marion county health and medical community.

Review

A hazard is a situation that poses a level of threat to life, health, property, or environment. Most hazards are dormant or potential, with only a theoretical risk of harm; however, once a hazard becomes "active", it can create an emergency situation. A hazardous situation that has come to pass is called an incident. Hazard and possibility interact together to create risk. Risk is defined as the expectation of loss.

A hazard vulnerability assessment (HVA) is part of a systematic planning process for disaster preparedness and will help CHAMP fully understand the picture for health and medical planning in Marion County. Hazards can be naturally occurring such as geological, meteorological or biological. They can also be human-caused, such as by accidental or intentional means.

For health agencies, planning for disasters requires a multi-faceted approach. The systematic identification of potential hazards in the community is a valuable first step in the establishment of appropriate preparedness measures. Effective plans that utilize local resources to deal with potential disasters are necessary for the agency to determine realistic and appropriate measures to respond to these hazards.
Materials and Methods

The 2015 / 2016 update utilized the Keiser Permanente Hazard Vulnerability Assessment tool. Although the Keiser instrument is developed for a facility it is adaptable to the health and medical community. The Keiser tool improves the process of determining risks by including preparedness planning and resources in determining overall risk. It measures the magnitude of the hazard in 3 areas – Human Impact, Property Impact, and Business Impact. It incorporates planning and mitigation in 3 areas also including Preparedness, Internal Response and External Response. See Attachment 1. For further explanation of each of the six areas mentioned above see the instruction sheet at the end of attachment 1.

Baseline data was updated and the data sources are displayed on the Baseline Indicators worksheet. Attachment 2

During the past year HVA workshops were conducted for CHAMP members and the results from the participating agencies were incorporated into the 2015 / 2016 update. The CHAMP HVA was also discussed with Emergency Management who shared hazard probabilities from the county Local Mitigation Strategy group. Some probabilities were changed based on this information.

Hazards were given a value of 0, 1, 2, 3 and 4 to indicate their probability of occurrence. Scores are listed in Attachment 4. Refer to Attachment 3 to view the probability scoring definitions.

A formula built into the Keiser tool then calculated the Risk Percentage utilizing the probability and severity scoring. The risk percentage shows the likelihood that risks would occur if the health-care system was faced with the hazard. Some individual factors in some hazards were changed based on member input resulting in changes to the top five hazards. Results are in Attachment 1 and Attachment 4.

Discussion

The 2015 / 2016 updated information can now be utilized to help determine preparedness activities that the CHAMP should pursue. There are several ways to consider the results. First and most obvious is to prioritize the hazards highest to lowest by risk. The top 5 are hurricane or tropical storm (61%), power failure and sink hole (both 50%), flood(41%), epidemic (41%) and tied for fifth are communications failure (37%) and cyber/IT
Failure (37%). Two of these top 5, hurricane and power failure, have many preparedness issues in common as hurricanes usually cause a power outage. Therefore, assuring hurricane preparation also will mitigate power failure.

Although the risk factor is the recognized process to follow for preparedness, if the severity score is high despite a low risk factor it indicates the consequences of such an event would be high. Radiological terrorism is an example.

Other factors to consider in addressing hazards are the number of people in the county and the vulnerable populations. Marion County’s estimated population from the US Census Bureau is 337,362 and the vulnerable populations can be found in Attachment 5.

**Conclusion**

Information from the 2015/2016 Hazard Vulnerability Assessment can be utilized to build upon emergency preparedness plans. Agencies and organizations can also utilize this information to enhance their understanding of known hazards and how they may impact the health and medical system. Information from this process can be used as one of the tools to determine allocation of resources.

The 2015/2016 CHAMP HVA was performed utilizing the Keiser Permanente Assessment Tool. This tool lists the probability of known events, assesses the Human, Property and Business impact then factors in the Mitigation through Preparedness, Internal Response and External Response.

