



PREPAREDNESS PLAN

March 14th, 2023

Table of Contents

1. Introduction	2
2. Overview and Purpose	2
3. Scope	3
4. BBHCC Objectives	3
A. Short-Term Objectives:	3
B. Long-Term Objectives:	3
C. Recurring Objectives:	4
5. Situation Overview	4
A. Hazard Vulnerability and Risk Analysis	4
B. Capability / Gap & Resource Assessment	5
C. BBHCC Workplan and Priorities	6
D. Preparedness Planning Assumptions	6
6. Concept of Operations	7
7. Direction and Control	7
8. Communications	8
9. Plan Development and Maintenance	8
10. Administration, Finance, and Logistics	9
A. Fiscal Agent	9
B. BBHCC Finance and Expenditures	9
C. Administration	10
D. Logistics	10
11. Authorities and References	10
Functional Annexes – Preparedness Capabilities	11
Preparedness Capability 1: Foundation for Healthcare and Medical Readiness	12
Preparedness Capability 2: Healthcare and Medical Response Coordination	14
Preparedness Capability 3: Continuity of Health Care Delivery Service	19
Preparedness Capability 4: Medical Surge	23
Appendices	27
Appendix 1 – Hazard Vulnerability Analysis	28
Appendix 2 – Planning Principles	31
Appendix 3 – BBHCC Member Organizations	31
Appendix 4 – Acronym List	39

1. Introduction

The Big Bend Healthcare Coalition (BBHCC) Preparedness Plan has been developed to serve as the basic guidelines to describe how the BBHCC will act to fulfill its role, purpose and objectives identified within its designated scope. This plan documents the organization and process outlining used for the communication coordination and information sharing activities which is the primary role of the BBHCC. This includes coordinating these activities with the lead county ESF-8 agencies throughout the region. The methodology employed is consistent with the National Incident Management System (NIMS) and provides guidance on how the BBHCC supports and executes its role and responsibilities in the preparedness, response, and recovery cycles of disaster management.

2. Overview and Purpose

The BBHCC is formally organized within the eight North Florida counties of: Franklin, Gadsden, Gulf, Jefferson, Leon, Madison, Taylor and Wakulla. Seven of these counties exist within the structure of the Region 2 Domestic Security Task Force and Florida Division of Emergency Management boundaries, which also serves as a forum for healthcare planning across the Region. Through other active working relationships and health care service areas the BBHCC has active participation from members in eight other proximate counties.

Coalition membership includes more than 200 individual members representing over 100 participating organizations. The majority of the estimated population of 490,000 reside in Leon County with the remainder living in mostly rural communities with minimal healthcare resources. Below is a list of hospitals and capacity in the BBHCC region.

Hospital	Addr1	County	Domestic Security		
			Region	Beds	Type
Ascension Sacred Heart Gulf	3801 E. Highway 98	Gulf	1	19	Acute Care
Doctors' Memorial Hospital	333 N. Byron Butler Pkwy	Taylor	2	48	Acute Care
George E. Weems Memorial Hospital	135 Avenue G	Franklin	2	25	Acute Care
Madison County Memorial Hospital	224 N.W. Crane Ave.	Madison	2	25	Acute Care
Tallahassee Memorial HealthCare	1300 Miccosukee Rd.	Leon	2	772	Acute Care
HCA Florida Capital Hospital	2626 Capital Medical Bl	Leon	2	288	Acute Care
HCA Regional Med Ctr, Gadsden Memorial	23186 Blue Star Hwy.	Gadsden	2	4	Acute Care/Dept.
Select Specialty Hospital-Tallahassee	1554 Surgeons Dr.	Leon	2	48	Acute Care/LTC
Eastside Psychiatric Hospital	2634B Capital Cir., N.E.	Leon	2	46	Psychiatric
Florida State Hospital	100 N. Main St.	Gadsden	2	949	Psychiatric
Encompass Health Rehabilitation Hospital	1675 Riggins Rd.	Leon	2	76	Rehabilitation

The purpose of the BBHCC is to form a broad collaborative network of healthcare and support organizations and their respective public and private sector response partners. The goal of the BBHCC is to facilitate integration, collaboration, and coordination, of healthcare organizations in the Big Bend region for emergency preparedness, response, and recovery.

The BBHCC is comprised of healthcare and support partners working within the scope and function of Emergency Support Function-8: Public Health and Medical (ESF-8) as part of the individual-county emergency management structures. The BBHCC is built upon existing public health and healthcare partnerships for the purpose of forming a broader collaborative network of public health and healthcare system and support stakeholders. These stakeholders, and their respective public and private sector response partners, utilize their shared knowledge and experience to facilitate integration and coordination within a defined structure. This allows the BBHCC to support the preparedness, response, and recovery processes during the management of complex healthcare and support issues that may arise during disasters.

3. Scope

The BBHCC Preparedness Plan is an all-hazards plan and does not supersede or replace any existing state, county, regional, or individual organization or facility emergency operations plans. The BBHCC Preparedness Plan is provided to support Emergency Management and ESF-8 and the member organizations through planning, training, and exercise activities to promote communication, information sharing, resource coordination, and response and recovery activities before, during and after emergency events.

4. BBHCC Objectives

This section outlines the short-term, long-term and recurring objectives the BBHCC organization seeks to accomplish:

A. Short-Term Objectives:

- Expand and diversify the membership of the BBHCC to provide for enhanced representation of the public health, healthcare, and emergency preparedness community within the Region.
- Identify and facilitate the identification and sharing of local healthcare and support resources available during blue and grey skies.
- Ensure that capability gaps from prior events and exercises have been documented and shared with BBHCC membership and addressed when funding is available.
- Continually share pertinent public health, healthcare or emergency preparedness, response and recovery information with BBHCC members.

B. Long-Term Objectives:

- Ensure that the BBHCC provides a collaborative and integrated forum for healthcare and support partners to effectively plan, train, and exercise within the coalition to enhance and sustain the continuum of care during emergency response events.
- Ensure that the healthcare preparedness and response capabilities serve as guidance and a reference to enhance and support the sustainment of healthcare and support the delivery of healthcare services during emergency response incidents.
- Support the identification and resolution of gaps in the healthcare and support community's ability to effectively respond to an incident.
- Provide the processes and documentation to ensure active information sharing and emergency management coordination to support local emergency management and Emergency Support Function 8 by providing situational awareness, developing common EEI's, and a common operating picture across the BBHCC network.
- Facilitate and support on-going emergency event related planning, training, and exercise activities consistent with the requirements legislated through state and federal statutes, rules, and regulations.

C. Recurring Objectives:

- Encourage all BBHCC members to ensure that their preparedness and response plans are reviewed and updated annually.
- Ensure that the BBHCC preparedness plan is reviewed and updated annually with due consideration for all the relevant factors, including the HVA, AARs and Ips and real-life events.

5. Situation Overview

A. Hazard Vulnerability and Risk Analysis

Hazards differ by probability of occurrence, geographic locations, resources available for response, and different and potential healthcare impacts-at both the individual (human), facility, and system level. A thorough hazard assessment can establish planning priorities so that the most important hazards, including highly probable and/or major health care and support system impacts, are planned for first, and those least likely to occur or have minor/moderate public impact can be deferred until later. The outcome of the assessment can also be used to target mitigation resources, as well as serve as a basis for broader

community engagement in preparedness, response, response, recovery, and mitigation planning.

