



ASPR's **T**echnical **R**esources, **A**ssistance **C**enter, and **I**nformation **E**xchange (TRACIE)

Coalition Planning: Access the Right Resources at the Right Time

December 2, 2025

Why ASPR TRACIE?

ASPR TRACIE was developed as a healthcare emergency preparedness information gateway to address the need for:

- Enhanced and rapid technical assistance (TA)
- A comprehensive, one-stop, national knowledge center for healthcare system preparedness
- Multiple ways to efficiently share and receive information between various entities, including peer-to-peer
- A way to leverage and better integrate support (force multiplier)
- Ways to prepare deployed and field staff via resources developed with our cadre of subject matter experts

ASPR TRACIE: Three Domains



- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed “Topic Collections”
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences



asprtracie.hhs.gov



- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form ([ASPRtracie.hhs.gov](https://asprtracie.hhs.gov))



1-844-5-TRACIE



- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials



askasprtracie@hhs.gov

ASPR TRACIE Supports All Phases of Emergency Management

Support all phases of emergency management:

- >550 ASPR TRACIE-developed resources
 - In anticipation of and in response to incidents
- Searchable resource library
- Topic collections
- Resource pages
- *The Exchange* newsletter
- Virtual based learning opportunities
- Plans, tools, and templates



Comprehensively Reviewed Topic Collections

[Active Shooter and Explosives](#)

[Blood and Blood Products](#)

[Burns](#)

Communications

- [Communication Systems](#)
- [Information Sharing](#)
- [Risk Communications/Emergency Public Information and Warning](#)
- [Social Media in Emergency Response](#)

[Crisis Standards of Care](#)

[Cybersecurity](#)

Decontamination

- [Hospital Patient Decontamination](#)
- [Pre-Hospital Patient Decontamination](#)
- [Disasters and At-Risk Populations](#)
- [Electronic Health Records and Downtime Procedures](#)

Emergency Management

- [Emergency Operations Plans/ Emergency Management Program](#)
- [Exercise Program](#)
- [Hazard Vulnerability/Risk Assessment](#)
- [Healthcare-Related Disaster Legal/ Regulatory/ Federal Policy](#)
- [Incident Management](#)
- [Training and Workforce Development](#)

[Ethics](#)

[Family Reunification and Support](#)

[Fatality Management](#)

Healthcare Coalitions

- [Coalition Administrative Issues](#)
- [Coalition Models and Functions](#)
- [Coalition Response Operations](#) (including Mutual Aid)

[Healthcare Facility Evacuation/Sheltering](#)

[Hospital Surge Capacity and Immediate Bed Availability](#)

Location-Specific Collections

- [Alternate Care Sites](#) (including shelter medical care)
- [Ambulatory Care and Federally Qualified Health Centers](#) (FQHC)
- [Dialysis Centers](#)
- [Homecare and Hospice](#)
- [Long-term Care Facilities](#)
- [Pharmacy](#)
- [Rural Disaster Health](#)
- [Virtual Medical Care](#)

[Mass Distribution and Dispensing of Medical Countermeasures](#)

[Mass Gatherings/Special Events](#)

[Mental/Behavioral Health](#) (non-responders)

[Patient Movement, MOCCs, and Tracking](#)

[Pediatric/Children](#)

[Populations with Access and Functional Needs](#)

[Pre-Hospital](#) (e.g., EMS)

[Pre-Hospital Mass Casualty Triage and Trauma Care](#)

Recovery and COOP

- [Continuity of Operations \(COOP\)/ Business Continuity Planning](#)
 - [Recovery Planning](#)
- ## [Responder Safety and Health](#)

Specific Hazards

- [Bioterrorism and High Consequence Biological Threats](#)
- [Chemical Hazards](#)
- [Coronaviruses](#) (e.g., SARS, MERS and COVID-19)
- [Ebola/VHF](#)
- [Influenza Epidemic/ Pandemic](#)
- [Natural Disasters](#)
- [Radiological and Nuclear](#)
- [Zika](#)

[Utility Failures](#)

[Veterinary Issues](#)

[Volunteer Management](#)

[Workplace Violence](#)

Select Resource Categories

CBRN

Crisis Standards of
Care

Cybersecurity

Disaster Behavioral
Health

Mass Casualty
Incidents

Medical Operations
Coordination
Centers

Natural Disasters

Pandemic and
Emerging
Infectious Diseases


Supply Chain

Workplace
Violence

Access [ASPR TRACIE-](#)
[developed resources here.](#)

Access the [2024 Year in](#)
[Review report here.](#)


Assistance Center




ASSISTANCE CENTER

Visit the [TA Summary page](#) for the most up-to-date set of TA responses.


How to Request Technical Assistance



Contact Us Online



1-844-5-TRACIE
(387-2943)

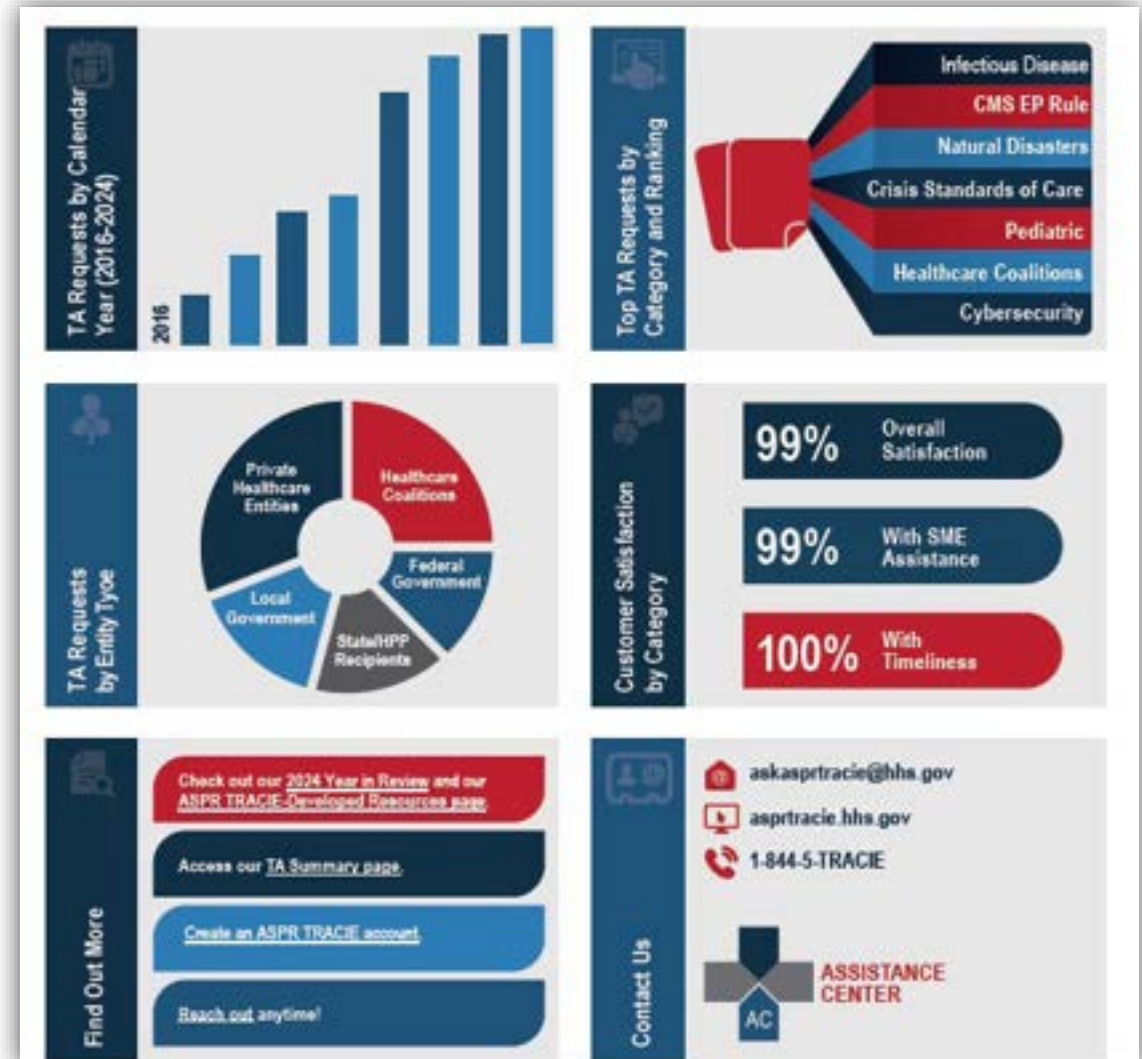


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Evaluation of Hazard Vulnerability Assessment Tools

This comparison chart shows the similarities and differences among the primary hazard vulnerability assessment (HVA) tools used by public health and healthcare organizations, and the Federal Emergency Management Agency's Threat and Hazard Identification Risk Assessment (THIRA). Each description includes a summary of its primary use/purpose, as well as information on who developed the tool and how, the format of the tool, the calculations approach, and the benefits and limitations of the tool.

DISCLAIMER: ASPR TRACIE is not a disaster or emergency response center. ASPR TRACIE is staffed during normal business hours and is for routine requests for assistance only. The ASPR TRACIE Assistance Center Hours are Monday-Friday, 9am-5pm (Eastern), excluding federal holidays. All TA requests are subject to approval and prioritization by ASPR.



Information Exchange

Information Exchange Discussion Board

Username / Email Address

Log in

Apply for Access

[Forgot Password](#)



INFORMATION EXCHANGE

RECENT ACTIVITY

CATEGORIES

Recent Activity

Below Are The Threads That Have Been Posted Recently

Building Security Assessment

We are looking for a firm to come to our site to give us an assessment regarding updating our security system (cameras, access points, etc.) How can we better secure our building? If any has worked with such a firm we would be grateful for your referral.

Category: [Ask Your Peers](#) | Topic: [Share Your Experiences](#) | Created on 11/10/2020 | Posts: 0

Summer/ Fall Forecast

Category: [Ask Your Peers](#) | Topic: [Preparing for Summer-Related Hazards/ Events](#) | Created on 6/20/2020
| Updated on 6/15/2022 | Posts: 6

Post-disaster Changes/Growth in Emergency Preparedness & Response

This is an open thread for Public Health Emergency Preparedness programs to discuss how their programs have changed in response to/after significant events like COVID-19.

Category: [ASPR TRACIE Topic Areas](#) | Topic: [New Training and Workforce Development](#) | Created on 3/17/2022 | Posts: 0

STATISTICS

Categories: 20

Topics: 884

Threads: 155

Members: 10346

RECENT THREADS

[Building Security Assessment](#)
[Summer/ Fall Forecast](#)
[Post-disaster Changes/Growth in Emergency Preparedness & Response](#)
[Centers for Disease Control and Prevention: Rise to End COVID](#)
[Partner Playbook for Testing and Vaccination Events](#)

ASPR TRACIE Web-Based Learning Opportunities

- National Webinars
- Healthcare System Preparedness Considerations Speaker Series
 - Specialty Surge Annexes (Burn, Pediatrics)
 - Collaborative Initiatives within HCCs
 - Innovations in Hospital Design
 - Utility Failures
 - Mass Casualty Incidents
- Workplace Violence Considerations Speaker Series

Lessons Learned from the Signature Healthcare Brockton Hospital

February 2023 Fire & Evacuation



SIGNATURE HEALTHCARE

Buffalo Strong

Response and Recovery to an Active Shooter Incident



Kyra Crepin, MS, MN-CEM

Select Healthcare Coalition Resources

- [Healthcare Coalitions Resource Page](#)
- [HCC Resource and Gap Analysis Tool](#) and [Aggregator](#)
- [Topic Collections](#):
 - [Coalition Administrative Issues](#)
 - [Coalition Models and Functions](#)
 - [Coalition Response Operations](#)
- Speaker Series Recordings:
 - [Healthcare Pediatric Surge Annex: Leveraging Templates for Operational Impact](#)
 - [Search and Rescue in the Big Horn Basin](#)
 - [Using the ASPR TRACIE Burn Surge Templates to Enhance an HCC](#)
- HCC Templates:
 - [Preparedness](#)
 - [Response](#) (Updated)
 - [Recovery](#) (To be Updated)

[Toolkits](#) (Updated)

- Burn
- Chemical
- Infectious Disease
- Pediatric
- Radiation
- [Cybersecurity Assessment](#) (New)
- [Extended Health Care Downtime Delivery Impact Assessment](#) (New)

Coming Soon:

- Cybersecurity Support Plan Template
- Downtime Health Care Delivery Impact Plan Template
- [Supply Chain Integrity Assessment](#) (To be Updated)



Select ASPR TRACIE Resources by NOFO Activity

HPP NOFO Activity 1: *Establish Governance*

Topic Collections

- [Coalition Administrative Issues](#)
- [Coalition Models and Functions](#)
- [Coalition Response Operations](#)

Other Resources

- [Growing and Sustaining: A Discussion About Healthcare Coalition Financial Models](#)
- [Healthcare Coalition Involvement in Mass Gatherings](#)
- [Healthcare Coalition Surge Estimator Tool: Aggregator](#)
- [Healthcare Coalition Surge Estimator Tool: Hospital Data Collection Form](#)
- [Hospital-Based Incident Command Systems: Real Experiences and Practical Applications](#)
- [Search and Rescue in the Big Horn Basin](#)
- [State and Local Plans, Tools, and Templates](#)
- [Strategic Development for Building Operational Healthcare Coalitions](#)

HPP NOFO Activity 2: *Assess Readiness*

2.2. Hazard Vulnerability Assessment

- [Hazard Vulnerability/Risk Assessment](#)
- [Data Sources for Hazard Vulnerability Assessments Disasters and At-Risk Populations](#)
- [ASPR TRACIE Evaluation of Hazard Vulnerability Assessment Tools](#)

2.3. Readiness Assessment

- [Healthcare Coalition Preparedness Plan](#)

2.4. Supply Chain Integrity Assessment

- [Partnering with the Healthcare Supply Chain during Disasters](#)

2.5. Workforce Assessment

- [Disasters and At-Risk Populations](#)
- [Responder Safety and Health](#)
- [Rural Disaster Health](#)
- [Disaster Behavioral Health Resources Page](#)
- [Healthcare Facility Onboarding Checklist](#)
- [Healthcare Provider Shortages-Resources and Strategies for Meeting Demand](#)

HPP NOFO Activity 2: *Assess Readiness (Cont.)*

2.6 and 2.7 Cybersecurity

- [Cybersecurity](#)
- [**Cybersecurity Assessment**](#)
- [Cybersecurity and Healthcare Facilities](#)
- [**Extended Downtime Delivery Impact Assessment**](#)
- [Electronic Health Records and Downtime Procedures](#)
- [Healthcare System Cybersecurity Response: Experiences and Considerations \(Webinar\)](#)
- [Healthcare System Cybersecurity: Readiness & Response Considerations \(Speaker Series Presentation\)](#)
- [Healthcare System Cybersecurity: Readiness & Response Considerations \(Document\)](#)
- [Utility Failures](#)
- [Utility Failures in Health Care Toolkit](#)

HPP NOFO Activity 3: *Plan and Implement*

3.2. Readiness Plan

- [Coalition Administrative Issues](#)
- [Coalition Models and Functions](#)
- [Exercise Program](#)
- [Healthcare Coalition Preparedness Plan](#)
- [Hospital-Based Incident Command Systems: Real Experiences and Practical Applications](#)
- [Hospital-Based Incident Command Systems: Small and Rural Hospitals](#)
- [State and Local Plans, Tools, and Templates](#)
- [Training and Workforce Development](#)

3.3. Response Plan

- [Coalition Response Operations](#)
- [Communication Systems](#)
- [Disaster Available Supplies in Hospitals \(DASH\) Tool](#)
- [HCC Resource and Gap Analysis Tool and Aggregator](#)
- [Healthcare Coalition Response Plan](#)
- [Healthcare Provider Shortages-Resources and Strategies for Meeting Demand](#)
- [Information Sharing](#)
- [Mass Distribution and Dispensing/Administration of Medical Countermeasures](#)
- [Medical Product Shortages and Scarce Resources](#)
- [Risk Communications/ Emergency Public Information and Warning](#)
- [Social Media in Emergency Response](#)
- [Virtual Medical Care](#)
- [Volunteer Management](#)

HPP NOFO Activity 3: *Plan and Implement (Cont.)*

3.3.4. Medical Surge Support Plan, 3.3.5. Patient Movement Plan and 3.3.6. Allocation of Scarce Resources Plan

- [Considerations for the Use of Temporary Surge Sites for All-Hazards Incidents](#)
- [Crisis Standards of Care](#)
- [Crisis Standards of Care Briefs](#)
- [Crisis Standards of Care Considerations](#)
- [EMS Infectious Disease Playbook](#)
- [Evacuating a Region: How a Healthcare Coalition Helped Evacuate 1504 Patients from 45 Facilities after Hurricane Harvey](#)
- [Evacuating, Treating, and Tracking People on Dialysis](#)
- [Federal Patient Movement: Overview Fact Sheet](#)
- [Mass Violence Resources Page](#)
- [Medical Product Shortages and Scarce Resources](#)
- [Medical Operations Coordination Centers](#)
- [Medical Operations Coordination Centers Toolkit \(Third Edition\)](#)
- [Patient Movement, MOCCs, and Tracking](#)
- [Pre-Hospital \(e.g., EMS\)](#)
- [Pre-Hospital Mass Casualty Triage and Trauma Care](#)

HPP NOFO Activity 3: *Plan and Implement (Con't)*

3.4. Continuity and Recovery Plan

- [Continuity of Operations \(COOP\)/ Business Continuity Planning](#)
- [Cybersecurity](#)
- [Cybersecurity Resources Page](#)
- [Cybersecurity Incident Healthcare System Downtime Operations Checklist](#)
- [Cybersecurity Incident Healthcare System Downtime Preparedness Checklist](#)
- [Electronic Health Records and Downtime Procedures](#)
- [Healthcare Coalition Recovery Plan Template](#)
- [Healthcare System Cybersecurity: Readiness & Response Considerations \(Report\)](#)
- [Healthcare System Cybersecurity Response: Experiences and Considerations \(Webinar\) Recovery Planning](#)
- [Utility Failures](#)
- [Utility Failures in Health Care Toolkit](#)

HPP NOFO Activity 4: *Exercise and Improve*

Topic Collections

- [Exercise Program](#)
- [Patient Movement, MOCCs, and Tracking](#)
- [Cybersecurity](#) ([Education and Training](#) category)

Other Resources

- [Cybersecurity Resources Page](#)
- [Step by Step Guide to Implementing the Pediatric Surge Annex TTX Template \(PDF\)](#)
- [Step-by-Step Guide to Implementing the Coalition Burn Surge Annex TTX Template \(PDF\)](#)
- [Step-by-Step Guide to Implementing the Coalition Chemical Surge TTX Template \(PDF\)](#)
- [Step-by-Step Guide to Implementing the Coalition Infectious Disease Annex TTX Template \(PDF\)](#)
- [Step-by-Step Guide to Implementing the Coalition Radiation Surge TTX Template \(PDF\)](#)

HCC Cybersecurity and Downtime Assessments

Health Care Coalition Cybersecurity Assessment



Helps HCCs evaluate current state of **cybersecurity resilience** and identify gaps, promising practices, and current policies at the coalition level.



Designed for the **HCC and coordination level**, *not* the facility/delivery level.



The **objectives of the assessment** are to:

- ✓ Assess use of cybersecurity practices.
- ✓ Describe community impact.
- ✓ Identify potential mitigation strategies.
- ✓ Support current cyber practices.
- ✓ Understand and define the role of the HCC during a cyber event.

<https://files.asprtracie.hhs.gov/documents/aspr-tracie-hcc-cyber-assessment.pdf>

Health Care Coalition Cybersecurity Assessment Sections

1. Vulnerability
Testing

2. Cyber Hygiene

3. Access
Management

4. Facility
Security

5. Personnel

6. Training and
Exercises

7. Threat
Monitoring

8. Incident
Response &
Management

9. Communication
and Coordination

10. Legal
Considerations

Health Care Coalition Extended Downtime Health Care Delivery Impact Assessment



Helps HCCs evaluate current state of **downtime readiness** and identify gaps, promising practices, and current policies at the coalition level.



Designed to focus on the ***functions of the HCC itself*** and can also help identify common themes that affect members.



The objectives of the assessment are to:

- ✓ Assess current downtime practices.
- ✓ Determine efficacy of current downtime contingencies.
- ✓ Describe community impact of extended downtime.
- ✓ Identify potential mitigation strategies.
- ✓ Support future utility failure and downtime operations needs.
- ✓ Understand and define the role of the HCC and region during a downtime event.

<https://files.asprtracie.hhs.gov/documents/aspr-tracie-hcc-downtime-assessment.pdf>

Health Care Coalition Extended Downtime Health Care Delivery Impact Assessment Sections

1. General Downtime Preparation and Practices

2. Downtime Communications

3. Downtime Impact

4. Cyber Downtime

5. Electrical Failure

6. Water and Sewer

Upcoming ASPR TRACIE Resources and Activities

Helping Healthcare Providers Manage Supply Chain Challenges

- Disaster Available Supplies in Hospitals ([DASH](#)) Tool launched in 2022 to help hospitals **plan** for their supply needs during future incidents; viewed over 34,000 times
- [Intravenous Fluid Shortage Strategies](#) developed in October 2025 to assist healthcare providers **respond** to an interruption in supply due to Hurricane Helene; downloaded almost 60,000 times in 3 weeks
- Clinical Resources for Emergency Shortages of Treatments and Supplies; launching in early 2026



Hospital Readiness & Response: An Online Guidebook



[Online resource](#) for new emergency managers, medical directors, and other leaders in a hospital's emergency management structure.



Operationally focused through a hospital lens.



More than 30 chapters planned.

Chapters Available

- [Biological Incidents](#)
- [Chemical Hazardous Material Decontamination](#)
- [Crisis Care and Scarce Resource Decision-Making](#)
- [Mass Casualty Incident Planning](#)
- [Radiation](#)
- [Sheltering, Relocation, and Evacuation](#)
- [Surge Concepts](#)

HVA Data Sources

- Lists **over 100 publicly available data sources**, organized by hazard categories.
- Each category contains multiple databases, dashboards, portals, and tools.

CBRNE

External Disaster – Natural Hazard

Internal Disaster – Infrastructure/Utilities

Crime/Civil Unrest

Internal Disaster – Human Hazards

Patient Surge

External Disaster – Infrastructure

[ASPR TRACIE Data Sources for HVAs](#)

Ongoing Partnership: OMRC and ASPR TRACIE

After 10 years of collaboration, the Office of the Medical Reserve Corps (OMRC) and ASPR TRACIE are formalizing their partnership to integrate stakeholders and ensure MRC units and volunteers can quickly access planning, operational, and educational resources. Over the next year, MRC stakeholders can expect:

- Resource development for MRC units and volunteers to include tip sheets, operational products, and other materials housed on a new MRC Resource Page.
- Collaborative forums within the secure, moderated IE that will foster information sharing, best practices, and collaborative learning within and between MRC units.



Collaborating with NDMS to Support Definitive Care Partners

NDMS will utilize ASPR TRACIE's Information Exchange to create a dedicated space and collaborative forum for hospitals and health systems participating in the NDMS Definitive Care Program. This space will allow partners to:

- Stay current on NDMS updates, MOA renewals, and reimbursement guidance.
- Share best practices (e.g., for patient reception, tracking, and coordination with DMATs, IMTs, and state/local ESF-8 partners).
- Discuss training and exercise ideas.
- Troubleshoot finance and reimbursement questions.
- Collaborate on surge solutions (e.g., for pediatrics, critical care).
- Provide feedback to ASPR and help shape the future of the Definitive Care Program.



Upcoming Products and Events



Additional *Hospital Readiness and Response: An Online Guidebook* chapters



Facility-level Cyber and Extended Downtime Assessments



Updated HCC Supply Chain Integrity Self-Assessment



Updated HCC Continuity and Recovery Plan Template



Updated Rural Health TC and Infectious Disease TCs



Rescheduled Medical Leadership in Disaster Preparedness and Response Virtual Conference

Contact ASPR TRACIE



1-844-5-TRACIE



askasprtracie@hhs.gov



asprtracie.hhs.gov





Strengthening Coalitions Lies Deep in the Heart of Collaboration

Presented By:



From the Ground Up:

A Training Program for Aspiring Emergency Preparedness Leaders

Luke Aurner, MS, CCEMTP I/C, PEM, HCEM-M
Michigan Region 6 Healthcare Coalition Coordinator

#NHCPC25

From the Ground Up: A Training Program for Aspiring Emergency Preparedness Leaders

Why am I standing in front of you today?

#NHCPC25



From the Ground Up: A Training Program for Aspiring Emergency Preparedness Leaders

Objectives:

At the end of this session, participants will be able to:

- Describe the foundational challenges faced by new and emerging healthcare emergency preparedness professionals entering the field.
- Explain the process Michigan Region 6 HCC used to design and implement a regional training program .
- Identify the structure, content, and learning pathways within the Michigan Region 6 Healthcare Emergency Manager Training Program.
- Summarize lessons learned and outcomes from implementing the program, including participant feedback, engagement levels, and measurable impacts on coalition readiness.



Disclosure:

The development of the Region 6 Healthcare Emergency Manager Training Program was supported through funding from the Administration for Strategic Preparedness and Response (ASPR) under the Hospital Preparedness Program (HPP). All activities were conducted with authorization and collaboration from the Michigan Department of Health and Human Services (MDHHS) and the Michigan Region 6 Healthcare Coalition (R6HCC). The views expressed in this presentation are those of the author and do not necessarily represent the official policies or positions of ASPR, MDHHS, or any other governmental agency.



Audience Participation



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The Challenge

New professionals face steep learning curves in emergency preparedness.

Complex systems, multiple stakeholders, and limited structured training

Turnover leads to gaps in readiness.



The Vision

- Build Future leaders through structured, practical education.
- Create consistent regional onboarding.
- Bridge the gap between theory and practice.



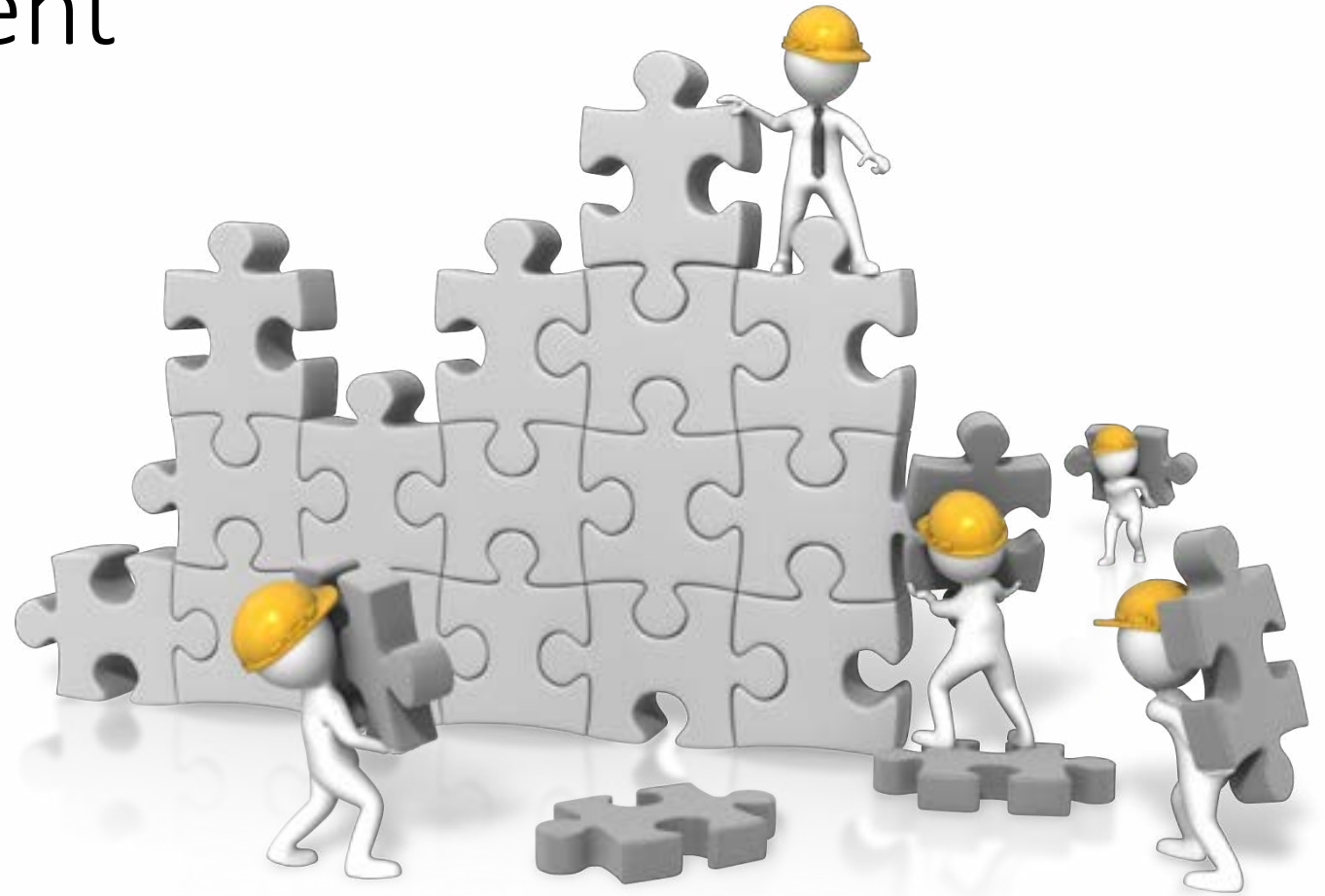
Solution?

- Create a training program that encompasses the broad knowledge Healthcare EM's need to know.
- Bite size educational pieces that allows for in-person or virtual attendance and subject retention.



Program Development

- Needs assessment through AARs, partner feedback, and IPPW outcomes.
- Ideas / Needs of partners
- Experience through exercises and responses.
- Findings from surveys.



Instructional Design Principals

- Based on adult learning theory and applied practice.
- Foundational Path:
 - Lecture
 - Discussion
 - Exercises
- Review Path:
 - Lecture
 - Discussion



The Two-Path Model

- Foundational Path

For new emergency managers, instructor led, classroom-style education.

Led through each step with explanations of each requirement.
Led by subject matter experts (coalition partners).

- Review Path

For experienced professionals, short classroom review.

Topic reviewed, no in-depth discussion unless there are questions.



Modules

1. Foundations of Emergency Management
2. Planning and Risk Assessment
3. Training and Exercises
4. Response Coordination
5. Continuity and Recovery
6. Communication and Information Sharing
7. Healthcare Systems Integration
8. Ethics and Legal Issues
9. Resource Management
10. Leadership and Professional Development



Evaluation

- Development of a Pre-Test and Post-Test.
- Very labor intensive
- Association of Healthcare Emergency Preparedness Professionals Certification Test



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AHEPP Certification



The AHEPP Healthcare Emergency Manager (HcEM™) certification examination is a nationally recognized assessment that evaluates an individual's knowledge and competencies in healthcare emergency preparedness. The test aligns with the AHEPP Professional Standards, measuring proficiency in planning, response, recovery, and leadership within healthcare systems. This examination is independently administered by the Association of Healthcare Emergency Preparedness Professionals (AHEPP) and serves as a benchmark for professional competency in the field.

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Review Path Course Held in BP1

- Michigan Region 6 Healthcare Coalition Sponsored a Review Path course.
- Requirements to attend were partners who are experienced in Healthcare Emergency Management.
- 2-day course held at Corewell Health in Grand Rapids

Partners Represented:

Corewell Health
Trinity Health Grand Rapids
Trinity Health Muskegon
Trinity Health Grand Haven
Trinity Health EMS
University of Michigan
Sparrow Health West



Lessons Learned

- There is a lot of material.
- Having a group of educated, experienced professionals to help develop the course would be beneficial.
- Time: Benefit vs Hinderance
- Healthcare Emergency Management is similar, but different than Municipal Emergency Management



Impacts to Michigan Region 6 HCC

- Champions for Healthcare Emergency Management Education.
- Greater advocacy for the HCC program.
- Increased engagement.

Region 6
Healthcare Coalition



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Link to Documents

Region 6
Healthcare Coalition



#NHCPC25



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Strengthening Coalitions Lies Deep in the Heart of Collaboration



Presented By:



Geospatial Insights:

Hazard Vulnerability and Community-Based Asset Mapping

**Jim Floyd, DHA, MS, MEd,
DAAETS**

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What is your facility's number **One** hazard?



Fire



Weather



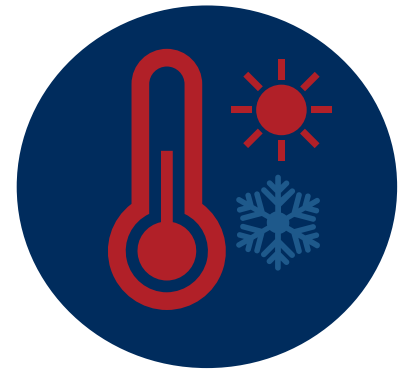
HazMat



Cyber
Attack



Active
Assailant



Climate
Change





Hazard Vulnerability Analysis



01.

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Hazard Vulnerability Analysis

in healthcare is a systematic process used by healthcare facilities to identify potential hazards and assess the risks they pose to the organization, staff, patients, and operations.





Recognize Hazards

natural, human-caused, & technological vulnerabilities.



Evaluate

the probability & impact of those hazards.



Prioritize

mitigation, preparedness, & response efforts, & resource allocation.





Compliance



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ASPRtracie.hhs.gov



Erwin Police Chief Regan Tilson | NBC News

The Joint Commission requires hospitals review their HVA every **two years**.

Home care and outpatient settings must review their HVA **annually**.

Jointcommission.org

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Pete Bannan | AP

CMS Emergency Preparedness Rule requires **annual** review & update of the HVA for healthcare organizations seeking reimbursement.

This applies to **17** healthcare provider and supplier types.

(Snively, 2025)

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Kaiser Permanente

Emergency Management

Hazards - SITE & ADDRESS

Hazard Vulnerability Assessment Tool

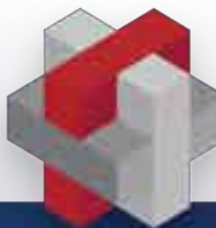
Alert Type	PROBABILITY Likelihood this will occur	ALERTS Number of Alerts	ACTIVATIONS Number of Activations	SEVERITY = (MAGNITUDE - MITIGATION)						RISK * Relative threat 0 - 100%
				HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED- NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
				Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness , resources	Community/M utual Aid staff and	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High			0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	
Active Shooter										
Act of Terrorism										
Air Quality Issue										
Bomb Threat										
Building Move										
Chemical Exposure, External										
Chemical Exposure, Internal										
Chemical Spill										
Child Abduction										
Civil Unrest / Protesting										
Communication / Telephony Failure										
Dam Failure										
Drought										
Earthquake										
Epidemic										
Evacuation										
Explosion										
Fire, External										
Fire, Internal										
Flood, External										
Flood, Internal										
Forensic Admission										
Gas / Emissions Leak										
Generator Failure										
Hostage Situation										
Hurricane										
HVAC Failure										
Inclement Weather										
Infectious Disease Outbreak										

Kaiser Permanente HVA Tool

ASPRTracie.hhs.gov

Instructions
Input
HVA
Incident Log
Summary
+

#NHCP25



Geographical Information Systems (GIS)



iStock Credit: juststock

Identifies the geographic location of features including roads, rails, buildings, trees, historical weather, etc., to **visualize** exposure risks, relationship to hazards, access to resources, & more.

(Johns Hopkins University, Welch Medical Library, 2025; Shi & Johnson, 2020)

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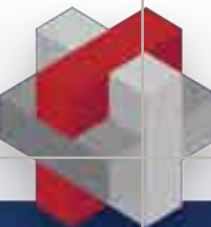


Maps



iStock Credit: RerF

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Tornadoes



ENHANCED FUJITA SCALE (EF Scale)	
EF RATING	3 Second Wind (mph)
EF 0	65-85
EF 1	86-110
EF 2	111-135
EF 3	136-165
EF 4	166-200
EF 5	OVER 200

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United States Tornadoes

1950-2024

Map Legend

 Water

 Roads

 Interstate

 EF 0

 EF 1

 EF 2

 EF 3

 EF 4

 EF 5

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Indiana Tornadoes

1950-2024

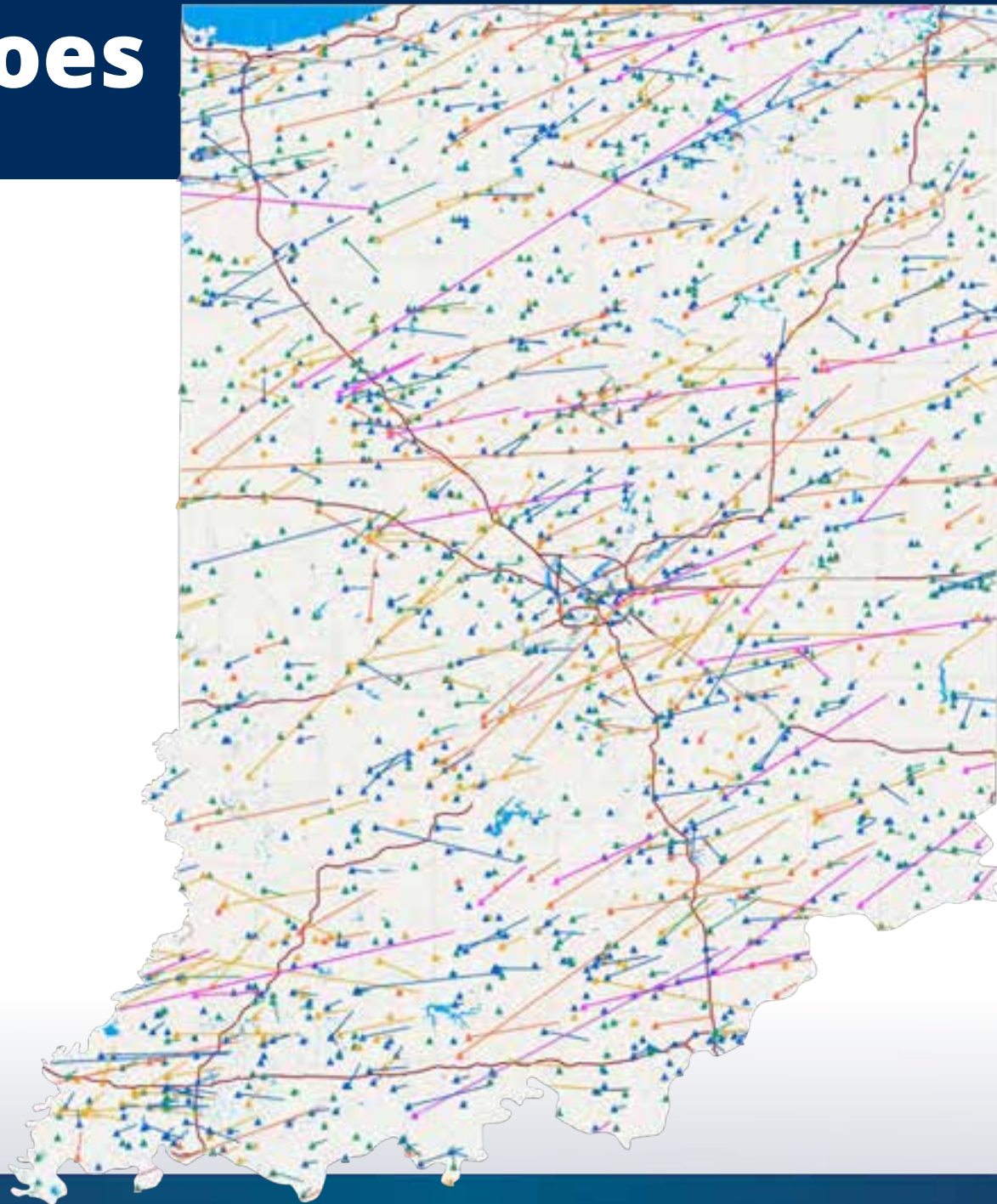
Map Legend

-  Water
-  Roads
-  Interstate
-  EF 0
-  EF 1
-  EF 2
-  EF 3
-  EF 4
-  EF 5

Prepared by
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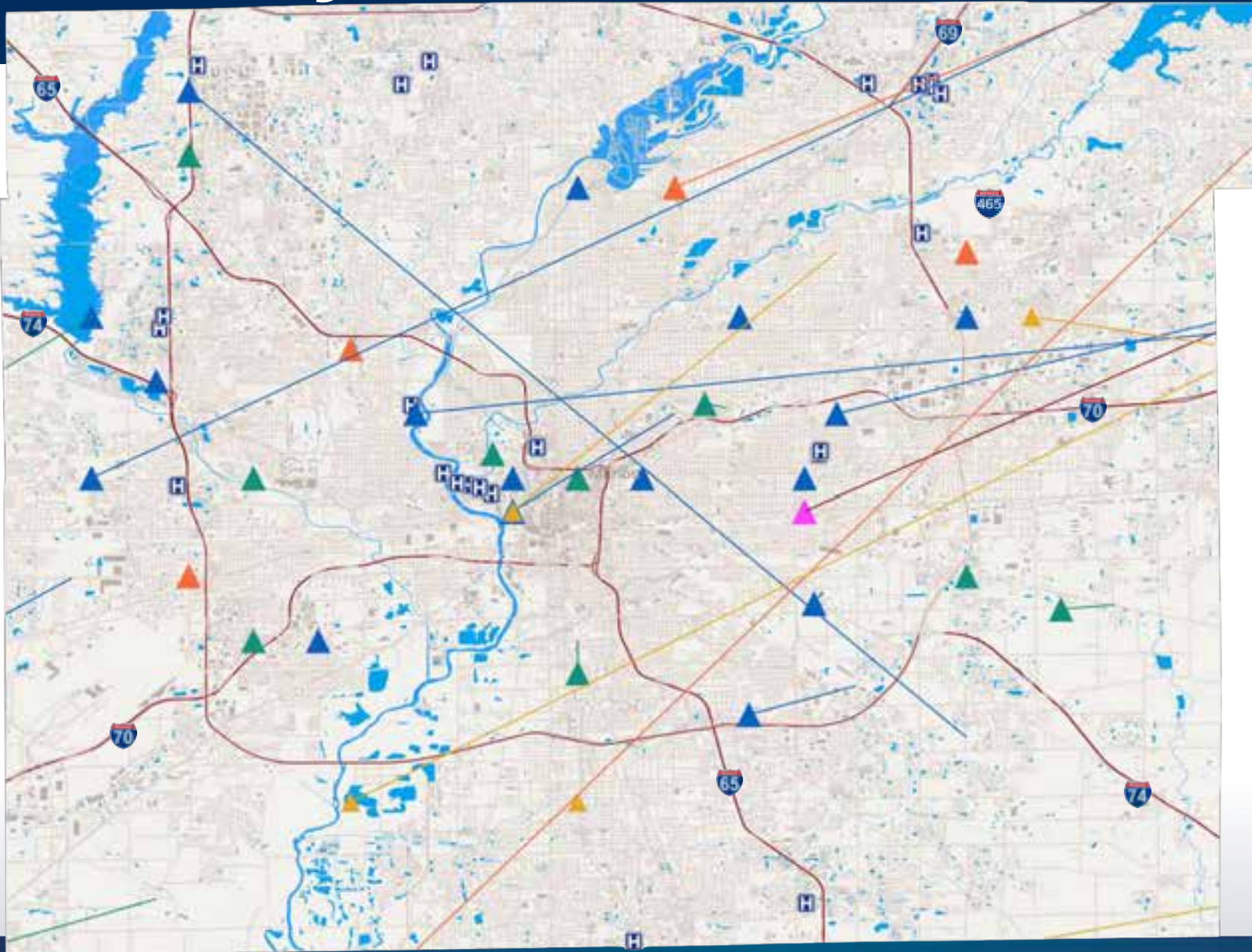


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Marion County, Indiana Tornadoes

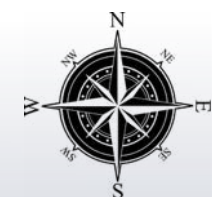
1950-2024



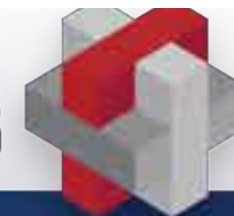
Map Legend

- Water
- Hospital
- Building
- Roads
- Interstate
- EF 0
- EF 1
- EF 2
- EF 3
- EF 4
- EF 5

Prepared by
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on 9.23.2025

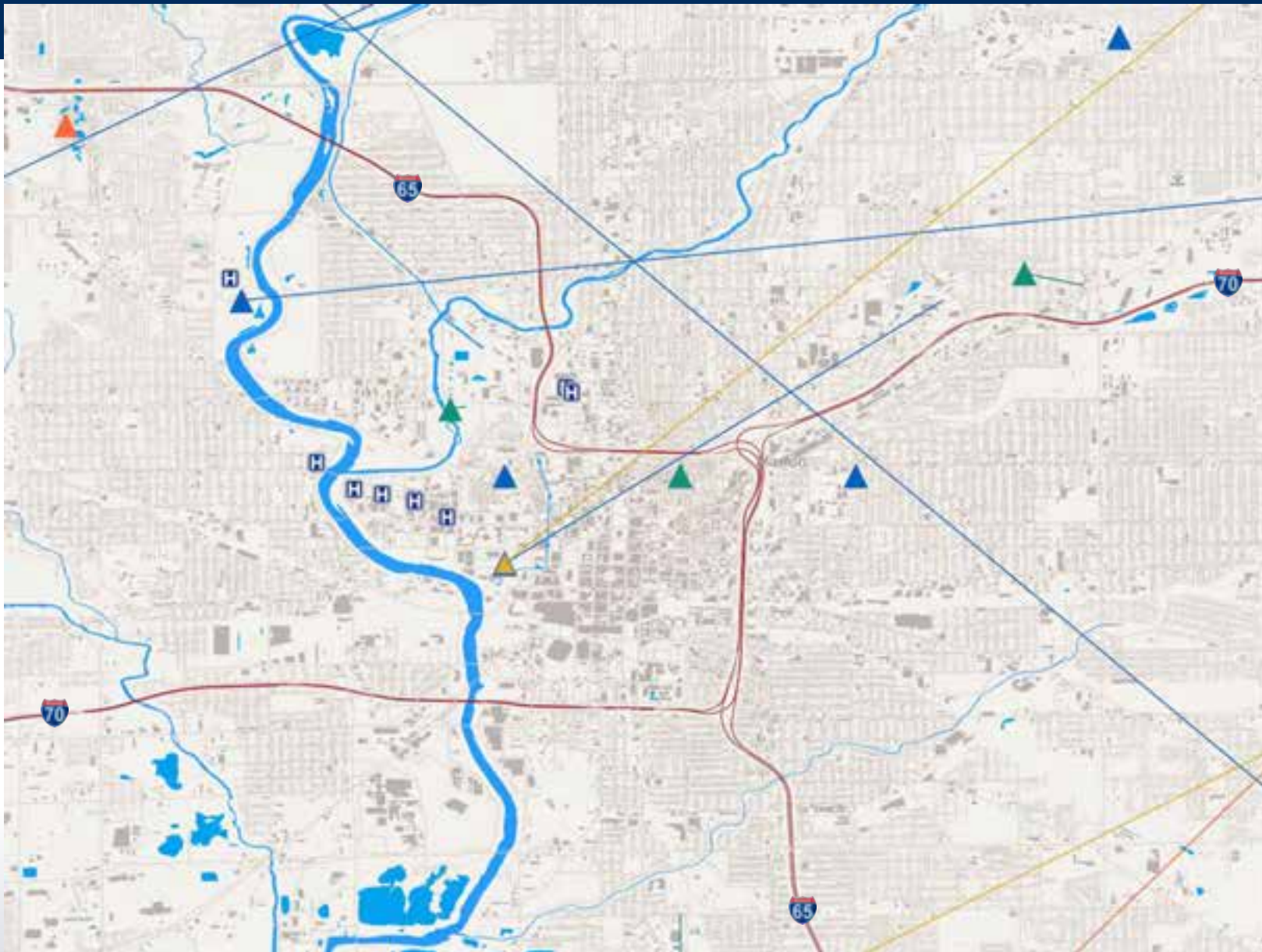


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Marion County, Indiana Tornadoes

1950-2024



Map Legend

-  Water
-  Hospital
-  Building
-  Roads
-  Interstate
-  EF 0
-  EF 1
-  EF 2
-  EF 3
-  EF 4
-  EF 5

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Flood Plain



Flood Zones

Zones

FEMA Definition

X

“Zone C & X: Area of **minimal flood hazard**, usually depicted on Flood Insurance Rate Maps (FIRMs) as above the 500-year flood level.
Zone X is the area determined to be outside the 500-year flood limit and is protected by a levee from 100-year floods.”