Utilizing this HVA tool, hazard events were prioritized based on risk. The top 5 hazard events are: hurricanes/tropical storms, power failure, sinkholes, flood, epidemic, communications failure and cyber/IT attack. (7 are listed due to tying risk scores.) Addressing these areas will also assist in other hazards that may be high in probability but lower in risk such as severe thunderstorms and tornadoes. Many conditions of thunderstorms and tornadoes are found in tropical storms and may cause similar actions such as response to power failure or need for shelters. Hurricane/tropical storms, sinkholes and floods can cause transportation disruptions which would address another specific hazard. Epidemic response would be similar to biological terrorism and in some cases chemical terrorism because isolation/quarantine or mass prophylaxis could be necessary in all of them.

Utilizing the Keiser tool mitigation/preparedness portion allows reflection on the gaps in
these areas for each hazard. For hurricanes/tropical storms the mitigation area of internal response (within our county) the score is only moderate. This is due to the fact that the Marion County Health Department which is the primary agency to staff shelters has lost almost half of their staff in the past 2 years and has lost many experienced staff. There also is a gap in community knowledge of individual agency plans/issues and therefore plans may need to be better coordinated. CHAMP members participating in the HVA workshops expressed the need for more sharing.

Flood issues can occur as part of a hurricane/tropical storm or as a standalone event from heavy rains. Agencies should evaluate if they are in a flood prone area.

Power failure has not been addressed in planning except through the possibility during hurricanes/tropical storms. Media has reported in the past that the electric grid is aging. This could possibly lead to long term power outages.

Again sinkholes are high because the state has determined Marion County at probability 3 which means it could occur frequently. CHAMP and the health and medical community has not addressed planning for sink holes that could threaten a medical facility or a large population area.

Epidemics continue in the top 5. The recent Ebola activity in the United States helps demonstrate that more planning and training needs to be conducted in regard to recognition, reporting, communication, isolation and quarantine. All health and medical agencies would be involved.

Communication failure can occur on its own or as part of any hazard. There is always a need for improving communication.

Cyber/IT failure moved up due to input from CHAMP members completing their HVAs. The world is becoming more and more dependent on the internet, computers and electronics.

Media has reported stories on consequences of electrical grid disruption. CHAMP needs to assure they can communicate and distribute needed information without computers or cell phones,

To address these gaps CHAMP members need to become familiar with current county and individual agency plans to address these hazards. Areas that overlap need to be identified to assure maximum use of resources. Also, areas for improvement need to be addressed and plans put in place for mitigation. CHAMP members can improve their individual and county plans by sharing best practices with each other resulting in
stronger plans for all.

References


Marion County ESF 8 Health and Medical Profile March January 2015 / 2016; Update coordinated by Sandi Courson, Northeast FLRERA.

US Census Bureau

Florida Charts, http://www.floridacharts.com

Marion County Local Mitigation Strategy Plan
## HAZARD AND VULNERABILITY ASSESSMENT TOOL

### NATURALLY OCCURRING EVENTS

<table>
<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY</th>
<th>SEVERITY = (MAGNITUDE - MITIGATION)</th>
<th>HUMAN IMPACT</th>
<th>PROPERTY IMPACT</th>
<th>BUSINESS IMPACT</th>
<th>PREPAREDNESS</th>
<th>INTERNAL RESPONSE</th>
<th>EXTERNAL RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SCORE</td>
<td>0 = N/A</td>
<td>1 = Low</td>
<td>2 = Moderate</td>
<td>3 = High</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hurricane</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Tornado</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Severe Thunderstorm</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Sinkholes</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Extreme cold</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Winter Storm</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Earthquake</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Fire, large urban</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Extreme heat</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drought</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Flood, External</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Wild Fire</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Erosion</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Epidemic</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>AVERAGE SCORE</strong></td>
<td><strong>1.63</strong></td>
<td><strong>1.06</strong></td>
<td><strong>1.00</strong></td>
<td><strong>0.94</strong></td>
<td><strong>1.06</strong></td>
<td><strong>1.06</strong></td>
<td><strong>1.00</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Threat increases with percentage.*

\[
\text{RISK} = \text{PROBABILITY} \times \text{SEVERITY}
\]