The BBHCC Hazard Vulnerability Analysis Tool is primarily based on a Kaiser Permanente instrument and has been re-designed by the members specifically to meet the needs of the Big Bend Healthcare Coalition. Additionally, elements of the BBHCC HVA tool have been extracted from a tool created by the Los Angeles County Department of Public Health, Emergency Preparedness and Response Program's Policy & Planning Unit, and elements from UCLA's School of Public Health, Center for Public Health and Disasters, Hazard Risk Assessment.

This tool is widely utilized in hospitals and other healthcare agencies throughout the country. The tool was modified through considerable input from the BBHCC members to ensure for operational validity across the member spectrum.

The tool serves as an adjunct to local emergency management programs, and provides important information for assessing population vulnerabilities, needs, and determining emergency management program priorities. It does not stand alone, and is part of multiple tools and resources, e.g., LMS, THIRA, County Health Department Capabilities and other organizational/regional documents that are utilized to develop local and coalition preparedness, response, and recovery priorities.

The BBHCC HVA process begins with the County Emergency Managers completing their Coalition HVA Tool with input from the county partners. Those county HVA's are then distributed to the coalition members residing in their respective counties. Each member then completes their own HVA tool relative to their individual facility/organization and aligned and referenced to the county HVA as appropriate. Each county has their own process for sharing and working with their individual member agencies.

The specific BBHCC HVA has been developed from an aggregate summary of the various county HVA's to provide for a coalition wide assessment of the hazards and vulnerabilities that exist within the regional boundaries, and the process is updated on an annual basis. This in turn provides guidance on identified gaps and capabilities which support the identification of planning, training, and exercise needs. An overview of the HVA process can be found in Appendix 1 of this document.

B. Capability / Gap & Resource Assessment

The BBHCC HVA is inclusive of a comprehensive vulnerability/risk assessment which supports the quantitative identification of individual facility/organization hazard risk factors and the associated quantitative mitigation factors covering planning, training, exercise, and resource capabilities. In addition to the individual gaps identified, through the HVA process the BBHCC conducts an aggregate analysis of the individual county documents and conducts facilitated discussions at the quarterly meetings to further identify and validate regional capability/gap

and resource assessments. Additionally, through the development of agency and coalition exercise objectives, specific capability and resource gaps are utilized to either correct a gap or serve as a foundation for additional planning, training, exercises, and resources.

C. BBHCC Workplan and Priorities

The BBHCC annual workplan and priorities are framed within the objectives and of the BBHCC, and developed within the context of the following sources:

- Annual Hazard Vulnerability / Risk Assessments (local and coalition).
- Capability / Gap & Resource Assessment.
- Statutory and regulatory changes / compliance.
- Real event and exercise AAR / IP's.
- Funding availability

The current annual workplan as developed from the resources noted above is focused on the following tasks:

- Provide training, workshops, and exercises related to active assailant situations, severe weather events, and cybersecurity resilience for all varieties of healthcare facilities in the Region.
- Identify training needs, gaps and future desires of the Region by surveying the member organizations and reviewing the HVA/JRA.
- Support partner compliance with the CMS Preparedness Rule.
- Update the BBHCC Operational and Preparedness Plans for the BBHCC Organization.
- Update the BBHCC Preparedness Plan and providing training and exercise sessions to support the implementation of the plan.
- Update the training and exercise plan to in accordance with FDOH protocols.
- Develop a Radiological Annex and conduct a tabletop exercise.
- Develop a Chemical Surge Annex and conduct a tabletop exercise

D. Preparedness Planning Assumptions

- The BBHCC membership and participation includes all healthcare and support stakeholders throughout the continuum of care.
- Members provide services across multiple counties.
- Citizens travel from many counties to seek healthcare or support services.
- Takes a holistic view of the conditions and issues which affect the health of individuals (physical, social, mental, and community).
- Consists of many dependent and interdependent relationships between partners for sustainment.

- Begins with analysis and documentation of day to day services, functions, and key dependent & interdependent partners.
- Conditions and needs will change over the term of the disaster (decompensation).
- In a disaster environment, healthcare, services and support capabilities will be limited, temporarily unavailable, or absent.
- A community's resiliency depends largely upon its augmentation and/or replacement strategies.
- Expect negative outcomes when the continuum is disrupted or broken.
- Patient care must be well-coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management agencies and systems to protect patient health and safety in the event of a disaster.
- "It is essential that healthcare facilities integrate emergency management into their daily functions and values."

6. Concept of Operations

The BBHCC is organized and executes its roles and responsibilities through a Community-Based Continuum of Care Planning Model. The Model incorporates and builds upon a community's existing healthcare and support services continuum. This provides a baseline for a comprehensive framework for developing and understanding the community's resources, stakeholders, infrastructure, planning system, and capabilities.

The model comprehensively represents a "whole community" approach, which strives to identify and integrate the dependencies and interdependencies of stakeholders within the continuum of care.

The number of healthcare and support stakeholders, their scope of services, accessibility, and capabilities vary between communities. This represents the "normal" level of healthcare and support for a given community. It is important to note that the continuum of healthcare and support services is not solely defined within the geographical boundaries of a given community. Continuum stakeholders may be linked to populations within a community through regional networks, interstate service agreements, travel time and distance, mail or package services, or other dependencies or interdependencies.

7. Direction and Control

The BBHCC is governed by a set of by-laws and led by a Board of Directors. The Board of Directors shall:

- Determine and direct the role, responsibilities, and the issues to be addressed by the BBHCC.

- Make recommendations to the coalition membership on community-wide emergency preparedness, response, and recovery related matters; coordinate the regional approach to community-wide emergency planning, training, and response/recovery.
- Coordinate the fiscal matters from programs and activities managed by the Coalition.
- Periodically ensure that the effectiveness of the Coalition is evaluated.

Refer to the BBHCC Governance and Bylaws for additional information.

8. Communications

The BBHCC uses ReadyOp as its primary communications system used to communicate with the membership daily and during significant hazard events. This system is tested twice annually to ensure operability and readiness. At the Coalition level, the system is comprised of a primary and secondary notification process, the secondary system is email. These communication systems are used to distribute pertinent information to the BBHCC membership.

Coalition members and stakeholders also employ a variety of other communications systems to communicate with partners throughout the Region, both daily and during significant hazard events. The following are some currently identified communications systems employed throughout the Region:

- Ready Op
- Everbridge
- Telephone Mainlines
- Email / Internet
- Two-way Radios
- Cell Phones
- Cell Phone Trailers (COWs and COLTs)
- Satellite Phones
- Local Media
- Social Media
- Amateur Radio
- Web EOC
- FL DOH Communications Trailers
- Others as identified within organizations

9. Plan Development and Maintenance

This preparedness plan as developed, is predicated on the principles and practices of FEMA's Comprehensive Planning Guide Version 2 (CPG 101v2) (See Appendix 2- Planning Principles). The plan also serves to provide guidance to members on identifying gaps in their individual

preparedness plans as well as providing key elements of compliance with CMS-3178 Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers.

Within this framework are integrated the elements of the BBHCC continuum of care model consistent with the guidance and objectives of the Healthcare Preparedness Capabilities.

The plan development and subsequent review processes consist of the preliminary drafting with select members to provide the initial draft document. The plan is then circulated through the Board of Directors for format, content, and substance vetting. The plan will then be circulated for the general membership, briefed on at quarterly meetings, and added to the BBHCC website.

BBHCC Staff and the BBHCC Board of Directors will ensure that the plan is reviewed and updated on an annual basis to reflect key adjustments based on lessons learned in real world events, changes in legal or regulatory requirements, or to enhance clarity or continuity of process. Member training will be provided pursuant to the issuance of the final plan as well as for any subsequent revisions or updates.