A, AE, AH,
AO, AR

“Zones A, AE, AH, AO, AR and A99 are **high-risk flood areas**, due to proximity to a pond, stream, river or protective barrier under construction.”

Floodsmart.gov

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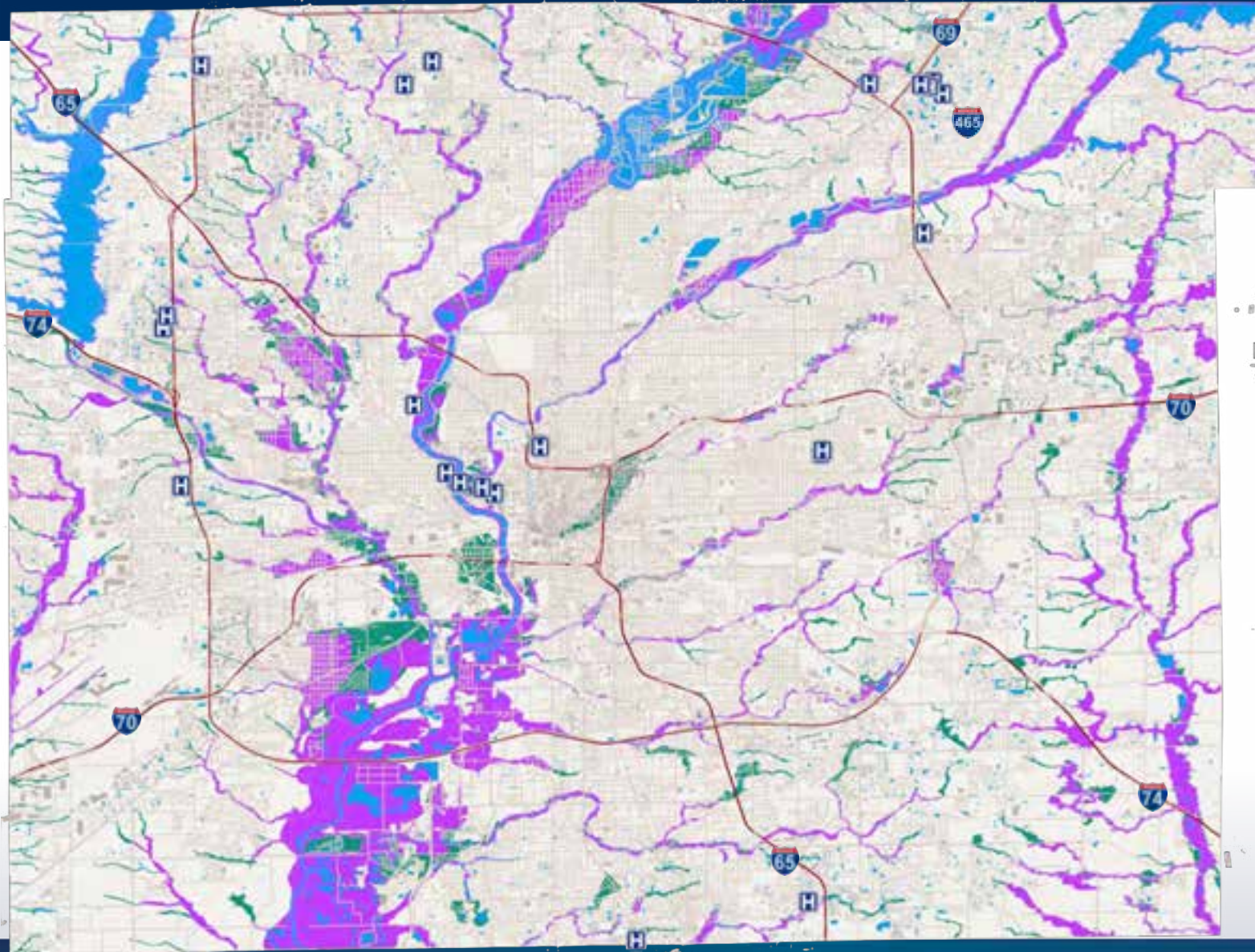


Marion County, Indiana Flood Plain

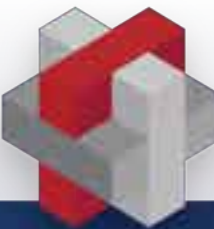
Map Legend

-  Water
-  Hospital
-  Building
-  Roads
-  Interstate
-  X
-  A

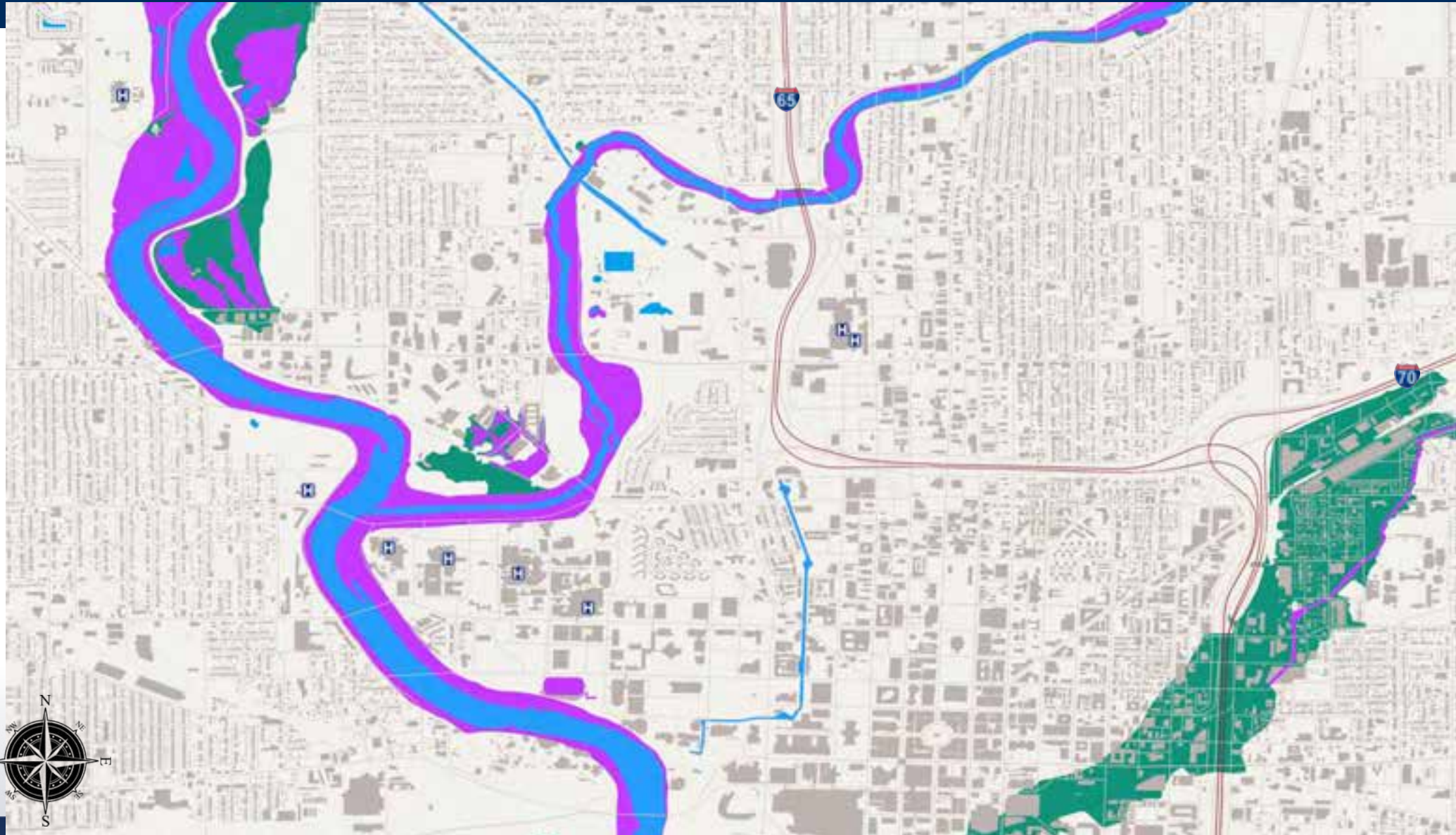
Prepared by
MESH Coalition
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Marion County, Indiana Flood Plain



Map Legend

-  Water
-  Hospital
-  Building
-  Roads
-  Interstate
-  X
-  A

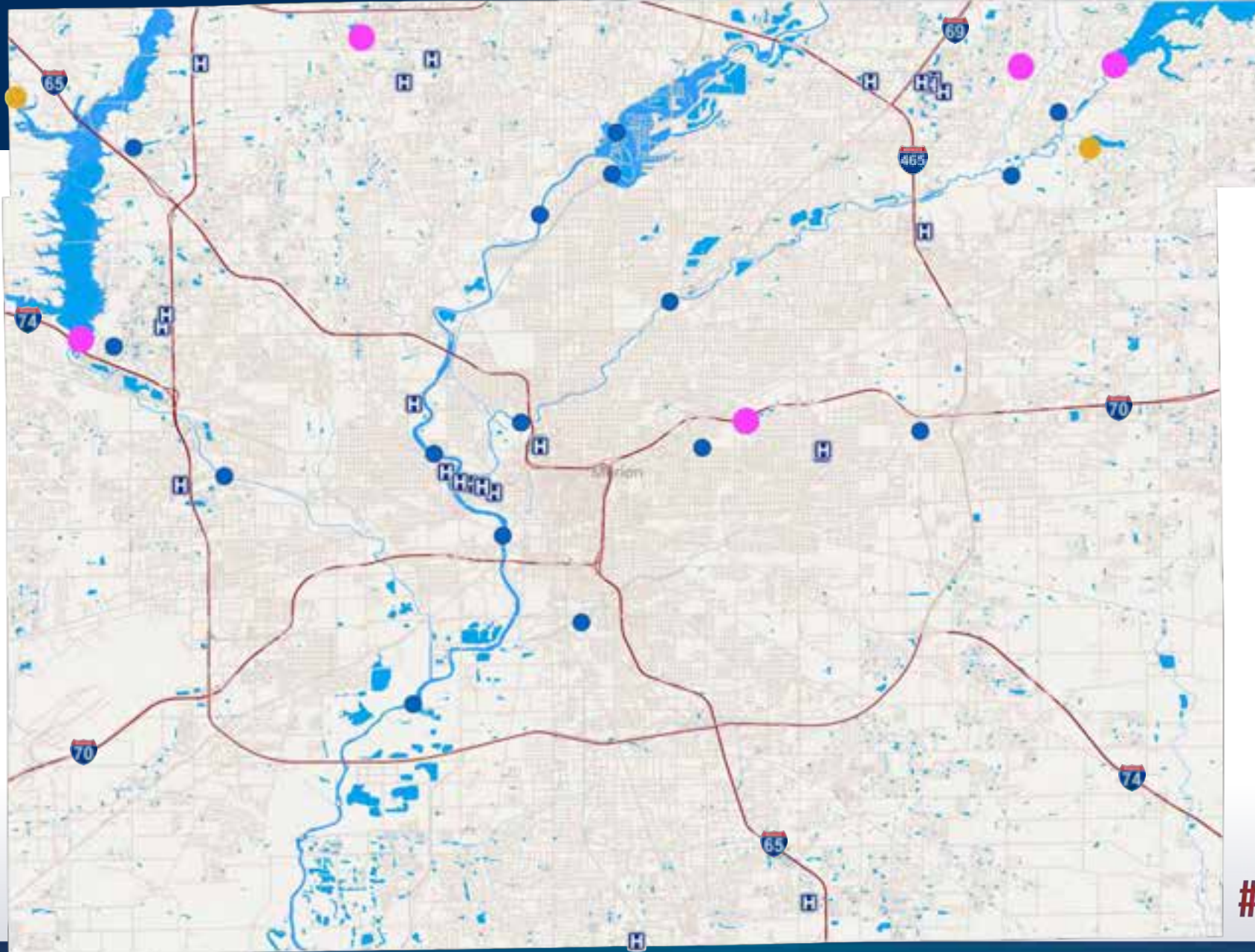
Prepared by
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on 9.23.2025



WHCPC25



Marion County, Indiana Dam Failure



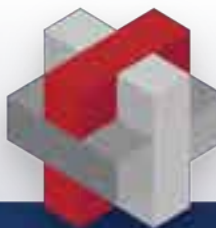
Map Legend

- Water
- Hospital
- Building
- Roads
- Interstate
- High Hazard
- Moderate Hazard
- Low Hazard

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Earthquake



EPICENTER

Locations of earthquakes with magnitudes of 3.0 or greater that have occurred in Indiana between 1827 and 2012.

FAULT

A planar fracture or discontinuity in a volume of rock across which there has been significant displacement as a result of rock-mass movements.

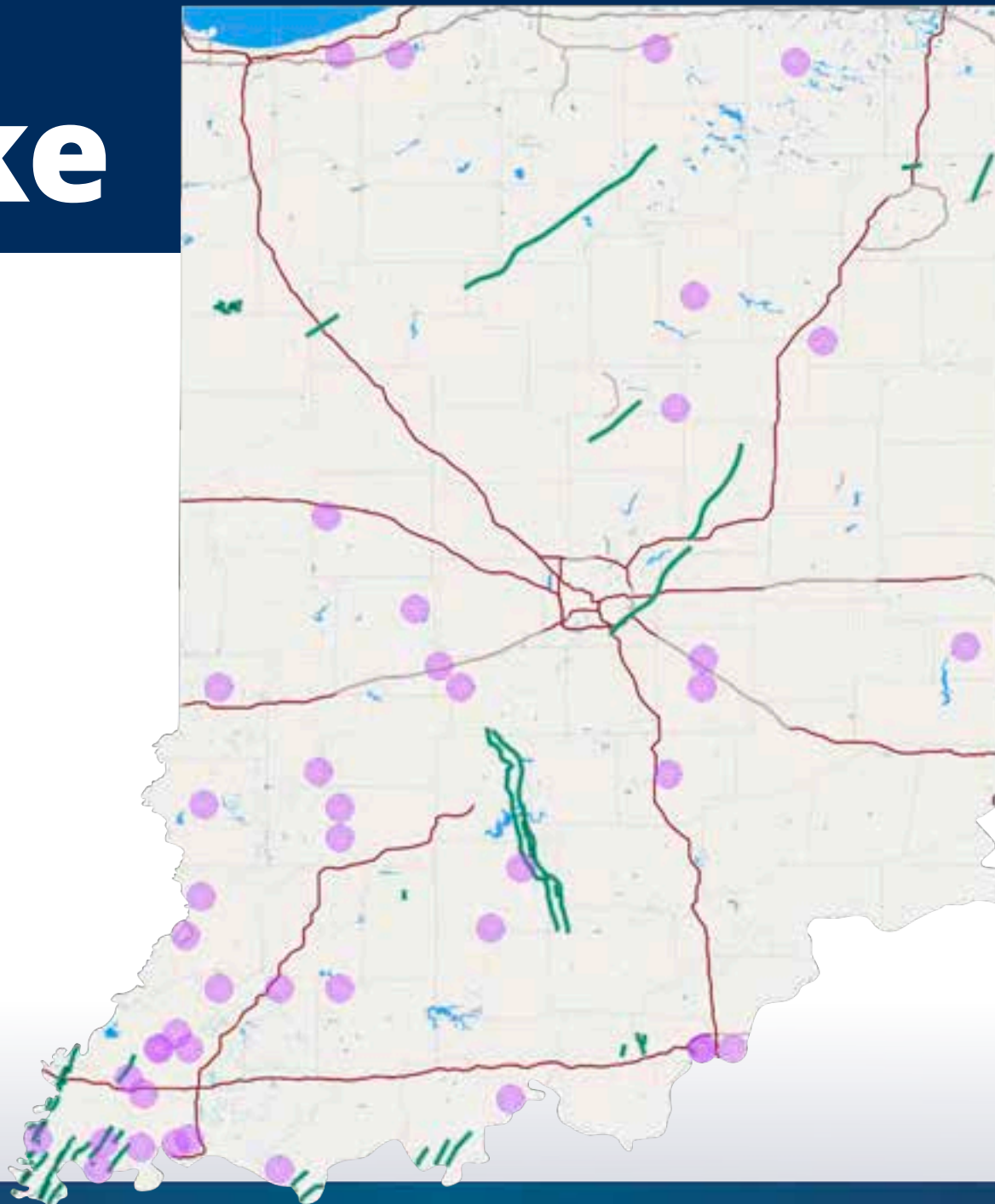
Indianamap.gov

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Indiana

Earthquake



Map Legend

 Water

 Roads

 Interstate

 Epicenter

 Fault

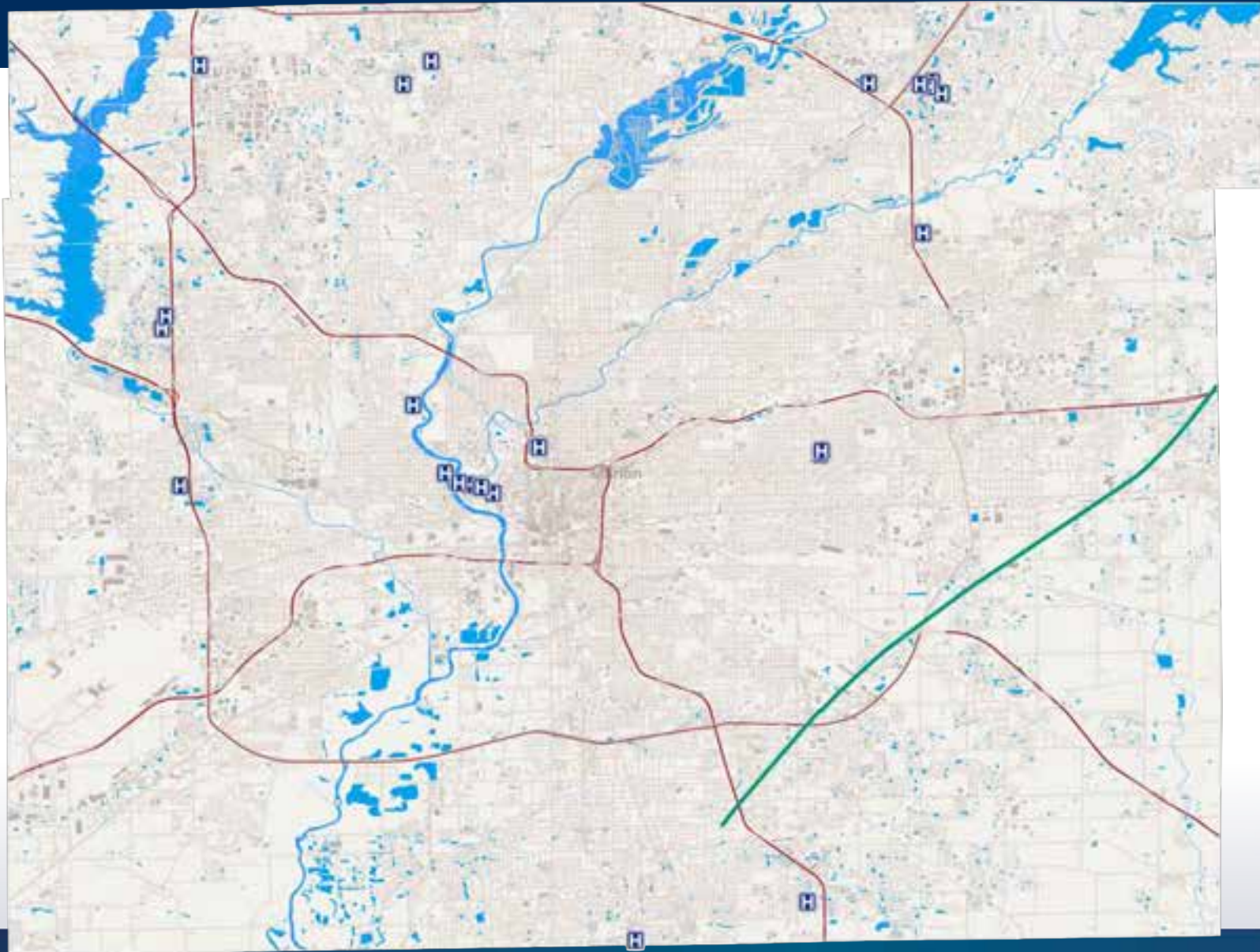
Prepared by
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Marion County, Indiana Earthquake



Map Legend

-  Water
-  Hospital
-  Building
-  Roads
-  Interstate
-  Epicenter
-  Fault

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Earthquake Liquefaction

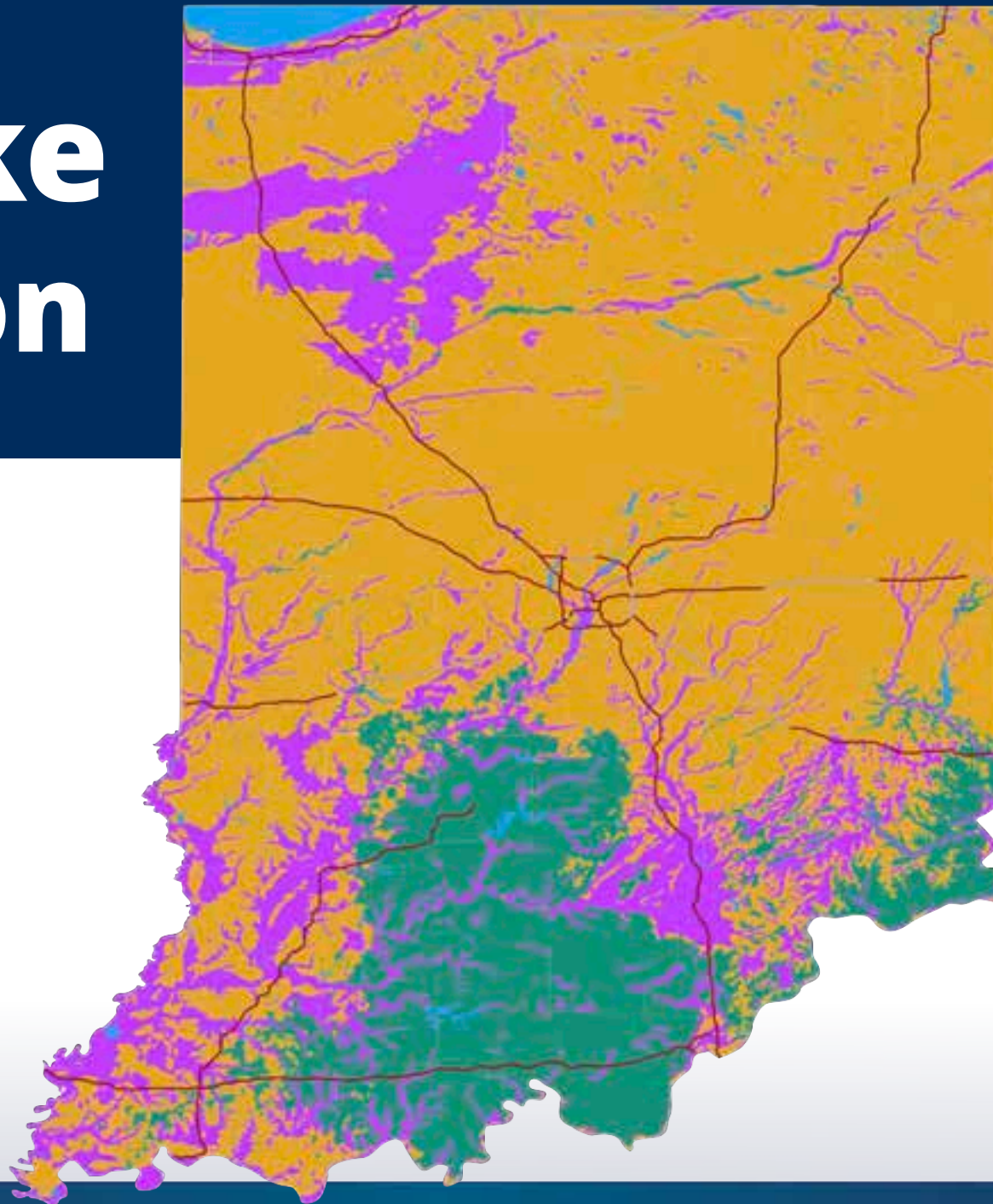


"Liquefaction is a common ground-failure hazard associated with earthquakes. It is defined as the sudden and temporary loss of strength of a water-saturated sediment. This could result in the structural failure of buildings, bridges, and other structures."



Indiana

Earthquake Liquefaction



Map Legend

 Water

 Roads

 Interstate

 Low

 Moderate

 High

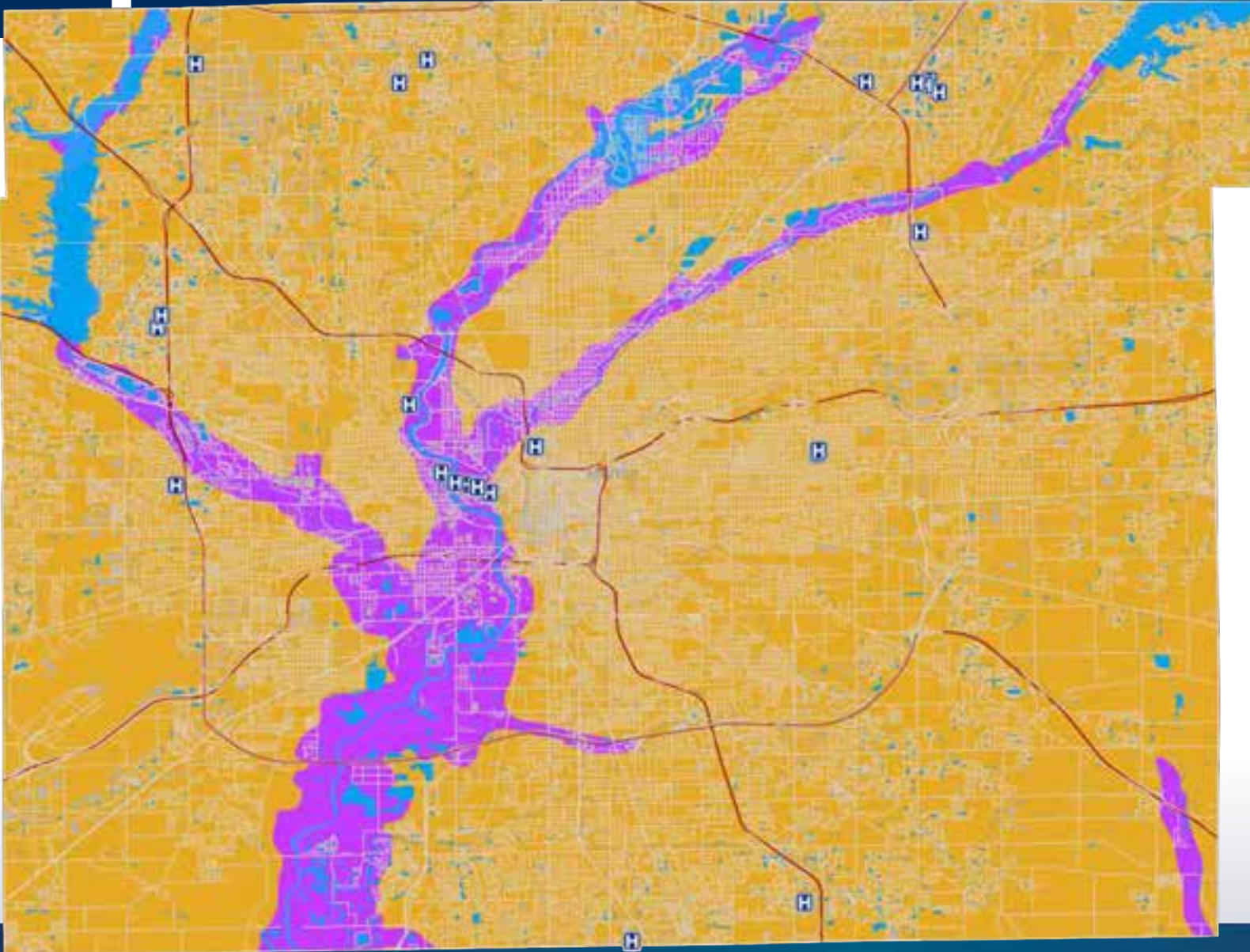
Prepared by
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Earthquake Liquefaction



Map Legend

-  Water
-  Hospital
-  Building
-  Roads
-  Interstate
-  Low
-  Moderate
-  High

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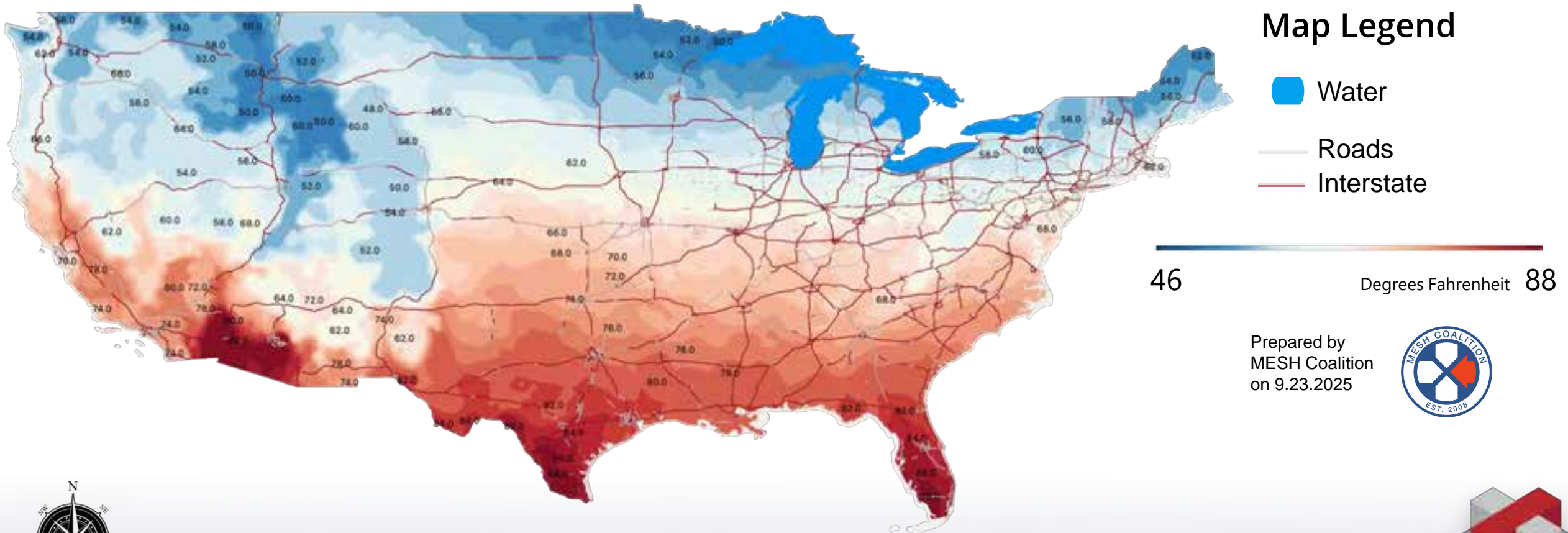


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Maximum Temperature Average

Previous 60 months

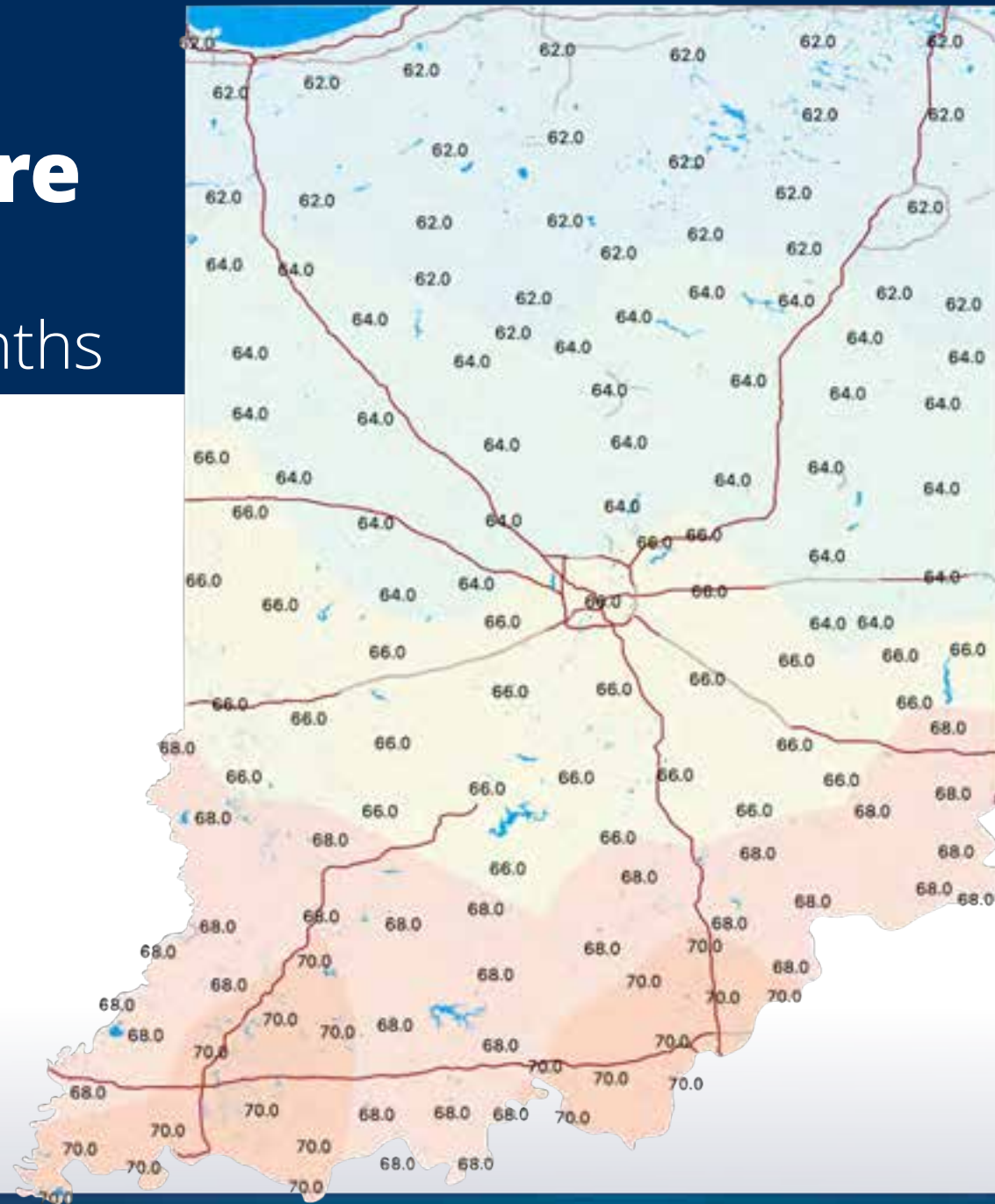


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Indiana Maximum Temperature Average

Previous 60 months



Map Legend

 Water

 Roads

 Interstate

46

Degrees Fahrenheit 88

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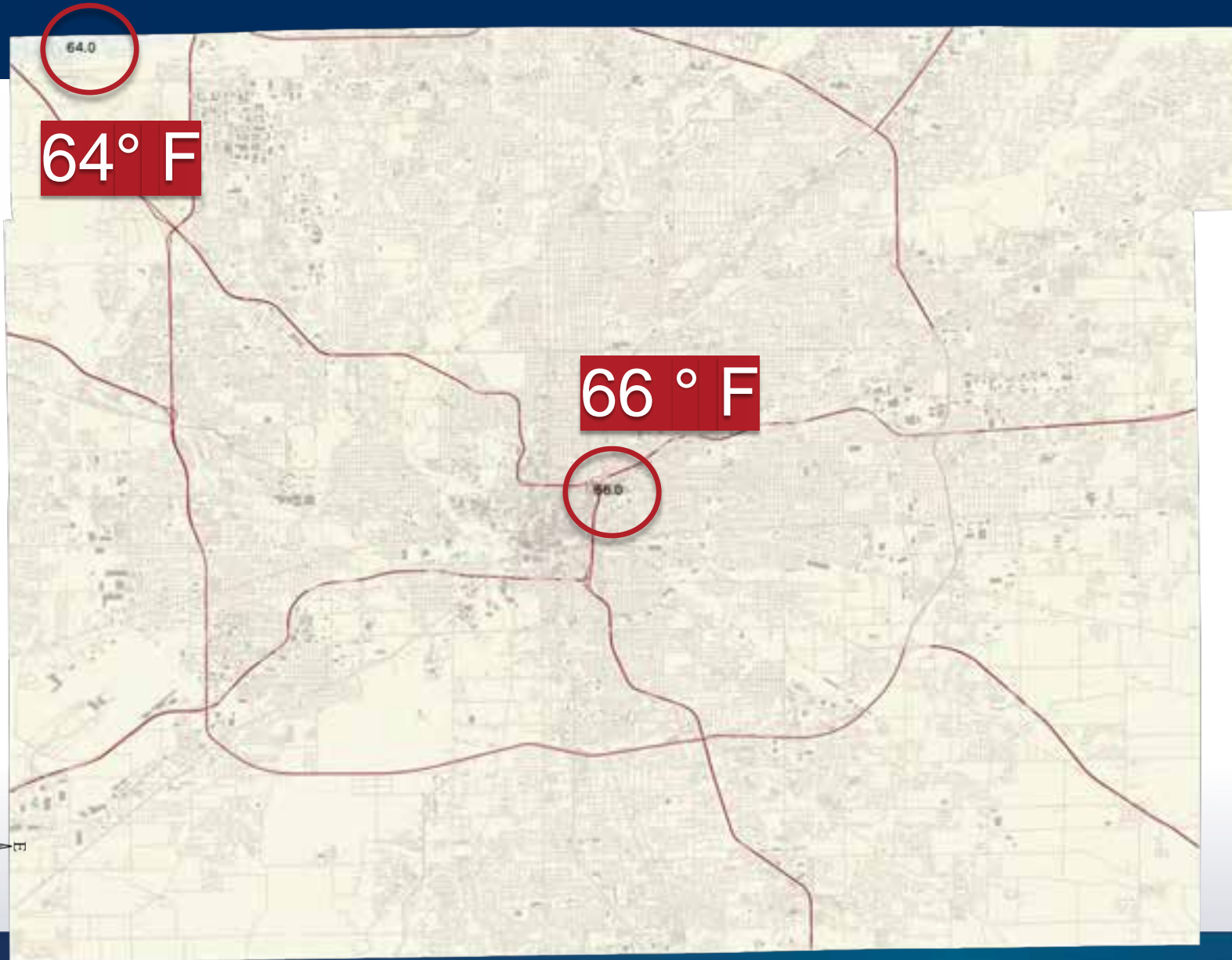