| 0.18 | 0.54 | 0.34 |
## TECHNOLOGIC EVENTS
### HAZARD AND VULNERABILITY ASSESSMENT TOOL

<table>
<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY</th>
<th>SEVERITY = (MAGNITUDE - MITIGATION)</th>
<th>HUMAN IMPACT</th>
<th>PROPERTY IMPACT</th>
<th>BUSINESS IMPACT</th>
<th>PREPAREDNESS</th>
<th>INTERNAL RESPONSE</th>
<th>EXTERNAL RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likelihood this will occur</td>
<td></td>
<td>Possibility of death or injury</td>
<td></td>
<td>Physical losses and damages</td>
<td>Inturruption of services</td>
<td>Preplanning</td>
<td>Time, effectiveness, resources</td>
<td>Community Mutual Aid and support</td>
</tr>
<tr>
<td>SCORE</td>
<td></td>
<td>0 = N/A</td>
<td>1 = Low</td>
<td>2 = Moderate</td>
<td>3 = High</td>
<td>0 = N/A</td>
<td>1 = Low</td>
<td>2 = Moderate</td>
</tr>
<tr>
<td>Electrical Failure</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Transportation Failure</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Water Failure</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Sewer Failure</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Communications Failure</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Cyber Attack</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Hazmat Incident, Fixed Facility</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>AVERAGE SCORE</strong></td>
<td><strong>0.68</strong></td>
<td><strong>0.37</strong></td>
<td><strong>0.42</strong></td>
<td><strong>0.58</strong></td>
<td><strong>0.68</strong></td>
<td><strong>0.68</strong></td>
<td><strong>0.68</strong></td>
<td><strong>0.58</strong></td>
</tr>
</tbody>
</table>

\[
\text{RISK} = \text{PROBABILITY} \times \text{SEVERITY}
\]

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0.04</strong></td>
<td><strong>0.23</strong></td>
<td><strong>0.18</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## HAZARD AND VULNERABILITY ASSESSMENT TOOL

### HUMAN RELATED EVENTS

<table>
<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY</th>
<th>SEVERITY = (MAGNITUDE - MITIGATION)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>HUMAN IMPACT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Likelihood this will occur</td>
</tr>
<tr>
<td>SCORE</td>
<td></td>
<td>0 = N/A</td>
</tr>
<tr>
<td>Mass Casualty Incident (trauma)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mass Casualty Incident (medical/infectious)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Terrorism, Biological</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Civil Disturbance</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>*Animal Disease</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

### AVERAGE

|             | 0.50 | 0.80 | 0.60 | 0.70 | 1.10 | 0.90 | 0.80 |

*Risk increases with percentage.*

\[
\text{RISK} = \text{PROBABILITY} \times \text{SEVERITY}
\]