10. Administration, Finance, and Logistics

The Big Bend Healthcare Coalition (BBHCC) was formed on January 14, 2014. This is in concert with federal guidance from the Department of Health and Human Services (DHHS,) Administration for Strategic Preparedness and Response (ASPR). The BBHCC is organized as a 501(c)3 and is registered with the State of Florida and the IRS. The 501(c)3 designation has been approved by the IRS.

The BBHCC is led by a Board of Directors, which includes a chairperson, vice-chairperson, secretary, and a treasurer. The BBHCC stakeholders are inclusive of all the healthcare providers who have expressed their interests in being associated with the BBHCC.

A. Fiscal Agent

The Board of Directors shall determine who shall be responsible for tracking all BBHCC related expenditures directed by the General Membership and/or the Board of Directors. The Board has ultimate responsibility for the finances of the BBHCC which are coordinated through the Treasurer who takes action on behalf of the Board. The Board has retained the services of a private accountant to conduct the accounting and record keeping tasks and practices required of the BBHCC.

B. BBHCC Finance and Expenditures

The Board of Directors has developed and implemented a process for competitively providing funds to members. The BBHCC relies on the Expenditure Policies, Processes, and Guidelines of the Apalachee RPC, which staffs the BBHCC, to provide guidance and a process for expending BBHCC Funds. These documents are available upon request.

C. Administration

The BBHCC is one of many healthcare coalitions formed statewide to supplement the State's ability to respond to and recover from disasters and other emergencies.

The BBHCC is authorized to, and has retained the services of a qualified contractor, the Apalachee Regional Planning Council (ARPC), to conduct the administration of the BBHCC consistent with the policies, goals, and continuation of the BBHCC as a valuable community and regional resource.

D. Logistics

The BBHCC Board of Directors has directed that the BBHCC shall not own any tangible or material property, equipment, or resources. Additionally, the BBHCC will not engage in any long-term maintenance agreements in support of equipment and/or supplies provided to member agencies.

All equipment/supplies provided to member agencies shall be owned and maintained by the member agency in an operational condition as directed by a service agreement requiring same. As specified in the signed agreements, any equipment purchased by the BBHCC for members with federal funds may be requested by other members in the event of an emergency.

11. Authorities and References

The following Authorities and References were used in the creation of the BBHCC Preparedness Plan:

- CMS-3178-F Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 2016
- 2017-2022 Hospital Preparedness Program (HPP) - Public Health Emergency Preparedness (PHEP) Cooperative Agreement CDC-RFA- TP17-1701
- 2017-2022 Health Care Preparedness and Response Capabilities
- Comprehensive Preparedness Guide (CPG) 101 – Version 3.0 Developing and Maintaining Emergency Operations Plans, 2021
- 2017-2022 Hospital Preparedness Program – Performance Measures Implementation Guidance

Functional Annexes – Preparedness Capabilities

Preparedness Capability 1: Foundation for Healthcare and Medical Readiness

Purpose

The BBHCC community’s healthcare and support organizations and other stakeholders— which are coordinated through a sustainable healthcare coalition—strive to develop and maintain strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources

The foundation for health care and medical readiness enables the health care delivery system and other organizations that contribute to responses to coordinate efforts before, during, and after emergencies; continue operations; and appropriately surge as necessary. This is primarily accomplished through health care coalitions (BBHCCs) that incentivize diverse and often competitive health care organizations with differing priorities and objectives to work together.

The BBHCC collaborates with a variety of stakeholders to ensure the community has the necessary medical equipment and supplies, real-time information, communication systems, and trained and educated health care personnel to respond to an emergency. These stakeholders include core BBHCC members—hospitals, emergency medical services (EMS), emergency management organizations, and public health agencies—additional BBHCC members, and the Emergency Support Function-8 lead agency. To view the BBHCC membership roster, see Appendix 3 of this document.

Preparedness Planning

The BBHCC preparedness plan enhances preparedness and risk mitigation through cooperative activities based on common priorities and objectives. Planning includes information collected on hazard vulnerabilities and risks, resources, gaps, needs, and legal and regulatory considerations. The preparedness plan emphasizes strategies and tactics that promote communications, information sharing, resource coordination, and operational response planning with BBHCC members and other stakeholders. See Appendix 2 for Planning Principals.

Training and Exercise to Prepare the Health Care and Support System Workforce

Training, drills, and exercises help identify and assess how well a health care delivery system or region is prepared to respond to an emergency. These activities also develop the necessary knowledge, skills, and abilities of a BBHCC member’s workforce. Trainings can cover a wide range of topics including, but not limited to: clinical subject matter, incident management, safety and protective equipment, workplace violence, psychological first aid, or planning workshops. The BBHCC promotes these activities and participates in training and exercises with its members, and in coordination with the ESF-8 lead agency, emphasizing consistency, engagement, and demonstration of local and regional coordination.

Assess Coalition and Regional Health Care Resources

Pursuant to effective planning, the BBHCC members should perform an assessment to identify the health care resources and services that are vital for the continuum of healthcare and support systems service delivery during and after an emergency. The BBHCC should then use this information to identify resources that could be coordinated and shared. This information is critical to uncovering resource vulnerabilities relative to the HVA that could impede the delivery of medical care and health care services during an emergency.

The resource assessment will be different for various BBHCC member types but should address resources required to care for all populations during an emergency. The resource assessment should include but is not limited to the following:

- Clinical services – inpatient hospitals, outpatient clinics, emergency departments, private practices, skilled nursing facilities, long-term care facilities, behavioral health services, and support services
- Critical infrastructure supporting health care (e.g., utilities, water, power, fuel, information technology [IT] services, communications, transportation networks)
- Caches (e.g., pharmaceuticals and durable medical equipment)
- Hospital building integrity
- Health care facility, EMS, corporate health system, and BBHCC information and communications systems and platforms (e.g., electronic health records [EHRs], bed and patient tracking systems) and communication modalities (e.g., telephone, 800 MHz radio, satellite telephone)
- Alternate care sites
- Home health agencies (including home and community-based services)
- Health care workforce
- Health care supply chain
- Food supply
- Medical and non-medical transportation system
- Private sector assets that can support emergency operations

Preparedness Capability 2: Healthcare and Medical Response Coordination

Purpose

To provide a system and process for conducting multijurisdictional and a multidisciplinary exchange of healthcare and support system status/capability information and situational awareness between the healthcare and support system partners, local government, and the private sector.

This includes the sharing of healthcare system status information between healthcare and support partners with local emergency management and ESF-8 and the community in preparing for, responding to, and recovering from events or incidents requiring a significant healthcare and support activation. An effective intelligence/information sharing, and dissemination system will provide durable, reliable, timely, and effective information exchanges between those responsible for gathering information for the analysts, forecasters, and consumers of hazard/status related information. It will also allow for feedback and other necessary communications in addition to the regular flow of information and intelligence.

The process will enable BBHCC partners and stakeholders to communicate vertically with local, Emergency Management and ESF-8 partners, and horizontally with critical healthcare and support partners in the community to provide the following:

- Provide situational awareness to all healthcare coalition stakeholders
- Identify which participants will receive, report, and share healthcare system status (facility/organization/agency, etc.).
- Inform the healthcare and support decision-making processes within the local jurisdictions across the Coalition.
- Inform the public via Joint Information Centers (JIC's) with consistent and accurate information on the status and availability of healthcare and support systems.
- Support the coordination of the identification and deployment of human and material resource needs.
- Utilize and communicate within existing healthcare and emergency management communication systems.
- Support the continuum of healthcare and support system through the preparedness, response, and recovery phases of an event.