#NHCPC25



Marion County, Indiana Maximum Temperature Average

Previous 60 months



Map Legend

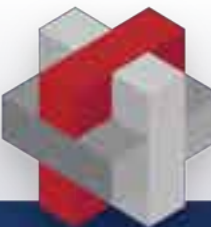
-  Water
-  Roads
-  Interstate

46  88
Degrees Fahrenheit

Prepared by
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on 9.23.2025

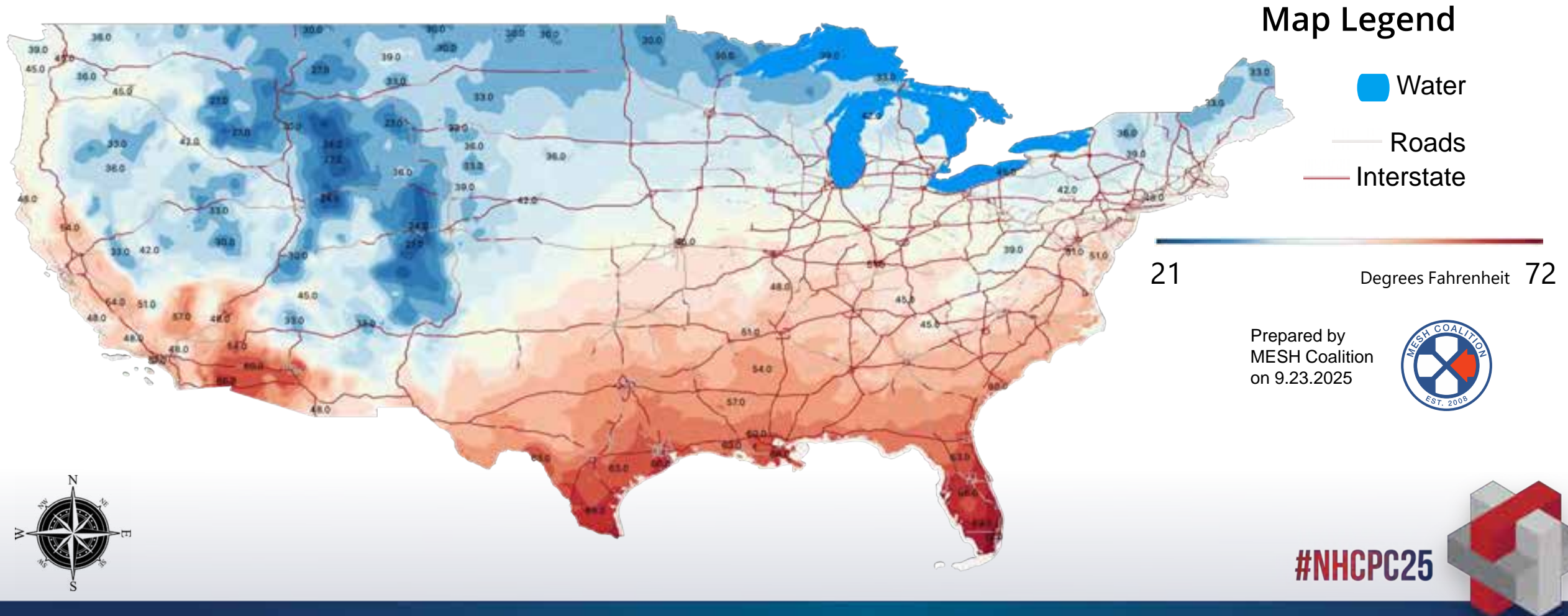


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Minimum Temperature Average

Previous 60 months



Indiana Minimum Temperature Average

Previous 60 months



Map Legend

 Water

 Roads

 Interstate

21

Degrees Fahrenheit 72

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on 9.23.2025



#NHCPC25



Marion County, Indiana

Minimum Temperature Average

Previous 60 months

Map Legend

 Water

 Roads

 Interstate

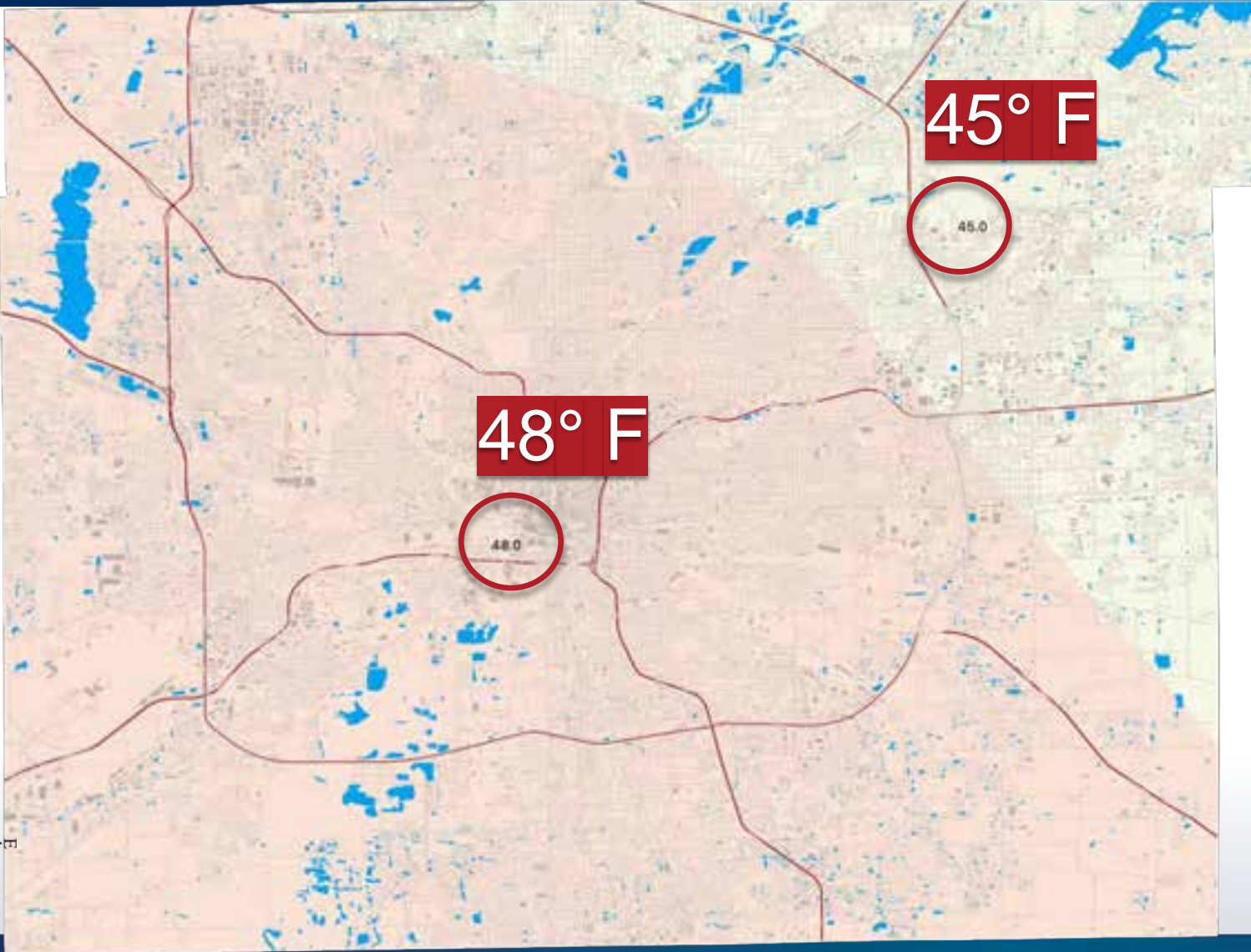
21

Degrees Fahrenheit 72

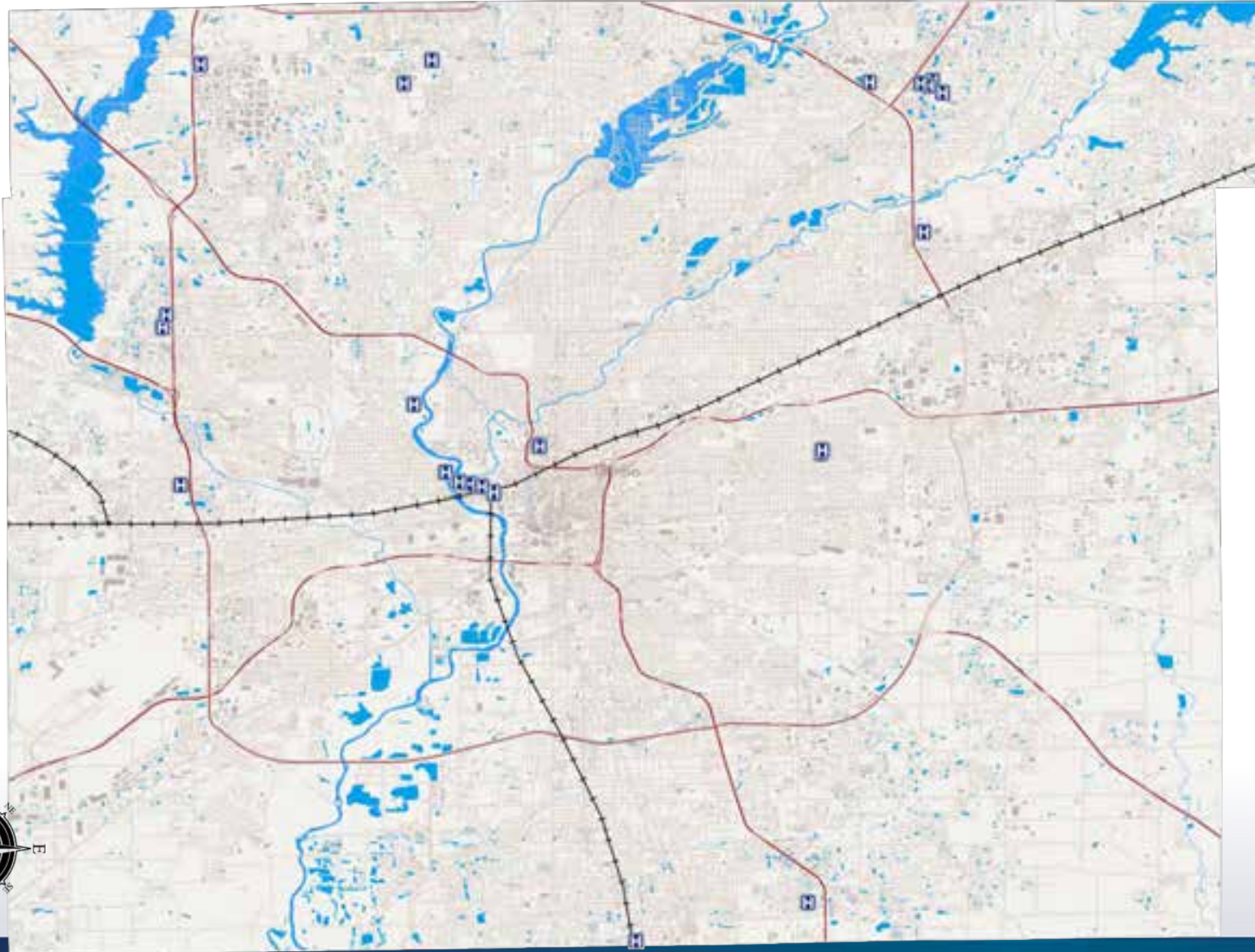
Prepared by
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Rail Roads



Map Legend

-  Water
-  Hospital
-  Building
-  Roads
-  Interstate
-  Rails

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United States Wildfire Perimeter History

2020-2024

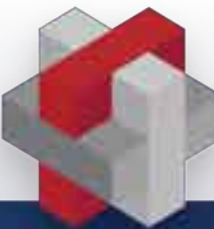
Map Legend

-  Water
-  Roads
-  Interstate
-  Wildfire Perimeter

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Community-Based Asset Mapping

02.

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Community-Based Asset Mapping

is a process used to identify and document the strengths, resources, informal and formal assets to empower communities, guide planning and decision-making, foster collaboration, and build on existing resources to create sustainable change.

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Community Health Needs Assessment

is a systematic process that identifies the key health needs and issues of a community through data collection, community input, and analysis. The goal is to guide decisions about where and how to focus public health efforts, improve health outcomes, and reduce disparities.

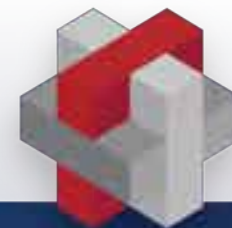
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The Affordable Care Act and IRS regulations require nonprofit hospitals to perform a CHNA **every three years.**

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Social Determinants of Health



Economic Stability



Education Access &
Quality



Health Care Access &
Quality



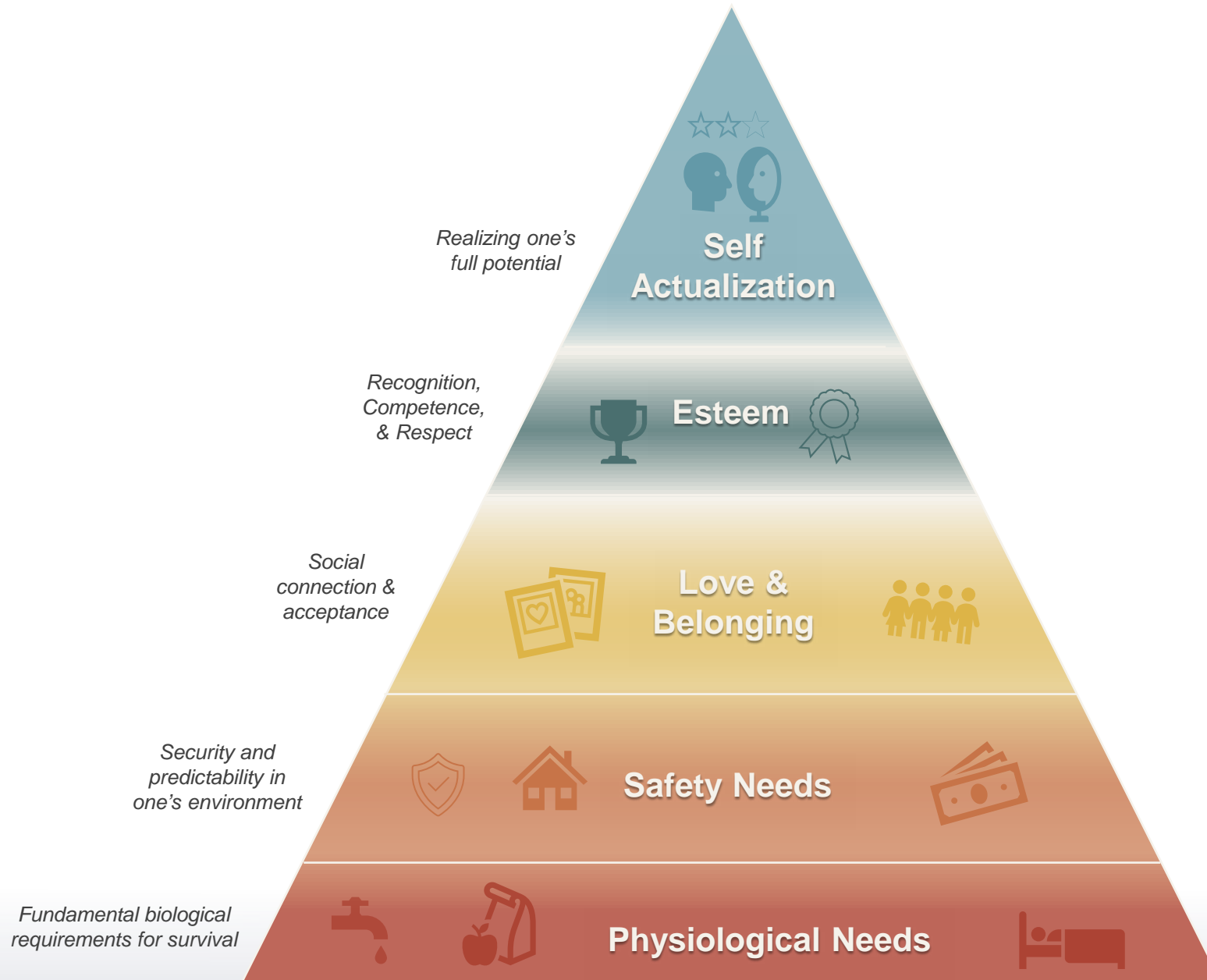
Neighborhood &
Built Environment



Social & Community
Context

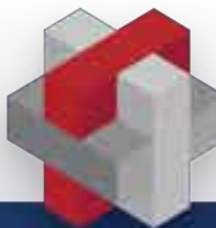


Maslow's Hierarchy of Needs



Dr. Abraham Maslow (Cherry, 2017)

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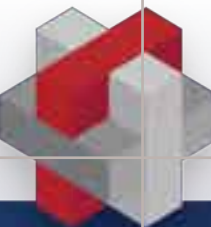


Maps



iStock Credit: RerF

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Life Expectancy by Census Tract

2010-2015

Map Legend

 Water

 Roads

 Interstate

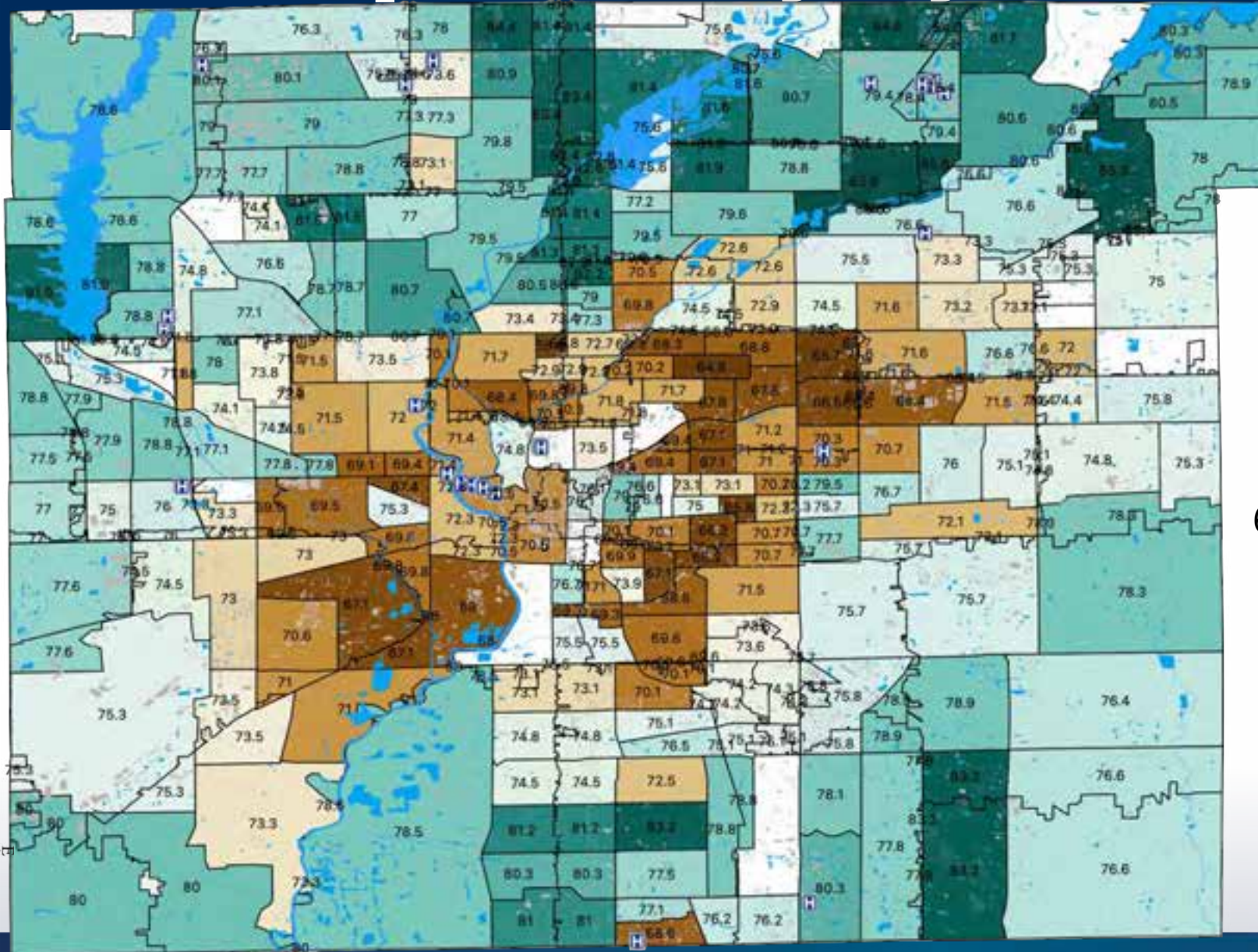
64.6 years

85.8 years

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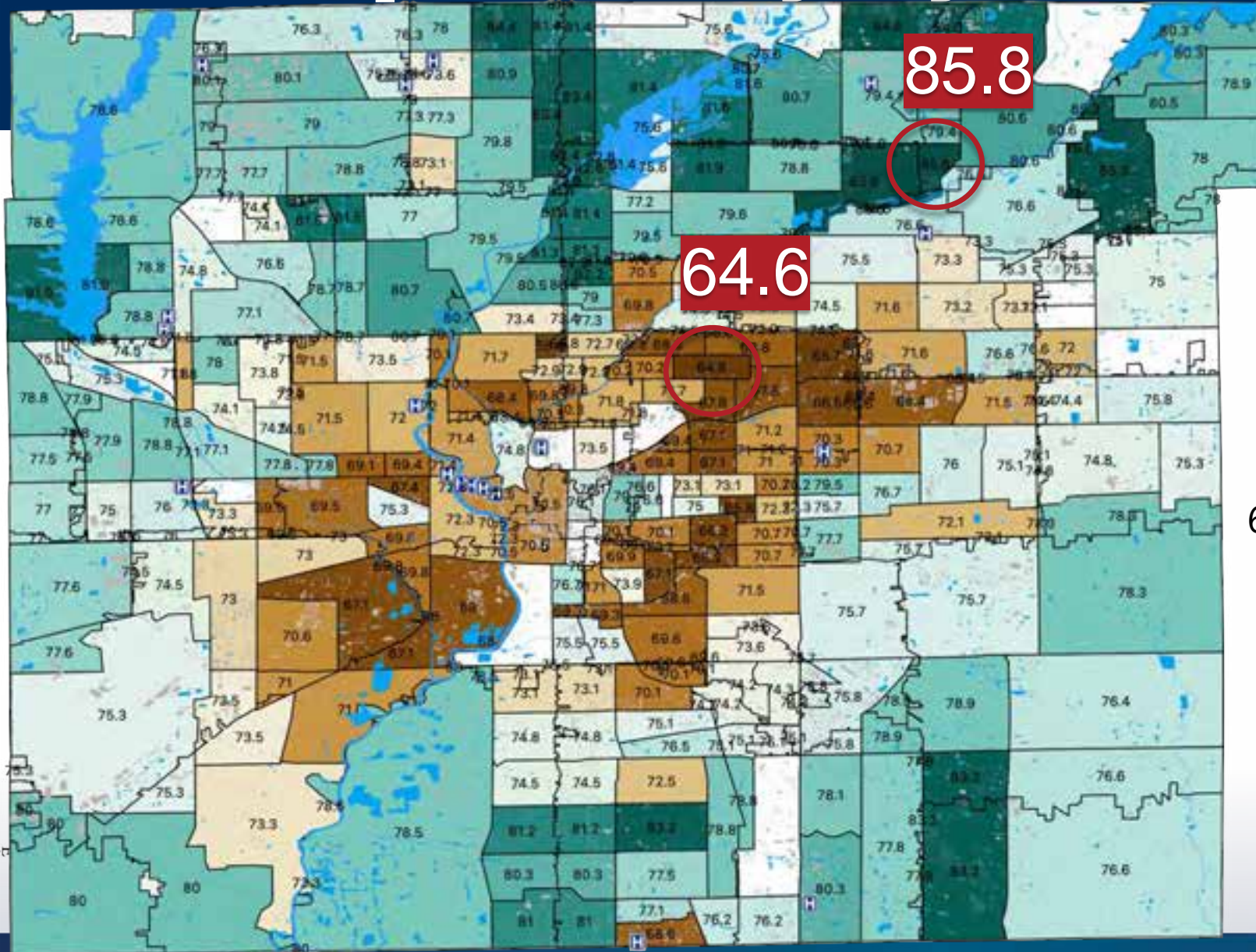


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Life Expectancy by Census Tract

2010-2015



Map Legend

-  Water
-  Roads
-  Interstate

64.6 years

85.8 years

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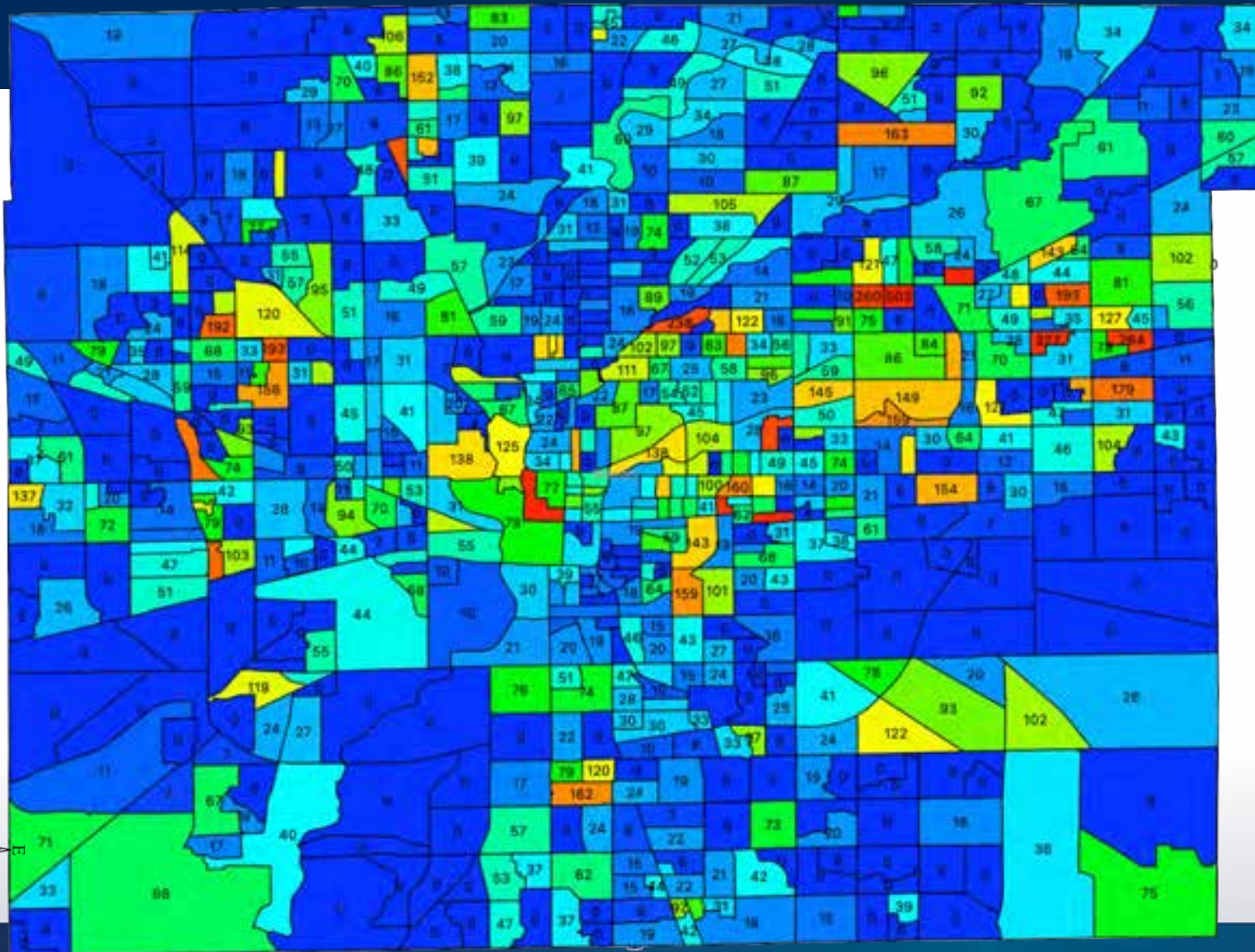
#NHCPC25



Marion County, Indiana

Income <10,000

2021



Map Legend

Water

Roads

Interstate



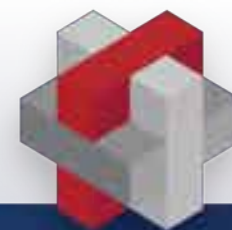
0 households

503 households

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Marion County, Indiana

2021 5-year ACS



 Water

Roads

— Interstate



0 individuals

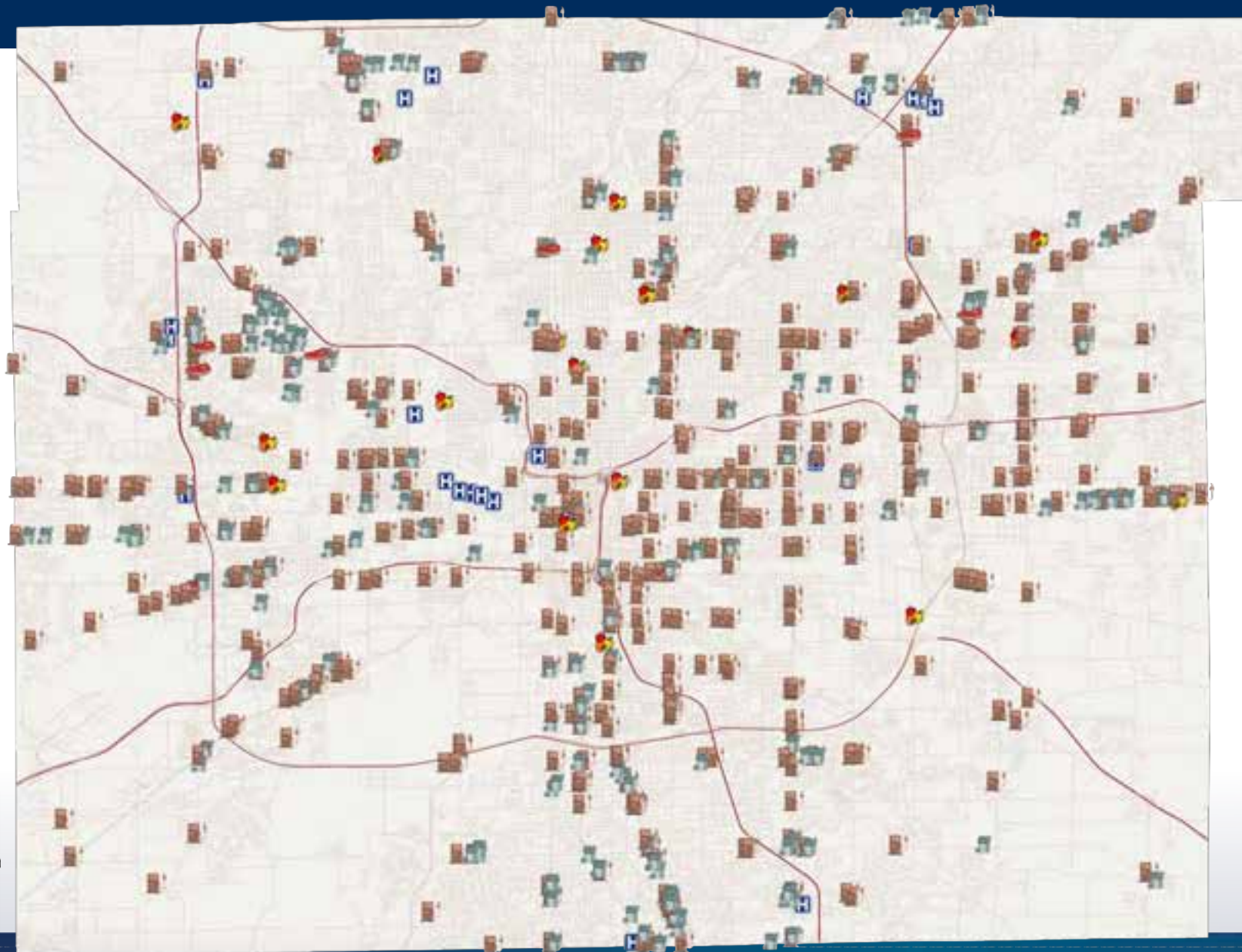
606 individuals

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Marion County, Indiana

Food Stores



Map Legend

-  Water
-  Hospital
-  Building
-  Roads
-  Interstate
-  Convenience
-  Grocery
-  Meat
-  Fruit & Veg Market

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Marion County, Indiana

Food Pantries



Map Legend

-  Water
-  Hospital
-  Building
-  Roads
-  Interstate
-  Food Pantry

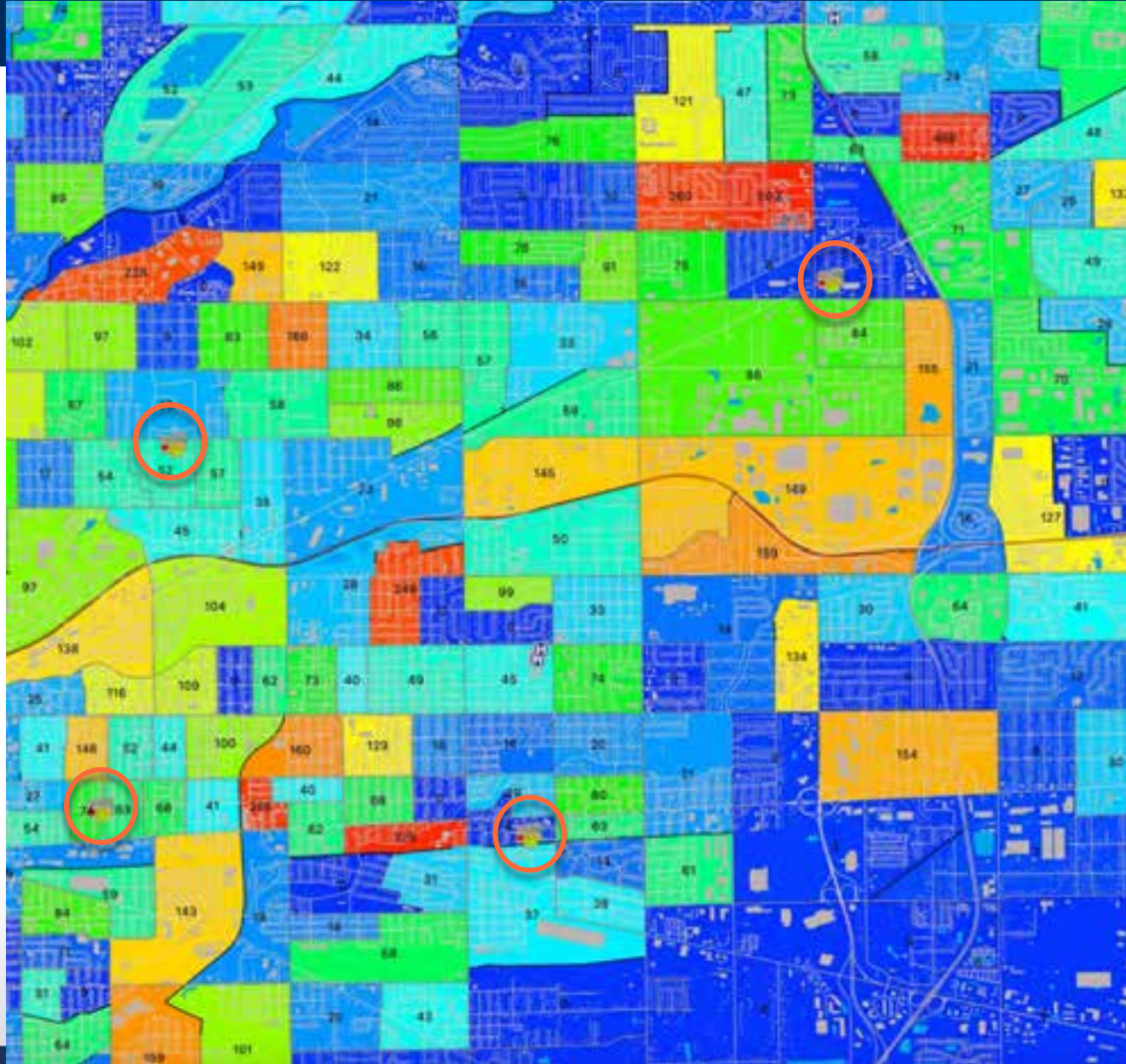
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Food Pantries & Income Less than \$10,000



Map Legend

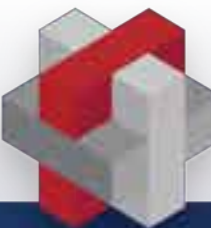
-  Water
-  Hospital
-  Building
-  Roads
-  Interstate
-  Food Pantry

0 households 153

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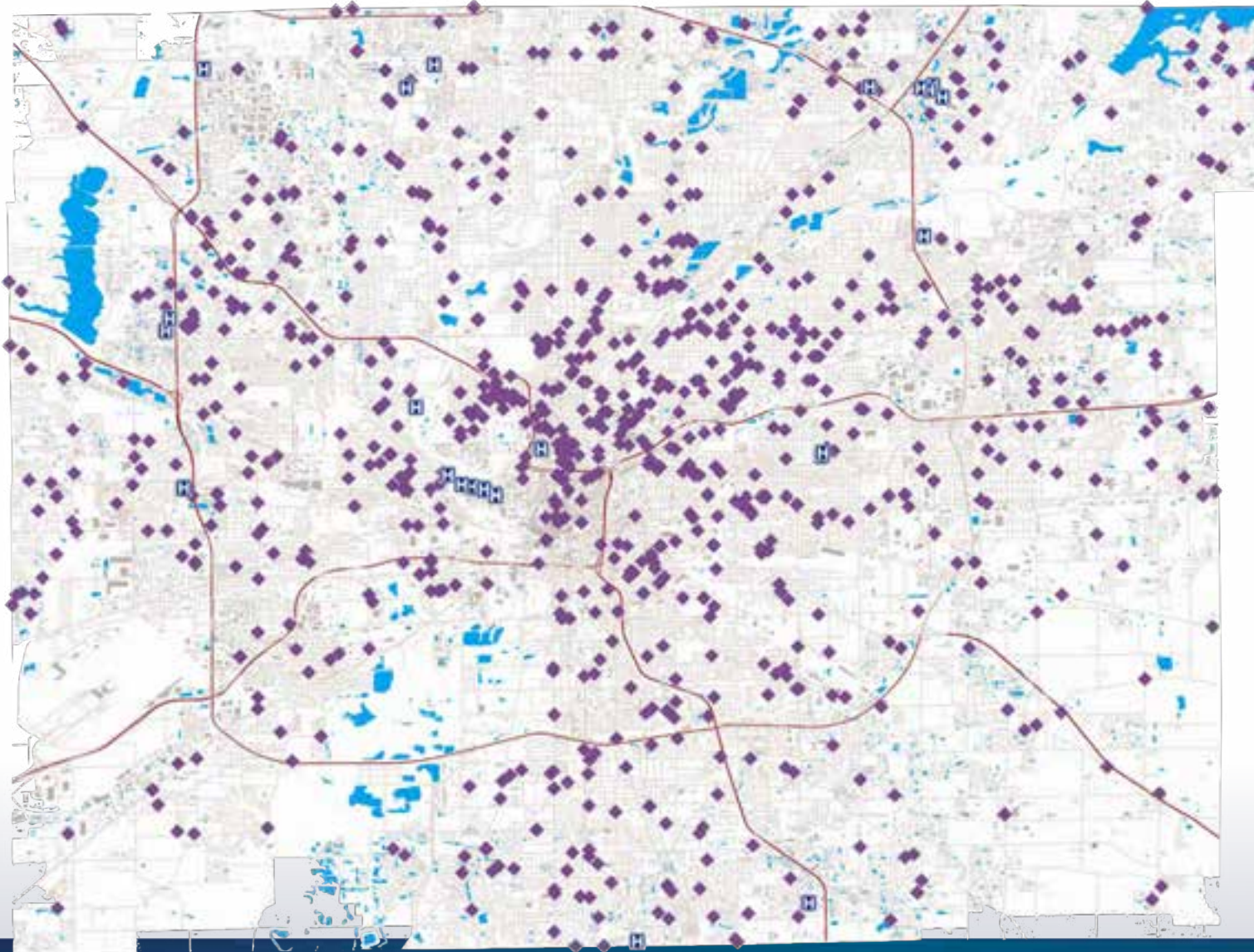
Marion County, Indiana

Religious Centers

Map Legend

-  Water
-  Hospital
-  Building
-  Roads
-  Interstate
-  Religious Center

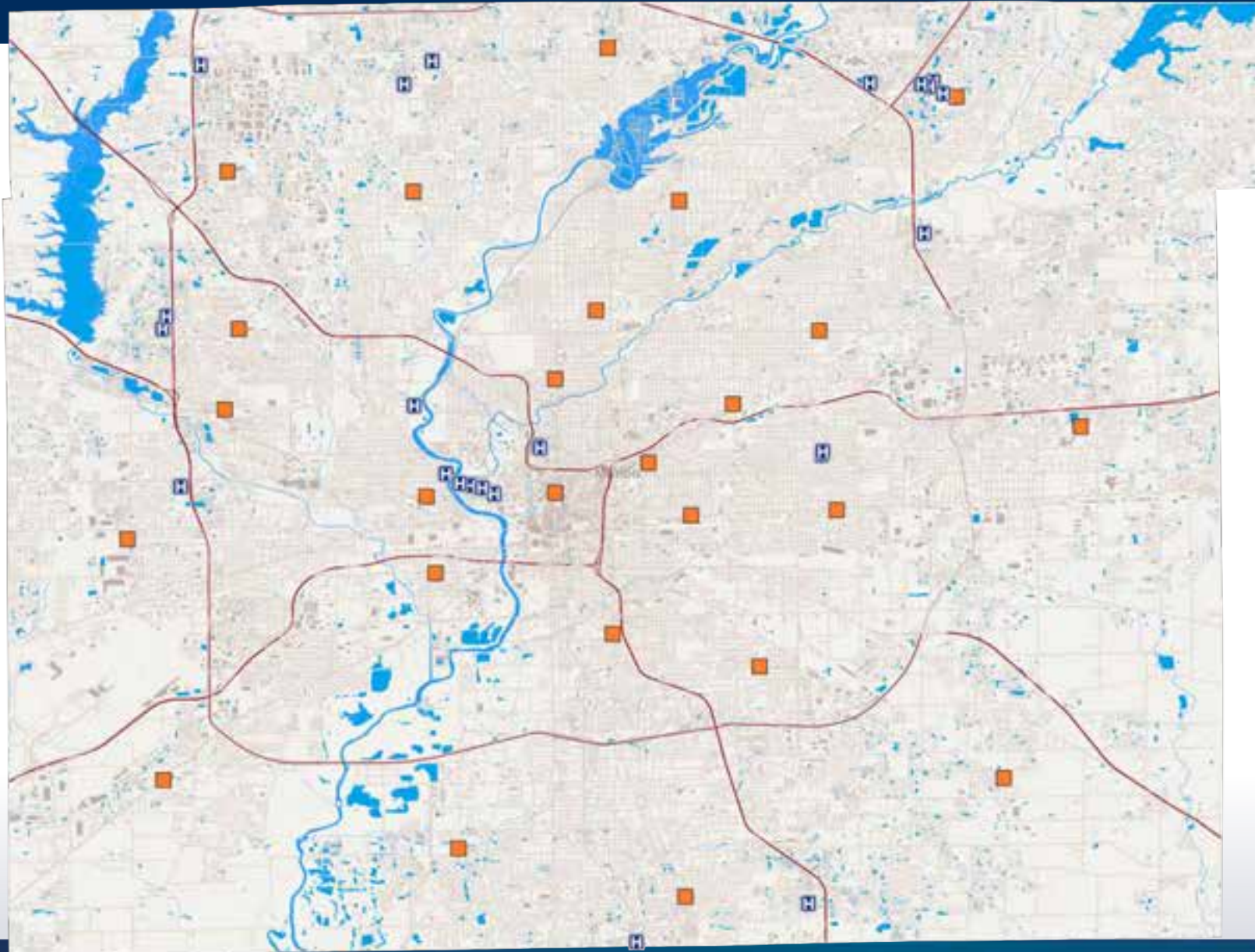
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Marion County, Indiana Public Libraries