|             | 0.05 | 0.17 | 0.27 |
## HAZARD AND VULNERABILITY ASSESSMENT TOOL

### EVENTS INVOLVING HAZARDOUS MATERIALS

<table>
<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY</th>
<th>SEVERITY = (MAGNITUDE - MITIGATION)</th>
<th>HUMAN IMPACT</th>
<th>PROPERTY IMPACT</th>
<th>BUSINESS IMPACT</th>
<th>PREPAREDNESS</th>
<th>INTERNAL RESPONSE</th>
<th>EXTERNAL RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Likelihood will occur</td>
<td>Possibility of death or injury</td>
<td>Physical losses and damages</td>
<td>Interruption of services</td>
<td>Preplanning</td>
<td>Time, effectiveness, resources</td>
<td>Community Mutual Aid and Support</td>
<td></td>
</tr>
<tr>
<td>SCORE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hazmat Incident Transportation</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
</tr>
<tr>
<td></td>
<td>1 = Low</td>
<td>1 = Low</td>
<td>1 = Low</td>
<td>1 = Low</td>
<td>1 = Low</td>
<td>1 = High</td>
<td>1 = High</td>
<td>1 = High</td>
</tr>
<tr>
<td></td>
<td>2 = Moderate</td>
<td>2 = Moderate</td>
<td>2 = Moderate</td>
<td>2 = Moderate</td>
<td>2 = Moderate</td>
<td>2 = Moderate</td>
<td>2 = Moderate</td>
<td>2 = Moderate</td>
</tr>
<tr>
<td></td>
<td>3 = High</td>
<td>3 = High</td>
<td>3 = High</td>
<td>3 = High</td>
<td>3 = High</td>
<td>3 = Low or none</td>
<td>3 = Low or none</td>
<td>3 = Low or none</td>
</tr>
<tr>
<td>Small Casualty Hazmat Incident (From historic events at your MC with &lt; 5 victims)</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
<td>0 = N/A</td>
</tr>
<tr>
<td>Terrorisim, Chemical</td>
<td>1 = High</td>
<td>1 = High</td>
<td>1 = High</td>
<td>1 = High</td>
<td>1 = High</td>
<td>1 = High</td>
<td>1 = High</td>
<td>1 = High</td>
</tr>
<tr>
<td>Radioic Exposure, Fixed Facility</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
</tr>
<tr>
<td>Radioic Exposure, Transportation</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
</tr>
<tr>
<td>Terrorisim, Radioic</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
<td>1 = N/A</td>
</tr>
<tr>
<td>AVERAGE</td>
<td>0.67</td>
<td>0.78</td>
<td>0.78</td>
<td>0.67</td>
<td>1.33</td>
<td>1.22</td>
<td>1.1</td>
<td></td>
</tr>
</tbody>
</table>

**Threat increases with percentage.**

\[
\text{RISK} = \text{PROBABILITY} \times \text{SEVERITY}
\]

<table>
<thead>
<tr>
<th></th>
<th>0.07</th>
<th>0.22</th>
<th>0.33</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment 3
Risk Values

0 = Improbable The probability of the occurrence of the hazard is zero.

1 = Remote The hazard is not likely to occur in the system lifecycle, but it is possible.

2 = Occasional The hazard is likely to occur at least once in the system lifecycle.

3 = Probable The hazard is likely to occur several times in the system lifecycle.

4 = Frequent The hazard is likely to occur cyclically or annually in the system lifecycle.
## Risk Ranking

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Probability</th>
<th>Severity</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hurricane or Tropical Storm</td>
<td>3</td>
<td>1</td>
<td>61</td>
</tr>
<tr>
<td>Power Failure</td>
<td>3</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>Sinkholes</td>
<td>3</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>Epidemic</td>
<td>2</td>
<td>1</td>
<td>41</td>
</tr>
<tr>
<td>Flood</td>
<td>2</td>
<td>0</td>
<td>41</td>
</tr>
<tr>
<td>Communication Failure</td>
<td>2</td>
<td>0</td>
<td>37</td>
</tr>
<tr>
<td>Cyber Attack</td>
<td>2</td>
<td>0</td>
<td>37</td>
</tr>
<tr>
<td>Wildfire</td>
<td>2</td>
<td>0</td>
<td>33</td>
</tr>
<tr>
<td>Hazardous Materials Incident - fixed Facility</td>
<td>2</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>Transportation Disruption</td>
<td>2</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>Radiological Terrorism</td>
<td>1</td>
<td>2</td>
<td>28</td>
</tr>
<tr>
<td>Severe Thunderstorm</td>
<td>3</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>Tornado</td>
<td>2</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td>Excessive Heat</td>
<td>2</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Hazardous Materials Incident - Transportation</td>
<td>2</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Radiologic Incident/Transportation</td>
<td>1</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Animal Disease</td>
<td>1</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Biological Terrorism</td>
<td>1</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>Chemical Terrorism</td>
<td>1</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Extreme cold</td>
<td>2</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Radiologic Incident/Fixed Facility</td>
<td>1</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>Mass Casualty</td>
<td>1</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Sewer Failure</td>
<td>1</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Water Failure</td>
<td>1</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Civil Disorder</td>
<td>1</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Drought</td>
<td>1</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Fire, large Scale Urban</td>
<td>1</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Severe Winter Storm</td>
<td>1</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Earthquake</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Erosion</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>