Planning Assumptions

- Effective support of the BBHCC healthcare and support system is directly correlated to the effectiveness, capabilities, resilience, partner access, sustainment, and operational continuity of the information sharing/coordination processes
- Depending on the size, scope, and severity of the incident, information sharing systems may be increasingly vulnerable to disruption or failure

- Information sharing and emergency management coordination processes are utilized from the Preparedness phase through the Recovery phase of an incident
- BBHCC information sharing/coordination protocols and processes incorporate and integrate with existing local and state systems and capabilities
- Many Coalition partners are not currently engaged with their local Emergency Management or ESF 8 systems and will require integration through planning, training, exercise and participation in information sharing/coordination processes and systems
- Information sharing/coordination processes and systems are comprehensive, integrated, and cross-referenced across all healthcare and support capabilities
- Information sharing and coordination requirements will vary by hazard type, size, scope, severity, and time.
- Rural areas have limited access to healthcare and support systems information.
- Information sharing, and emergency management coordination will be different in individual counties

Roles and Responsibilities

Preparedness Phase – Organization/County Level		
Category	Health Care and Medical Response Capabilities	Purpose
Planning	EM/ESF-8 Working with healthcare and support partners to develop response and recovery plans for information sharing and exchange.	To ensure sufficiency and operational validity of information sharing/coordination plans and alignment with local CEMP and ESF-8 plans
Planning	Coalition partners to coordinate their plan development to account for dependent and interdependent relationships and the content, frequency, and distribution of their information sharing capabilities	To ensure for plan alignment which supports the continuum of care and identifies gaps and triggers contingency planning where appropriate
Planning	Identify and document the specific essential elements of information to be shared, exchanged, and communicated during hazard events. This would include, but not be limited to: hazard event/impact status, infrastructure status, healthcare capability status, healthcare system status, population demand for care,	Identifies the specific planning elements necessary to develop the common operational picture, identify needs and gaps, and assesses the ability to provide the necessary healthcare and support systems in the community and the continuum of healthcare and support systems

	healthcare and support surge status, resource/staffing status, communications, etc.	
Planning	Establish/enhance procedures and processes for communications and information sharing between healthcare and support partners.	Provides awareness at all levels of organizations/agencies and prescribes a specific methodology to ensure the desired outcomes.
Planning	Continue to conduct partner outreach consistent with continuum of healthcare and support at local level.	Maximize inclusion to ensure continuum of care is sustained and for the proper and sufficient exchange of information and coordination
Planning	Identify participants authorized to receive and share information, and establish provisions for legal, statutory, privacy, security, and intellectual property considerations	Ensure that the information is shared appropriately, and the integrity and accuracy of the shared information is consistent within operational, statutory, privacy, and intellectual property guidelines
Planning	Provide processes for validating and analyzing hazard, event, resource, and healthcare and support status, and resource status information and develop forecasts for capability sufficiency and duration.	Allows for accurate, and timely on-going knowledge of status and capabilities and when additional resources/staffing may be needed
Planning	Provide processes for sharing healthcare and support system status information with the public	Provides access to the appropriate level and sufficiency of care during hazard events where care capabilities may have been diminished or lost.
Planning	Work with all key partners to identify and work with the specific methods, platforms and content of the components of information sharing and exchange.	Ensures for the timely, accurate, and substantive transfer, exchange and sharing of information.
Planning	Provide processes to ensure that the information being shared is timely, actionable, and facilitates the needs of healthcare and support providers and informs and supports decision-makers at the local level.	Provides for partner participation in the information and coordination process and documents the processes and details of informing decision-makers and supporting healthcare and support partners.
Training	Train all partners on the processes/systems for requesting augmentation staffing and material resources.	Ensure partner knowledge on local processes/systems

Training	Identify, conduct, and participate in training and exercise opportunities across partner spectrum to enhance capabilities to identify, communicate, and share capability and status information and healthcare/support gaps.	Ensure awareness and operational knowledge of plans/procedures and that the plans have been fully integrated and operationally valid.
Exercise	Maximize partner inclusion and participation in planning, training, and exercises as appropriate	Test the sufficiency, content, and timeliness of information sharing processes
Exercise	Support and participate in macro and micro- exercises between specific partners to build awareness and capabilities and identify gaps in information sharing and emergency management coordination	Supports specific types and levels of information sharing and allows for the expansion to the macro levels of information exchange during an event.
Planning	Ensure for processes to provide healthcare and support system status to local EM/ESF- 8 as appropriate for analysis and forecasting.	Supports the identification of a local common operating picture on the status, capacities, and capabilities of the local healthcare and support system.
Planning	Utilize local PIO/JIC for transmitting healthcare and support systems status to the public as appropriate	Provide healthcare and support system status information to the public as appropriate for the event.
Exercise	Share exercise After Action Report information between Coalition Partners. Post on website for future reference.	Identify and share information on identified gaps as well as the identification of shared solutions.

Preparedness Phase – Coalition Support

Category	Healthcare and Medical Response Coordination Activities	Purpose
Planning	Facilitate the dependent and interdependent partner relationships across counties and disciplines	Support the identification and reinforcement of the continuum of care
Planning	Develop a specific system and process for working with the coalition partners to gather, analyze, and forecast hazard, healthcare and support, staffing, and resource system status information across jurisdictions and disciplines.	Provides a method for sharing hazard, status, and resource information as appropriate to provide a common operational picture to share with county level emergency management, coalition partners, and decision-makers at all levels.
Planning	Develop a BBHCC planning function which will achieve the gathering, analysis, and support as appropriate and disseminate that information across jurisdictions and disciplines.	To provide the necessary resources to support the information and coordination capabilities outlined.
Planning	Support the development/enhancement of information sharing/emergency management coordination plans	Link the various components of information sharing/coordination across disciplines and jurisdictions. Further engage all identified partners in the process.
Training	Support the development of training which educates partners and enhances the processes, systems, and procedures which facilitate information sharing and emergency management coordination.	Ensures for partner knowledge of the methods and processes for sharing information and coordinating between partners during events.
Exercise	Support the development of exercises which facilitates and tests the information and emergency management coordination processes, systems, and procedures.	Allows for the identification and correction of gaps and a specific action plan to correct/update processes, systems, and procedures

Preparedness Capability 3: Continuity of Health Care Delivery Service

Purpose

- To provide a system and process of collaboration between local emergency management and ESF-8 with their healthcare and support system partners for the restoration/rebuilding healthcare and support systems to a level of functioning comparable to pre-incident levels or improved levels where possible.
- To provide guidance on how key resources from governmental, non-governmental, and private sector agencies can be used to support the sustainment and reestablishment of essential services for Healthcare and support organizations. This coordination assists healthcare organizations to maintain their functional capabilities during, and after an all-hazards incident and enables a rapid and more effective recovery.
- To maintain continuity of the healthcare and support system by coordinating continuity/recovery processes across jurisdictions and coalition partners.
- To support and provide guidance on the development of Continuity of Operations and Business Continuity planning, training, and exercise.