Map Legend

-  Water
-  Hospital
-  Building
-  Roads
-  Interstate
-  Public Library

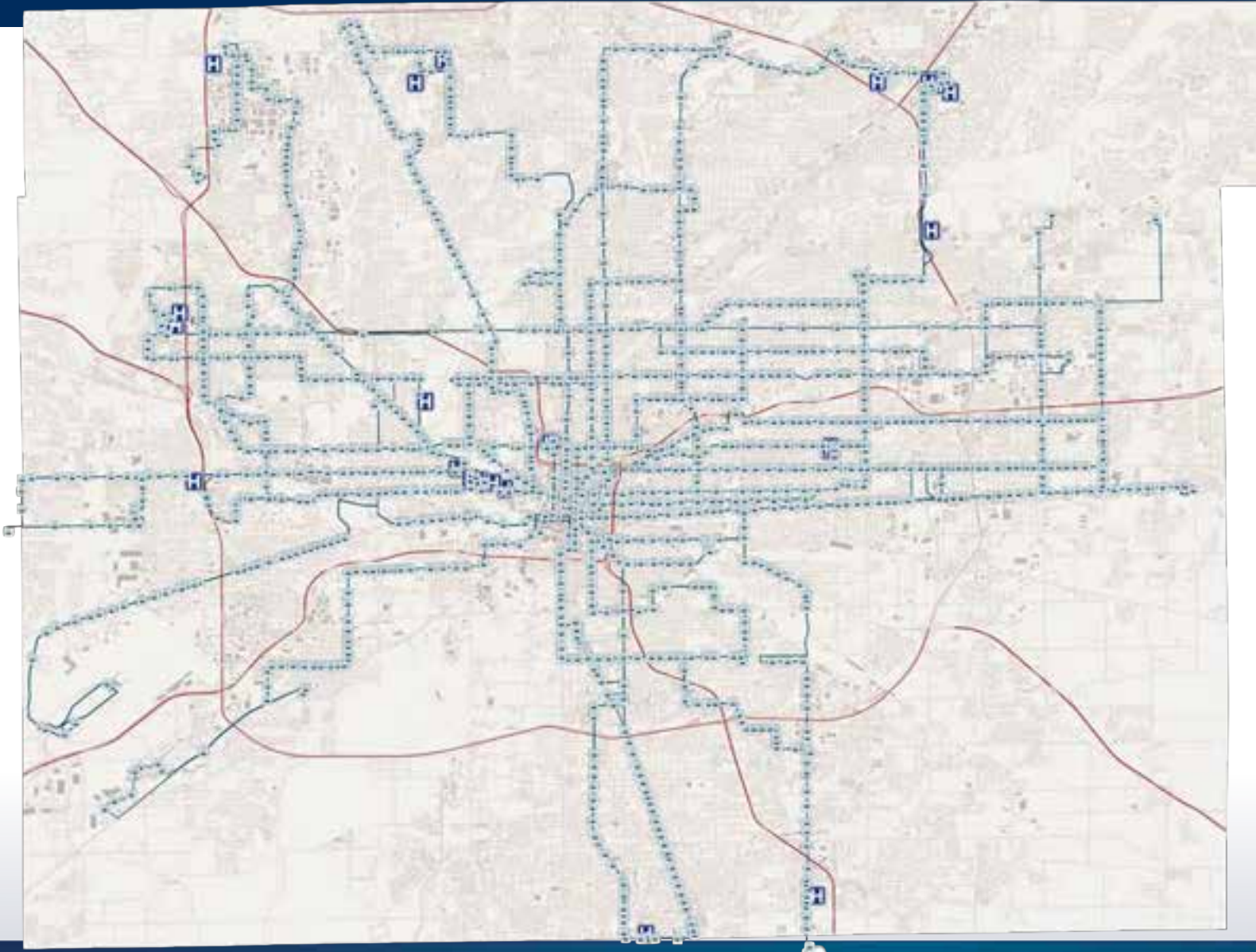
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Marion County, Indiana Bus Routes and Stops



Map Legend

-  Water
-  Hospital
-  Building
-  Roads
-  Interstate
-  Route
-  Stop

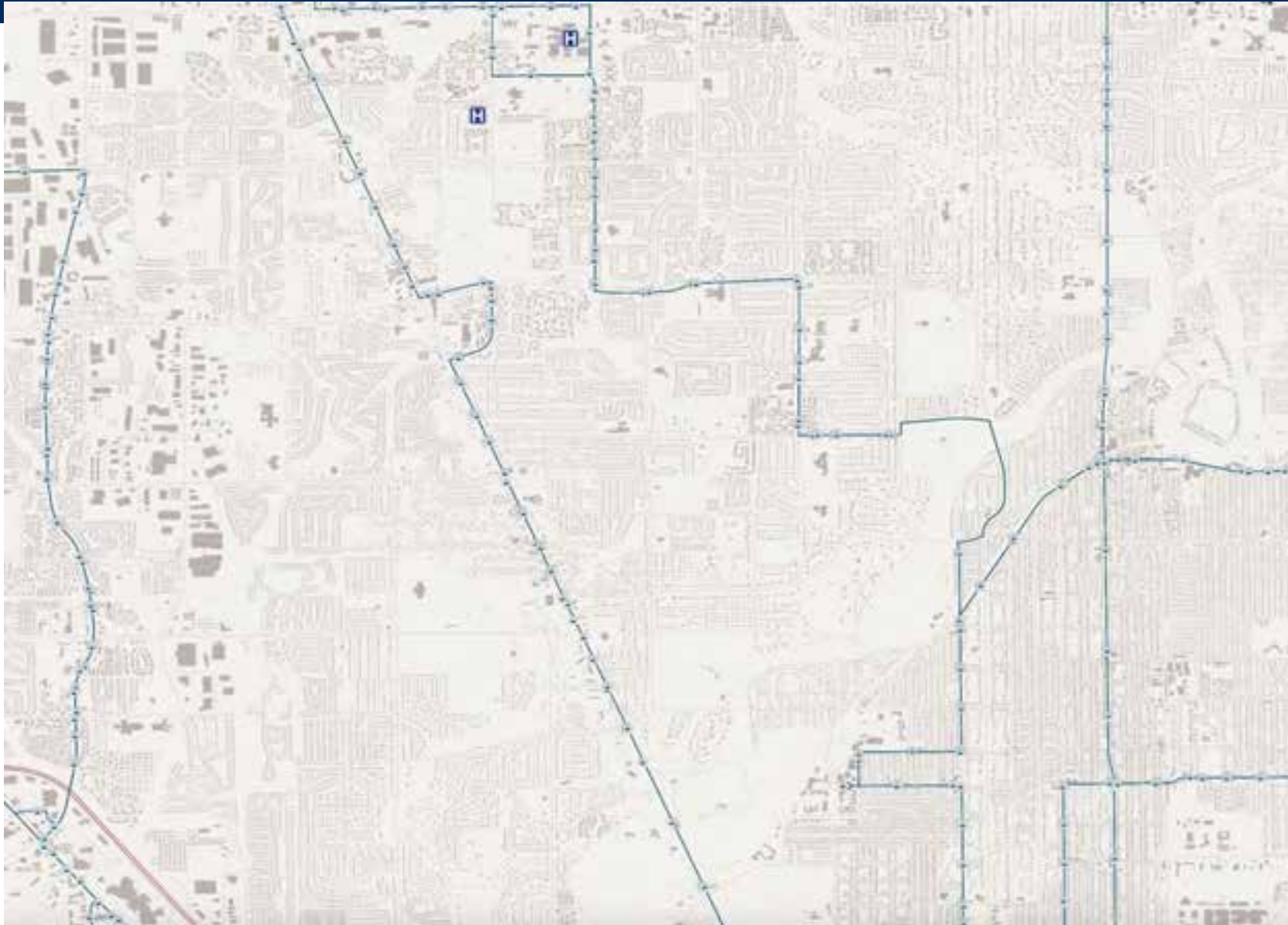
Prepared by
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#NHCPC25



Marion County, Indiana Bus Routes and Stops



Map Legend

 Water

 Hospital

 Building

 Roads

 Interstate

 Route

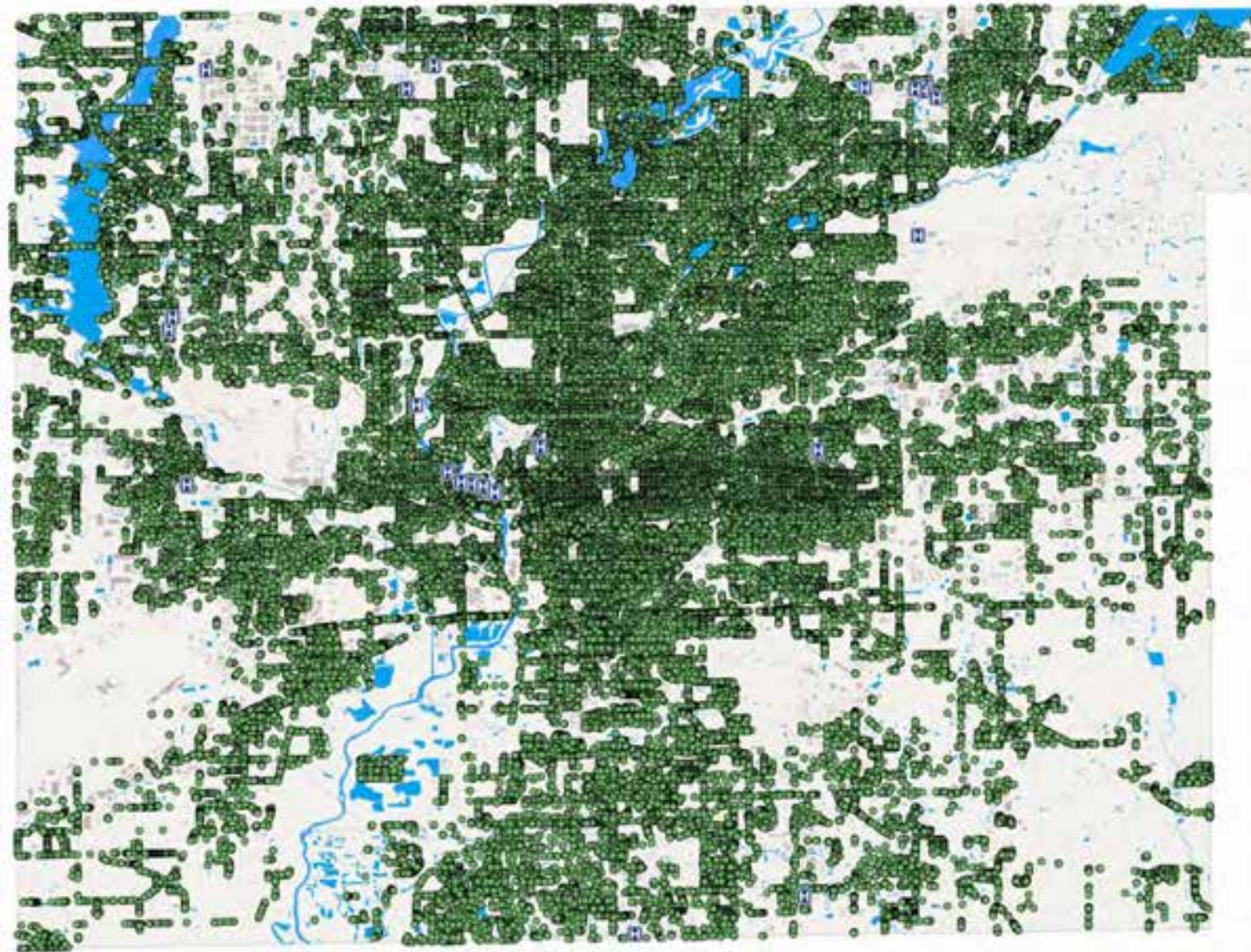
 Stop

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Marion County, Indiana

Trees



Map Legend

-  Water
-  Hospital
-  Building
-  Roads
-  Interstate
-  Trees

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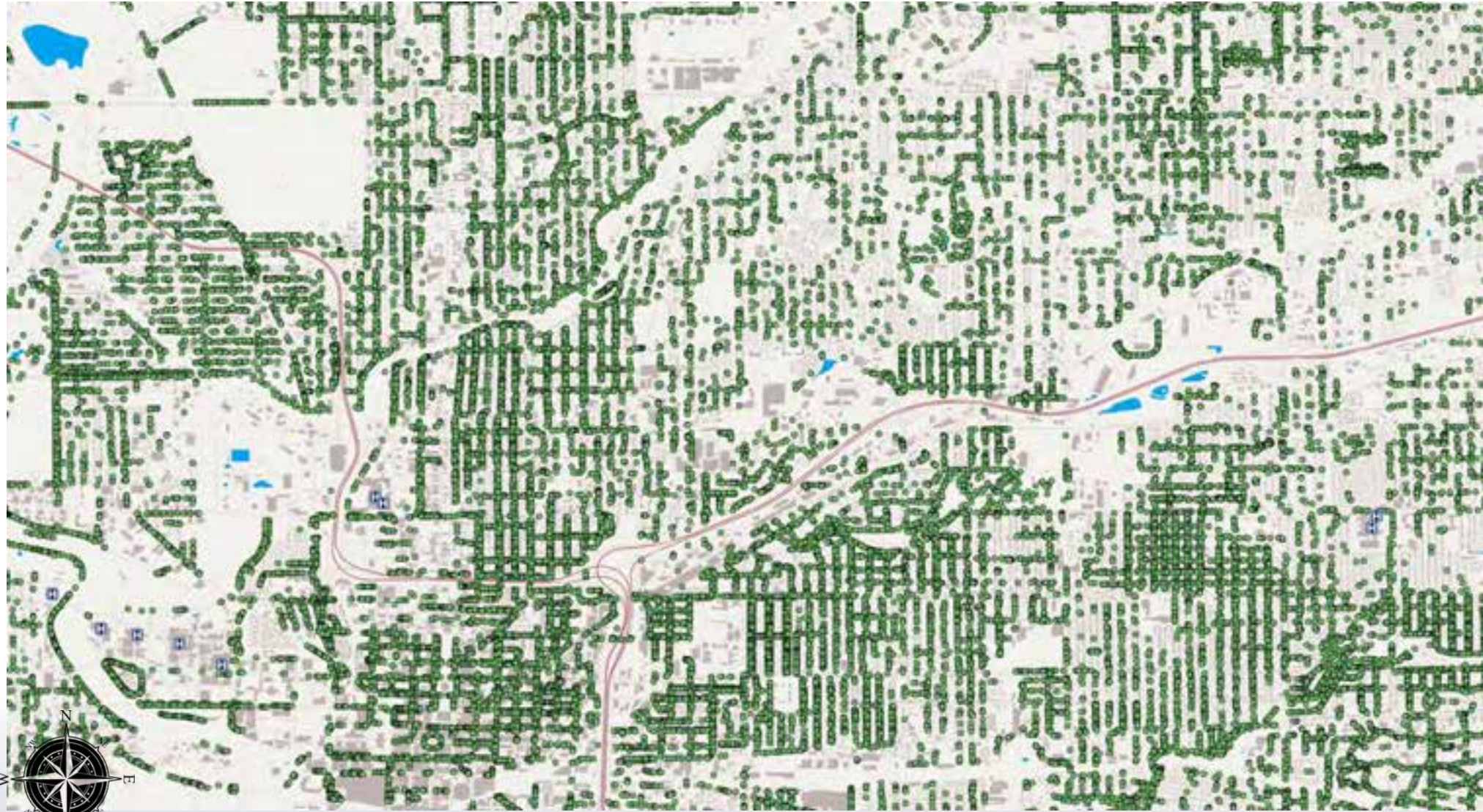


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Marion County, Indiana

Trees



Map Legend

-  Water
-  Hospital
-  Building
-  Roads
-  Interstate
-  Trees

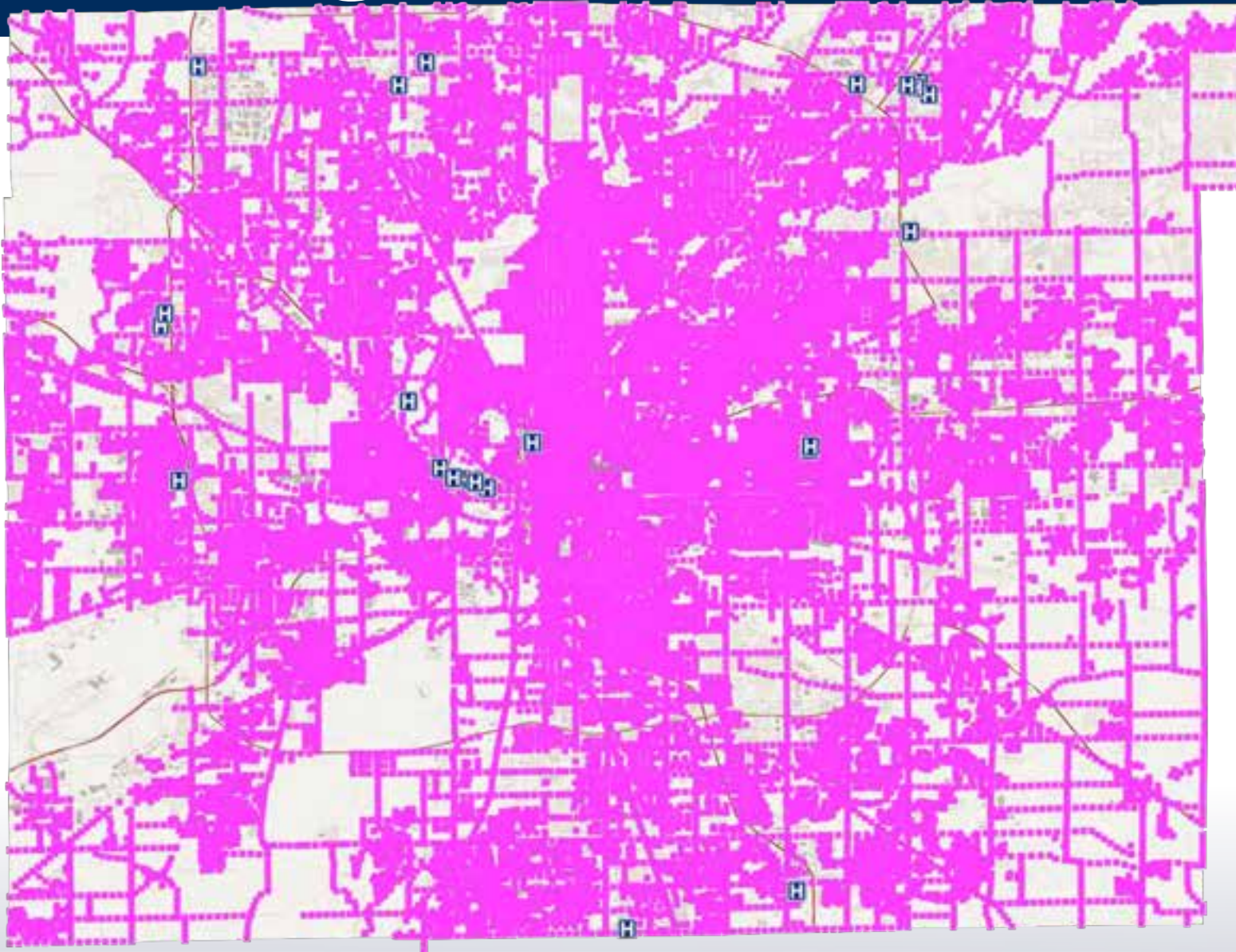
Prepared by
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Missing or Broken Sidewalks



Map Legend

-  Water
-  Hospital
-  Building
-  Roads
-  Interstate
-  Missing or broken sidewalk

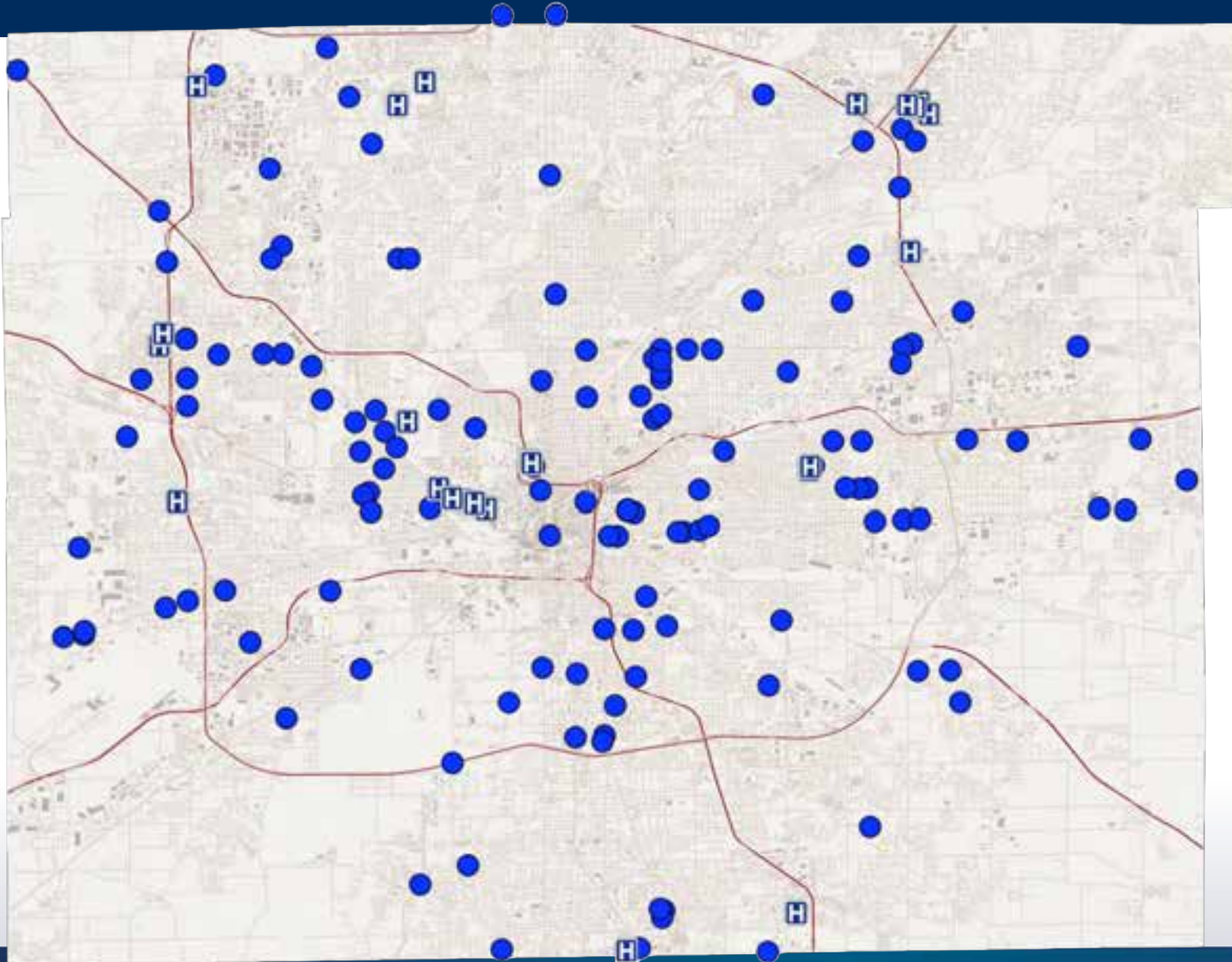
Prepared by
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Marion County, Indiana Pedestrian Fatalities



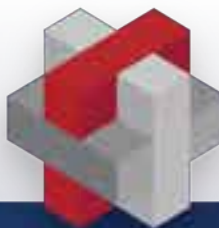
Map Legend

-  Water
-  Hospital
-  Building
-  Roads
-  Interstate
-  Pedestrian Fatality

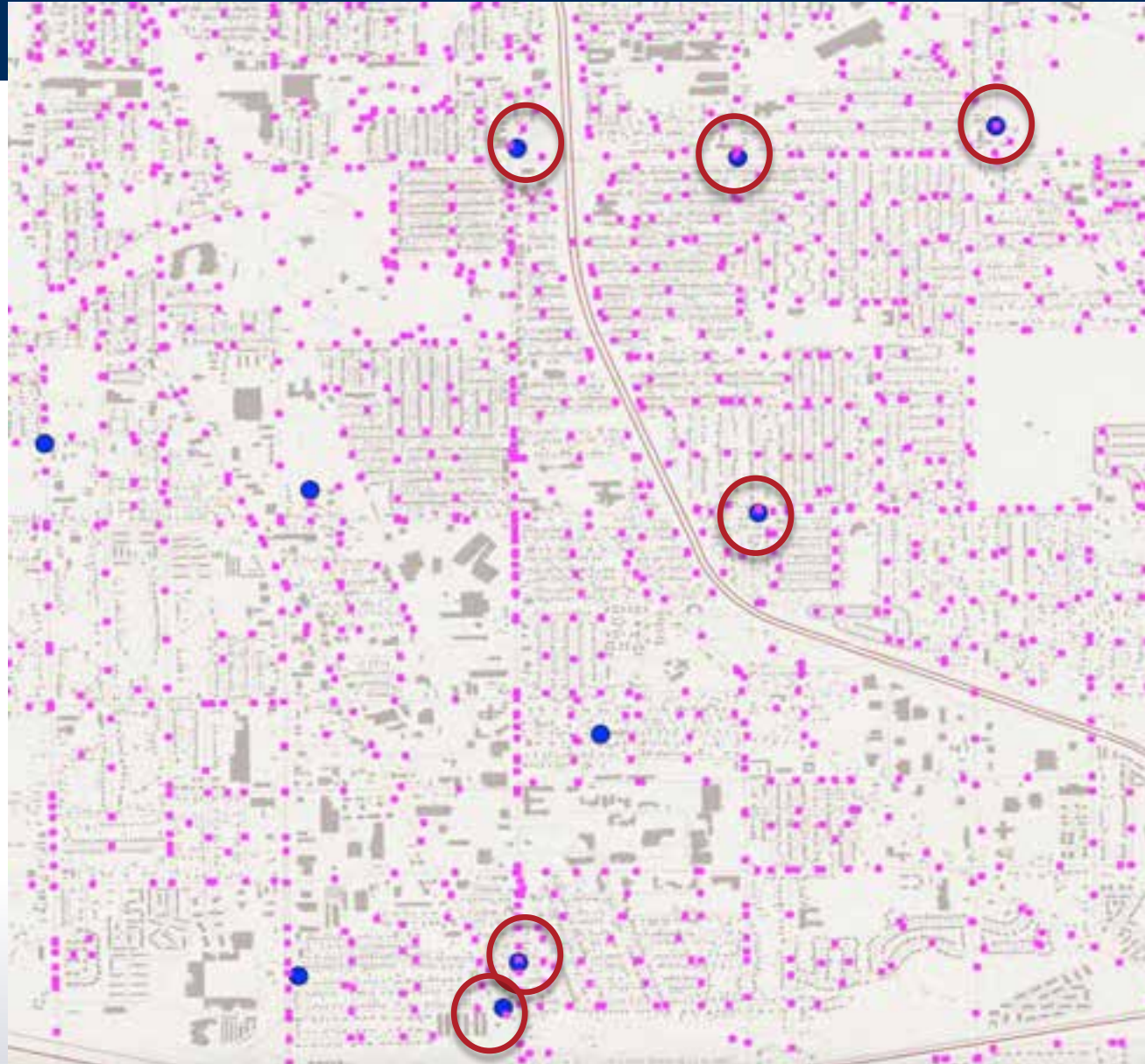
Prepared by
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Marion County, Indiana **Missing or Broken Sidewalks & Pedestrian Fatalities**



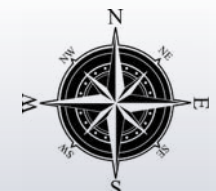
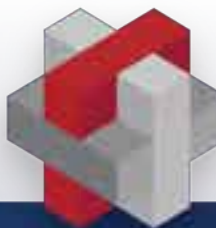
Map Legend

-  Water
-  Hospital
-  Building
-  Roads
-  Interstate
-  Pedestrian Fatality
-  Missing or broken sidewalk

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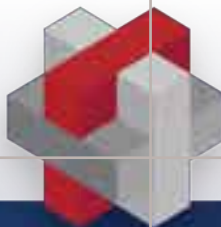
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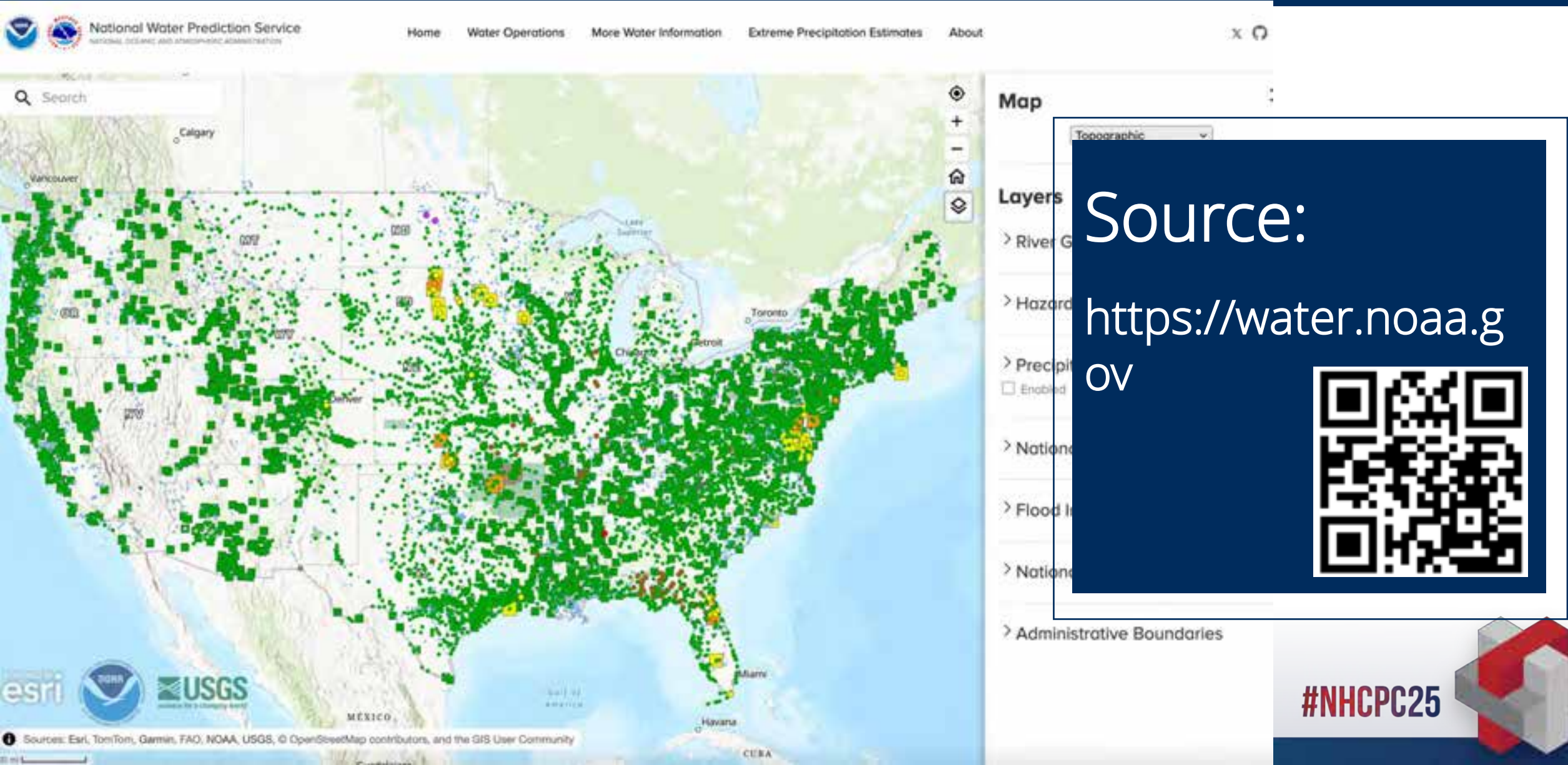
Resources



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National Water Prediction Service

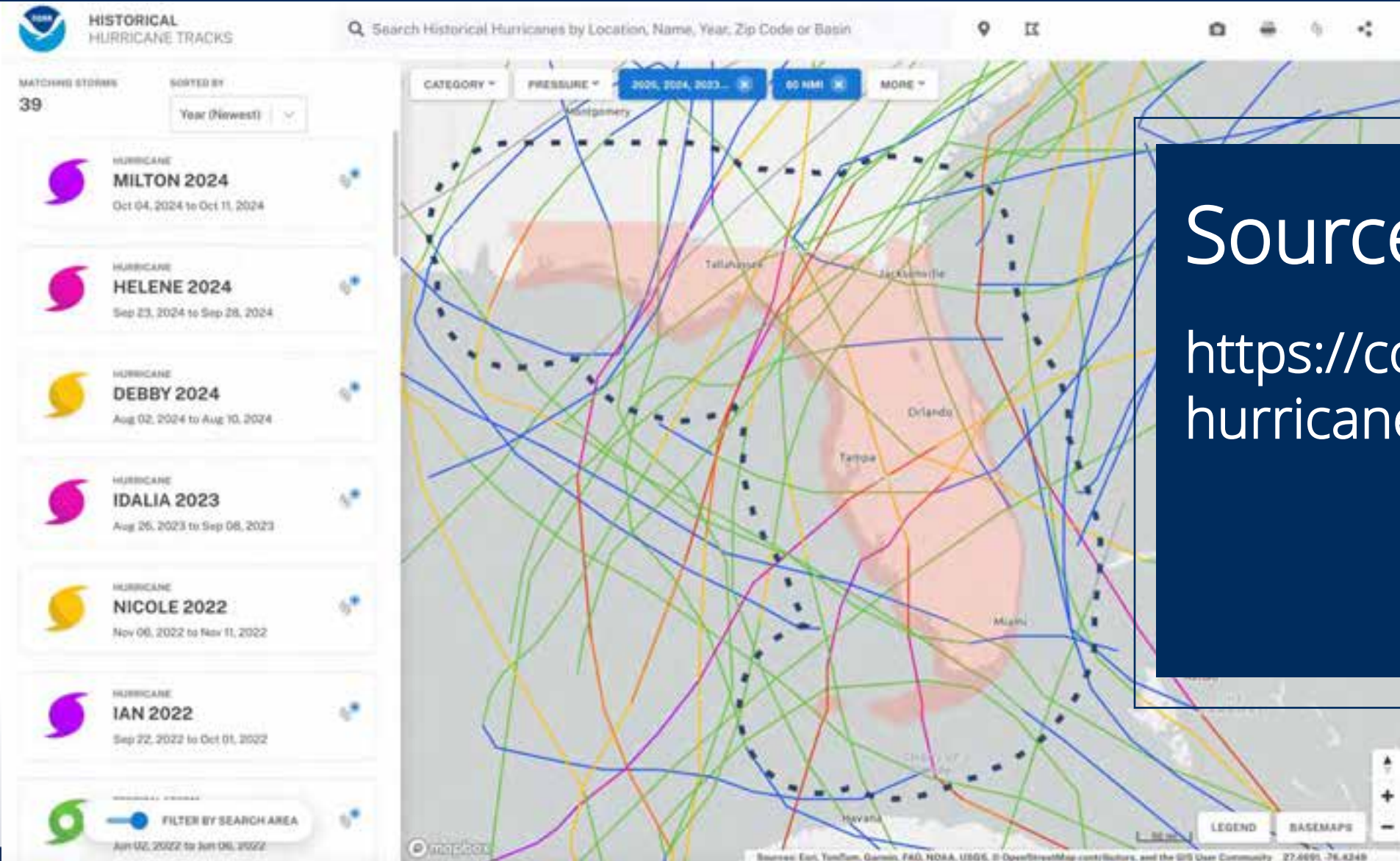


The screenshot displays the National Water Prediction Service website. The header includes the NOAA logo, the service name, and navigation links: Home, Water Operations, More Water Information, Extreme Precipitation Estimates, and About. A search bar is located on the left. The main content is a map of the United States with a dense distribution of green and yellow data points, likely representing water levels or precipitation. The right sidebar shows a 'Map' section with a 'Topographic' map style selected and a 'Layers' panel with various options like 'River G', 'Hazard', 'Precip', 'Enabled', 'Nation', 'Flood', and 'Administrative Boundaries'. A dark blue overlay box on the right contains the text 'Source: https://water.noaa.gov' and a QR code. The bottom of the page features logos for Esri, NOAA, and USGS, along with a copyright notice.

Source:
<https://water.noaa.gov>

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Historical Hurricane Tracks



Source:

<https://coast.noaa.gov/hurricanes>



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U.S. Drought Monitor

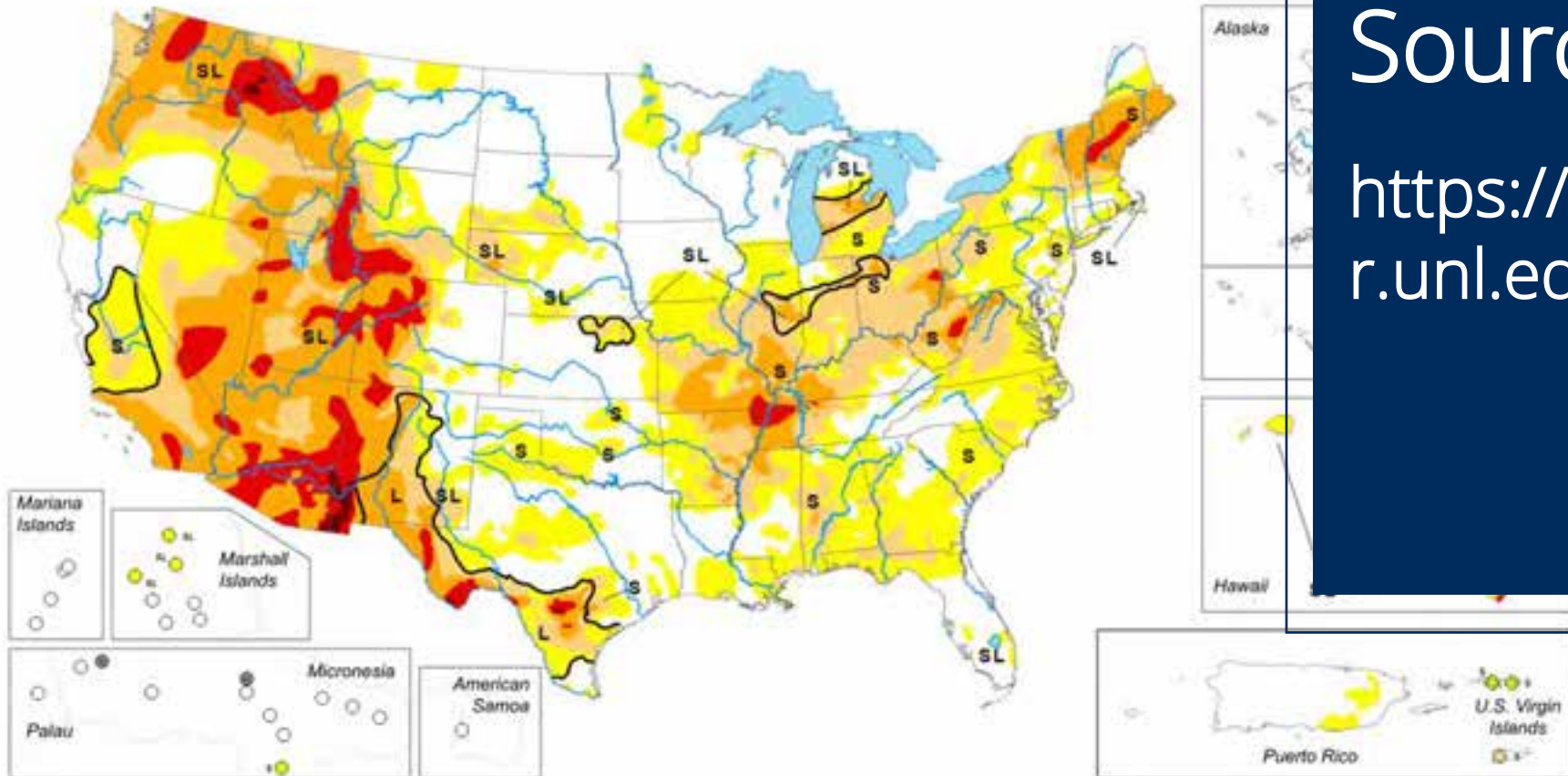
U.S. Drought Monitor

[Current](#) [Maps](#) [Data](#) [Summary](#) [About](#) [Conditions & Outlooks](#) [Ag in Drought](#) [En Español](#) [NADM](#)

Map released: September 18, 2025

Data valid: September 16, 2025

☐ View grayscale version of the map



Source:

<https://droughtmonitor.unl.edu/>



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HAZUS



HAZUS™

Hazus 7.0 Release Notes

November 2024



FEMA

Source:

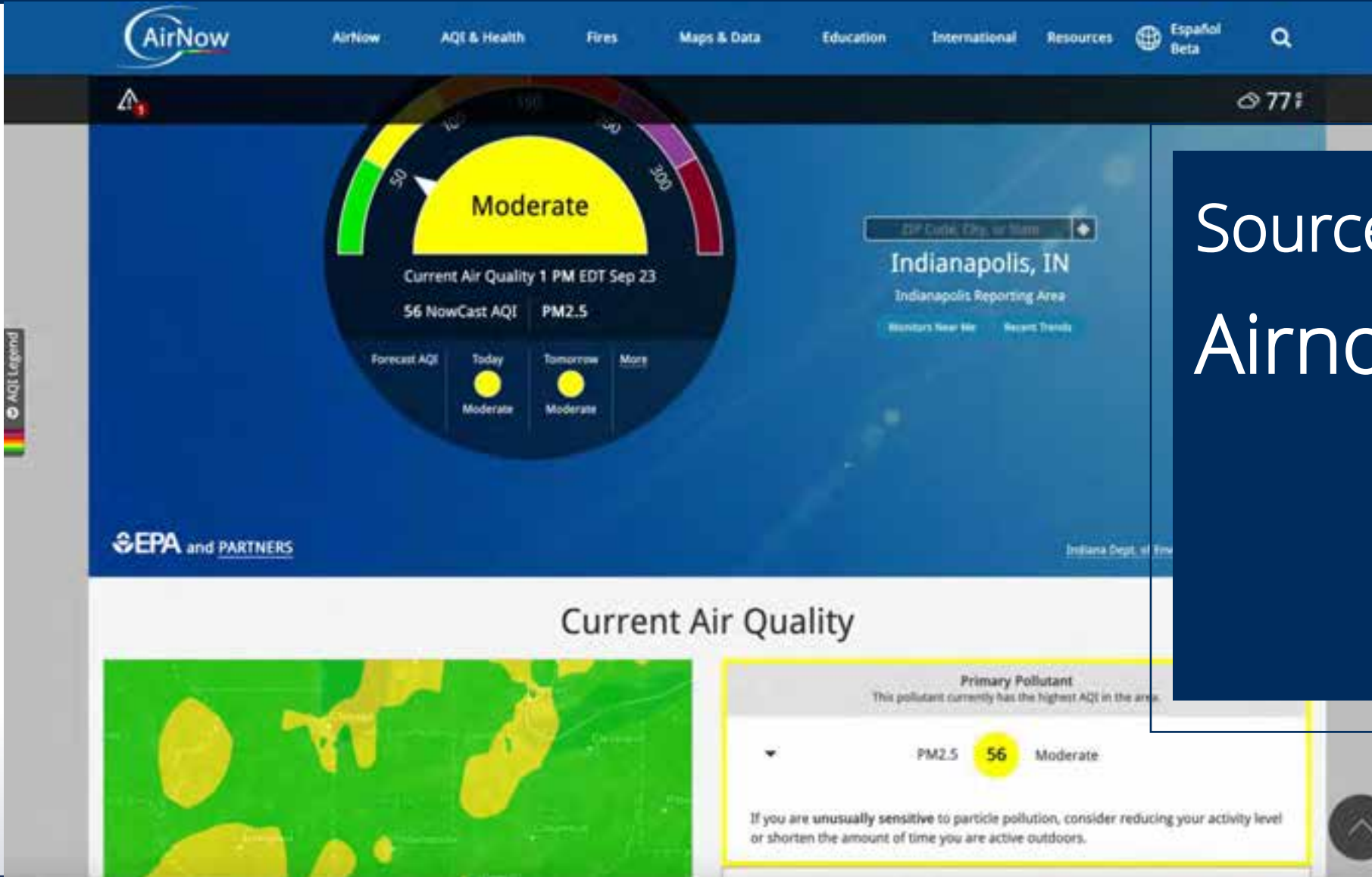
<https://msc.fema.gov/portal/resources/hazus>



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AirNow



Source:
[Airnow.gov](https://airnow.gov)



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HHS emPOWER Map

HHS emPOWER Map

DOWNLOAD HHS EMPOWER REST SERVICE JOB AID

DOWNLOAD HISTORICAL DATASETS

INTERACTIVE MAP

CROSS-JURISDICTIONAL TOTALS

DATA INFORMATION

Medicare At-Risk Populations by Geography

Millions of Medicare beneficiaries rely on electricity-dependent durable medical and assistive equipment (DME) and devices and/or certain essential health care services to live independently in their homes. Severe weather and other emergencies, especially those with prolonged power outages, can be life-threatening for these individuals. The HHS emPOWER Map is updated monthly and displays the total number of Medicare beneficiaries who have had an administrative claim for one or more types of electricity-dependent durable medical and assistive equipment (DME) and devices, as well as at-risk combinations data for those who rely on a certain essential health care service(s) and any electricity-dependent DME and devices.

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

MEDICARE DATA TOTALS

TOTAL BENEFICIARIES:	68,185,177
TOTAL AT-RISK BENEFICIARIES:	3,001,621

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

Select a state

Select a county

Select a ZIP Code

At-Risk Data (Optional)

Natural hazards (Optional)

Map style

Select a State/Territory

Select a County

Select a ZIP Code

Electricity Dependent DME

Select natural hazard

Select Basemap

SELECTED GEOGRAPHIES

United States



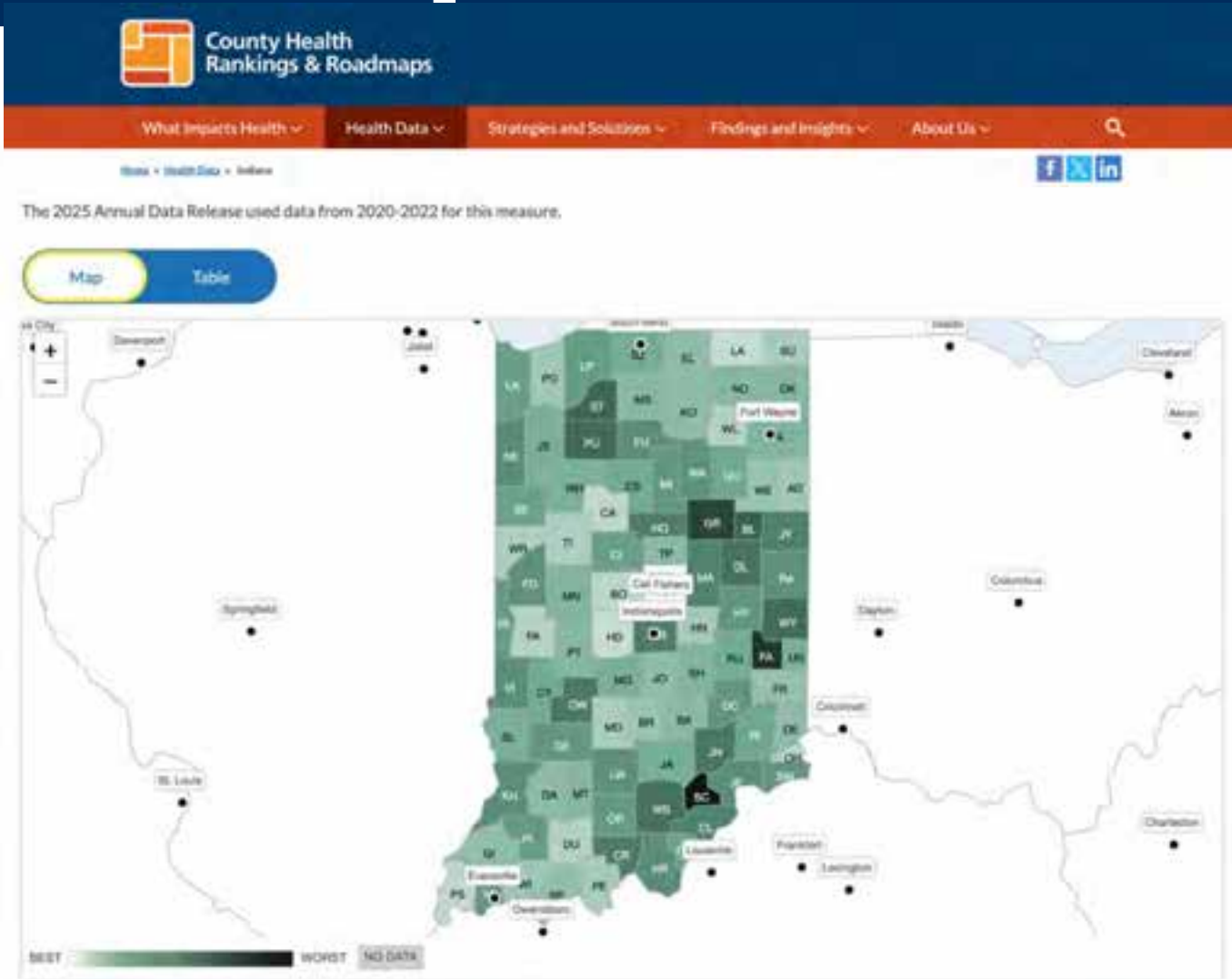
Source:

empowerprogram.hhs.gov/empowermap



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County Health Rankings & Roadmaps



Source:
Countyhealthrankings.org



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GIS Mapping: Strengths & Weaknesses



03.

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Strengths



Data
Collection



Epidemiology
Tracking



Implementation
Strategies



Visualize & Interact
with Data



Gap Analysis



Equity Focus



Weaknesses



Maintenance &
Updating



Risk of
Oversimplification &
Misinterpretation



Skewed
Data



Cost of Tools,
Training, & Resources



Data Quality &
Availability



Privacy &
Ethical Concerns





Questions?



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THANK YOU



Jim Floyd, DHA, MS, MEd, DAAETS

Organizational Psychology Consultant



www.meshcoalition.org



jfloyd@meshcoalition.org



317.914.2431

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https://www.jointcommission.org/-/media/tjc/documents/standards/prepublications/2024/revised-infection-control-chapter-for-alc-ncc-and-ome/ncc_em_requirements_prepublication_report_jan.pdf#:~:text=The%20HVA%20is%20documented.%20Note%201.%20If,analysis%20that%20is%20specific%20to%20the%20organization.https://www.jointcommission.org/standards/standard-faqs/critical-access-hospital/emergency-management-em/000002419/
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ARC GIS <https://www.arcgis.com/index.html>
IndyGIS <https://maps.indy.gov/>
Indiana Map <https://www.indianamap.org/>
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Indy Ped Crisis <https://indypedcrisis.info/#/home>
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Strengthening Coalitions Lies Deep in the Heart of Collaboration

Presented By:



Healthcare Operational Status Tracking in WebEOC:

A Collaborative Approach

**Frank Daniell, Georgia
Department of Public Health
Mallory Garrett, Georgia
Hospital Association**

#NH CPC25

Healthcare Operational Status Tracking in WebEOC: A Collaborative Approach

GEOGRAPHY 101

GEORGIA

CAPITOL: ATLANTA

SQ MI: 59,425

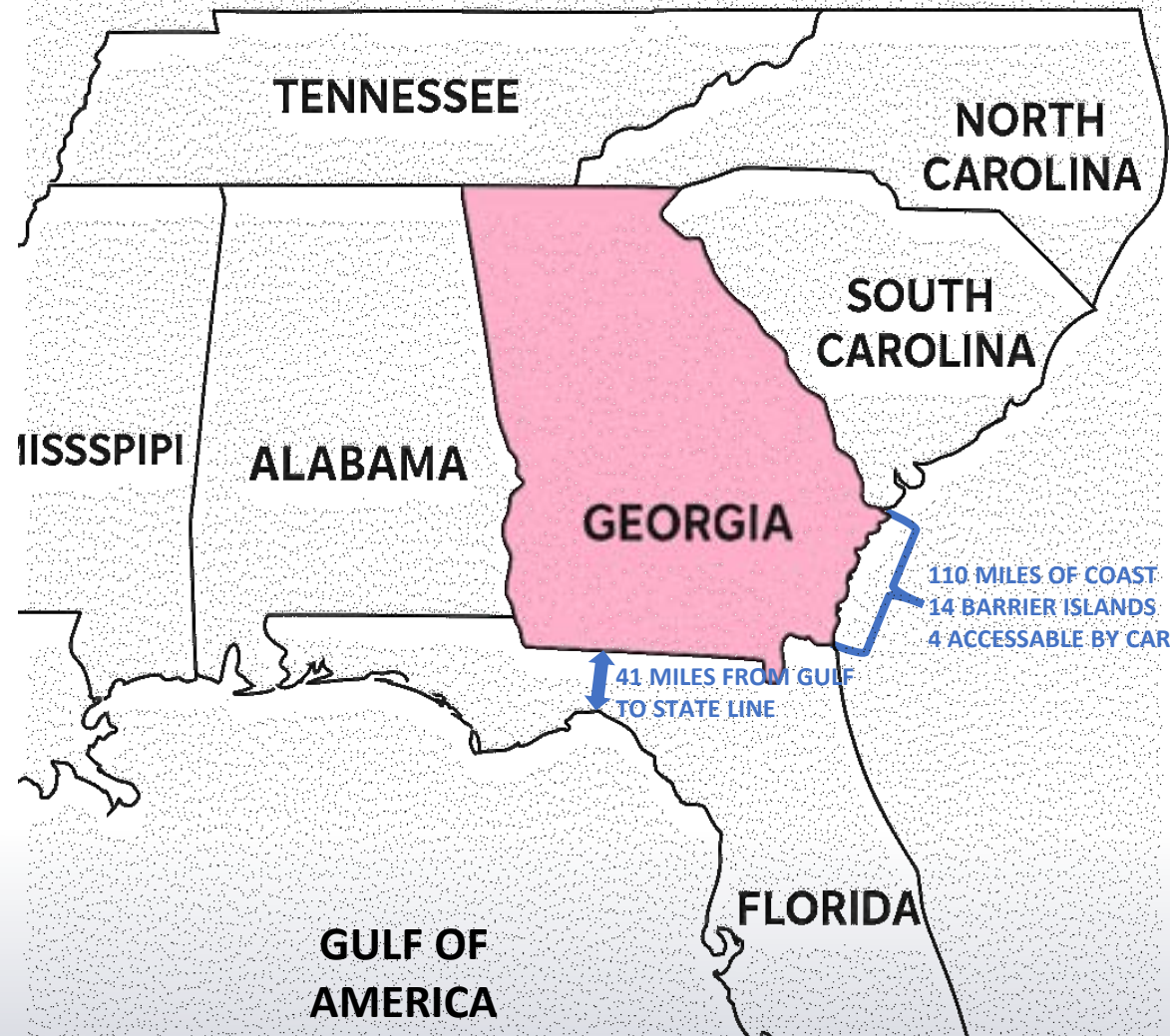
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HOSPITALS: 168

SKILLED NURSING: 368

PUBLIC HEALTH: 257

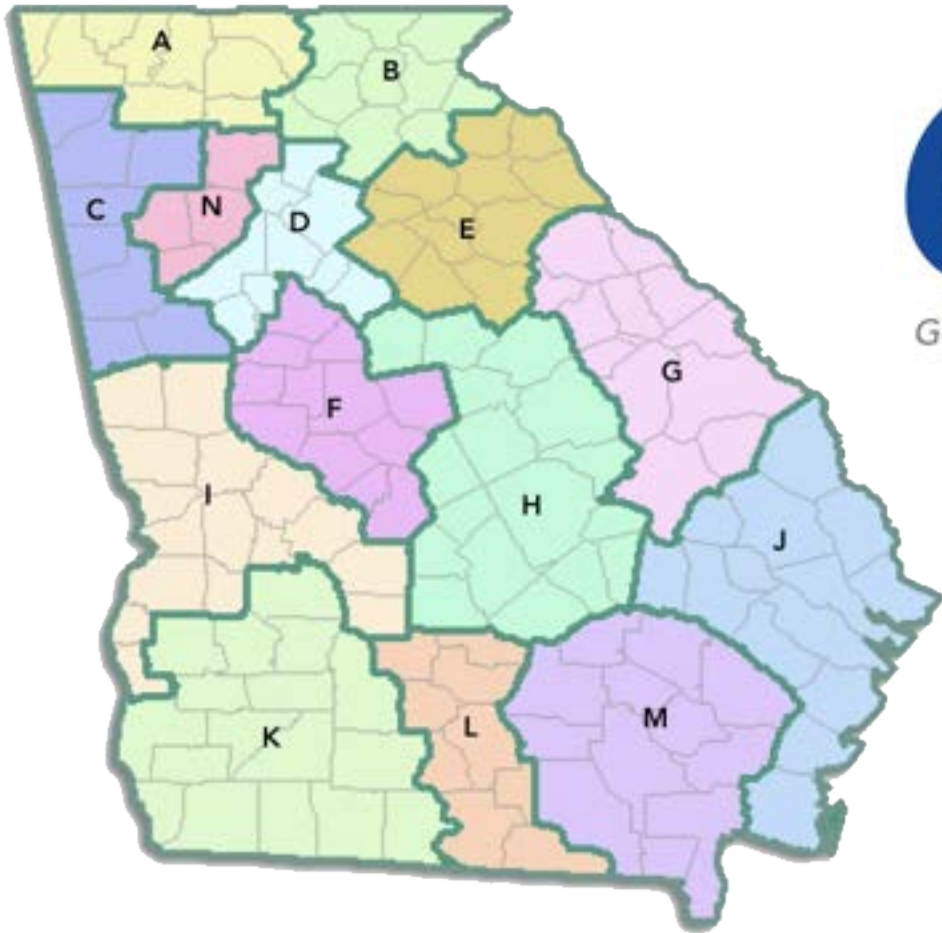
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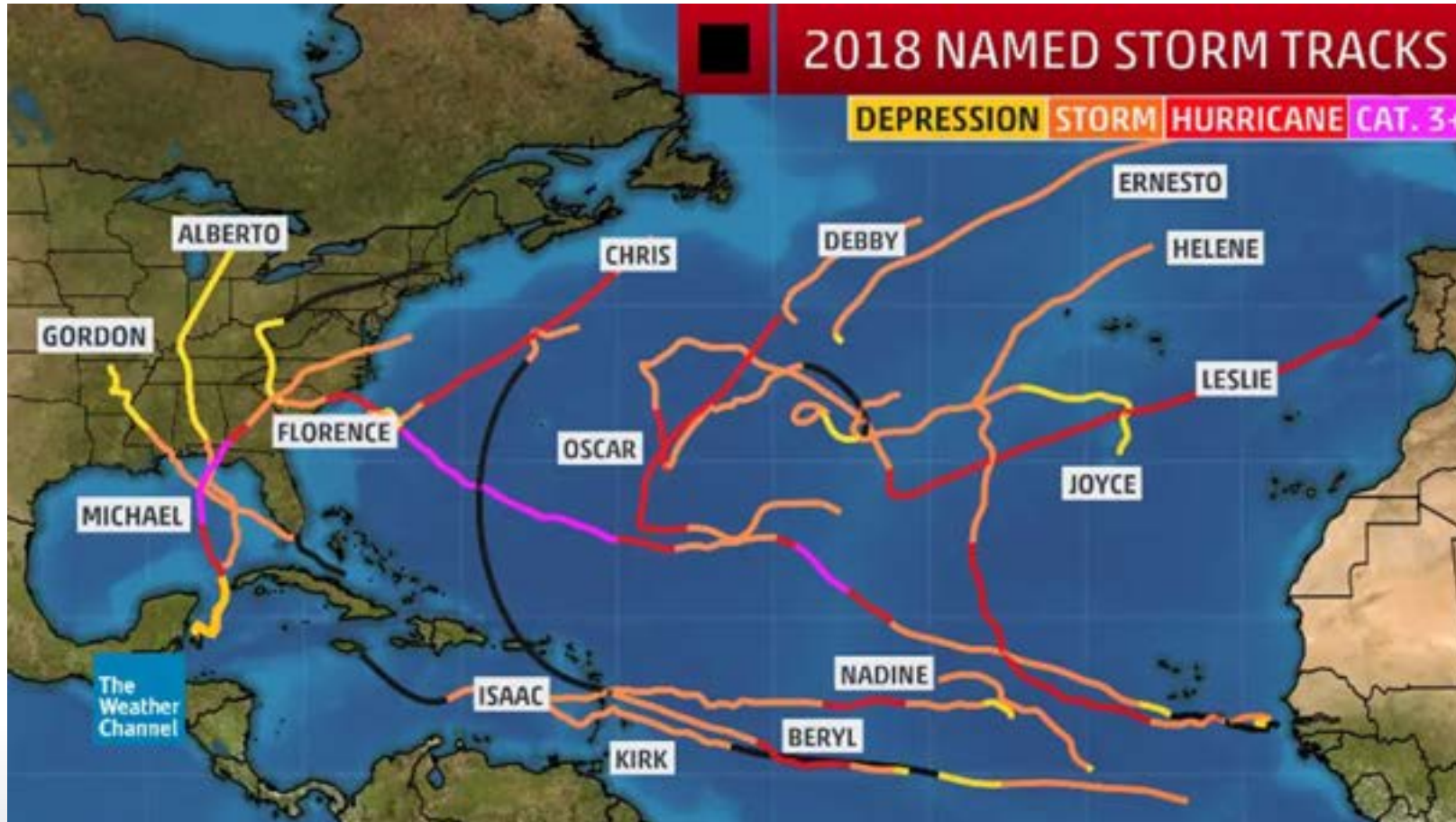
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Healthcare Operational Status Tracking in WebEOC: A Collaborative Approach



Healthcare Operational Status Tracking in WebEOC: A Collaborative Approach



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Healthcare Operational Status Tracking in WebEOC: A Collaborative Approach

Facility Statuses

<u>Hospitals</u>	<u>Nursing Homes</u>	<u>Hospice</u>
<u>Evacuating</u> - 4 Sheltering in Place - 16	<u>Evacuating</u> - 20 Sheltering in Place - 20 TBD - 1	<u>Evacuating</u> - 2 Sheltering in Place -
<u>Evacuating</u> Coastal Behavioral Health Coastal Harbor Treatment Center GA Regional Hospital Savannah St. James by the Sea	<u>Evacuating</u> Abernethy Rehab Addington Place - Brunswick Agate Island NHI Constance Nursing & Rehab Bryan Co. Health & Rehab Magnolia Manor off 351 Marble Edge Oaks on Shalimar Oceanside Nursing & Rehab Peachtree Savannah & Beach Piedmont Health Savannah Piedmont Health Seaside Riverside Health & Rehab Savannah Japan Skilled Nursing St. James Manor Coastal Nursing & Rehab St. Clare Center Brunswick St. Clare Center St. Marys Signature Healthcare of Savannah The Marshes of Shalimar Island Thunderbolt Transitional Care & Rehab	<u>Evacuating</u> Hospice of Golden Isles Hospice of Savannah

[illegible]

Healthcare Operational Status Tracking in WebEOC: A Collaborative Approach

Original Workgroup

- Grant funded by Emory University Rollins School of Public Health
- Launched January 2019
- Paused January 2020 – COVID
- Used to build the COVID Status Board in WebEOC



Healthcare Operational Status Tracking in WebEOC: A Collaborative Approach

Phase 1

- Began February 2023
 - Phase 1 Focus
 - Acute Care Hospitals (138)
 - Phase 1 Workgroup
 - GDPH (Georgia Department of Public Health)
 - Healthcare Preparedness Program
 - Public Health Emergency Preparedness
 - GHA (Georgia Hospital Association)
 - Regional Coordinating Hospitals
 - GEMA (Georgia Emergency Management Agency)
 - Status Board officially launched June 1, 2024
 - Three Hurricanes and Two Winter Storms
 - Other smaller events



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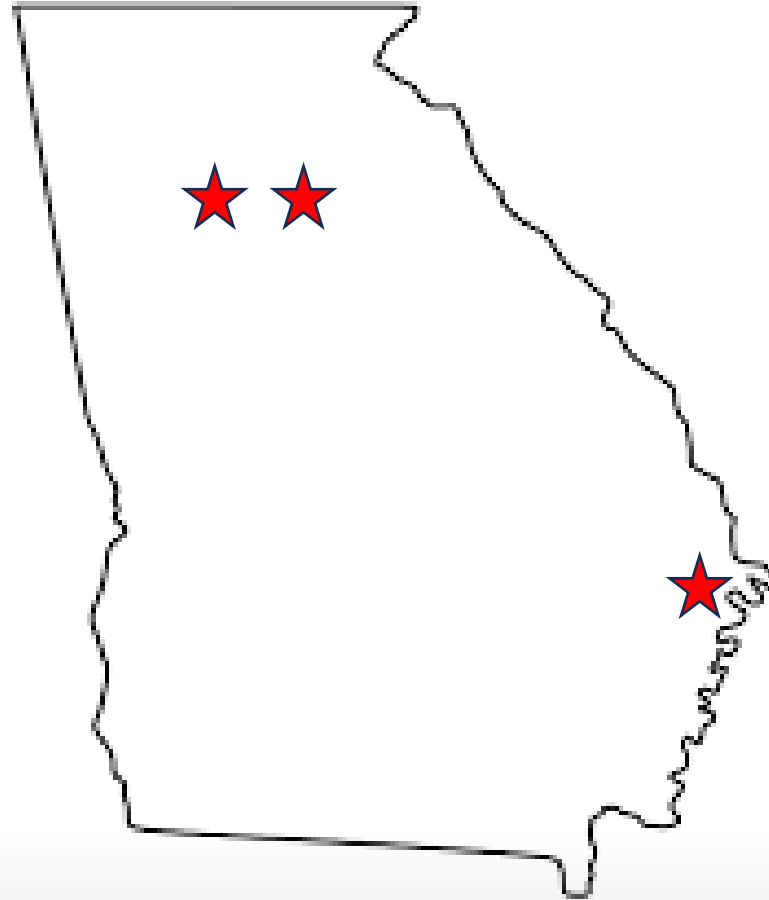


Healthcare Operational Status Tracking in WebEOC: A Collaborative Approach

Healthcare Operating Status

Board Fusion

- Georgia Emergency Management Agency
- Gwinnett County Emergency Management Agency
- Chatham County Emergency Management Agency
- Others around the state



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Healthcare Operational Status Tracking in WebEOC: A Collaborative Approach

Phase 2

- Began June 2024
 - Phase 2 Focus
 - Public Health Facilities (255)
 - Added January 10, 2025
 - Skilled Nursing Facilities (366)
 - Added February 11, 2025
 - Phase 2 Workgroup (Additions)
 - GHCA (Georgia Healthcare Association)
 - Susie Fussell
 - Jennifer Kelly
 - GDCH (Georgia Department of Community Health)
 - Anthony Moss
 - Status Board officially launched June 1, 2024



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Healthcare Operational Status Tracking in WebEOC: A Collaborative Approach

Phase 3

- Began June 2025
 - Phase 3 Focus
 - Dialysis Centers (369)
 - Phase 3 Workgroup (Additions)
 - Dialysis Representation from Georgia
 - KCER (Kidney Community Emergency Response)
 - ESRD (End-Stage Renal Disease)



Kidney Community
Emergency Response

THE NATIONAL
FORUM
OF ESRD NETWORKS

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Healthcare Operational Status Tracking in WebEOC: A Collaborative Approach

Future Phases

- Addition of new facility types
 - Assisted Living
 - Personal Care Homes
 - Clinics
 - Pharmacies
- Addition of new functionality
 - Bed Capacities
 - Interaction with other boards in WebEOC
 - Custom Reports



Healthcare Operational Status Tracking in WebEOC: A Collaborative Approach

Let's Take A Look!



☰

HealthCare Operating Status (New)

★ Personnel Status

After Action Review

HealthCare Operating Status (Test)

Healthcare Operating Status TEST


FACILITY

CONTACT

DASHBOARD

GUIDANCE

MAP



CREATE NEW +

SHOW ALL

SHOW MY FACILITY

SHOW PEDIATRIC FACILITIES

COALITION

COUNTY

FACILITY TYPE

HEALTH DISTRICT

GEMA AREA

SEARCH

CLEAR ALL

0 CRITICAL

2 IMPACTED

0 OPERATIONAL

PLEASE NOTE THAT FACILITIES WILL ONLY SHOW IF IMPACTED OR CRITICAL.
PLEASE SELECT 'SHOW ALL' TO SEE ALL FACILITIES.

Facility	Overall Status	Power	Water	Sewer	Natural Gas	Evacuation	Damage	Other	Last Updated
Frank's Hospital (Training Facility)	IMPACTED	GENERATOR	NORMAL	NORMAL	NORMAL	NOT EVACUATING	NONE	NORMAL	William Glisson, DPH - Super Admin, 07/03/2025 08:57:57
Putnam General Hospital	IMPACTED	NORMAL	NORMAL	NORMAL	NORMAL	NOT EVACUATING	NONE	IMPACTED	Candace Pennington, HCC-H Putnam General Hospital, 10/07/2025 11:04:30





CREATE NEW +

SHOW ALL

SHOW MY FACILITY

SHOW PEDIATRIC FACILITIES

COALITION

COUNTY

FACILITY TYPE

HEALTH DISTRICT

GEMA AREA

SEARCH

CLEAR ALL

0 CRITICAL

2 IMPACTED

0 OPERATIONAL

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Facility ^	Overall Status	Power ^	Water ^	Sewer ^	Natural Gas ^	Evacuation ^	Damage ^	Other ^	Last Updated ^	
Frank's Hospital (Training Facility)	IMPACTED	GENERATOR	NORMAL	NORMAL	NORMAL	NOT EVACUATING	NONE	NORMAL	William Glisson, DPH - Super Admin, 07/03/2025 08:57:57	***
Putnam General Hospital	IMPACTED	NORMAL	NORMAL	NORMAL	NORMAL	NOT EVACUATING	NONE	IMPACTED	Candace Pennington, HCC-H Putnam General Hospital, 10/07/2025 11:04:30	***



HealthCare Operating Status (New)

Personnel Status

After Action Review

HealthCare Operating Status (Testl...

Healthcare Operating Status TEST

FACILITY

CONTACT

DASHBOARD

GUIDANCE

MAP



CREATE NEW +

SHOW CRITICAL/IMPACTED

SHOW MY FACILITY

SHOW PEDIATRIC FACILITIES

COALITION

COUNTY

FACILITY TYPE

HEALTH DISTRICT

GEMA AREA

SEARCH

CLEAR ALL

0 CRITICAL

3 IMPACTED

90% OPERATIONAL

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PLEASE SELECT 'SHOW ALL' TO SEE ALL FACILITIES.

Facility ^	Overall Status	Power	Water	Sewer	Natural Gas	Evacuation	Damage	Other	Last Updated
4Angels Of Byromville Healthcare Center	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, DPH - Super Admin, 03/27/2025 13:21:57
A G Rhodes - Cobb	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, DPH - Super Admin, 03/27/2025 13:21:57
A G Rhodes - Wesley Woods	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, DPH - Super Admin, 03/27/2025 13:21:57
A G Rhodes Health And Rehab-Atlanta	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, DPH - Super Admin, 03/27/2025 13:21:57
Abercom Rehabilitation Center	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	, , 09/26/2025 15:11:39
Adult Health Promotion Clinic	OPERATIONAL	NORMAL	NORMAL	NORMAL	NOT REPORTED	NOT EVACUATING	NONE	NORMAL	Lauren Robinson, District 08-1 Planning, 08/21/2025 09:58:12
AdventHealth Gordon	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Sandy Hullander, HCC-A Coalition Facilitator, 10/02/2025 12:16:48
AdventHealth Murray	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Sandy Hullander, HCC-A Coalition Facilitator, 10/02/2025 12:17:39

Page 1 of 17

☐ Disable Refresh?

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HealthCare Operating Status (New)

FACILITY CONTACT DASHBOARD GUIDANCE MAP

CREATE NEW +

SHOW CRITICAL/IMPACTED

SHOW MY FACILITY

SHOW PEDIATRIC FACILITIES

COALITION

COUNTY

FACILITY TYPE

HEALTH DISTRICT

GEMA AREA

SEARCH

CLEAR ALL

0 CRITICAL

3 IMPACTED

99% OPERATIONAL

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Facility ^	Overall Status	Power	Water	Sewer	Natural Gas	Evacuation	Damage	Other	Last Updated
4Angels Of Byromville Healthcare Center	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, DPH - Super Admin, 03/27/2025 13:21:57
A G Rhodes - Cobb	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, DPH - Super Admin, 03/27/2025 13:21:57
A G Rhodes - Wesley Woods	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, DPH - Super Admin, 03/27/2025 13:21:57
A G Rhodes Health And Rehab-Atlanta	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, DPH - Super Admin, 03/27/2025 13:21:57
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AdventHealth Gordon	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Sandy Hullander, HCC-A Coalition Facilitator, 10/02/2025 12:16:48
AdventHealth Murray	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Sandy Hullander, HCC-A Coalition Facilitator, 10/02/2025 12:17:39

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SHOW CRITICAL/IMPACTED SHOW ALL FACILITIES SHOW PEDIATRIC FACILITIES COALITION COUNTY FACILITY TYPE HEALTH DISTRICT GEMA AREA

SEARCH CLEAR ALL CRITICAL IMPACTED OPERATIONAL

PLEASE NOTE THAT FACILITIES WILL ONLY SHOW IF IMPACTED OR CRITICAL.
PLEASE SELECT 'SHOW ALL' TO SEE ALL FACILITIES.

Facility	Overall Status	Power	Water	Sewer	Natural Gas	Evacuation	Damage	Other	Last Updated
AdventHealth Gordon	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Sandy Hullander, HCC-A Coalition Facilitator, 10/02/2025 12:16:48





SHOW CRITICAL/IMPACTED | SHOW ALL FACILITIES | SHOW PEDIATRIC FACILITIES | COALITION | COUNTY | FACILITY TYPE | HEALTH DISTRICT | GEMA AREA

SEARCH CLEAR ALL 0 CRITICAL 0 IMPACTED 1 OPERATIONAL

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Facility *	Overall Status	Power	Water	Sewer	Natural Gas	Evacuation	Damage	Other	Last Updated
AdventHealth Gordon	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Sandy Hullander, HCC-A Coalition Facilitator, 10/02/2025 12:16:48

View

Edit

Map Zoom





Edit Facility

— CURRENT EVENTS - 2026 - SECOND QUARTER - OCTOBER, NOVEMBER, DECEMBER - 2026 —

Facility Details

Facility Name

AdventHealth Gordon

OrgID

14225

CMS Certification Number (CCN)

110023

HHS ID

Address

1035 RED BUD ROAD CALHOUN GA 30701

Map

GENERATE MAP

County

Gordon County

GEMA Area

Area 6

State

GA

Zip Code

30703

Healthcare Coalition

Region A

Health District

1 - 1 (Northwest)

Facility Type

Acute Care Hospitals

EM POC Name

Mark Bramblett

EM POC Phone

706-506-0369

EM POC Email

mark.bramblett@adventhealth.com

24 Hour POC Number

706-629-2895





Edit Facility

— CURRENT EVENTS - 2026 - SECOND QUARTER - OCTOBER, NOVEMBER, DECEMBER - 2026 —

Statuses

Power

Status

NORMAL DEGRADED NO POWER NOT REPORTED

Service Provider Name

Notes

Water

Status

NORMAL DEGRADED NO WATER NOT REPORTED

Service Provider Name

Notes

Sewer

Status

NORMAL DEGRADED NO SEWER NOT REPORTED

Service Provider Name

Notes

#NHCPC25





Edit Facility

— CURRENT EVENTS - 2026 - SECOND QUARTER - OCTOBER, NOVEMBER, DECEMBER - 2026 —

Statuses

Power

Status

NORMAL GENERATOR NO POWER NOT REPORTED

Service Provider Name

Georgia Power

Notes

Currently experiencing a power failure. Generator has engaged and is providing power to the pre-designated portions of the facility. Power restoration ETA is 1-2 hours. No other needs at this time

Water

Status

NORMAL DISINFECTED NO WATER NOT REPORTED

Service Provider Name

Notes

Sewer

Status

NORMAL DISINFECTED NO SEWER NOT REPORTED

Service Provider Name

Notes





...

SHOW ALL

SHOW MY FACILITY

SHOW PEDIATRIC FACILITIES

COALITION

COUNTY


FACILITY TYPE


HEALTH DISTRICT


DEMA AREA

SEARCH

CLEAR ALL

 CRITICAL

 IMPACTED

 OPERATIONAL

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Facility ^	Overall Status	Power ⌵	Water ⌵	Sewer ⌵	Natural Gas ⌵	Evacuation ⌵	Damage ⌵	Other ⌵	Last Updated ⌵
AdventHealth Gordon	IMPACTED	GENERATOR	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniel, HCC-A Advent Health Gordon, 10/16/2025 08:00:32
Frank's Hospital (Training Facility)	IMPACTED	GENERATOR	NORMAL	NORMAL	NORMAL	NOT EVACUATING	NONE	NORMAL	William Glisson, DPH - Super Admin, 07/03/2025 08:57:57
Putnam General Hospital	IMPACTED	NORMAL	NORMAL	NORMAL	NORMAL	NOT EVACUATING	NONE	IMPACTED	Candace Pennington, HCC-H Putnam General Hospital, 10/07/2025 11:04:30





Facility Status

--- CURRENT EVENTS - 2026 - SECOND QUARTER - OCTOBER, NOVEMBER, DECEMBER - 2026 ---

History

Facility	Overall Status	Power	Water	Sewer	Natural Gas	Evacuation	Damage	Other	Last Updated
AdventHealth Gordon	OPERATIONAL	NORMAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, HCC-A Advent Health Gordon, 10/16/2025 08:02:20
AdventHealth Gordon	IMPACTED	GENERATOR	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, HCC-A Advent Health Gordon, 10/16/2025 08:00:32
AdventHealth Gordon	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	HCC-A Coalition Facilitator, HCC-A Coalition Facilitator, 10/02/2025 12:16:48
AdventHealth	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	HCC-A Coalition Facilitator, HCC-A Coalition



HealthCare Operating Status (New)

FACILITY CONTACT DASHBOARD GUIDANCE MAP

CREATE NEW +

SHOW CRITICAL/IMPACTED

SHOW MY FACILITY

SHOW PEDIATRIC FACILITIES

COALITION

COUNTY

FACILITY TYPE

HEALTH DISTRICT

GEMA AREA

SEARCH

CLEAR ALL

0 CRITICAL

3 IMPACTED

90% OPERATIONAL

PLEASE NOTE THAT FACILITIES WILL ONLY SHOW IF IMPACTED OR CRITICAL.
PLEASE SELECT 'SHOW ALL' TO SEE ALL FACILITIES.

Facility ^	Overall Status	Power	Water	Sewer	Natural Gas	Evacuation	Damage	Other	Last Updated
4Angels Of Byromville Healthcare Center	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, DPH - Super Admin, 03/27/2025 13:21:57
A G Rhodes - Cobb	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, DPH - Super Admin, 03/27/2025 13:21:57
A G Rhodes - Wesley Woods	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, DPH - Super Admin, 03/27/2025 13:21:57
A G Rhodes Health And Rehab-Atlanta	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, DPH - Super Admin, 03/27/2025 13:21:57
Abercorn Rehabilitation Center	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	, 09/26/2025 15:11:39
Adult Health Promotion Clinic	OPERATIONAL	NORMAL	NORMAL	NORMAL	NOT REPORTED	NOT EVACUATING	NONE	NORMAL	Lauren Robinson, District 08-1 Planning, 08/21/2025 09:58:12
AdventHealth Gordon	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Sandy Hullander, HCC-A Coalition Facilitator, 10/02/2025 12:16:48
AdventHealth Murray	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Sandy Hullander, HCC-A Coalition Facilitator, 10/02/2025 12:17:39

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SHOW CRITICAL/IMPACTED | SHOW MY FACILITY | SHOW PEDIATRIC FACILITIES | COALITION | COUNTY | FACILITY TYPE | HEALTH DISTRICT | DEMO

SEARCH | CLEAR ALL | CRITICAL | IMPACTED

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PLEASE NOTE THAT FACILITIES WILL ONLY SHOW IF IMPACTED OR CRITICAL.
PLEASE SELECT 'SHOW ALL' TO SEE ALL FACILITIES.

Facility	Overall Status	Power	Water	Sewer	Natural Gas	Evacuation	Damage	Other	Last Updated
4Angels Of Byronville Healthcare Center	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, DPH - Super Admin, 03/27/2025 13:21:57
A G Rhodes - Cobb	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, DPH - Super Admin, 03/27/2025 13:21:57
A G Rhodes - Wesley Woods	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, DPH - Super Admin, 03/27/2025 13:21:57
A G Rhodes Health And Rehab-Atlanta	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, DPH - Super Admin, 03/27/2025 13:21:57
Abercom Rehabilitation Center	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	, 09/26/2025 15:11:39
Adult Health Promotion Clinic	OPERATIONAL	NORMAL	NORMAL	NORMAL	NOT REPORTED	NOT EVACUATING	NONE	NORMAL	Lauren Robinson, District 08-1 Planning, 08/21/2025 09:58:12
AdventHealth Gordon	OPERATIONAL	NORMAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, HCC-A Advent Health Gordon, 10/16/2025 08:02:20
AdventHealth Murray	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Sandy Hullander, HCC-A Coalition Facilitator, 10/02/2025 12:17:39
AdventHealth Redmond	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Dawn May, HCC-C Coalition Facilitator, 10/15/2025 15:20:35
Altamaha Healthcare Center	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, DPH - Super Admin, 03/27/2025 13:21:58
Amber Grove at Savannah Seasons	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	, 09/26/2025 15:11:42
Anchor Hospital	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, DPH - Super Admin, 03/27/2025 13:21:58
Anderson Mill Center For Nursing And Healing LLC	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Frank Daniell, DPH - Super Admin, 03/27/2025 13:21:58
Anselvy Park Health And Rehabilitation	OPERATIONAL	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	NOT REPORTED	Brenda Shields, HCC-C Coalition Facilitator, 10/15/2025 14:24:03





COALITION - COUNTY - FACILITY TYPE - HEALTH DISTRICT - GEMA AREA -

SEARCH CLEAR SEARCH CRITICAL IMPACTED OPERATIONAL

Facility *	Address :	Latitude	Longitude	EM POC Name :	EM POC Phone :	EM POC Email :	24 Hours POC Number :	Last Updated :	
4Angels Of Byronville Healthcare Center	712 Patterson Street, Byronville	32.203900	-83.910280	Nancy Mussh	470-349-4507	Admin@4angelshc.com		Frank Daniel, DPH - Super Admin, 03/27/2025 13:21:57	...
A G Rhodes - Cobb	900 Wylie Road, Marietta	33.929720	-84.506890	Jovonne Harvey	770-427-8727	jharvey@agrhomdes.org		Frank Daniel, DPH - Super Admin, 03/27/2025 13:21:57	...
A G Rhodes - Wesley Woods	1619 Clifton Road, N.E., Atlanta	33.803430	-84.533470	Latasha Ward	404-315-9000	lward@agrhomdes.org		Frank Daniel, DPH - Super Admin, 03/27/2025 13:21:57	...
A G Rhodes Health And Rehab-Atlanta	350 Boulevard, S.E., Atlanta	33.744860	-84.367550	Loretta Barnes	404-688-6731	lbarnes@agrhomdes.org		Frank Daniel, DPH - Super Admin, 03/27/2025 13:21:57	...
Abercom Rehabilitation Center	11800 Abercom Street, Savannah			Tammy Royal	912-925-4402	CTurner@southernetc.com		, , 09/26/2025 15:11:39	...
Adult Health Promotion Clinic	2704 N Oak St, Valdosta	30.864500	-83.293620	Lauren Robinson	229-415-0019	lauren.robinson@dph.ga.gov		Lauren Robinson, District 08-1 Planning, 08/21/2025 09:58:12	...
AdventHealth Gordon	1035 RED BUD ROAD CALHOUN GA 30701	34.511878	-84.926370	Mark Bramblett	706-506-0369	mark.bramblett@adventhealth.com	706-629-2895	Frank Daniel, HCC-A Advent Health Gordon, 10/16/2025 08:02:20	...
AdventHealth Murray	707 OLD DALTON ELLIJAY ROAD, PO BOX 1406 CHATSWORTH GA 30705	34.752096	-84.774616	Doug Douthitt	706-271-8410	doug.douthitt@adventhealth.com	706-695-4564	Sandy Hullander, HCC-A Coalition Facilitator, 10/02/2025 12:17:39	...
AdventHealth Redmond	501 REDMOND ROAD ROME GA 30165	34.277270	-85.194833	Alex Wright	706-368-8144	daniel.wright@adventhealth.com	706-291-0291	Dawn May, HCC-C Coalition Facilitator, 10/15/2025 15:20:35	...
Altamaha Healthcare Center	1311 West Cherry Street, Jesup	31.617790	-81.896210	Benjamin Ayuk	912-427-7792	bayuk@altamahahc.com		Frank Daniel, DPH - Super Admin, 03/27/2025 13:21:58	...
Amber Grove at Savannah Seasons	249 Holland Dr, Savannah			Lisa Cluicevich	912-667-6178	lisac@ambergroveseniorliving.com		, , 09/26/2025 15:11:42	...
Anchor Hospital	5454 Yorktowne Dr, Atlanta, GA 30349	33.607344	-84.452477	Greg Helms	478-960-1615	greg.helms@uhsinc.com	678-251-3200	Frank Daniel, DPH - Super Admin, 03/27/2025 13:21:58	...
Anderson Mill Center For Nursing And Healing LLC	2130 Anderson Mill Rd, Austell	33.848800	-84.619970	Cynthia Reese	770-941-8813	creece@andersonmillnursing.com		Frank Daniel, DPH - Super Admin, 03/27/2025 13:21:58	...
Ansley Park Health And Rehabilitation	450 Newman Lakes Blvd, Newman	33.377270	-84.764380	Miriam Deberry	770-400-8000	mdeberry@ethicahc.com		Brenda Shields, HCC-C Coalition Facilitator, 10/15/2025 14:24:03	...
Appling Co Health Dept.	283 Walnut Street, Baxley	31.770170	-82.347840	Katie Doublerly	912-682-1873	katie.doublerly@dph.ga.gov		Frank Daniel, DPH - Super Admin, 03/27/2025 13:21:58	...
Appling Healthcare	163 E Tollison St, Baxley, GA 31513	31.768916	-82.348436	Robert Brown	912-332-2218	brownr@applinghospital.org	912-367-9841	Santo Nino, HCC-M Coalition Coordinator, 05/08/2025 10:31:23	...

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COALITION

COUNTY

FACILITY TYPE

HEALTH DISTRICT

GEMA AREA

CRITICAL

IMPACTED

OPERATIONAL

Operational Facilities

806

Impacted Facilities

2

Critical Facilities

0

Power Status

FACILITIES BY POWER STATUS

- Normal
- Generator
- No Power
- Not Reported



Water Status

FACILITIES BY WATER STATUS

- Normal
- Impacted
- No Water
- Not Reported



Sewer Status

FACILITIES BY SEWER STATUS

- Normal
- Concerned
- No Sewer
- Not Reported



Natural Gas Status

FACILITIES BY NATURAL GAS STATUS

- Normal
- Concerned
- No Sewer
- Not Reported



Healthcare Operational Status Tracking in WebEOC: A Collaborative Approach

Thank You!

Frank Daniell

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Mallory Garrett

mgarrett@gha.org

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Strengthening Coalitions Lies Deep in the Heart of Collaboration

Indiana's Approach to Public Health and Healthcare Risk and Readiness Assessments

Brittany Butterfield
Planning Specialist

Presented By:



#NHCPC25

Indiana's Approach to Public Health and Healthcare Risk and Readiness Assessments

This presentation will explore Indiana's approach to conducting jurisdictional risk, hazard vulnerability, and public health and healthcare capability assessments, emphasizing how this strategy enhances emergency preparedness across both emergency management and public health sectors. We will discuss the integration of whole community health considerations, to reinforce the identification and support given to all individuals during emergencies.

Additionally, the session will cover the crosswalk between the local health department and healthcare coalition (HCC) capabilities, highlighting the collaborative efforts required to optimize resources, streamline response efforts, and strengthen overall community resilience.