Planning Assumptions

- Healthcare and support system recovery will consist of short term and long-term restoration/recovery activities and will require engagement of all partners within the continuum of care.
- The “normal” healthcare and support system may be re-defined to a “new normal” status consistent with the community’s ability to rebuild their capabilities.
- Without effective coordination of recovery/continuity planning, alternate business locations may be overcommitted to multiple agencies/organizations.
- In a widespread event, alternate business locations/resources may be unavailable.
- Alternate (continuity) sites may be required on short notice and may be in place for an extended period of time.
- It is important to identify any potential or probable barriers that may impede the continuity/recovery process.
- Continuity/Recovery planning begins at the outset of a hazard generated event.
- Effective support of the BBHCC healthcare and support system recovery is directly correlated to the effectiveness, capabilities, resilience, partner access, sustainment, and operational continuity of individual members.
- Information sharing and emergency management coordination processes are utilized from the Preparedness phase through the Recovery phase of an incident

- Information sharing/coordination processes and systems are integrated and cross-referenced across all capabilities

Roles and Responsibilities

Preparedness Phase – Organization/County Level		
Category	Continuity of Health Care Service Delivery	Purpose
Planning	EM/ESF-8 Working with healthcare and support partners to support the development of continuity/recovery plans for continuity/ healthcare system recovery.	To ensure sufficiency and operational validity of recovery/ continuity plans and alignment with local CEMP and ESF-8 plans
Planning	Support the development of individual continuity of operations plans or business continuity plans as appropriate to include the key continuity principles, planning elements, responsibilities, and resources.	To ensure that the plans are comprehensive, integrated, and operationally valid and can be implemented during an event.
Planning	Coalition partners to coordinate their recovery/continuity plan development to account for dependent and interdependent relationships and sustain the continuum of care.	To ensure for plan alignment which supports the continuum of care and identifies gaps and triggers contingency planning where appropriate
Planning	Ensure for the inclusion of the healthcare and support partners into a comprehensive and integrated community recovery plan consistent with the National Disaster Recovery Framework.	To ensure that the continuum of care is monitored and that gaps are accounted for in healthcare and support system recovery.
Planning	Ensure for processes to assess event impacts on the healthcare and support system and prioritize the delivery of community healthcare needs.	To ensure that patient needs are correlated with capabilities and that the most critical demands are met.
Planning	Ensure for a process that identifies any potential barriers/conditions which may pose risks and vulnerabilities to successful continuity/recovery implementation.	Provides for secondary/contingency planning processes which account for the risks/vulnerabilities which are identified.
Planning	Identify and document the specific essential recovery/continuity elements of information to be shared, exchanged, and communicated during hazard events. This would include, but not be limited to: hazard event/impact status, recovery plan status, continuity movements, patient movements, infrastructure status,	Identifies the specific planning elements necessary to identify needs and gaps and assesses the ability to support a decision to implement a COOP/Continuity plan.

	healthcare/support capability status, healthcare system status, population demand for care, healthcare and support surge status, resource/staffing status, communications, etc.	
Planning	Establish/enhance procedures and processes for communications and information sharing between healthcare and support partners regarding continuity/recovery actions.	Provides awareness at all levels on the status of systems, the potential gaps in healthcare/support and the alternate business/service locations.
Training	Educate partners on the processes/systems for requesting augmentation staffing and material resources to support continuity/recovery planning.	Ensure partner knowledge on local processes/systems
Training	Participate in recovery/continuity training opportunities across partner spectrum to enhance recovery/continuity capabilities within agencies and across the community...	Ensure awareness and operational knowledge of plans/procedures and that the plans have been fully integrated and operationally valid.
Exercise	Maximize partner inclusion and participation in continuity/recovery exercises as appropriate	Test the sufficiency, content, and timeliness of information sharing processes
Exercise	Support and participate in macro and micro-exercises within agencies and between dependent partners to build awareness and capabilities of healthcare system recovery/continuity plans.	Supports an effective and efficient process for the restoration of the healthcare system and identify and mitigate gaps in healthcare and support system recovery/continuity processes.

Preparedness Phase – Coalition Support

Category	Continuity of Health Care Service Delivery	Purpose
Planning	Coordinate with healthcare and support partners via local EM and ESF-8 to support the development of Continuity of Operations and Business Continuity Plans. This would include the key continuity principles, planning elements, responsibilities, and resources.	Supports the sufficiency and operational viability of the continuity planning.
Planning	Facilitate the integration of the healthcare/continuity plans into the community recovery plans.	Support the identification and reinforcement of the continuum of care
Planning/Training	Support the implementation of training/education on community recovery programs and the National Disaster Recovery Framework	Informs the BBHCC partners on the processes and recovery systems that will be utilized during hazard events.
Planning	Support the viability of devolution plans to facilitate the recovery of the healthcare and support systems	Assists in the viable re-constitution of the essential mission functions in concert with the dependent and interdependent partners in the continuum of care.
Planning	Support the identification and support of continuity sites as appropriate.	Assist in the sufficiency of the identified sites relative to the community continuum of care

Preparedness Capability 4: Medical Surge

Purpose

- To support the ability to provide adequate healthcare and support services during incidents that exceed the limits of the normal healthcare/support infrastructure within the community. This encompasses the ability of healthcare/support organizations to survive an all-hazards incident and maintain or rapidly recover operations that were compromised.
- To support the rapid and appropriate care for the injured or ill from the event and the maintenance of the continuum of care for non-incident related illness or injury.
- To provide guidance and recognition of the dependencies and interdependencies within the healthcare and support system.
- To provide visibility and awareness of the systems and processes which “trigger” surge or surge potential, the nature and type of care needed, and forecastable time windows on when, where, and how patient demands will surge the healthcare and support system.

Planning Assumptions

- Coalition partners are at different levels of healthcare and support surge planning, and the roles and responsibilities are recommendations/enhancements to existing planning efforts.
- Medical surge is inclusive of all healthcare and support partner capabilities’ whose capacities and capabilities when overwhelmed will adversely affect community healthcare outcomes.
- The key to understanding and managing medical surge is recognition of the dependencies and interdependencies across the healthcare and support continuum.
- Hazard events will vary in the type, degree, scope, and severity of medical surge in local communities and across the Coalition.
- Many, if not most healthcare and support agencies/organizations are operating at or near their full capacity daily.
- During a healthcare and support surge event transportation resources may be unavailable or over committed to provide transportation support.
- Healthcare and support surge execution is most effective when supported by robust information sharing, emergency management coordination, volunteer management, mass care, and other capabilities.

Roles and Responsibilities

Preparedness Phase – Organization/County Level		
Category	MEDICAL SURGE	Purpose
Planning	EM/ESF-8 Work with healthcare and support partners to develop/enhance their Healthcare and Support system surge plans.	To ensure sufficiency of plans and alignment with local CEMP and ESF-8 plans
Planning	Coalition partners to coordinate their Surge Plan development to account for dependent and interdependent relationships and capabilities	To ensure for plan alignment in support of the continuum of care.
Planning	Healthcare and support surge planning should include the following key elements: Pre- incident assessment of normal operating capacity, Pre-incident estimate of surge casualties/patient-client demand (estimates are based on the hazard type, size, scope, and severity), Pre-incident assessment of available resources to address surge estimates, Development of surge capacity indicators that would trigger different aspects of the surge plan, or identify an increase in healthcare/support surge	Provides a solid knowledge and information base from which to execute healthcare and support surge during events. Provides for the early identification of gaps and to move to contingency planning as appropriate.
Planning	Provide that healthcare and support surge plans at the local level need are integrated and comprehensive and to identify their role, and their partner’s roles in the community continuum of care during surge conditions.	The knowledge of interdependent roles and responsibilities are key to maintaining the continuum of care and the early identification and response to gaps in care.
Planning	Partners to develop Alternate Care Site plans to include activation, demobilization, staffing, equipment and supplies, transportation, tracking, and care levels and requirements.	Provides an appropriate and planned response to the need for patient diversion or shift in the type of care during a surge event.
Training	Identify and conduct training opportunities across partner spectrum to enhance capabilities and fill continuum of care gaps.	Supports plans which will appropriately enhance capabilities and provide for appropriate decision-making and resource allocation