Assessment Webpage QR Code



Risk and Readiness Assessment Development

Starting in March 2024, IDOH hosted multiple stakeholder webinars with local health departments (LHD) and healthcare coalition partners on the development of customized public health and healthcare risk and readiness assessment for the state of Indiana. The process:

- Conducted research on tools throughout the United States used to assess the public health risks and the readiness of jurisdictions
- Developed a focused workgroup comprised of the 10 LHD representatives and the 10-healthcare coalition (HCC) readiness and response coordinators (RRCs)
- A final draft of the Jurisdictional Risk Assessment (JRA), Hazard Vulnerability Assessment (HVA), and Public Health and Healthcare Readiness Assessment (PHHRA) tools was distributed to three pilot LHDs - Howard County, Putnam County, and Marion County and pilot HCCs
- Based on feedback and improvements identified during the pilot, final JRA, HVA, and PHHRA tools were released in August 2024 to PHEP-funded LHDs



HVA and JRA Final Risk and Vulnerability Rating Overview

The final risk and vulnerability rating of the HVA and JRA were calculated by combining the data collected as it relates to two distinct factors.

Risk factor

For the purposes of these assessments, “risk factor” is the chance of a given threat or hazard affecting a community. Regardless of how communities express the risk factor associated with a specific incident, understanding the likelihood of their threats and hazards and the external forces that may also contribute to larger impacts can help communities understand capability requirements and prioritize preparedness and response efforts

Protective factor

For the purposes of the assessments, “protective factors” are environmental attributes that are associated with positive adjustment and development throughout the course of life-threatening conditions. Protective factor characteristics are associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact. Protective factors may be seen as positive countering events



JRA and HVA Integration Factor

Whole community integration is a means by which residents, public health professionals, emergency management practitioners, organizational and community leaders, and government officials can collectively understand and assess the needs of their respective communities. In addition to calculating a final risk rating, the JRA and HVA calculated an integration factor to support a whole community preparedness approach to public health hazards.

A total score of 60 was possible for the integration factor.

Integration Factors Calculation
12 population * five potential planning considerations
= Total # of population specific considerations included in plans
/60 (total possible score)
= Integration Factor Rating



JRA and HVA Integration Factor

Respondents were given 12 populations to consider when rating integration. The assessment allowed respondents to indicate if they had integrated the following activities into planning and response efforts:

- Identified risks specific to population
- Integrated solutions to identified barriers
- Incorporated population representatives into planning
- Connected with resources applicable to population needs
- Operationalized considerations during response and recover

A total score of 5 was possible for each of the populations assessed.



Public Health and Healthcare Readiness Assessment Overview

PHHRA assessed the ability of the local health departments and healthcare coalitions to perform the response capabilities that are applicable to each as well as their ability to integrate whole community health considerations into their efforts. An overview of the capabilities assessed by each is described below:

Local health departments

CDC's 15 Public Health Emergency Preparedness (PHEP) capabilities

Healthcare coalitions

ASPR's four existing as well as eight additional pre-decisional capabilities identified by the Hospital Preparedness Program (HPP)



Hazard Vulnerability Assessment (HVA)



Hazard Vulnerability Assessment (HVA) Method

HVA data was collected from the 10 HCCs in Indiana. A total of 71 public health hazards were assessed to determine their applicability. There were four distinct categories of hazards:

1. Natural hazards – 18 potential hazards
2. Technological hazards - 24 potential hazards
3. Human hazards – 19 potential hazards
4. Hazardous material - 10 potential hazards

After identifying which hazards were applicable, Indiana HCCs identified the risk factors, protective factors, and the integration factors that would contribute to the vulnerability of a community to the various hazards



Final Vulnerability Rate Calculation

A final vulnerability score for each hazard was calculated by combining the risk and protective factors that could contribute to the risk and resilience of a community in the event of a hazard.

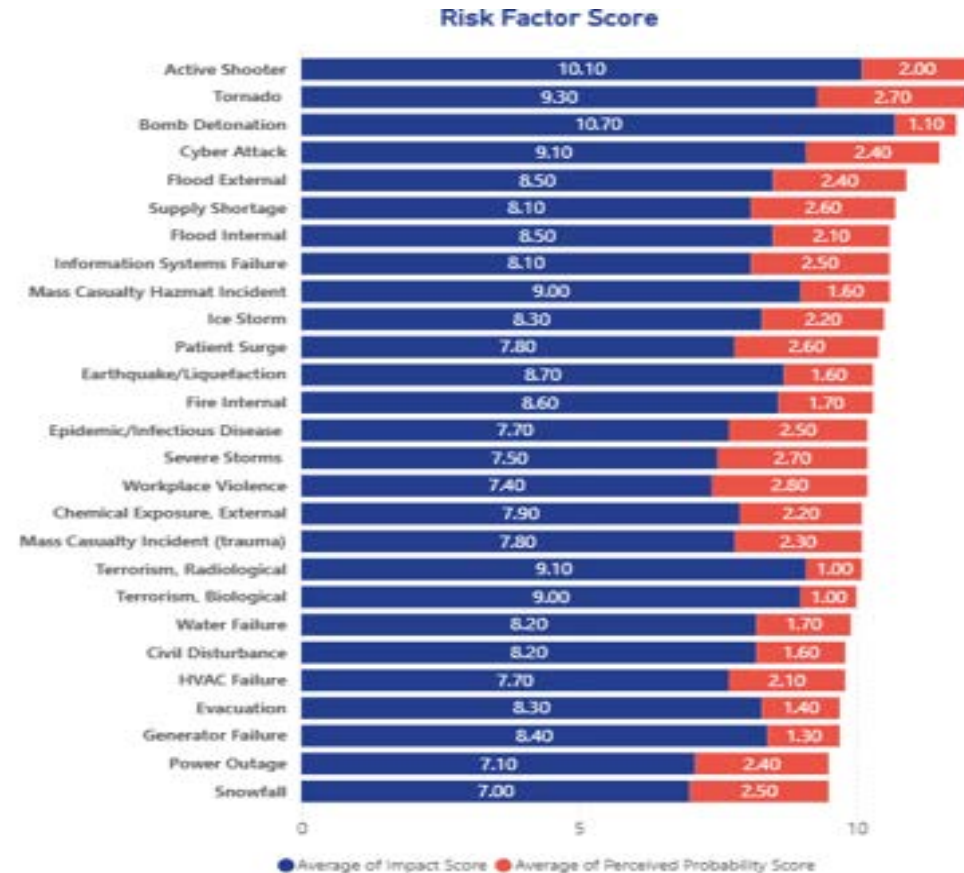
The name of the data field used to calculate each component of the final risk rate is shown in the image to the right.

The number in the parentheses signifies the total score possible for that data field.

Risk Factors Calculation
Perceived Probability of Hazard (3) = Probability Score (3)
+
Human Impact (3) + Property Impact (3) + Health Impact (3) + Preparedness Impact (3) = Impact Score (12)
Probability Score (3) + Impact Score (12) /15 (risk factor score points possible) = Risk Factor Rate
Protective Factors Calculation
Coalition Capability (3) + External Capability (3) /6 (protective factor points possible) = Protective Factor Score
Total Vulnerability Score Calculation
Risk Factor Rating + Protective Factor Rating /2 (Total factors) = Final Vulnerability Rating



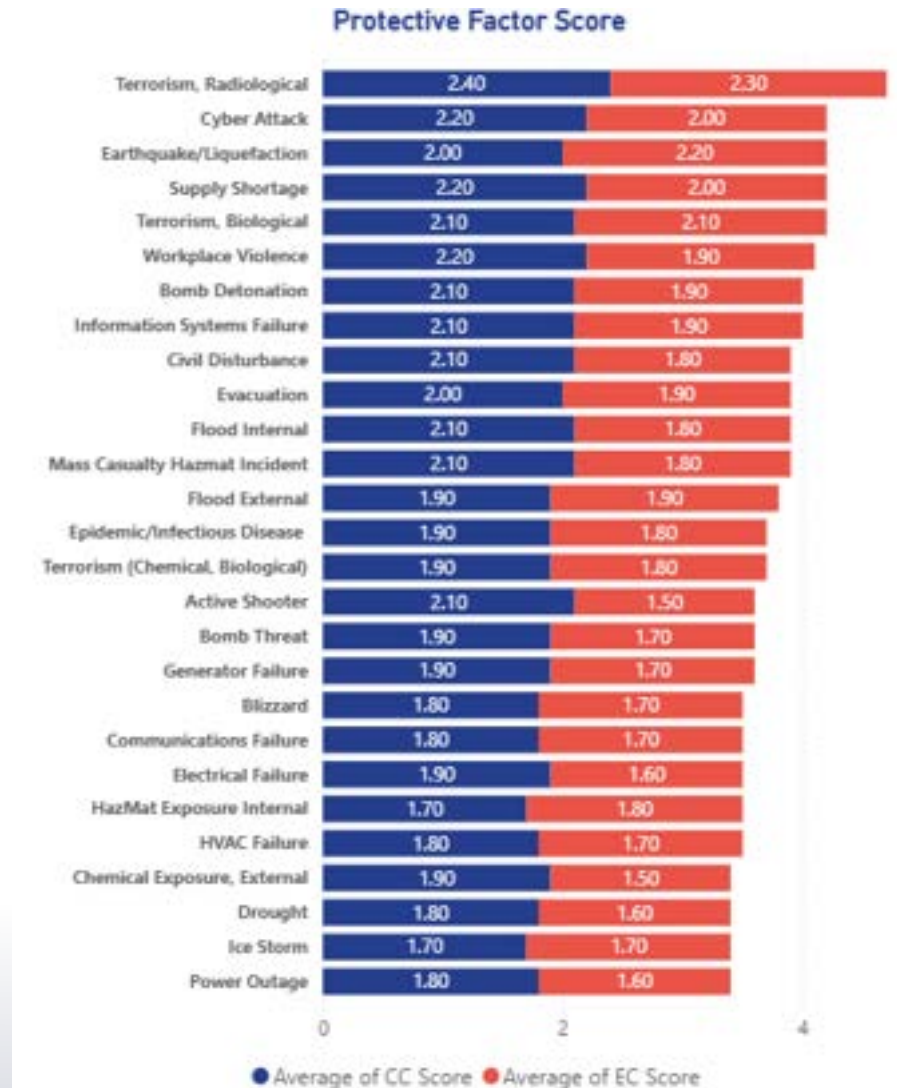
Risk Factor Calculation



Risk Factors Calculation
Perceived Probability of Hazard (3) = Probability Score (3)
+
Human Impact (3) + Property Impact (3) + Health Impact (3) + Preparedness Impact (3) = Impact Score (12)
Probability Score (3) + Impact Score (12) /15 (risk factor score points possible) = Risk Factor Rate



Protective Factor Calculation

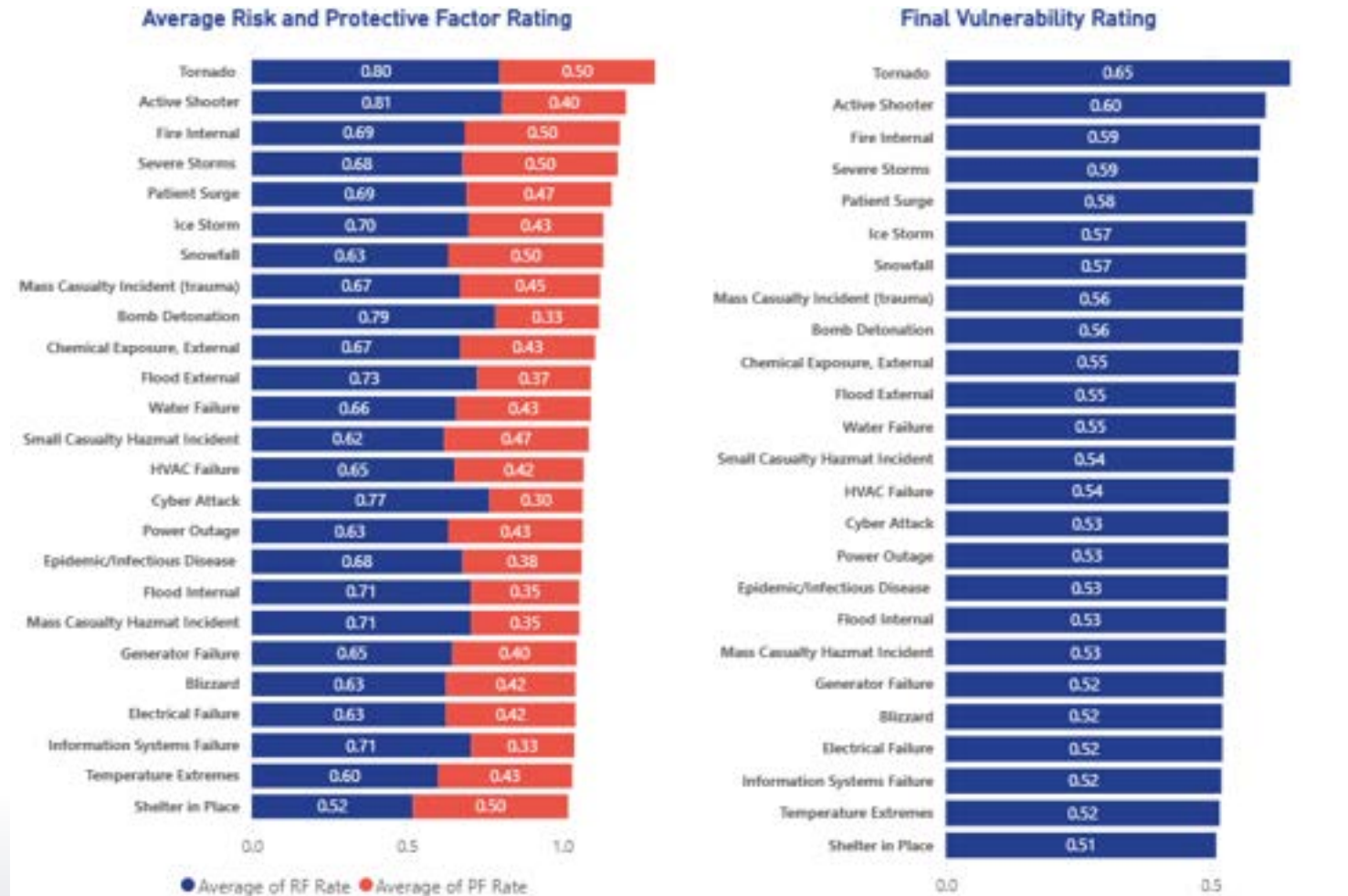


Protective Factors Calculation
Coalition Capability (3) + External Capability (3)
/6 (protective factor points possible)
= Protective Factor Score

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Hazard Vulnerability Assessment Results



#NHCP25



HVA Integration Factor

Respondents were given 12 populations to consider when rating integration. The assessment allowed respondents to indicate if they had integrated the following activities into planning and response efforts:

- Identified risks specific to population
- Integrated solutions to identified barriers
- Incorporated population representatives into planning
- Connected with resources applicable to population needs
- Operationalized considerations during response and recover

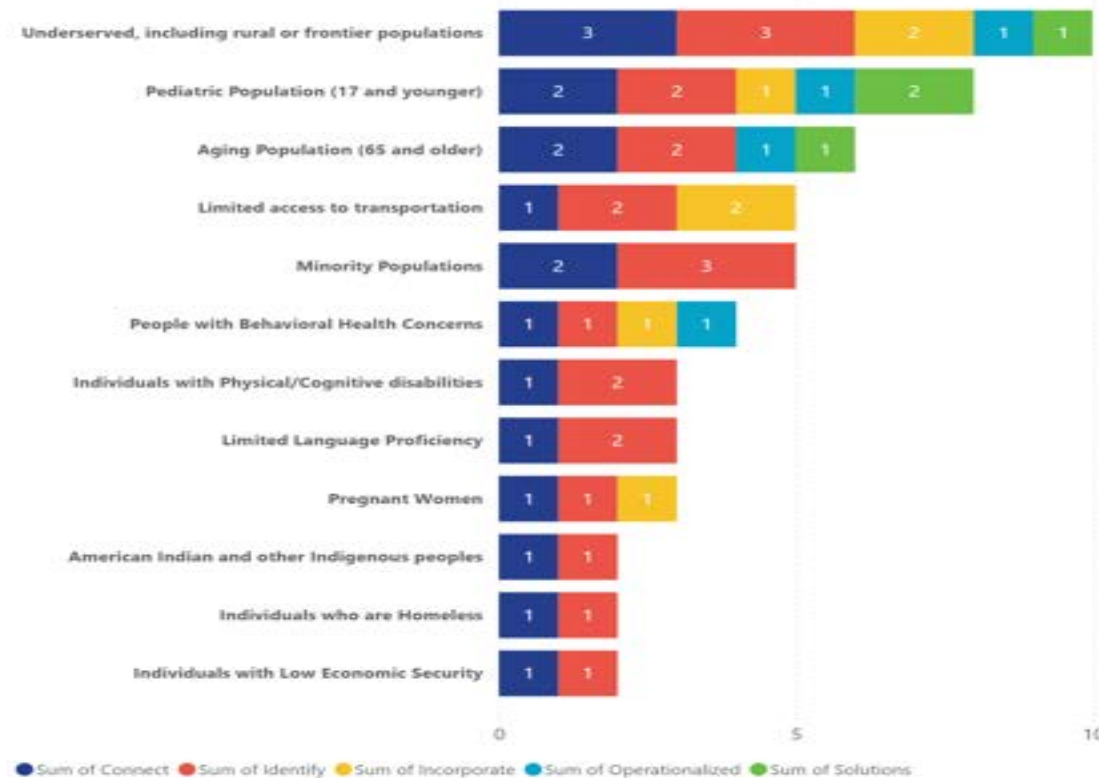
A total score of 60 was possible for the integration factor.

Integration Factors Calculation
$12 \text{ population} * \text{five potential planning considerations}$
$= \text{Total \# of population specific considerations included in plans}$
$/60 \text{ (total possible score)}$
$= \text{Integration Factor Rating}$

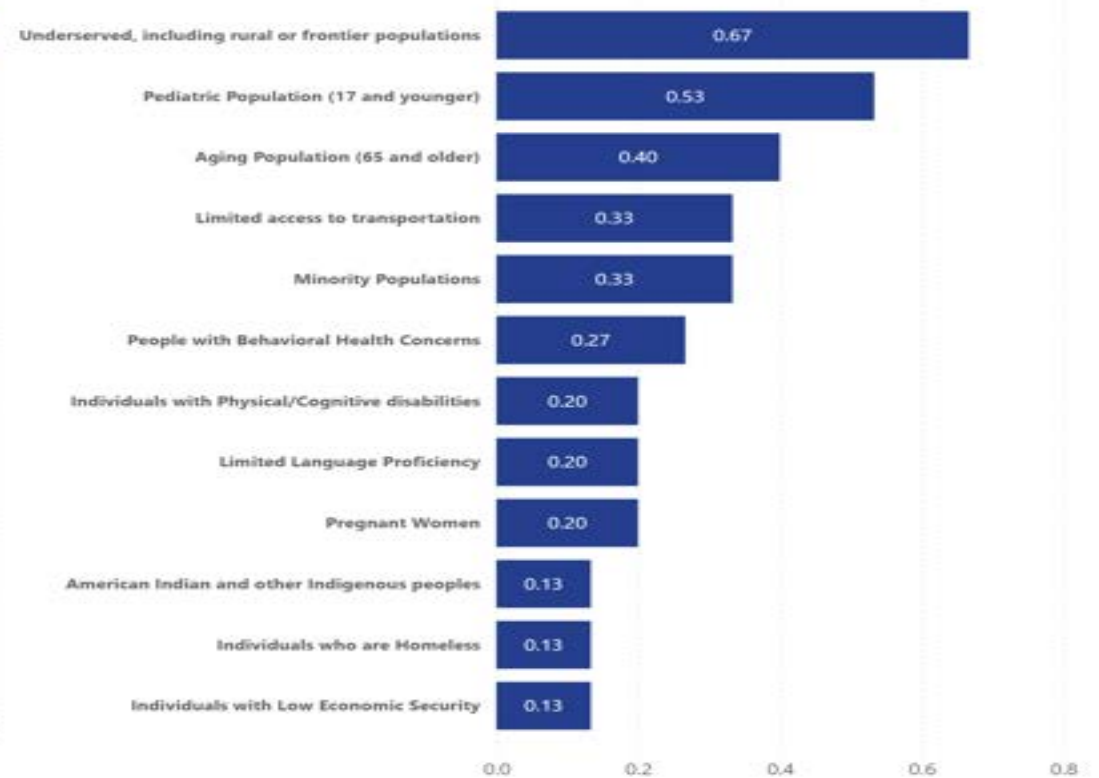


HVA Integration Factor Results

Integration Factor Results



Integration Factor Rating



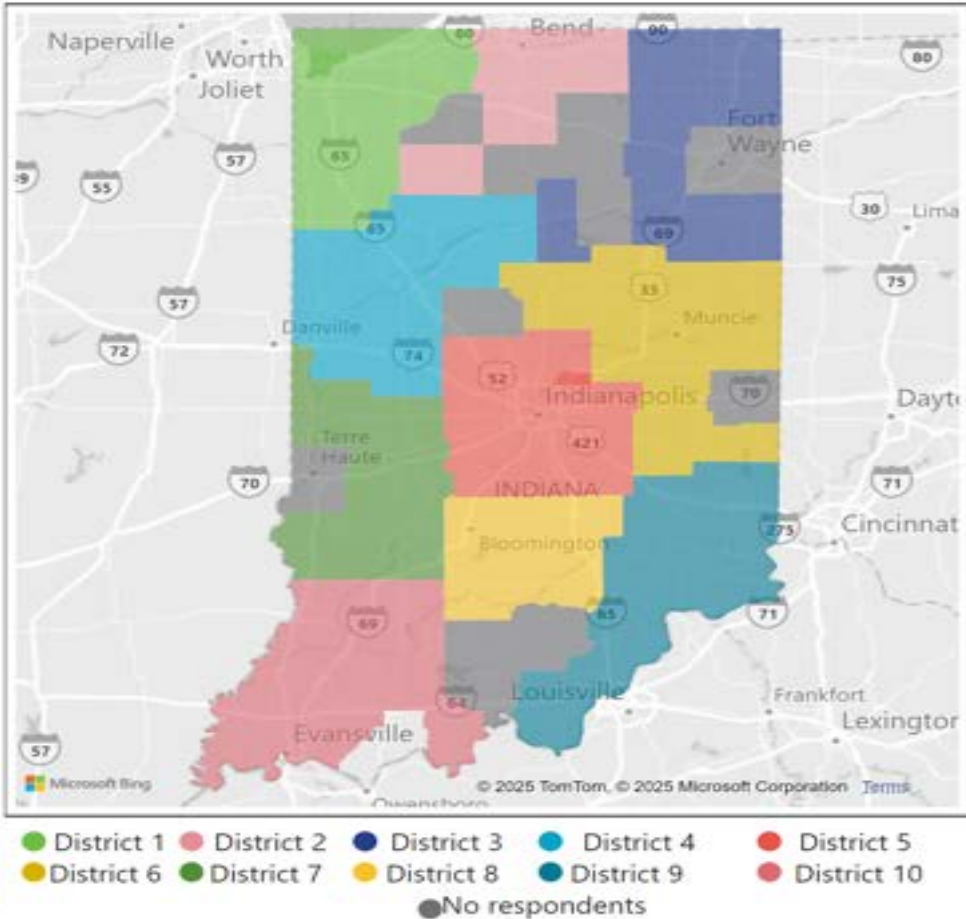
Jurisdictional Risk Assessment (JRA)



Respondent Summary

A total of 82 respondents in the state of Indiana completed the JRA. The Public Health Emergency Preparedness Budget Period-1 (July 1, 2024-June 30, 2025) LHD sub-recipients were required to submit a response, therefore not every health department in the state of Indiana is represented in the results. Representatives from the counties listed and highlighted on the map below submitted a response. Respondents with an asterisk next to their name are jurisdictions that encompass the Cities Readiness Initiative (CRI) program, a federally funded program that enhances preparedness in the nation's largest population centers.

District 1 1. *City of Gary Health Department 2. *Jasper County Health Department 3. *Lake County Health Department 4. LaPorte County Health Department 5. *Newton County Health Department 6. *Porter County Health Department	District 5 1.*Boone County Health Department 2.*City of Fishers Health Department 3. *Hamilton County Health Department 4. *Hancock County Health Department 5. *Health and Hospital Corporation of Marion County 6. *Hendricks County Health Department 7.*Johnson County Health Department 8.*Morgan County Health Department 9. *Shelby County Health Department	District 8 1. Bartholomew County Health Department 2.*Brown County Health Department 3. Jackson County Health Department 4.Lawrence County Health Department 5.Monroe County Health Department
District 2 1. Elkhart County Health Department 2. Marshall County Health Department 3. Pulaski County Health Department 4. St Joseph County Health Department	District 6 1.Blackford County Health Department 2.Delaware County Health Department 3. Fayette County Health Department 4.Grant County Health Department 5.Henry County Health Department 6.Howard County Health Department 7.Jay County Health Department 8.*Madison County Health Department 9.Randolph County Health Department 10.Rush County Health Department 11.Tipton County Health Department 12.*Union County Health Department	District 9 1.Clark County Health Department 2.*Dearborn County Health Department 3.Decatur County Health Department 4. *Floyd County Health Department 5.Franklin County Health Department 6.*Harrison County Health Department 7. Jefferson County Health Department 8.Jennings County Health Department 9.*Ohio County Health Department 10.Ripley County Health Department 11.*Scott County Health Department 12.Switzerland County Health Department
District 3 1. Adams County Health Department 2. DeKalb County Health Department 3. Huntington County Health Department 4. LaGrange County Health Department 5. Miami County Health Department 6. Noble County Health Department 7. Steuben County Health Department 8. Wells County Health Department 9. Whitley County Health Department	District 7 1.Clay County Health Department 2.Greene County Health Department 3.Owen County Health Department 4.Parke County Health Department 5.*Putnam County Health Department 6.Sullivan County Health Department 7.Vermillion County Health Department	District 10 1.Daviess County Health Department 2.Dubois County Health Department 3.Gibson County Health Department 4.Knox County Health Department 5.Martin County Health Department 6.Perry County Health Department 7.Pike County Health Department 8.Posey County Health Department 9.Vanderburgh County Health Department 10. Warrick County Health Department
District 4 1. Benton County Health Department 2. Carroll County Health Department 3. Cass County Health Department 4. Fountain-Warren County Health Department 5. Montgomery County Health Department 6. Tippecanoe County Health Department 7. Warren County Health Department 8. White County Health Department		



Final Risk Rate Calculation

A final risk score for each hazard was calculated by combining the risk and protective factors that could contribute to the risk and resilience of a community in the event of a hazard.

The name of the data field used to calculate each component of the final risk rate is shown in the image to the right.

The number in the parentheses signifies the total score possible for that data field.

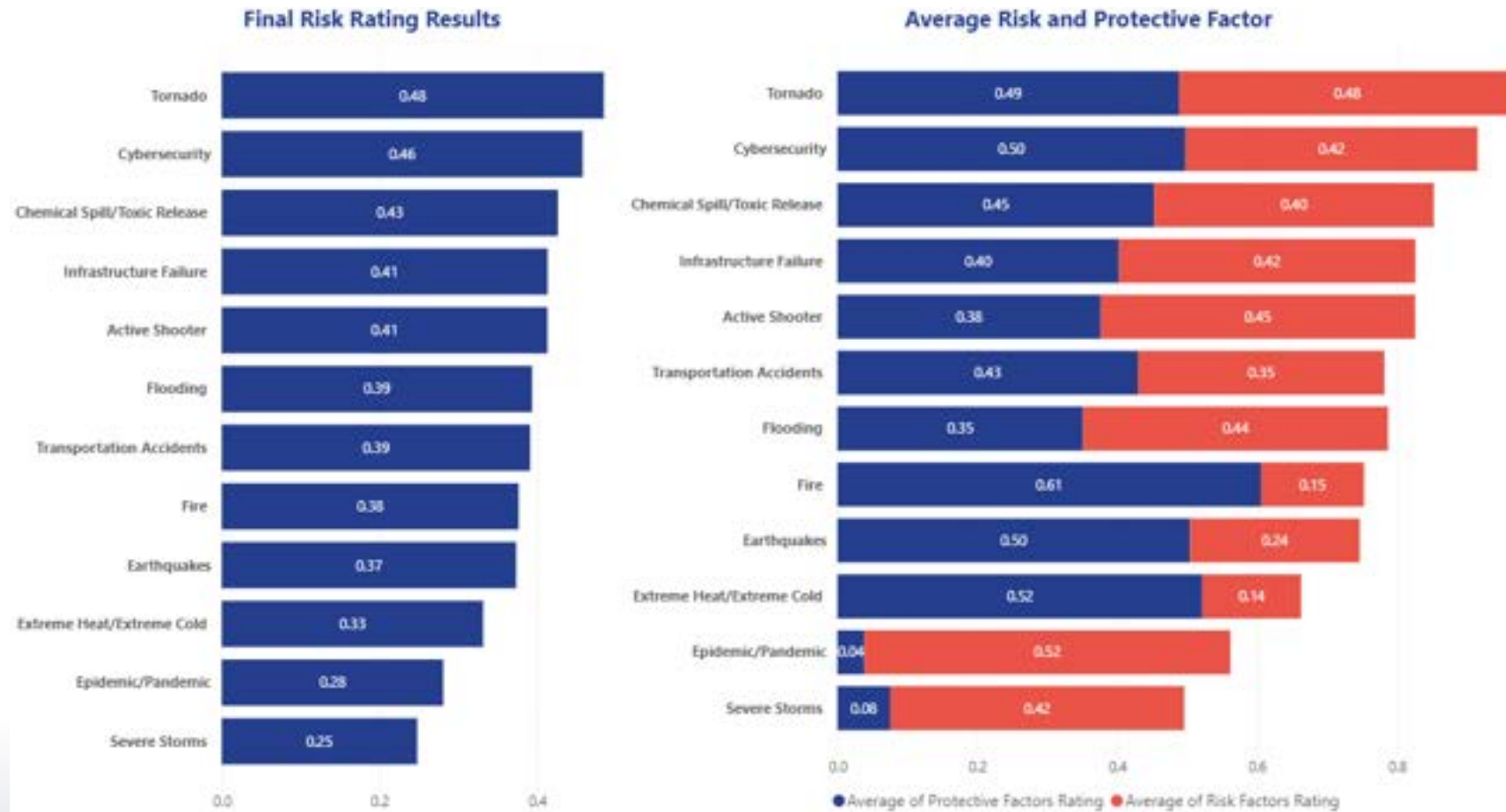
Risk factors calculation
Perceived probability of hazard (5) + effect of external forces (5) = hazard impact score (10)
+
Public health impact (5) + EMS impact (5) + behavioral health impact (5) + acute care impact (5) = service impact score (20)
+
Barriers to access (5) + deprivation (5) = baseline vulnerabilities score (10)
+
Hazard impact score (10) + service impact score (20) + existing vulnerabilities score (10) /40 (total possible score) = risk factor rating

Protective factors calculation
Government and economic infrastructure (6) + life necessities (6) + health and wellbeing (6) + critical infrastructure (6) = resilience score (24)
+
Social connectedness (5) + community involvement (5) = community cohesion score (10)
+
Resilience score (24) + community cohesion score (10) /34 (total possible score) = protective factor rating

Total risk score calculation
Risk factor rating + protective factor rating /2 (total factors) = final risk rating



Jurisdictional Risk Assessment Results Example



JRA Integration Factor

Respondents were given 12 populations to consider when rating integration. The assessment allowed respondents to indicate if they had integrated the following activities into planning and response efforts:

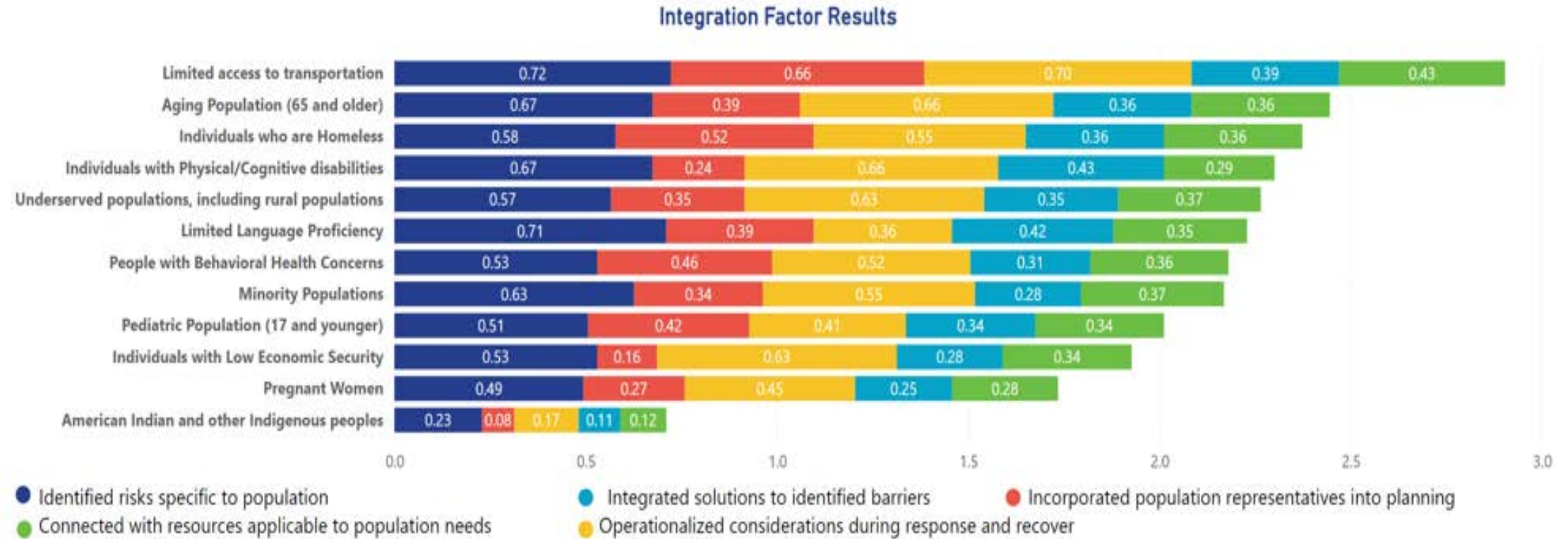
- Identified risks specific to population
- Integrated solutions to identified barriers
- Incorporated population representatives into planning
- Connected with resources applicable to population needs
- Operationalized considerations during response and recover

A total score of 60 was possible for the integration factor.

Integration Factors Calculation
$12 \text{ population} * \text{five potential planning considerations}$ $= \text{Total \# of population specific considerations included in plans}$ $/60 \text{ (total possible score)}$ $= \text{Integration Factor Rating}$



JRA Integration Factor Results



Public Health and Healthcare Risk and Readiness Assessment (PHHRA)

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Public Health and Healthcare Readiness Capability Assessment Overview

PHHRA assessed the ability of the local health department's and healthcare coalition's to perform the responses capabilities that are applicable to each. An overview of the capabilities assessed by each is described below:

Local health departments

CDC's 15 Public Health Emergency Preparedness (PHEP) capabilities

Healthcare coalitions

ASPR's four existing as well as eight additional pre-decisional capabilities identified by the Hospital Preparedness Program (HPP)



Local Health Department's Assessed Capabilities

Respondents assessed the LHD's ability to perform the CDC's Public Health Emergency Preparedness (PHEP) capabilities. A total of 15 capabilities were assessed with respondents having the ability to select from the following ability levels:

- No ability
- Limited ability
- Moderate ability
- Full ability

PHEP Capabilities
Capability 1: Community Preparedness
Capability 2: Community Recovery
Capability 3: Emergency Operations Coordination
Capability 4: Emergency Public Information and Warning
Capability 5: Fatality Management
Capability 6: Information Sharing
Capability 7: Mass Care
Capability 8: Medical Countermeasure Dispensing and Administration
Capability 9: Medical Material Management and Distribution
Capability 10: Medical Surge
Capability 11: Nonpharmaceutical Interventions
Capability 12: Public Health Laboratory Testing
Capability 13: Public Health Surveillance and Epidemiological Investigation
Capability 14: Responder Safety and Health
Capability 15: Volunteer Management



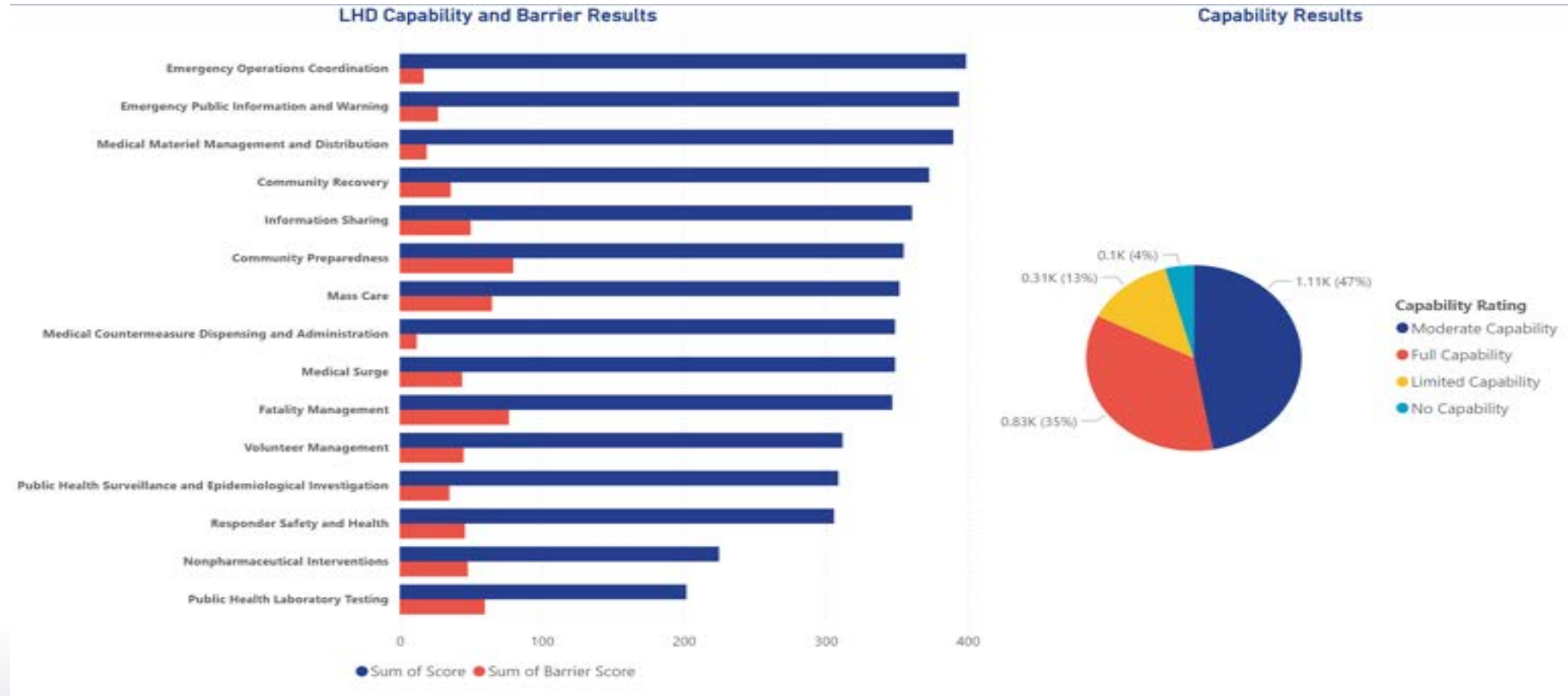
Public Health and Healthcare Readiness Capability Barrier Overview

Respondents were asked to indicate what barriers they experience when they selected that they had “No or Limited Capability” to perform a function. The following options were available to select as a barrier:

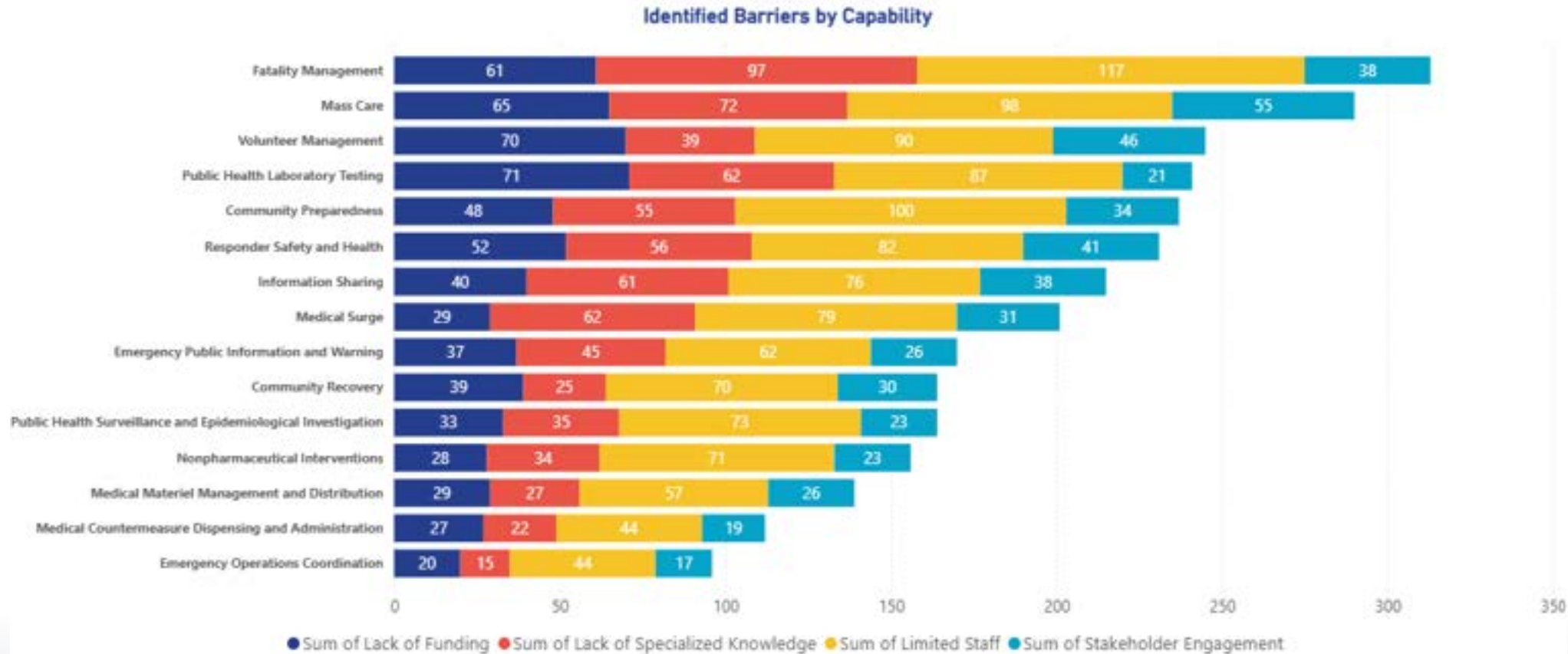
- Lack of funding
- Lack of specialized knowledge
- Limited staff capacity
- Lack of stakeholder engagement
- Other (text box available to direct input)



LHD Public Health and Healthcare Risk and Readiness Assessment Results



LHD Public Health and Healthcare Risk and Readiness Identified Barriers Results



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Healthcare Coalition’s Assessed Capabilities

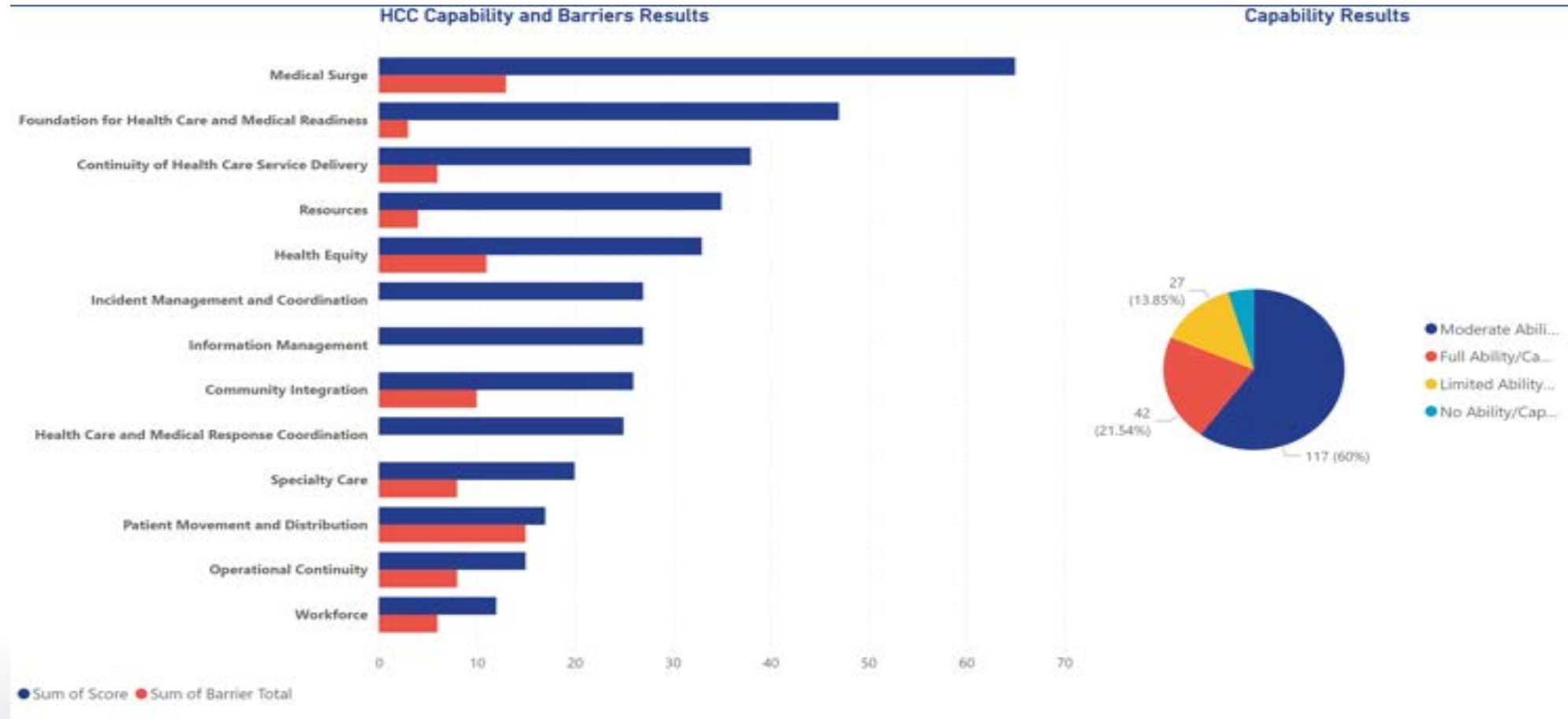
A total of 12 capabilities were assessed with respondents having the ability to select from the following ability levels:

- No ability
- Limited ability
- Moderate ability
- Full ability

HCC Capabilities
Foundation for Health Care and Medical Readiness
Health Care and Medical Coordination
Continuity of Health Care Service Delivery
Medical Surge
Incident Management and Coordination
Information Management
Patient Movement and Distribution
Workforce
Resources
Operational Continuity
Specialty Care
Community Integration



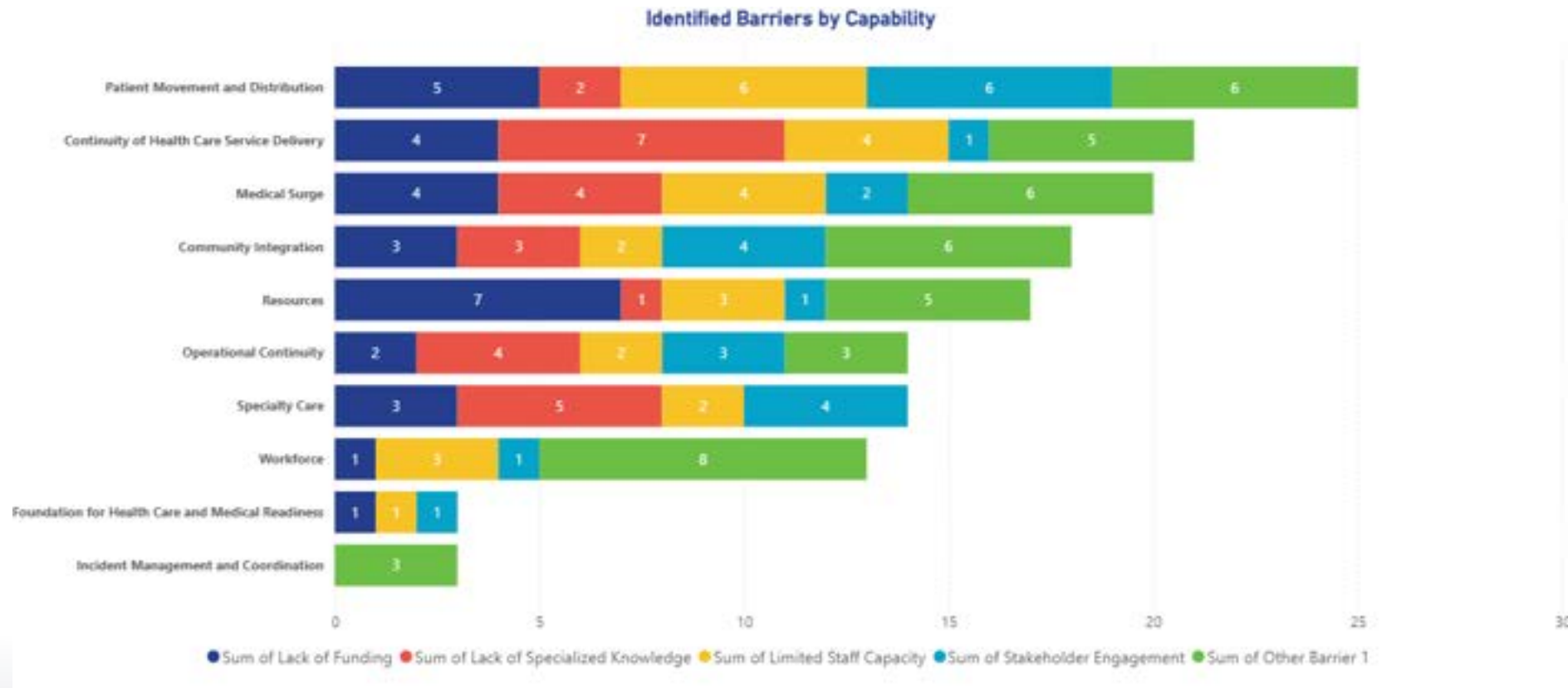
HCC Public Health and Healthcare Risk and Readiness Assessment Results



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HCC Public Health and Healthcare Risk and Readiness Identified Barriers Results



Capability Crosswalk

For public health emergency response efforts to be the most effective collaboration between the HCC's and LHD's must occur. Though the capabilities that were rated by each were different there exists an overlap between the functions that allows for a comparison of the responses submitted by the HCC's and LHD's. The table to the right shows how the assessed capabilities of each can overlap with one another for the purpose of comparing the two.

HCC Capability	LHD Capability
Foundation for Health Care and Medical Readiness	Capability 1: Community Preparedness
Health Care and Medical Coordination	Capability 3: Emergency Operations Coordination
Continuity of Health Care Service Delivery	Capability 12: Public Health Laboratory Testing
Medical Surge	Capability 5: Fatality Management
Incident Management and Coordination	Capability 13: Public Health Surveillance and Epidemiological Investigation
Information Management	Capability 4: Emergency Public Information and Warning Capability 6: Information Sharing
Patient Movement and Distribution	Capability 10: Medical Surge
Workforce	Capability 14: Responder Safety and Health Capability 15: Volunteer Management
Resources	Capability 8: Medical Countermeasure Dispensing and Administration Capability 9: Medical Material Management and Distribution
Operational Continuity	Capability 7: Mass Care
Specialty Care	Capability 11: Nonpharmaceutical Interventions
Community Integration	Capability 2: Community Recovery



PHHRA Crosswalk Example

Health Care and Medical Response Coordination	Emergency Operations Coordination	Interoperability of Functions
HCC Functions	LHD Functions	
Develop and Coordinate Health Care Organization and Health Care Coalition Response Plan	Determination of the need for activation of public health emergency operations	The HCC's development of a response plan would incorporate the need for activation determined by the LHDs in the district. The LHD's ability to maintain the incident response strategy is strengthened through integration with the HCC's response plan as this expands the strategies beyond that of the LHD.
	Development and maintenance of an Incident response strategy	
Utilize information sharing procedures and platforms	Coordination and collaboration with response partners and community	Coordination and collaboration between LHD's and HCC's to develop and implement information sharing procedures and platforms supports creation of a shared understanding and responsibility for these systems.
Coordinate response strategy, resources and communication	Public health response management	A coordinated response strategy requires the HCCs and LHDs to collaborate on public health response management, emergency operations activation plans, and training and exercises at the district and county level.
	Public health emergency operations activation	
	Training and exercise	



PHHRA Whole Community Health Assessment

Respondents were given 12 populations to consider when rating integration. The assessment allowed respondents to indicate if they had integrated the following activities into planning and response efforts:

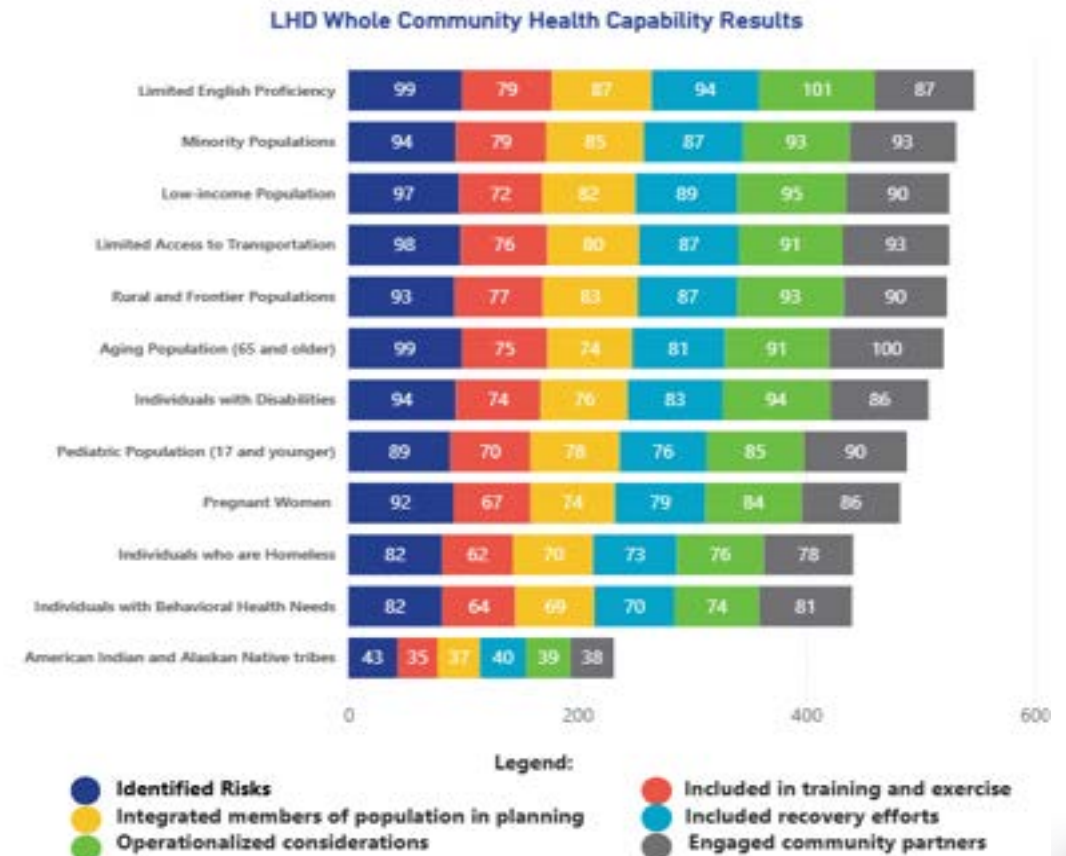
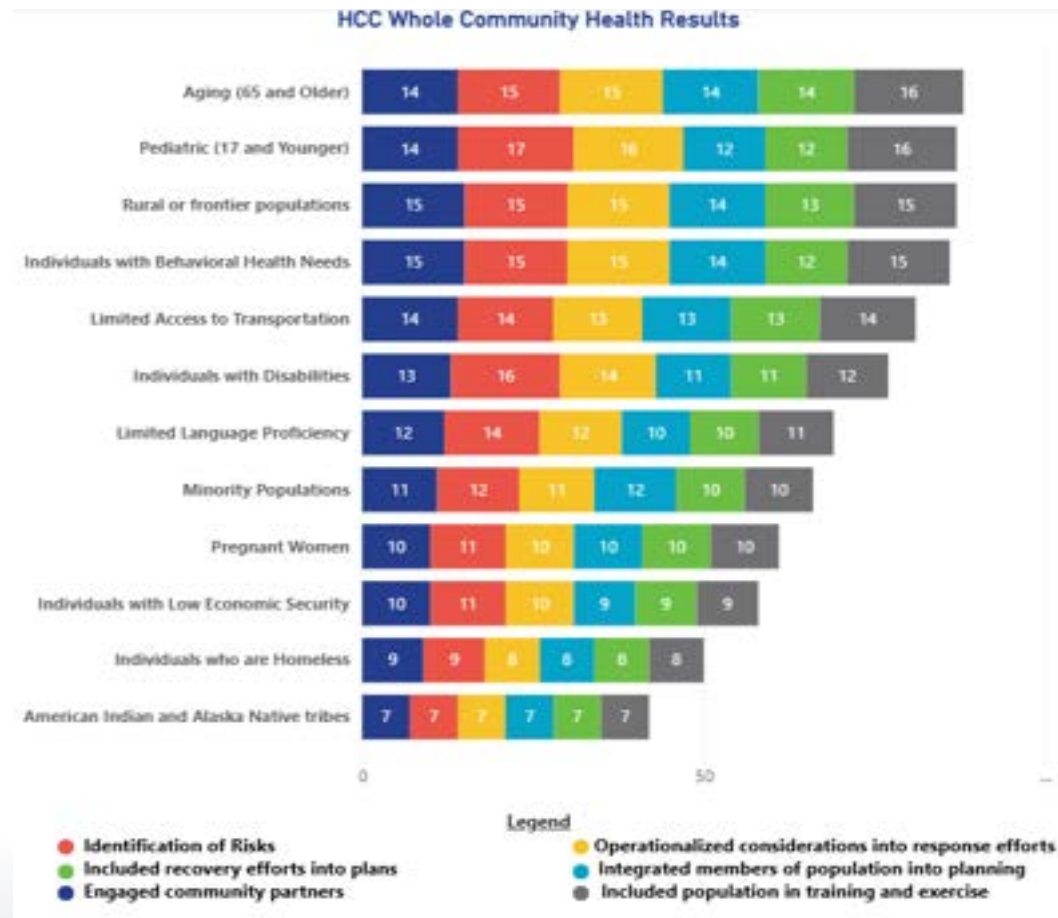
- Identification of risks
- Operationalized considerations in response efforts
- Included recovery efforts into response plans
- Integrated members of the population into planning
- Engaged community partners
- Included population in training and exercise

The respondents had the option to choose from the following progress levels: Not Started [0], In Progress [1], and Fully Integrated into Operations [2]. A total score of 12 was possible for each assessed population.

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PHHRA Whole Community Health LHD and HCC Assessment Results



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Public Health Readiness Strengthening Initiative

To address differences in local capacity to build and maintain their response capabilities, readiness levels were developed, representing core public health preparedness and response activities

Developed a tool intended to assist jurisdictions in understanding their baseline capabilities by connecting the PHHRA to a readiness level and associated activities needed to achieve each level and track progress towards strengthening initiatives

Readiness Levels			
Level 1	Level 2	Level 3	CRI Requirements
a base level of readiness and consist of work such as maintaining response plans and identifying community partners	an enhanced level of readiness and require engagement with community partners in preparedness and response planning efforts	an advanced level of readiness in which the LHD exercises and evaluates response plans with community partners and encourages a whole community approach to preparedness activities	the specific requirements asked of CRI LHD as described in the PHEP Notice of Funding Opportunity (NOFO) for 2024-2029



Public Health Readiness and Response Tool Demo

[Public Health Readiness and Response Strengthening Tool](#)

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Questions?



Contact Information

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Geospatial Insights:

Hazard Vulnerability & Community-Based Asset Mapping Resources

National Water Prediction Service

Source: <https://water.noaa.gov>



NOAA Historical Hurricane Tracks

Source: <https://coast.noaa.gov/hurricanes>



AirNow

Source: [Airnow.gov](https://airnow.gov)



FEMA HAZUS

Source: <https://msc.fema.gov/portal/resources/hazus>



U.S. Drought Monitor

Source: <https://droughtmonitor.unl.edu/>



County Health Rankings and Roadmaps

Source: [Countyhealthrankings.org](https://countyhealthrankings.org)



Strengthening Emergency Preparedness Through Inclusive Planning

Quick Reference Guide

PROVIDE EDUCATION ON THE NEEDS OF AT-RISK INDIVIDUALS

At-risk individuals include children, pregnant individuals, older adults, individuals with disabilities, those with access and functional needs, chronic physical/behavioral health conditions, immunocompromised individuals, and those at risk due to geographic location or limited healthcare access.

Why Educations Matters

- Ensures everyone is planning for the same populations
- Aligns resource allocation
- Supports measurable progress
- Meets federal requirements

HHS/ASPR Access & Functional Needs (AFN) Training

- Free, self-paced (~2 hours)
- Certificate available
- Based on the CMIST Framework (Communication, Medical needs, Independence, Support networks, and Transportation)

Additional Resources

- ASPR Guidance. <https://aspr.hhs.gov/at-risk/Pages/default.aspx>
 - ASPR Web Training: <https://aspr.hhs.gov/at-risk/Pages/Access-Functional-Needs-WBT.aspx>
-

EVALUATE SCARCE RESOURCE ALLOCATION PLANS

- Review your state Crisis Standards of Care (CSC) plan
 - Determine if the state plan includes guidance for PPE and other disposable / consumable medical supplies
 - Determine if the current plans are feasible for small facilities
 - Identify how small facilities community organizations to review plans
 - Integrate plans into exercises
 - ASPR TRACIE resources on scarce resource allocation: <https://asprtracie.hhs.gov/scarce-resources>
-

USE THE UCARE FRAMEWORK



Identify At-Risk Populations & Their Healthcare Needs

1. Use Data-Driven Risk Assessments—*Develop an understanding of healthcare needs in your community before an emergency*
 - Social Vulnerability Index (SVI)
 - Area Deprivation Index (ADI)
 - Empower Data Platform
 - Hazard Vulnerability Assessment (HVA)
 - See Table 1 on Data and Assessments Tools

2. Conduct Community-Based Assessments—*Get to know at-risk community members, organizations, and current activities*
 - Engage public health, community organizations, FQHCs, emergency management, and healthcare providers
 - Gather resident input on healthcare barriers, transportation, and emergency response
 - See below Community Based Planning Worksheet
3. Assess Healthcare & Emergency Response Access—*Check existing plans to ensure they account for the needs of at-risk communities*
 - Identify medical deserts
 - Evaluate transportation, evacuation, and mobility barriers
 - Assess accessibility of communication and emergency alerts
 - Evaluate state and regional plans based on what you know from step 1 and 2
 - See Table 1 on Data and Assessments Tools
4. Establish an Ongoing Monitoring Plan—*Things change, make sure you have a cycle to update*
 - Provide ongoing education
 - Regularly update assessments
 - Engage stakeholders continuously
 - Test plans with exercises that include at-risk communities

Table 1: Data and Assessment Tools

Tool / Assessment	What It Is	Website	What It Measures / Includes	How to Use / Key Tips
Social Vulnerability Index (SVI)	CDC/ATSDR tool using census data to identify communities needing support before, during, and after disasters	svi.cdc.gov	<ul style="list-style-type: none"> • Socioeconomic factors • Household composition & disability • Minority status & language • Housing & transportation 	—
Area Deprivation Index (ADI)	Neighborhood-level socioeconomic disadvantage index	neighborhoodatlas.medicine.wisc.edu	<ul style="list-style-type: none"> • Education • Employment • Housing quality • Poverty <i>More granular than SVI</i>	<ol style="list-style-type: none"> 1. Search by address/ZIP/block group 2. View ADI rank (1–100) 3. Compare neighborhoods 4. Identify medical deserts & access barriers
Empower Data Platform	HHS data platform integrating federal health and social datasets	empowerprogram.hhs.gov	<ul style="list-style-type: none"> • Facility locations & capacity • SDOH data • Medicare/Medicaid utilization 	—
Hazard Vulnerability Assessment (HVA)	Systematic method to identify hazards and impacts	asprtracie.hhs.gov/HVA	<ul style="list-style-type: none"> • Hazard identification • Impact analysis • Preparedness gaps 	<ul style="list-style-type: none"> • Add at-risk population questions • Consider access barriers in scoring • Include community partners • Update annually

Captivating Compliance: Unique Ways to Bring Back the Data and Your Constituents to Hazard Analysis

David Sullivan

*EMS Duty Chief | EMS Specialist, Deputy Medical-Health Operational Area Coordinator
Santa Clara County Emergency Medical Services Agency*

Taylor Wyatt

*Program Manager, Office of Emergency Management
Stanford Health Care*

Climate Change Resources for Hazard Vulnerability Assessments (HVAs)

- **Americares: Climate Resilience for Frontline Clinics Toolkit**
<https://www.americares.org/what-we-do/community-health/climate-resilient-health-clinics/#toolkit>
Downloadable resources to support Health Care Providers, Patients and Administrators planning for Heat, Wildfires, Hurricanes, and Floods.
- **(NOAA) U.S. Climate Resilience Toolkit**
<https://toolkit.climate.gov/#steps>
Planning guide with framework to help document preparedness for climate hazards.
- **Cascading' climate risks in the Middle East and North Africa**
<https://www.preventionweb.net/news/cascading-climate-risks-middle-east-and-north-africa>
Scroll down mid article for great visualization on how climate risks cascade across borders.

Multi-Hazard

- **(EPA) CREAT Climate Change Scenarios Projection Map**
<https://www.epa.gov/crwu/climate-resilience-evaluation-and-awareness-tool>
Scenario-based climate change projections illustrating impacts such as extreme heat, more intense storms, and water challenges.
- **(FEMA) National Risk Index**
<https://hazards.fema.gov/nri/map>
Interactive mapping tool: select all or some natural hazards and data on expected annual loss, social vulnerability, or community resilience by county or census tract.
- **(NOAA) National Centers for Environmental Information: Storm Events Database**
<https://www.ncdc.noaa.gov/stormevents/choosedates.jsp?statefips=6%2CCALIFORNIA>

Database including hazard-specific incident information from 1/1950 to 4/2024 (customizable date range), by County and Event Type(s).

- **(EPA) Environmental Justice Screening and Mapping Tool**
<https://ejscreen.epa.gov/mapper/>
Interactive Mapping Tool with Flood, Wildfire, Sea-Level Rise, and Extreme Heat Risk + Socioeconomic Indicators (e.g., income, education, demographics) + Health Disparities: Low Life Expectancy, Heart Disease, Asthma, Cancer, Persons with Disabilities.
- **Association of Bay Area Governments (ABAG) Hazard Viewer**
<https://mtc.maps.arcgis.com/apps/webappviewer/index.html?id=4a6f3f1259df42eab29b35dfcd086fc8>
Interactive map including layers with GIS data on historic wildfire perimeters, FEMA flood hazard zones, and rainfall-induced landslide hazard; as well as several earthquake shaking scenarios and liquefaction susceptibility.

Drought

- **(NOAA) National Integrated Drought Information System**
<https://www.drought.gov/>
Multi-agency partnership that coordinates drought monitoring, forecasting, planning, and information from national to local levels. Map includes current conditions and seasonal (3-month) outlook.
- **(University of Nebraska – Lincoln) U.S. Drought Monitor**
<https://droughtmonitor.unl.edu/>
Drought outlook maps including short-term outlooks for drought, soil moisture, and fire, as well as Western Water Supply Outlook.

Sea Level Rise

- **(NOAA) Sea Level Rise Viewer**
<https://coast.noaa.gov/slr/>
Interactive map showing sea level rise and potential for coastal flooding impact areas, and relative depth.
- **(NOAA) Coastal Inundation Dashboard**
<https://tidesandcurrents.noaa.gov/inundationdb/>
By NOAA tide station, monthly high tide flood outlook as well as annual high tide flood outlook
- **Adapting to Rising Tides: Bay Shoreline Flood Explorer**
Developed by Bay Conservation and Development Commission (BCDC) with technical development by San Francisco Estuary Institute (SFEI).
<https://explorer.adaptingtorisingtides.org/home>
Interactive map of Bay Area (only) illustrating coastal flooding due to sea level rise with or without the compounding impacts of storm surge scenarios.

Heat

- **(California Natural Resources Agency) California Heat Assessment Tool**
<https://www.cal-heat.org/explore>
Tool developed for local and state health practitioners to better understand dimensions of heat vulnerability driven by climate changes and where action can be taken to mitigate the public health impacts of extreme heat in the future.

Water Resources

- **(EPA) National Stormwater Calculator**
<https://swcweb.epa.gov/stormwatercalculator/>
Interactive mapping tool including layers on soil type, soil drainage, topography, precipitation / temperature, climate change, and land cover.
- **California Data Exchange Center: California Department of Water Resources**
<https://cdec.water.ca.gov/index.html>
Tabular data and charts including river conditions, precipitation measurements, and burn areas.
- **(EPA) Creating Resilient Water Utilities: Streamflow Projections Map**
<https://epa.maps.arcgis.com/apps/MapSeries/index.html?appid=48dcf8ca136a49a298a60e31422d58f0>
Projections of possible changes to flow conditions in U.S. streams and rivers under a range of future environmental conditions.
- **California EcoAtlas**
Developed by the California Wetlands Monitoring Workgroup
<https://www.ecoatlas.org/>
Interactive mapping tool with layers depicting aquatic resources and habitat types.
- **(USGS) National Wetlands Inventory Mapper**
<https://fwprimary.wim.usgs.gov/wetlands/apps/wetlands-mapper/>
Interactive mapping tool displaying information about wetlands and riparian.
- **(California Department of Water Resources) Best Available Maps (BAM)**
<https://gis.bam.water.ca.gov/bam/>
Site developed in accordance with SB5 to develop the Best Available Maps (BAM) displaying 100- and 200-year floodplains for areas located within the Sacramento-San Joaquin (SAC-SJ) Valley water.

COMMUNITY-BASED PLANNING WORKSHEET

COMMUNITY PARTNER INVENTORY:

Check the box for established partners and add the name of the point of contact. Circle the box to indicate partners that might need to be developed.

Healthcare & Social Services

- ☐ FQHCs
- ☐ Rural Health Clinics
- ☐ Community Health Centers
- ☐ Home health agencies
- ☐ Long-term care facilities
- ☐ Behavioral health providers
- ☐ Dialysis centers
- ☐ Hospice & palliative care

Aging & Disability Services

- ☐ Area Agencies on Aging
- ☐ Centers for Independent Living
- ☐ Disability advocacy organizations
- ☐ Assistive technology providers
- ☐ Meals on Wheels
- ☐ Adult day programs

Child & Family Services

- ☐ Schools (including special education)
- ☐ Daycares & Head Start
- ☐ Pediatric medical homes
- ☐ Child welfare agencies
- ☐ Pediatric home care

Faith & Community-Based Partners

- ☐ Faith-based organizations
- ☐ Cultural organizations
- ☐ Community centers
- ☐ Tribal health programs
- ☐ Immigrant and refugee services

Other Critical Partners

- ☐ Public housing authorities
- ☐ Homeless services
- ☐ Domestic violence shelters
- ☐ Food banks
- ☐ Public transportation agencies
- ☐ Libraries
- ☐ Agricultural extension/Cooperative extension programs

COMMUNITY ENGAGEMENT STRATEGIES:

Go to Them: Participate in community events

Listen First: Ask communities what *they* need

Offer Value: Provide resources, not just requests

Build Trust: Show up consistently

Include in Planning: Invite community representatives to planning committees

Accommodate Access Needs: Interpreters, accessibility, transportation, childcare

Accessible Communication: Plain language, multiple languages, various literacy levels

Two-Way Communication: Ensure communities can reach you during emergencies

SAMPLE ENGAGEMENT ACTIVITIES:

- ☐ Listening sessions with specific populations
- ☐ Focus groups exploring barriers to healthcare and healthcare needs
- ☐ Tailored emergency preparedness trainings
- ☐ Include community members in exercises
- ☐ Share draft plans for review
- ☐ Establish community advisory boards
- ☐ Explore MOUs with at-risk service providers
- ☐ Co-create communication materials
- ☐ Build community health worker



Strengthening Coalitions Lies Deep in the Heart of Collaboration

How To Reduce the Strain on Local Hospitals with a Long-Term Care Mutual Aid Plan

James Garrow

**Senior Fire & Emergency Management
Consultant Jensen Hughes,
MassMAP Project Manager**

Patrick Kiley, MPA, CEM

**Director of Emergency Management
Conference of Boston Teaching Hospitals**

Presented By:



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How to Reduce the Strain on Local Hospitals with Long-Term Care Mutual Aid Plans

We will review how a Long-Term Care Mutual Aid Plan can support its members and reduce the strain on your local hospitals. We will review the Massachusetts Long Term Care Mutual Aid Plan (MassMAP), a collaborative initiative designed to enhance disaster preparedness and response among long-term care facilities in Massachusetts, with the support of our partners.



What is the Conference of Boston Teaching Hospitals (COBTH)

COBTH Mission Statement:

The Conference of Boston Teaching Hospitals is a non-profit organization dedicated to supporting the full mission of Boston's teaching hospitals:

- Providing world-renowned clinical care,
- Training the next generation of physicians, nurses, and other health care professionals,
- Discovering and advancing new treatments and cures, and
- Responding to the public health needs of our community.

Emergency Management Mission Statement:

The mission of COBTH Emergency Management is to strengthen the resilience, coordination, and preparedness of Boston's teaching hospitals through collaborative planning, training, and response. We work to ensure a unified and effective healthcare response to emergencies and disasters by fostering partnerships among hospitals, public health agencies, and public safety partners. Through leadership, information sharing, and regional coordination, COBTH Emergency Management enhances the collective capability of the healthcare system to protect patients, staff, and the community before, during, and after emergencies.

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COBTH Emergency Management Committee

Emergency Management Committee Mission Statement:

The Conference of Boston Teaching Hospitals (COBTH) Emergency Management Committee strengthens hospital preparedness by assessing capabilities and vulnerabilities, fostering collaboration, and addressing identified gaps through deliverable-based projects. The Emergency Management Committee promotes consistent communication and coordinated emergency planning among COBTH hospitals and partner organizations to enhance resilience and ensure effective response to emergencies.



COBTH Emergency Management Committee & Partners



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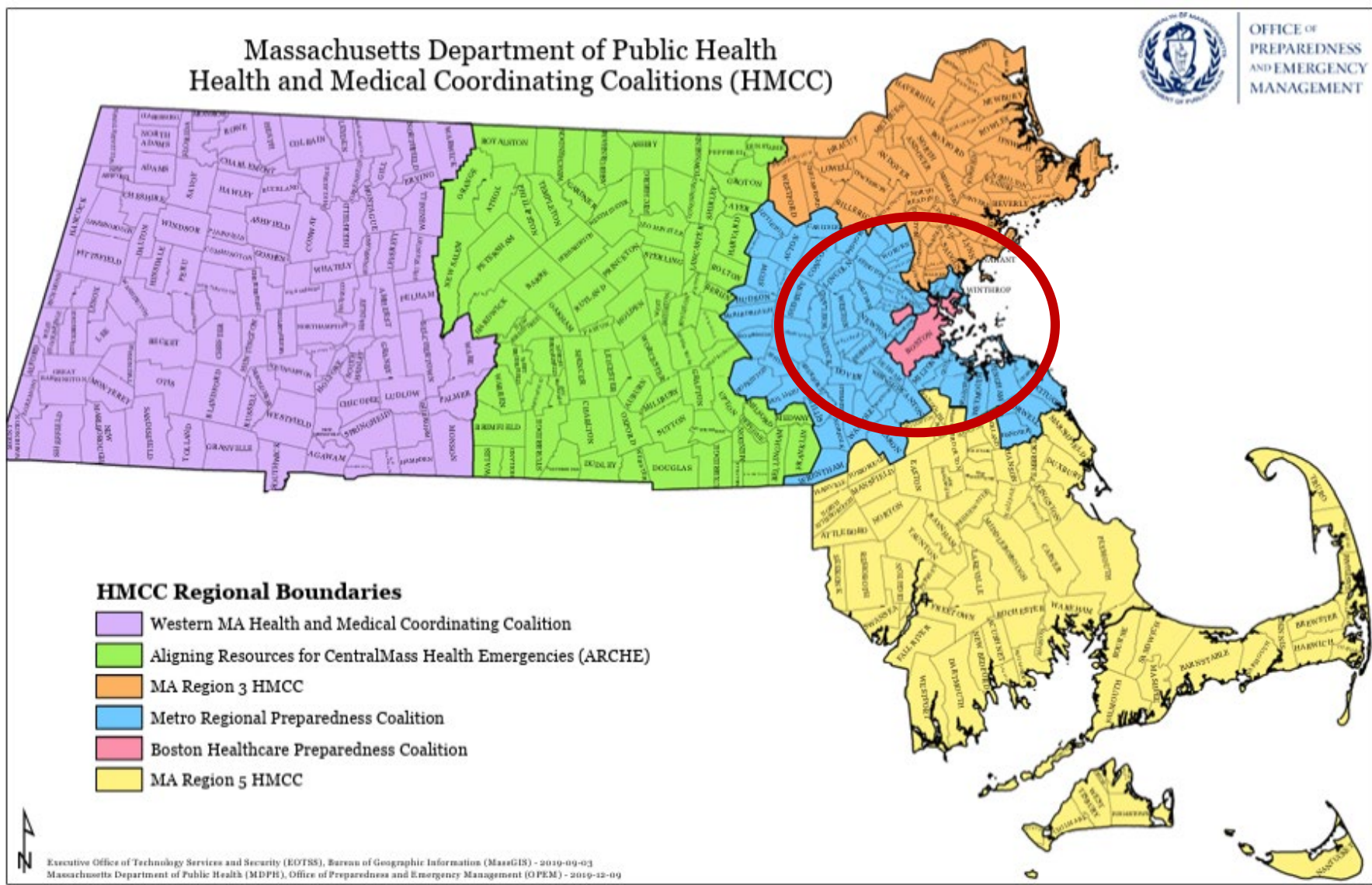


COBTH – Hospital Preparedness and Emergency Management

- Regional Coordination & Planning – Lead healthcare preparedness across Region 4C through unified planning with hospitals, public health, and emergency services.
- Training & Exercises – Develop and deliver training and exercises to strengthen hospital readiness and meet regulatory requirements.
- Emergency Response – Coordinate hospital communication, resource sharing, situational awareness, capacity management, patient tracking, and overall regional response during incidents and planned events.
- Grant & Resource Management – Administer HPP funding and maintain regional assets to enhance system resilience and interoperability.
- Leadership & Advocacy – Represent hospitals in regional forums and promote policies that sustain healthcare preparedness and response.
- COBTH supports MassMAP with the identification of bed availability for the higher-level acuity (Ventilator Dependent Residents) during an evacuation.



COBTH Area of Responsibility



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COBTH Emergency Response

Situational Awareness & Intelligence – Emergency Notification, WhatsApp, Email, etc.

- Can push out information for your hospital to all other Hospital Emergency Departments, Emergency Management, Boston Emergency Medical Services, Boston Public Health Commission, and DPH if needed
- Situational awareness statements around planned events, weather, ongoing issues, and emergency situations are created by COBTH

Boston Medical Intelligence Center Healthcare System Branch Director:

- Patient Tracking
- Large Incident Coordination
- Interface with Boston Safety and other City Services

Coordination with Public Health:

- Liaison with the Massachusetts Department of Public Health and Boston Public Health Commission



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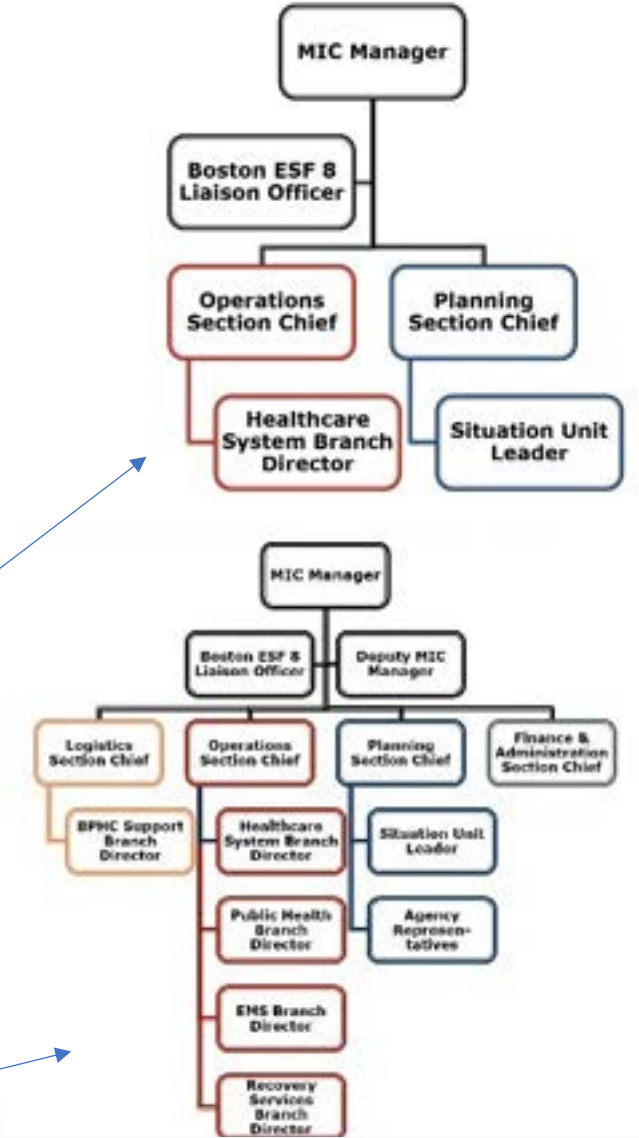


COBTH Emergency Response

Impact	Rationale	Examples	Communications Pathway	Responsibility
Level 1 - Steady State Monitoring	An event or issue is occurring at a single facility but does not impact the broader healthcare coalition or regional operations. <i>No regional alert or coordination is necessary, but awareness and/or internal protocols may be activated.</i>	Emergency managers are made aware of an event occurring (fire, police presence, traffic build up) that would impact hospital operations. A digital system (Zoom, etc.) issue at a facility that could be disruptive to facility operations.	At the discretion of the facility, emergency managers may communicate the information via WhatsApp. Optional: Communication to COBTH Duty Officer with additional information.	Facility Emergency Manager
Level 2 - Enhanced Monitoring & Coordination	Potential for disruption is present but limited. Situational awareness is heightened, and partners may be advised to stay alert. Notification may be informational only.	A power outage affecting one hospital's systems, managed locally. National Weather Service issues a watch for severe thunderstorms in the region. A local event (e.g., marathon or parade) may impact access routes to hospitals.	WhatsApp to coalition group to flag the situation. COBTH Duty Officer may email to all coalition emergency managers for situations with more detail (weather advisories, local event situational briefs, etc.). If an event escalates, transition to ENS will be communicated to the coalition.	COBTH Duty Officer
Level 3 - Partial Activation	An incident is developing or occurring that could impact regional healthcare operations. Partial activation of emergency communications is needed, and some coordination may be required.	A cyberattack on a hospital IT system in the coalition prompts alerts to assess system vulnerabilities across facilities. Bomb threat or active shooter lockdown at one hospital requires situational awareness across the coalition.	ENS notification to coalition members with incident summary and recommended actions. Email formal notification with detailed incident summary, attachments (e.g., SITREP, IAP).	COBTH Duty Officer
Level 4 - Full Activation	A significant incident is impacting or expected to impact multiple facilities or the healthcare system at large. Full activation of the emergency notification system is required, with real-time coordination, resource sharing, and situational reporting.	A mass casualty incident (e.g., bus crash with multiple injuries) in the region triggers hospital surge protocols. A hazmat incident (e.g., chemical plant explosion) results in large-scale exposure and a surge of contaminated patients across several hospitals.	ENS notification to all coalition contacts —marked as "Urgent" with ongoing updates (e.g., facility status, resource needs). Email SITREPs, planning documents, resource tracking forms, situation updates.	COBTH Duty Officer

COBTH Response

Regional (MIC) Response



COBTH & MassMap Responses

Year	Event	Location	Actions Taken	Results
2022	Evacuation (Internal Flooding)	Hingham	COBTH & BPHC provided information to hospitals and healthcare organizations. MassMap placed patients.	Patients moved to other long term care facilities, no hospital transports.
2022	Snow Storm Response		BPHC & COBTH Worked to gather impact details due to snow event in conjunction with MassMap reporting	No facilities evacuated. No patients transported to hospitals.
2022	Internal Flooding	Braintree Manor	COBTH & BPHC provided information to hospitals and healthcare organizations. MassMap placed patients.	Patients moved to other long term care facilities, no hospital transports.
2023	Internal Flooding	Oceanside	COBTH & BPHC monitored the situation, no messaging sent due to out of region incident. MassMap placed patients once system was activated.	Multiple EMS Transports to Hospitals – Able to decant to nursing facilities once system was activated.
2023	Winter Storm		BPHC & COBTH Worked to gather impact details due to snow event in conjunction with MassMap reporting	No facilities evacuated. No patients transported to hospitals.
2023	External Flooding	Manor on the Hill and Leominster Manor	COBTH & BPHC monitored the situation, no messaging sent due to out of region incident. MassMap placed patients.	Patients moved to other long term care facilities, no hospital transports.
2025	HVAC Failure	Bourn Manor	COBTH & BPHC monitored the situation, no messaging sent due to out of region incident. MassMap placed patients once system was activated.	Multiple EMS Transports to Hospitals – Able to decant to nursing facilities once system was activated.
2025	Power Outage & Generator Failure	New Bridge on the Charles	COBTH worked with MassMap to get in touch with commercial power supplier and prioritize restoration services.	No patients evacuated. No hospital transports.

- Limited Need for Hospital Transport
- Clear and Accessible Situational Awareness
- Coordinated Multi-Regional Response
- Limited impact to patient care and the healthcare system

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What is the Massachusetts Long-Term Care Mutual Aid Plan (MassMAP)

Like mutual aid between police or fire departments, the Plan allows Long-Term Care (Nursing Homes, Assisted Living, and Rest Homes) to assist each other in times of emergency.

- Reduces impact on community emergency services.
- Reduces impact on hospitals (no need to evacuate to the hospitals when that level of care is not necessary).
- Reduces impact on residents and their families.



What is MassMAP

Why Are We Successful?