Exercise	Maximize partner inclusion and participation in exercises as appropriate	Allows for networking and knowledge of capacities and capabilities to reveal gaps and needs.
Exercise	Encourage micro-exercises between specific partners to build awareness and capabilities and identify gaps	Provides for very specific test of critical care needs and issues.
Planning	Develop an inventory of all hazard event-based resources, to include equipment, supplies, and COOP facilities.	Pre-event inventory assessments provides for the immediate identification of gaps or the efficient and effective transfer of needed resources.
Planning	Ensure for a comprehensive staffing plan to augment staffing shortfalls or for surge-based augmentation	Staffing is always the key issues and the plan provides for the identification and utilization of skill specific resources to deploy in a rapid and effective manner.
Planning	Identify the specific methods, resources, and processes to rapidly expand capacities and capabilities	During a no-notice event or an unanticipated surge, this will allow for everyone to accomplish their responsibilities in an efficient and effective manner.
Planning	EM/ESF-8 Develop specific methods for gathering and analyzing healthcare and support status to inform decision-making on healthcare and support surge conditions. Engage and Incorporate partners as appropriate.	Information and data analysis and forecasting is the key to informed decision-making and resource allocation.
Planning	Identify specific healthcare and support surge impacts on vulnerable populations and how to resolve the increase in the type and volume of care.	This identifies specialty care, access to and type of care, needs, and the overall demand to the system based on the hazard event
Planning	Identify a common community terminology of status elements that indicate the onset or the potential for healthcare and support system surge.	Provides the ability to anticipate the size, scope, and nature of surge events in the community
Planning	Work with law enforcement to develop a plan to provide security for healthcare facilities during significant hazard events	Patient self-reporting and demand for care could create behaviors which represent a security threat to the facility.

Planning	Provide for a comprehensive plan which facilitates either sheltering in place or the evacuation of healthcare facilities, to include all relevant healthcare and support partners and those agencies receiving the evacuated patients.	
Planning	Concurrent with the information sharing/emergency management coordination system to share and track the status, movement, transfer, and disposition of patients throughout the healthcare process.	

Preparedness Phase – Coalition Support

Category	MEDICAL SURGE	Purpose
Planning	Facilitate the dependent and interdependent partner relationships across counties and disciplines	Enhance the scope and completeness of the overall community planning
Planning	Support the development of healthcare and support surge plans across the partner base as appropriate	Enhance the scope and completeness of the overall community planning
Planning	Support the identification and development of Alternate Care Sites, to include staffing, equipping, and planning	Supports the rapid expansion of healthcare and support surge as appropriate
Exercise	Develop HSEEP compliant exercises (macro and mini) to test community-based healthcare and support surge plans and identify gaps.	Provides a community perspective to exercise the capacities, capabilities, and the continuum of care across the coalition.
Planning	Support the monitoring of the surge indicators and provide analysis and forecasting to decision-makers regarding healthcare and support surge timing, impacts, patient tracking and movements, and the scope of the event.	Provides information to assist members to anticipate the size, scope, and nature of surge events in the communities.
Planning	Support the development of healthcare facility plans for sheltering in place or the evacuation of healthcare facilities, to include all relevant healthcare and support partners and those agencies receiving the evacuated patients.	

Appendices

Appendix 1 – Hazard Vulnerability Analysis

Overview

The first step in effective emergency preparedness and management is defining and analyzing community hazards. Although all hazards should be addressed, resource limitations usually do not allow this to happen in one single planning event. Hazard response capabilities are dynamic and differ by probability of occurrence, resources available for response, and potential healthcare impacts—at both the individual (human) and system/community level. A comprehensive and consistent inter/intra disciplinary hazard assessment can support planning priorities so that the most important hazards, including highly probable and/or major health care impacts, are planned for first, and those least likely to occur or have minor/moderate public impact can be deferred until later. The outcome of the assessment, as a relative threat indicator, can also be used to target mitigation resources and gaps as well as serve as a basis for broader community engagement in preparedness, response, recovery, and mitigation planning.

This HVA is an adjunct to your local emergency management program, and provides important information for assessing vulnerabilities, needs, and determining emergency management program priorities. It does not stand alone, and may be part of multiple tools and resources, e.g., LMS, THIRA, County, Public Health Resource Assessment Tool, and Health Department Capabilities that are utilized to develop local and coalition preparedness, response, and recovery priorities.

Coalition Requirements

Healthcare Coalitions are required to conduct and annually review their Hazard Vulnerability Analysis (HVA). The HVA provides a systematic approach to recognizing hazards that may affect the capabilities of the Coalition members to meet the demand for healthcare and support services during disasters. The risks and vulnerabilities associated with each hazard are analyzed to prioritize planning, response, recovery, and mitigation activities. This process will appropriately involve Coalition partners across all healthcare and support disciplines AND all appropriate community partners.

Coalition/Community Member Participation

The process is designed to be implemented across—and inclusive of input from—multiple community stakeholder groups. Each Coalition agency and/or organization is invited to participate in this assessment as a valuable contributor to the process. Numerous and varied types of hazards will be considered in this process, many of which have a range of potential impacts on the agencies, organizations, and/or communities in different ways. While a single agency/organization or individual is not expected to have full knowledge of the nexus between hazard and impact, familiarity with basic emergency preparedness and response functions is important.

In addition, those individuals involved in this assessment should have a foundational knowledgeable about their organization, its primary mission, objectives and goals, as well as response capabilities that can be leveraged during disaster conditions.

Risk Prioritization

The prioritization of the individual Risk Scores can provide a clearer picture of strategic gaps and operational needs for each of the counties and the BBHCC at large. Mitigation strategies to achieve short and long-term outcome deliverables can be identified, planned and executed. The assessment and prioritization of community-based hazards and risk factors are an ongoing process. Changes in population, demographic, environmental and disease specific risk factors, as well as improvements in planning, training, exercising and mitigation-based activities completed by the agencies and organizations alter the equation of Risk. This process and supporting tool will be most useful if it is never considered finished. Rather, when measurable changes have occurred, the assessment will need to be updated and the prioritization reevaluated.

HVA Development Process

The BBHCC HVA process begins with the County Emergency Managers completing their Coalition HVA Tool with input from the county partners. Those county HVA's are then distributed to the members residing in their respective counties. Each member then completes their own HVA tool relative to their individual facility/organization and aligned and referenced to the county HVA as appropriate. Each county has their own process for sharing and working with their individual member agencies.

The specific BBHCC HVA has been developed from an aggregate summary of the various county HVA's to provide for a coalition wide assessment of the hazards and vulnerabilities that exist within the regional boundaries, and the process is updated on an annual basis. This in turn provides guidance on identified gaps and capabilities which support the identification of planning, training, and exercise needs. (Link to HVA document)

Assess Risk Components - Create Relative Risk Score

The lists of hazards that have been selected are evaluated individually and independently from the other identified hazards. A Relative Risk Score (%) is calculated utilizing seven (7) Risk elements comprised of three separate components: Probability (1), Magnitude (3) and Mitigation (3). The Excel tool is programmed to allow the user to manually input numerical values for each of the seven Risk Components for each individual hazard. The Excel tool that we are utilizing will then calculate a Relative Risk Score for each identified hazard by routing the Risk Components into a pre-programmed formula.

The methodology for the calculation of the Relative Risk Score (% of threat) is to first determine the Probability that each hazard may occur within a 5-year planning window. Next, determine the Severity of the hazard based on the inverse relationship of the accumulated magnitude

(impact) and the level of mitigation (ability to mitigate/offset the impact). The calculation then multiplies the resultant probability factor and the calculated severity factor to identify the Relative Risk (Threat %) The overall threat level increases with the higher percentages.

To adjust for cumulative Risk determination across counties or disciplines, the tool can be modified by averaging multiple participant responses for a single Risk Component and linked to the corresponding cell in the hazard tabs.

The overall Coalition Relative Risk Score by hazard will be a subjective calculation and analysis as determined by the Board of Directors.

Acknowledgements

The BBHCC Hazard Vulnerability Analysis Tool is primarily based on a Kaiser Permanente instrument and has been re-designed and modified specifically for the Big Bend Healthcare Coalition. Additionally, elements of the BBHCC HVA tool have been extracted from a tool created by the Los Angeles County Department of Public Health, Emergency Preparedness and Response Program's Policy & Planning Unit, and elements from UCLA School of Public Health Center for Public Health and Disasters Hazard Risk Assessment. The instructions are in part developed from modifications from: "Focus on Prevention: Conducting a Hazard Risk Assessment", Brnich, M, Mallett, L., U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, Pittsburgh Research Laboratory. Pittsburgh, PA, July 2003.

Appendix 2 – BBHCC Member Organizations

HCC Member Type	Name of Organizaion
Other (e.g., child care services, dental clinics, social services, faith-based organizations)	211 Big Bend, Inc
Public Health Agencies (Core HCC Member)	Agency for Healthcare Administrations
Non-governmental organizations (e.g. American Red Cross, voluntary organizations active in disaster, amateur radio operators, etc.)	Amateur Radio Emergency Service
Non-governmental organizations (e.g. American Red Cross, voluntary organizations active in disaster, amateur radio operators, etc.)	American Red Cross - Tallahassee
Skilled nursing, nursing, and long-term care facilities	Angels with a Divine Purpose
Behavioral Health Services and Organizations	Apalachee Center, Inc
Other (e.g., child care services, dental clinics, social services, faith-based organizations)	Area Agency on Aging for North Florida
Hospital	Ascension Sacred Heart - Gulf
Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers)	Big Bend Area Health Education Center
Other (e.g., child care services, dental clinics, social services, faith-based organizations)	Big Bend Homeless Coalition
Other (e.g., child care services, dental clinics, social services, faith-based organizations)	Big Bend Hospice
Other (e.g., child care services, dental clinics, social services, faith-based organizations)	Big Bend Transit

Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers, urgent care centers, free standing emergency rooms, stand-alone surgery centers)	Bond Community Health Center, Inc
Skilled nursing, nursing, and long-term care facilities	Brynwood Health and Rehab Center
Public or private payers (e.g., Medicare and insurance companies)	Capital Health Plan
Local chapters of health care professional organizations (e.g. medical society, professional society, hospital association)	Capital Medical Society
Skilled nursing, nursing, and long-term care facilities	Care Well
Behavioral Health Services and Organizations	Center For Support LLC
Infrastructure companies (e.g. utility and communication companies)	City of Tallahassee
Skilled nursing, nursing, and long-term care facilities	Covenant Care
Skilled nursing, nursing, and long-term care facilities	Cross Winds Health and Rehab Center
Public Health Agencies (Core HCC Member)	D2 Medical Examiners Office
Dialysis centers and regional Centers for Medicare and Medicaid Services (CMS)-funded end stage renal disease networks	DaVita Dialysis - Four Freedoms
Dialysis centers and regional Centers for Medicare and Medicaid Services (CMS)-funded end stage renal disease networks	DaVita Dialysis - Tallahassee Home Modalities
Dialysis centers and regional Centers for Medicare and Medicaid Services (CMS)-funded end stage renal disease networks	DaVita Dialysis - Tallahassee South

Dialysis centers and regional Centers for Medicare and Medicaid Services (CMS)-funded end stage renal disease networks	DaVita Kidney Care
Dialysis centers and regional Centers for Medicare and Medicaid Services (CMS)-funded end stage renal disease networks	DaVita Quincy Dialysis
Specialty patient referral centers (e.g., pediatric, burn, trauma, and psychiatric centers)	DCF/Florida State Hospital
Medical and device manufacturers and distributors	Desloge Home Oxygen and Medical Equipment
Other (e.g., child care services, dental clinics, social services, faith-based organizations)	Department of Education
Hospital	Doctors' Memorial Hospital
Skilled nursing, nursing, and long-term care facilities	Eden Springs Nursing and Rehab Center
Skilled nursing, nursing, and long-term care facilities	Encompass Health and Rehab Hospital of TLH
Schools and universities, including academic medical centers	FAMU
Emergency Management Organizations (Core HCC Member)	FDEM
Public Health Agencies (Core HCC Member)	FDOH Franklin County
Public Health Agencies (Core HCC Member)	FDOH Gadsden County
Public Health Agencies (Core HCC Member)	FDOH Gulf County
Public Health Agencies (Core HCC Member)	FDOH Leon County
Public Health Agencies (Core HCC Member)	FDOH Madison County
Public Health Agencies (Core HCC Member)	FDOH Taylor County
Local chapters of health care professional organizations (e.g. medical society, professional society, hospital association)	FEPA

Local chapters of health care professional organizations (e.g. medical society, professional society, hospital association)	FL Assisted Living Association
Other (e.g., child care services, dental clinics, social services, faith-based organizations)	FL Health Science Consulting
Specialty patient referral centers (e.g., pediatric, burn, trauma, and psychiatric centers)	FL Independent Living Council
Local chapters of health care professional organizations (e.g. medical society, professional society, hospital association)	Florida Association of Community Health Centers
Local public safety agencies (e.g. law enforcement and fire)	Florida Department of Law Enforcement
Local chapters of health care professional organizations (e.g. medical society, professional society, hospital association)	Florida Health Care Association
Schools and universities, including academic medical centers	Florida State University
Emergency Management Organizations (Core HCC Member)	Franklin County EM
Schools and universities, including academic medical centers	FSU College of Medicine
Emergency Management Organizations (Core HCC Member)	FSU Emergency Management
Schools and universities, including academic medical centers	FSU Student Health Services
Local public safety agencies (e.g. law enforcement and fire)	FSU Police Department
Emergency Management Organizations (Core HCC Member)	Gadsden County EM
Other (e.g., child care services, dental clinics, social services, faith-based organizations)	Gadsden County Long Term Disaster Recovery Group
Hospital	George E. Weems Memorial Hospital
Hospital	HCA Florida Capital Hospital

Skilled nursing, nursing, and long-term care facilities	Heritage Healthcare at Tallahassee
Local chapters of health care professional organizations (e.g. medical society, professional society, hospital association)	Home Care Association of Florida
Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers, urgent care centers, free standing emergency rooms, stand-alone surgery centers)	Honey Lake Clinic
Public Health Agencies (Core HCC Member)	Human and Health Services
Skilled nursing, nursing, and long-term care facilities	Interim Healthcare of NW FL
Emergency Management Organizations (Core HCC Member)	Jackson County EM
Emergency Management Organizations (Core HCC Member)	Jefferson County EM
Skilled nursing, nursing, and long-term care facilities	Lake Park of Madison Nursing and Rehabilitation Center
Local chapters of health care professional organizations (e.g. medical society, professional society, hospital association)	Leading Age, FL
Emergency Management Organizations (Core HCC Member)	Leon County EM
Other (e.g., child care services, dental clinics, social services, faith-based organizations)	Leon County Government
EMS (Including inter-facility and other non-EMS patient transport systems; Core HCC Member)	Leon County EMS
Emergency Management Organizations (Core HCC Member)	Madison County EM
Local public safety agencies (e.g. law enforcement and fire)	Madison County Fire Rescue

EMS (Including inter-facility and other non-EMS patient transport systems; Core HCC Member	Madison County EMS
Hospital	Madison County Memorial Hospital
Skilled nursing, nursing, and long-term care facilities	Madison Health and Rehab Center
Skilled nursing, nursing, and long-term care facilities	Marianna Health and Rehab
Skilled nursing, nursing, and long-term care facilities	Marshall Health & Rehabilitation Center
Skilled nursing, nursing, and long-term care facilities	Maxim Healthcare Services
Skilled nursing, nursing, and long-term care facilities	Miracle Hill Nursing and Rehabilitation Center
Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers, urgent care centers, free standing emergency rooms, stand-alone surgery centers)	Neighborhood Medical Center
Local public safety agencies (e.g. law enforcement and fire)	North Florida Fusion Exchange
Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers, urgent care centers, free standing emergency rooms, stand-alone surgery centers)	North Florida Medical Centers, Inc.
Other (e.g., child care services, dental clinics, social services, faith-based organizations)	NWS Tallahassee
Skilled nursing, nursing, and long-term care facilities	Riverchase Health & Rehab
Skilled nursing, nursing, and long-term care facilities	Rosa's Caring Heart
Hospital	Select Specialty Hospital
Skilled nursing, nursing, and long-term care facilities	Seven Hills Health and Rehab

Federal facilities (e.g. US Department of Veterans Affairs Medical Centers, Indian Health Service facilities, military treatment facilities)	Sgt. Ernest I. "Boots" Thomas VA Clinic
Skilled nursing, nursing, and long-term care facilities	Southern Living for Seniors
Skilled nursing, nursing, and long-term care facilities	St James Health and Rehab
Skilled nursing, nursing, and long-term care facilities	Stepping Stones Assisted Living Facility
Skilled nursing, nursing, and long-term care facilities	Sunrise Community, Inc.
Specialty patient referral centers (e.g., pediatric, burn, trauma, and psychiatric centers)	Tallahassee Developmental Center
Local public safety agencies (e.g. law enforcement and fire)	Tallahassee Fire Department
Local public safety agencies (e.g. law enforcement and fire)	Tallahassee Police Department
Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers)	Tallahassee Food Network, Inc.
Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers, urgent care centers, free standing emergency rooms, stand-alone surgery centers)	Tallahassee Outpatient Surgery Center
Local chapters of health care professional organizations (e.g. medical society, professional society, hospital association)	Tallahassee Senior Center & Foundation
Emergency Management Organizations (Core HCC Member)	Taylor County EM
Hospital	Tallahassee Memorial Healthcare

Home Health Agencies(including home and community based services)	TMH home Health Care
Jurisdictional partners, including cities, counties and tribes	Tri-County Electric Cooperative
Skilled nursing, nursing, and long-term care facilities	Trinity Community Living
Federal facilities (e.g. US Department of Veterans Affairs Medical Centers, Indian Health Service facilities, military treatment facilities)	VA Outpatient Clinic
Skilled nursing, nursing, and long-term care facilities	Villas at Killearn Lakes
Emergency Management Organizations (Core HCC Member)	Wakulla County EM
EMS (Including inter-facility and other non-EMS patient transport systems; Core HCC Member)	Wakulla County EMS
Local public safety agencies (e.g. law enforcement and fire)	Wakulla County Fire Rescue
Skilled nursing, nursing, and long-term care facilities	Wisdom Adult Day Care Services, LLC

Appendix 3 – Acronym List

Acronym List	
ACF	Administration for Children and Families
AHRQ	Agency for Health Research and Quality
AoA	Administration on Aging
APHT	Applied Public Health Team ARF: Action Request Form
ASPR	Assistant Secretary for Preparedness and Response
ASPR	Assistant Secretary for Preparedness and Response
ATSDR	Agency for Toxic Substances and Disease Registry
CDC	Centers for Disease Control and Prevention
CEMP	Comprehensive Emergency Management Plan
CMS	Centers for Medicare and Medicaid Services
CONOPS	Concept of Operations
DEOC	Director's Emergency Operations Center
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Team
DoD	Department of Defense
DoH	Department of Health
DOL	Department of Labor
DPMU	Disaster Portable Morgue Unit
DRG	Domestic Readiness Group
ECC	Emergency Communications Center
EMA	Emergency Management Agency
EMAC	Emergency Management Assistance Compact
EMG	Emergency Management Group
EMMA	Emergency Managers Mutual Aid
EMP	Emergency Management Program
EMS	Emergency Medical Services
EMTALA	Emergency Medical Treatment and Labor Act
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPA	Environmental Protection Agency
ERT-A	Emergency Response Team - Advance
ERT-N	Emergency Response Team - National
ESF	Emergency Support Function
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
FMS	Federal Medical Station
HAZMAT	Hazardous Materials
HCO	Healthcare Organization
HHS	Department of Health and Human Services
HICS	Hospital Incident Command System

HIPAA	Health Insurance Portability and Accountability Act
HRSA	Health Resources and Services Administration
HSEEP	Homeland Security Exercise and Evaluation Program
HSPD	Homeland Security Presidential Directive
HVA	Hazard Vulnerability Analysis IAP: Incident Action Plan
ICP	Incident Command Post
ICS	Incident Command System
IHS	Indian Health Service
IMPT	Incident Management Planning Team
IRCT	Incident Response Coordination Team
JCAH	Joint Commission on Accreditation of Healthcare Organizations
JFO	Joint Field Office
JIC	Joint Information Center
LEPC	Local Emergency Planning Committees
LRN	Laboratory Response Network
MA	Mission Assignment
MACC	Multiagency Coordination Center
MAC	Group Multiagency Coordination Group
MACS	Multiagency Coordination System
MHT	Mental Health Team
MOU	Memorandum of Understanding
MSCC	Medical Surge Capacity and Capability
MSEHPA	Model State Emergency Health Powers Act
NDMS	National Disaster Medical System
NIH	National Institutes of Health
NIMS	National Incident Management System
NJTTF	National Joint Terrorism Task Force
NOC	National Operations Center
NRCC	National Response Coordination Center
NRP	National Response Plan
OPDIV	Operating Division
PFO	Principal Federal Official
PIO	Public Information Officer
PPE	Personal Protective Equipment
RD	Regional Director
RDF	Rapid Deployment Force
REC	Regional Emergency Coordinator
RHA	Regional Health Administrator
RRCC	Regional Response Coordination Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SARS	Severe Acute Respiratory Syndrome
SCHIP	State Children's Health Insurance Program
SEMS	Standardized Emergency Management System
SHO	Senior Health Official
SNS	Strategic National Stockpile
SOC	Secretary's Operations Center

TOPOFF	Top Officials
UC	Unified Command
USPHS	U.S. Public Health Service
VA	Department of Veterans Affairs
VMAT	Veterinary Medical Assistance Team