- MassMAP Member Facilities: **594**
 - 339 Nursing Homes
 - 223 Assisted Living Communities
 - 32 Residential Care Facilities



What is MassMAP

The Stakeholders:

- Department of Public Health
- Executive Office of Aging & Independence (AGE)
 - Regulatory body for Assisted Living
- Hospitals
- Long Term Care Associations:
 - Mass Senior Care
 - Mass Assisted Living
 - Leading Age
- EMS Fire/Private Providers
- State/City/Town Emergency Management
- Healthcare Coalitions



What is MassMAP

How Does MassMAP Offer Support

- Identifies the needs of Supplies & Equipment to mitigate an evacuation
- Assist with the transportation of supplies/staff/equipment, and residents who are relocated
- Provide staffing support
- Place and track evacuated residents



What is MassMAP

Plan Objectives and Scope

- Identifies the needs of Supplies & Equipment to mitigate an evacuation
- Voluntary Agreement – assist in time of disaster
- Annex to the comprehensive Emergency Management Plan for municipalities



What is MassMAP

Scenario-Based Focused

- The plan is based on three methodologies:
 - **Scenario 1:**
 - Shelter in place
 - Evacuation
 - **Scenario 2:**
 - Single Facility / Local or Area-Wide Incident (ice storm, hurricane)
 - **Scenario 3:**
 - Multiple Facilities / Statewide or Regional Incident



What is MassMAP

Member Responsibility

- Complete Emergency Reporting
- Attend annual Emergency Management Conference
- Participate in annual Full-Scale Exercise
- Use Plan Forms for Resident Tracking
- Complete Categories of Care updates annually



What is MassMAP

Resident Accepting Facility Requirements

- Complete Emergency Reporting
- Complete the Influx of Residents Log as evacuated residents arrive
- Confirm receipt of residents with Disaster Struck Facility (DSF)
 - **CLOSE THE LOOP**
- Residents to be returned to the DSF (Don't pull out the fine china)
- Communications with the Families and Physicians of the resident from the DSF



What is MassMAP

Communications

- Mass DPH Health & Human Alert Network System (HHAN):
 - Email
 - Text
 - Phone
- Mutual Aid Plan Notification:
 - Monthly Resource Officer notification updates
- Full Communication Failure:
 - Bring Situation Status Report to the local hospital, fire station, police department, or local EOC (local Emergency Manager provides this counsel)



What is MassMAP

Vendor Support For Supplies, Equipment

- 1st Request facility Vendors
- 2nd MassMAP Vendors (1,200 Vendors in the system)
- 3rd Working with local Emergency Manager
- 4th Other facility in the region or outside of the region



What is MassMAP

Memorandum of Understanding (MOU)

- Memorandum of Understanding (MOU) – signed by all LTC-MAP Member Facilities / Communities
- General Principles of Understanding
- Process for addressing the sharing of supplies, equipment, pharmaceuticals, transportation, and staff
- Provides resident transfer agreements with all LTC-MAP members (SNF & AL)
- **Payer Process: No discharge / no admit, 30-day sheltering process**



What is MassMAP

Plan Forms

- Resident Emergency Evacuation Form
- Resident Medical Record/Staff and Equipment Tracking Form
- Influx of Resident Log



What is MassMAP

Resident Emergency Evacuation Form

RESIDENT EMERGENCY EVACUATION FORM

(Barcode Label/Triage Tag – All 3 Copies)

Triage Tag Number: _____

Sending Facility: _____
Address: _____
Contact Name: _____ Title: _____
Tel (____) _____

Receiving Facility: _____
Address: _____
Confirmed Sending with: _____
Name: _____ Title: _____
Tel (____) _____ Date/Time Called: _____

Transport Via: ☐ ALS ☐ BLS ☐ Wheelchair Van ☐ Bus/Van

Resident Name (last, first, middle initial): _____ ☐ Photo
DOB: ____/____/____ Sex: ☐ M ☐ F
Language: ☐ English ☐ Other _____
Alternate Communication: _____
Date Admitted (most recent): ____/____/____

Contact Person: _____
Relationship (check all that apply): ☐ Relative ☐ Health care proxy ☐ Guardian ☐ Other
Tel (____) _____
Notified of transfer? ☐ Yes ☐ No
Aware of clinical situation? ☐ Yes ☐ No

Primary Care Clinician in Nursing Home / Pharmacy
☐ MD ☐ NP ☐ PA
Name: _____
Tel (____) _____
Facility Pharmacy: _____
Tel (____) _____

Critical Diagnosis: _____ Treatments: _____

Code Status: ☐ Full Code ☐ DNR ☐ DNR ☐ DNR ☐ Comfort Care Only ☐ Uncertain ☐ Other (attach advanced directives or DNR)

Medications ☐ MAR Attached

DRUG, STRENGTH, MODE	FREQUENCY	LAST GIVEN	DRUG, STRENGTH, MODE	FREQUENCY	LAST GIVEN
1.			5.		
2.			6.		
3.			7.		
4.			8.		

Key Clinical Information:
Relevant diagnoses: ☐ CHF ☐ COPD ☐ CRF ☐ DM ☐ CA: _____ ☐ Other: _____
Vital Signs: BP: _____ HR: _____ RR: _____ Temp: _____ O2 Sat: _____ Time taken (am/pm): _____
Most recent pain level: _____ (if N/A) Pain location: _____
Most recent pain med: _____ Date given: ____/____/____ Time: (am/pm) _____

Usual Mental Status: ☐ Dementia
☐ Alert, oriented, follows instructions
☐ Alert, disoriented, but can follow simple instructions
☐ Alert, disoriented, cannot follow simple instructions
☐ Not Alert

Behavior Problems / Safety Risk: ☐ None
☐ Elopement
☐ Verbally Aggressive
☐ Physically Aggressive / Harm to self or others
☐ 1:1 Supervision (Consider evac to Hospital)

Isolation Precautions: ☐ None
☐ MRSA ☐ VRE Site: _____
☐ C. difficile ☐ Norovirus
☐ Respiratory virus or flu ☐ Private Room Required
☐ Other: _____

Devices and Treatments:
☐ O2 Rate: _____ L/min ☐ Nasal Cannula ☐ Mask (☐ Chronic ☐ New)
☐ Maintain O2 Sat. above: _____ ☐ Nebulizer therapy (☐ Chronic ☐ New)
☐ CPAP Settings: _____ ☐ BiPAP settings: _____
☐ Pacemaker ☐ IV (Access Type: _____) ☐ PACE line
☐ Bladder (Foley) Catheter (☐ Chronic ☐ New) ☐ Internal Defibrillator
☐ Ostomy ☐ Speaking Valve ☐ Dialysis ☐ HEMO ☐ Peritoneal
☐ Trach size: _____ Sx: _____ Frequency: _____
☐ Vent Settings: _____ ☐ Other: _____

Risk Alerts:
☐ Allergies (food/meds): _____
☐ Anticoagulation ☐ Falls ☐ Seizures ☐ Limited / non-weight bearing (☐ L ☐ R)
☐ Swallowing / Aspiration precautions ☐ Needs meds crushed
☐ Skin / wound care: _____ ☐ Needs special mattress
☐ Pressure ulcers (stage, location, appearance, treatment): _____
☐ Other: _____

Diet:
☐ Diabetic: Last Insulin _____ Last Meal _____ ☐ Regular Diet
☐ Religious Restrictions: _____
☐ Thickened Liquids Consistency: _____ ☐ Meal Assist
☐ NPO ☐ Modified Diet ☐ Meal Assist
☐ Enteral Feeding or TPN Type _____ Rate _____ Daily amount _____
Other: _____

ADLs (☐ Independent ☐ Dependent A = Needs Assistance)
☐ Bathing ☐ ☐ ☐ ☐ Can ambulate independently
☐ Dressing ☐ ☐ ☐ ☐ Assistive device: _____
☐ Toileting ☐ ☐ ☐ ☐ Needs human assistance to ambulate
☐ Incontinence: _____ ☐ Partial assist ☐ Total assist
☐ Bladder ☐ Bowel ☐ Visually Imp / Blind ☐ Service Animal ☐ Deaf

Attachments:
☐ Face Sheet ☐ MAR ☐ TAR (treatments) ☐ POS (doctor's orders) ☐ Pertinent Labs
☐ Surgical Reports ☐ Copy of Signed DNR Order ☐ Original DNR ☐ Advance Directives
☐ Skin Guide ☐ Other _____ ☐ X-rays, EKGs, scans

Personal Belongings Sent With Resident:
☐ Eyeglasses ☐ Contact Lenses ☐ Hearing Aid: L / R
☐ Dentures: U / L ☐ Jewelry ☐ Other: _____

Form Completed By (name/role): _____ Signature: _____
Report Called In By (name/role): _____ Date: ____/____/____ Time (am/pm): _____
Report Called In To (name/role): _____

Top Copy: Receiving Facility Middle Copy: EMS / Transportation Bottom Copy: Resident Health Facility

Additional Relevant Information: _____

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What is MassMAP

Resident Medical Record/ Staff & Equipment Tracking Form

RESIDENT/MEDICAL RECORD/STAFF/EQUIPMENT TRACKING SHEET

THIS PORTION TO BE COMPLETED BY EVACUATING/SENDING FACILITY

Sending Facility: _____
Contact Person: _____
Tel () _____ Fax () _____

Receiving Facility: _____
Contact Person: _____
Tel () _____ Date/Time Called: _____

Resident	Contact Information <small>(Note Date & Time Contacted)</small>	Sent with Resident <small>(Check all that apply)</small>	EMS or Bus Company <small>Name & Vehicle ID</small>	Time Vehicle Departed	Time Arrived/Left Stop Over Point	Time/Date Arrived <small>RECEIVING FACILITY TO COMPLETE</small>
Name: _____ MR or Tracking #: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ____/____/____	Family Contact: _____ Tel () _____ Date/Time: _____ Physician: _____ Tel () _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			A: L:	
Name: _____ MR or Tracking #: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ____/____/____	Family Contact: _____ Tel () _____ Date/Time: _____ Physician: _____ Tel () _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			A: L:	
Name: _____ MR or Tracking #: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ____/____/____	Family Contact: _____ Tel () _____ Date/Time: _____ Physician: _____ Tel () _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			A: L:	
Name: _____ MR or Tracking #: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ____/____/____	Family Contact: _____ Tel () _____ Date/Time: _____ Physician: _____ Tel () _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			A: L:	
Name: _____ MR or Tracking #: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ____/____/____	Family Contact: _____ Tel () _____ Date/Time: _____ Physician: _____ Tel () _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			A: L:	

Special Notes: _____

THIS PORTION TO BE COMPLETED BY RECEIVING FACILITY

INSTRUCTIONS: COMPLETE THIS BOX, THE FINAL COLUMN ABOVE, AND THE INFLUX OF RESIDENTS LOG.

Receiving Facility Name: _____ City: _____ State: _____

Person Completing Form: _____ Time Completed: _____

Did you communicate receipt of resident with the LTC Coordinating Center or Disaster Struck (Sending) Facility? ☐ Yes ☐ No (If no, please do so now)

Print Name of Primary Contact: _____ Phone: _____ Fax: _____

Top Copy - Receiving Facility Middle Copy - EMS / Transportation Bottom Copy - Disaster Struck Facility Fax Copy to LTC Coordinating Center

Page ____ of ____

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What is MassMAP

Long Term Care (LTC) Coordinating Center

- Three LTC Coordinating Centers across the Commonwealth
- LTC Coordinating Center Responders:
 - “Air Traffic Control”
- Support a Plan member in need of assistance by coordinating supplies, equipment, staffing and supporting a facility evacuation by finding appropriate open beds, available transportation resources and tracking all patient movement.
- Maintain 100% accountability for all facilities (all facilities contacted) if they are experiencing operational issues.



What is MassMAP

Long Term Care (LTC) Coordinating Centers

Onsite Team Response:

- Multiple Facility Evacuations
- Large weather events that could have a widespread impact
- Request by our partners (DPH, MEMA, COBTH)
- On-site response is supported by a remote team

Remote Team Response:

- Single Facility Response
- Operational Response for a weather event:
 - Hurricane
 - Tornado
 - Blizzard
 - Large Scale Power Outages



What is MassMAP

Long Term Care (LTC) Coordinating Center Objectives

- Are fluent in the use of the MassMAP website, specifically in the use of the Emergency Reporting Dashboard and development of Operational Summary Reports for community partners.

Training:

- The Response Team will train three times per year.

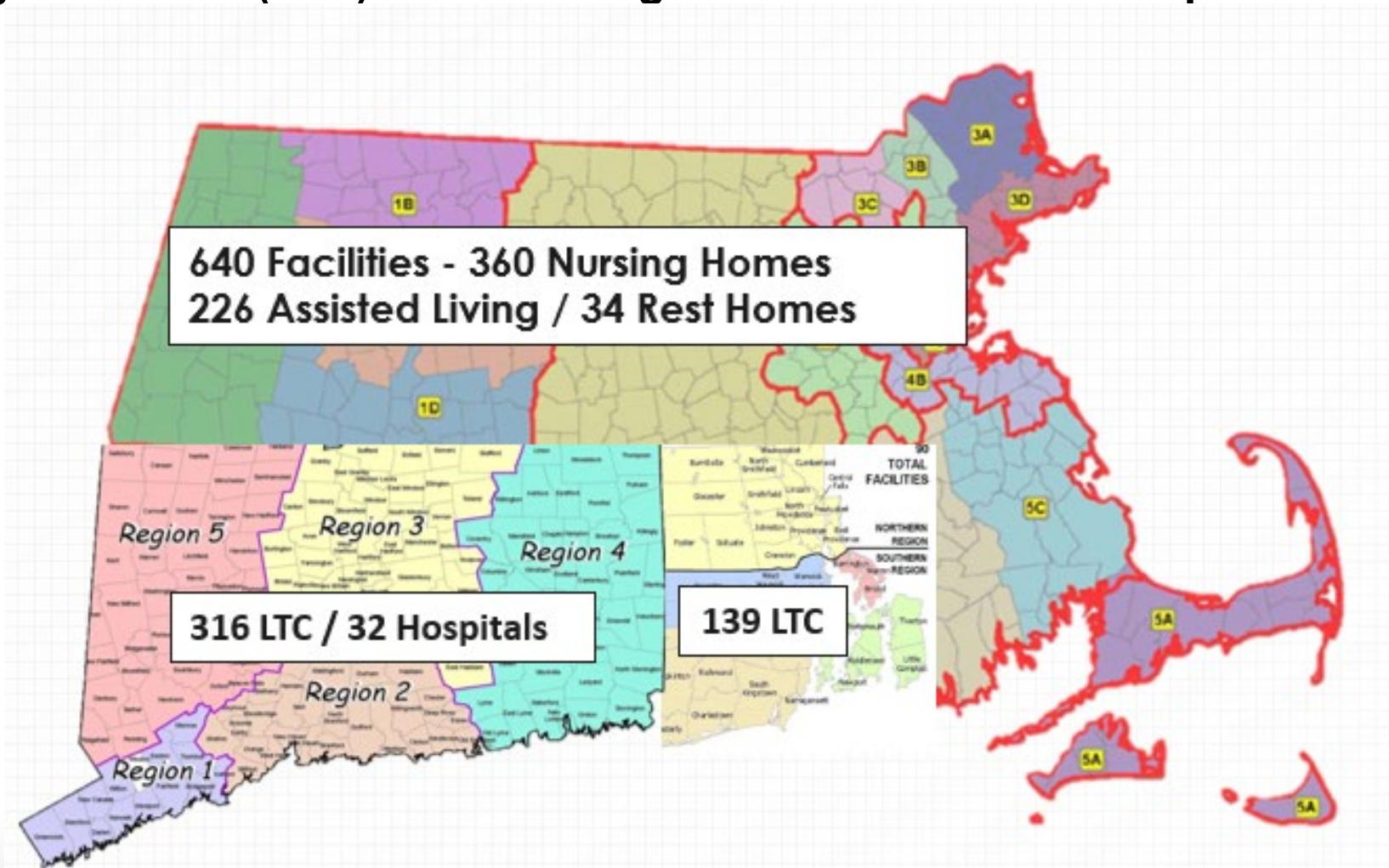
Exercise/Test:

- Exercise during the annual full-scale exercise. Attendance is required for 2 of the 3 training sessions and mandatory for the annual full-scale exercise.



What is MassMAP

Long Term Care (LTC) Coordinating Center Cross-State Response



What is MassMAP

Long Term Care (LTC) Coordinating Center Cross-State Response

- There are LTC Mutual Aid Plans in Massachusetts, Connecticut, Rhode Island, and Upstate New York.
- All Plans use a system called ProtectAdvisr Healthcare Coalition to:
 - Enter Planning Data:
 - Facility Demographics
 - Contacts
 - Generator Information
 - Hazard Vulnerability Assessment
 - Receiving Facilities:
 - Stop Over Points
 - Evacuation Sites
 - Vehicle Needs for Evacuation
 - Categories of Care



What is MassMAP

Long Term Care (LTC) Coordinating Center Cross-State Response

- The other key focus of this system is the ability to rapidly identify:
 - Open beds for:
 - **Nursing Homes** that identify:
 - Male / Female
 - Specialty Open Beds
 - Secure Dementia Beds
 - Vent Dependent
 - **Assisted Living:**
 - Open Apartments:
 - Furnished
 - Unfurnished
 - Specialty Open Apartments:
 - Memory Care



Case Study

August 2024 3:00 PM

- Nursing Home in Massachusetts
- Severe Thunderstorm with Flash Flooding. The roof was being repaired and was partially open. Significant damage to multiple resident rooms, the nursing station, and the Electrical Room was comprised.
- Evacuation of 78 Residents



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MassMAP Response

Notifications via the HHAN

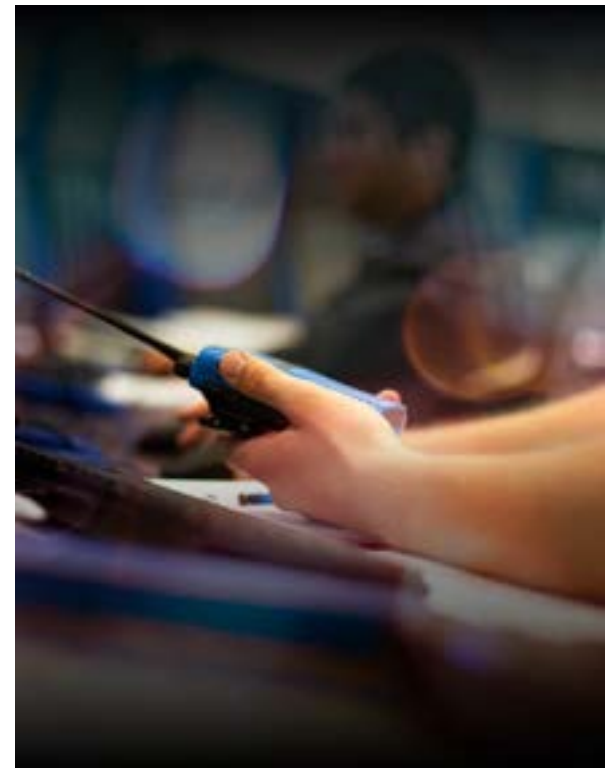
- All MassMAP Members in Region 4 with a request to conduct Emergency Reporting
- The following partners were notified:
 - DPH
 - COBTH
 - Health Medical Coordinating Coalitions (4ab & 4c)



MassMAP Response

LTC Coordinating Center Response

- Four Responders reported to the LTC Coordination Center in Boston
- Communication with the facility Administrator
- Identified their:
 - Operational Issues
 - The number of residents who needed to be evacuated
 - What transportation resources were needed
 - How were residents being tracked, and were the Plan forms in use
- Conducted a conference call with regional plan members to provide an update



MassMAP Response

Facilities Reporting Status Aggregate for this Evacuation

- Identified the following in 45 Minutes. **HOW??????????????**
 - **Nursing Homes Beds:**
 - 419 Male Beds
 - 573 Female Beds
 - 443 Either
 - Specialty Open Bed:
 - 88 Secure Dementia Beds
 - 0 Vent Dependent
 - **Available Transportation:**
 - 44 Wheelchair Vans
 - 22 Transport Vans
 - 3 Transport Bus



Case Study

Response (Plan Members Report Their Status)



Apps > App Selection

Email Support | Help Guides | Jim Garrow

Apps Available for Me



Health Care Coalitions














Alerts

Important alerts and notifications can be posted here by your organization.

Important Documents


ProtectAdvisr Data Central ?


 Facilities	 Contacts	 Vendors
 Documents	 Users	 Alerts
 Assets	 Asset Types	 Notifications


ProtectAdvisr™ by Jensen Hughes

Case Study

Response (Plan Members Report Their Status)

PROTECTADVISE
HEALTH CARE COALITION

 1 Active Event

MassMAP

Apps

Health Care Coalition

Report Status


All-Hazards Planning


Reports


Document Library


Apps > Health Care Coalition > Home


Quick


Report Status


Active Events

Important Messages


Resource Officer Contact Info

Contact Mass SeniorCare

Send Broadcast Notification


 ProtectAdvise sends important notifications from these addresses:
notifications@protectadvise.com and support@protectadvise.com
Please be sure these addresses are whitelisted by your organization and/or check your Junk folder.

Important Documents (3)

 2025 MassMAP Facility After-Action Report/Improvement Plan

Work with a Facility



Search



1 to 1 of 1 Rows


First1Last

Rows100

Facility Name	City, State	Region	
**DEMO MassMAP Facility User	Brockton, MA	5	 

Case Study

Response (Plan Members Report Their Status)



1 Active Event

MassMAP

JH Admin

Apps

Health Care Coalition

Report Status

Reporting Dashboard

Hospital Capacity

Event Manager

Questionnaire Manager

All-Hazards Planning

Reports

Document Library

Administration

Apps > Health Care Coalition > Report Status

Email Support | Help Guides | J

Report Status

**DEMO MassMAP Facility User

5 Reports P

Generate Confirmation | Change Locations |

Census + Beds

Long-Term Care Census

PLEASE UPDATE

Operations + Infrastructure

Facility Operating Status

Power

PLEASE UPDATE

Generator Assessment

Infrastructure & Utilities

IT & Communications

Safety & Security

Clinical Operations

Case Study

Response (Plan Members Report Their Status)

Staffing + Resources



Staffing



Resources

Transportation



Vehicles Available to Lend

PLEASE UPDATE



Transport Needs for Evacuation

Questionnaires



Jensen Hughes Consultant Onsite for Exercises

PLEASE UPDATE



Case Study

Response (Open Bed Identification)



JH Admin

Apps

Health Care Coalition

Report Status

Reporting Dashboard

Hospital Capacity

Event Manager

Questionnaire Manager

All-Hazards Planning

Reports

Document Library

Administration

[Apps](#) > [Health Care Coalition](#) > [Report Status](#)

[Email Support](#) | [Help Guides](#) | [James Garrow](#)

Report Status

****DEMO MassMAP Facility User**

Long-Term Care Census

Cancel

Save

	Facility Type	Current Census	Open Beds Male	Open Beds Female	Open Beds Either	Open Beds Secured Dementia	Open Beds Vent	Notes
1	Skilled Nursing	100	4	4	8	2	0	

	Facility Type	Current Census	Open Apartments Furnished	Open Apartments Unfurnished	Open Apartments Memory Care	Notes
1	Assisted Living	125	3	1	0	

Case Study

Response (Open Bed Identification)

Reporting Dashboard

Regions: 5Auto-Refresh: ON

Filters

Events: 2025 MassMAP Annual Full-Scale Exercise - ...

Time Window: 10/6/2025 10:30 AM EDT thru 10/26/2025 EDT

Facility Types: Skilled Nursing

Overview

Operations + Infrastructure

Staffing + Resources

Census + Beds

Transportation

Questionnaires

Filters

Search

LTC Beds by Facility

Reports

Show Facilities

All

Reporting Any Beds

Not Reporting Beds

Bed Report Overdue

1 to 15 of 66 Rows


First12345Last


Rows15


	DSF Direct Distance (mi)	Facility Name Bed Type Reported	Region	Clinical Status	Current Census	ALL Open Beds				Specialty Open Beds		Notes	Last Bed Update		
						Total	Male	Female	Either	Dementia Secured	Vent Dependent				
				Totals	7604	449	173	153	123	44	0				
1	DSF	**DEMO MassMAP Facility User	5	-	90	15	5	5	5	1	-		16d		
2	1.47	St. Joseph Manor Health Care, Inc.	5	20d	107	11	4	4	3	4	-		20d		
3	1.65	The Guardian Healthcare Center	5	16d	114	-	-	-	-	-	-		16d		
4	1.66	Champion Rehabilitation and Nursing Center	5	16d	109	-	-	-	-	-	-		16d		
5	1.71	Alliance Health at West Acres	5	17d	117	13	2	11	-	-	-		17d		
	1.85	Brockton Post Acute Care	5	16d	158	11	4	4	3	-	-		16d		


Case Study


Response (Vehicles Available To Lend Identification)





 1 Active Event


MassMAP


 JH Admin


 Apps


 Health Care Coalition


 Report Status


 Reporting Dashboard


 Hospital Capacity


 Event Manager

 Questionnaire Manager


 All-Hazards Planning

 Reports

 Document Library

 Administration

**DEMO MassMAP Facility User

 5 Reports Remaining

 Vehicles Available to Lend ?

CancelSave

4 Total Available Vehicles

Shuttle Bus

1

Shuttle Bus (Wheelchair Capable)

2

Van

0

Van (Wheelchair Capable)

1

How many drivers can you send?

1

What time would you be able to send the vehicles to the DSF?











































Additional Information / Notes

Shuttle Bus Capacity 12, Shuttle Bus with Wheelchair 8 Passanger 2 Wheelchairs.
1 Van with 2 Wheelchair and 4 passangers

Case Study

Response (Open Bed Identification)

DSF Direct Distance (mi)	Facility Name	Region Name	Total Vehicles	Total Drivers	WHEELCHAIR CAPABLE		NON-WHEELCHAIR CAPABLE		Driver Departure Time	Notes	Last Update	
					Shuttle Bus Wheelchair Capable	Van Wheelchair Capable	Shuttle Bus	Van				
		Totals	16	11	4	8	3	1				
 DSF	**DEMO MassMAP Facility User	5	—								 -	  
1.65 	The Guardian Healthcare Center	5	1			1					 17d	  
11.86 	Alliance Health at Doolittle	5	1	1		1			10/6/2025 11:30 AM EDT		 20d	  
13.08 	Marian Manor Of Taunton	5	2	1	1		1				 20d	  
17.42 	Madonna Manor	5	1	1	1				10/9/2025 3:15 PM EDT		 17d	  
24.66 	Catholic Memorial Home	5	1	2	1						 17d	  
31.63 	Brandon Woods Of New Bedford	5	5	1	1	1	2	1	10/23/2025 10:19 AM EDT		 3d	  
	Brandon								10/9/2025 5:00 PM			  

Case Study

Positive Actions of Case Study

- All residents evacuated to other Nursing Homes (like-for-like care)
- **No Hospitals** received any residents from this evacuation
- The LTC Coordinating Center supported the Evacuating Facility by:
 - Beds and Transportation Resources identified within 45 Minutes
 - Tracked all resident movement from the Disaster Struck Facility to the Receiving Facilities using the Plan forms
 - All residents arrived safely, with Medications and Medical Records



Case Study

Lessons Learned from the Case Study

- Communication Issues:
 - The fire department Incident Commander struggled to find the number of the MassMAP Resource Officer.
 - We now have it on the website
 - Provided a one-pager on how to contact the MassMAP Resource Officer and provided it to all the Fire Chiefs and Emergency Managers in the Commonwealth
 - The conference call system was being blocked by many member “firewalls”.
 - Switched to the TEAMS Platform.



Benefits of a Long-Term Care Mutual Aid Plan

- **For the Members:**
 - Promotes safety and continuity of care.
 - i.e., Categories of Care
 - Enables the sharing of supplies, staff, and evacuation support between Plan members
 - Supports CMS Emergency Preparedness compliance
 - Provides annually:
 - Emergency Management Conference with a Tabletop Exercise
 - Full Scale Exercise



Benefits of a Long-Term Care Mutual Aid Plan

- For our Partners:
 - Promotes safety and continuity of care
 - Shared supplies and equipment (PPE COVID)
 - Coordinated emergency response and communication
 - Strengthens partnerships with Hospitals and Public Health
 - Enable faster recovery



Questions?

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Thank you !



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Strengthening Coalitions Lies Deep in the Heart of Collaboration



Presented By:



Strengthening Public Health Preparedness: Integrating Urgent Care into Healthcare Coalitions

A Collaborative Model Between NERUCA, NYC DOHMH, & NYC HCC

Speakers

John Kulin, DO, FACEP, FCUCM

Chair, Public Health Committee, NERUCA

Samantha Burke, CPXP

Administrative Director, NERUCA

Tamer Hadi, MS

Assistant Commissioner, Bureau of Healthcare & Community Readiness, NYC DOHMH

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Agenda

1. Welcome & Introduction
2. Urgent Care's Role in Emergency Preparedness – Dr. Kulin
3. Case Studies & Innovations from Coalition Collaboration – Samantha
4. Public Health Perspective: Why DOH Integrates Urgent Care – Tamer
5. Panel Q&A
6. Closing & Takeaways



Why This Conversation Matters

- Public health emergencies require **every part of the healthcare system**.
- Urgent care centers are an **underleveraged but critical** component of community resilience.
- This session shares how NERUCA, NYC DOH, and NYC HCC created a **first-of-its-kind collaboration model**.
- We'll highlight
 - How urgent care fills preparedness and response gaps
 - Real-world initiatives in coalition-based emergency readiness
 - Public health perspective on integrating nontraditional partners
 - Replicable strategies for coalitions across the country





Strengthening Coalitions Lies Deep in the Heart of Collaboration

Bridging the Gaps: Urgent Care as a Critical Partner for Emergency Preparedness

Presented by: John Kulin, DO

Presented By:



MESH

NERUCA

NORTH EAST REGIONAL URGENT CARE ASSOCIATION

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Why Urgent Care Matters to Public Health & Preparedness

- 10,000+ urgent care centers nationally
- Community's "front door"
- Extended hours, walk-in access, low-acuity decompression for EDs
- Community-based footprint ideal for:
 - Rapid point-of-care testing
 - Outbreak detection
 - Workforce redeployment
 - Surge flexing
 - Communication distribution
- Underutilized in coalition preparedness despite capacity



Lessons From Real Emergencies

- COVID-19 pandemic and infectious disease outbreaks
- Natural disasters
- Humanitarian migrant crisis
- Power / infrastructure disruptions



How Urgent Care Fit into NYC HCC

- Our “entry point” into coalition work:
 - NYC DOH partnership through grant-funded projects
 - Early disaster preparedness discussions
 - Formation of NERUCA’s Public Health Committee
- Why urgent care leadership pursued this:
 - Large community footprint
 - Need for centralized voice for UC health system readiness
 - Desire for consistent guidance and stronger links to DOH + coalitions



What Coalitions Gain from Integrating Urgent Care

- Early “situational awareness”
- Real-time on-the-ground data
- Access to populations underserved by traditional hospitals
- Operational adaptability during crises
- Faster public health dissemination across communities





Strengthening Coalitions Lies Deep in the Heart of Collaboration

Urgent Care in Action: Real-World Public Health Innovations Through Coalition Collaborations

Presented by: Samantha Burke

Presented By:



NORTH EAST REGIONAL URGENT CARE ASSOCIATION

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Why NERUCA Formed the Public Health Committee

- Significant gap in public health guidance for urgent care centers
- Need for standardization across 8 member states represented by NERUCA
- Increasing DOH inquiries into UC capacity, readiness, and reporting
- No existing national model for urgent care integrations into coalitions
- Opportunity to build a unified approach to public health + urgent care alignment



Disaster-Proofing Your Supply Chain

Case Studies of Collaborative Projects



Challenge / Gap

Pandemic + tariffs exposed supply chain vulnerabilities; UCs lacked continuity plans

- PPE shortages
- delayed shipments
- inconsistent vendors
- unstable pricing



Partners + Approach

1. NERUCA
2. NYC DOH
3. Supply Vendor

Delivered webinar on supply chain resilience, multi-vendor strategies, burn rates, forecasting, on-site stockpiles.



Outcomes

Reached hundreds of UCs throughout the NE region

- Adoption of diversified sourcing + continuity plans
- Strengthened system resource coordination



Lesson

Resilient supply chains = resilient care delivery

Supply chain resilience is preparedness: workflows collapse without supplies



**HPP: Capability 7:
Health Care Supply
Chain Preparedness**

#NHCPC25



Workplace Violence: Planning & Prevention

Case Studies of Collaborative Projects



Challenge / Gap

Rising incidents of workplace violence

Staff reported feeling unprepared to de-escalate situations

Limited access to tailored violence prevention education



Partners + Approach

1. NERUCA
2. NYC DOHMH
3. SME (Police)

Delivered webinar on:

- Risk identification
- Staff roles / situational awareness
- De-escalation
- Reporting



Outcomes

Reached hundreds of UCs in NE region

Improved staff awareness & confidence

Provided a standardized prevention framework



Lesson

Education is a force multiplier: scalable training fills systemwide gaps rapidly



HPP: Capability 1:
Healthcare System
Preparedness –
workforce readiness &
safety culture

#NHCP25



Emergency Preparedness Learning Session

Case Studies of Collaborative Projects



Challenge / Gap

UC staff needed applied, role-specific emergency preparedness practice – not just webinars



Partners + Approach

1. NERUCA
 2. NYC DOH
 3. EP SME
 4. Local UC
- On-site interactive session with scenarios, exercises, and role clarity
 - Retention quiz



Outcomes

- Increased staff confidence & knowledge
- Strong retention of emergency roles / protocols
- Model scalable for other UC sites



Lesson

Hands-on learning accelerates preparedness.



**HPP Capability 1:
Healthcare System
Preparedness**

#NHCPC25



Emergency Communications SMS Pilot

Case Studies of Collaborative Projects



Challenge / Gap

UCs lacked real-time communication pipelines for public health alerts during crises.



Partners + Approach

1. NERUCA
 2. Regional DOHs
 3. Regional UCs
- Designing SMS system to push DOH alerts, updates, and guidance to UC
 - Built infrastructure + contact network



Outcomes

- Established first UC SMS alerting system
- Strengthened DOH → UC communication
- Improved emergency readiness and situational awareness



Lesson

Real-time information sharing closes critical preparedness gaps

Timely information saves time – and time saves lives.



**HPP: Capability 6:
Information Sharing**

#NHCP25



Pediatric Readiness Checklist

Case Studies of Collaborative Projects



Challenge / Gap

Many UCs lacked consistent pediatric equipment, training, and emergency protocols



Partners + Approach

1. NERUCA
 2. NYC DOH
 3. Regional HCCs
 4. Pediatric SMEs
- Developed comprehensive checklist
 - Engaged UC & Pediatric leaders for iterative design



Outcomes

- Standardized pediatric readiness baseline for UCs
- Identified systemwide gaps & improved preparedness
- Strengthened alignment across UC, EDs, and public health



Lesson

When preparedness is defined, it becomes achievable



**HPP Capability 1:
Healthcare System
Preparedness**

#NHCPC25





Strengthening Coalitions Lies Deep in the Heart of Collaboration



Presented By:



Why Public Health Agencies Need Urgent Care: A Coalition Perspective

Presented by: Tamer Hadi



#NH CPC25

Healthcare Systems Readiness Team @ NYC DOHMH



Why NYC Health Dept Has Invested in Urgent Care

- Urgent care footprint across NYC is vast
 - *Often the first clinical touchpoint for residents*
 - *Play critical role in continuity of care when primary care may be disrupted.*
- Challenges identified during COVID-19 and Mpox responses
 - *Supply chain*
 - *IT infrastructure standards for reporting*
 - *Inability to communicate with the entire sector*
- Need to strengthen preparedness beyond hospitals
- **Bottom line:** Urgent care offers reach, speed, and accessibility unmatched by other settings



What Coalitions Gain by Integrating Urgent Care

1. Enhanced Situational Awareness

- Syndromic surveillance - additional signals/points of data
- Spatial clustering signals - working to get more onboard
- Trending before hospital surges

2. Expanded Surge Capacity

- ED offloading
- Reducing hospital strain
- Maintaining access during crises

3. Improved Communication Reach

- Hard-to-reach communities

4. Preparedness Consistency

- System-wide standards
- Alignment across all care settings



How NYC Health and NERUCA Collaborate

- Emergency preparedness projects
 - pediatric preparedness checklist
 - surveys to enable bidirectional feedback (e.g., pilot survey to find out locations with Rabies IGG vaccine)
 - communication pilots
- Shared public health alerts, training, and resources
- Coalition meetings and annual conference
- Aligning public health messaging for urgent care

SHARED GOAL

Strengthen community resilience through better coalition and ESF-8 integration



What Other Coalitions Can Replicate

- Start with small projects
- Engage urgent care leaders
- Identify a Health Dept + UC champion
- Include urgent care in emergency communication channels
- Treat urgent care as equal partners alongside hospitals
- Build frameworks that work for frontline clinicians, not just large systems





Strengthening Coalitions Lies Deep in the Heart of Collaboration



Presented By:



When Every Second Counts

Cross-Sector Fire Response for Community
Safety and Continuity

Jordyn Marchi, MPH
Kelly Echeverria, CEM, MCEM

#NHCP25

Learning Objectives

1. Define key strategies for ensuring patient safety and continuity of care during large-scale emergencies.
2. Evaluate how data-sharing platforms support coordination and medical needs during emergency response efforts.
3. Describe how multi-agency collaboration enhanced the evacuation and care efforts during the Davis Fire.



An Introduction to Us



IHCC

**Inter-Hospital
Coordinating Council**

Est. 1994



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Inter-Hospital Coordinating Council



Began as a partnership in 1985
Officially became a coalition in 1994



Partners include EMS/Fire, healthcare facilities,
school districts, emergency management, public
health, and law enforcement

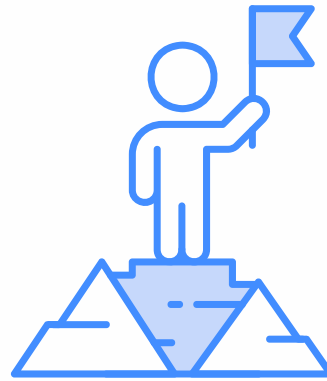


Purpose: Collaboration, allocation of resources,
information sharing, community resilience

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Washoe County Emergency Management



Began as other duties as assigned
Officially became a stand alone program in 2004



Whole Community Approach: EM includes partners from across the sectors of our community lifelines and beyond



Purpose: Information sharing, resource support, coordination, and communication in planning, organization, exercises, training, and equipment





Myth Buster

True or False:

Wildfires are rare in Washoe County, Nevada.

FACTS

VS

MYTHS

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Myth Buster



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Washoe County: Landscape & Fire Risk

- Northwestern Nevada, bordering California, and includes Reno, Sparks, and Lake Tahoe's North Shore
- Mountainous terrain, high desert valleys, and wildland-urban interface (WUI) zones
- Hot dry summers and strong seasonal winds
- Drought and rugged terrain increase wildfire risk
- Wildfires are a top threat to healthcare in Washoe County



Davis Fire

Largest fire in
Washoe
County in more
than a decade

Third largest
wildfire by
acreage in
Nevada during
2024



Davis Fire Snapshot

- Ignited September 7, 2024 around 2:30pm in the Davis Creek Regional Park Campground (roughly 15-20 miles south of Reno)
- Full containment achieved by September 25, 2024
- 5,824 acres burned
- Damage: 14 homes, 2 commercial buildings, 22 outbuildings destroyed
- Impact: Thousands evacuated; power outages, school and road closures
- Response: 600+ firefighters, 14 helicopters, 71 engines, 10 dozers; over 200,000 gallons of water dropped



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Response & Coordination

Regional Emergency Operations Center

- Activation Level
- Model
- Staffing



Challenges

- Protocol & Plans
- Leadership
- Communication
- Elected Officials



Field Operations

- Type 3 Team > Type 1 Team
- Information Exchanges
- Security



Weather

- Absolutely Terrifying
- PDS - Particularly Dangerous Situation





Myth Buster

True or False:

Roads will always be open and safe during an evacuation.

FACTS

VS

MYTHS

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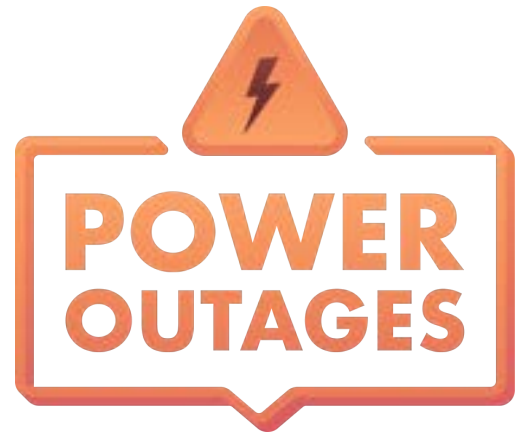
Myth Buster



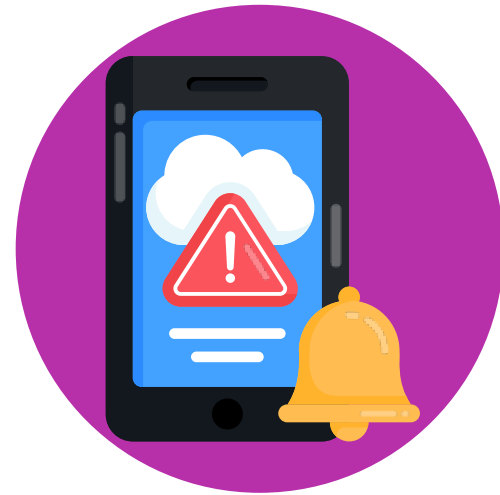
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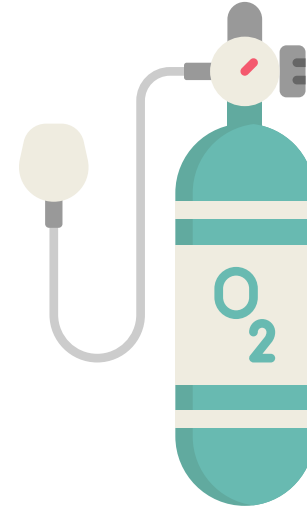
Impact to Healthcare



- 115 bed hospital on generator power
- Dialysis facility without power



- ~400 patients were prepared for evacuation
- 21 patients evacuated (12 pediatric, 9 adult)



- 5,000+ residents dependent on electrical durable medical equipment (DME)



- Poor air quality
- Increased healthcare visits



Myth Buster

True or False:

Patient tracking during an evacuation is solely the responsibility of healthcare facilities.

FACTS

VS

MYTHS

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Myth Buster



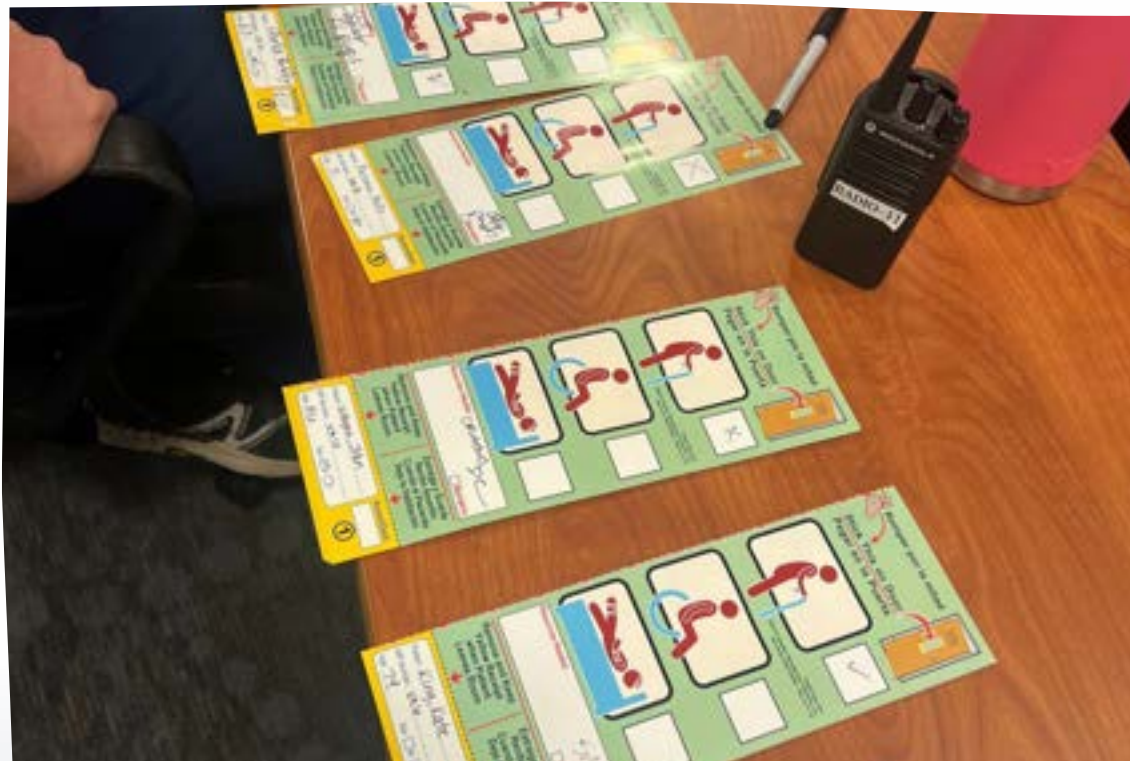
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Coalition Response



- **Believed in Partners** : Supported MAEA activation & healthcare evacuations
- **Believed in Data** : Used WebEOC & HHS emPOWER for tracking & awareness
- **Believed in People** : Coordinated resources for individuals with durable medical equipment (DME)



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Don't Just Plan. Partner.

- Build Trust & Plan Together
- Break Down Silos
- Empower Communities
- Respond as One



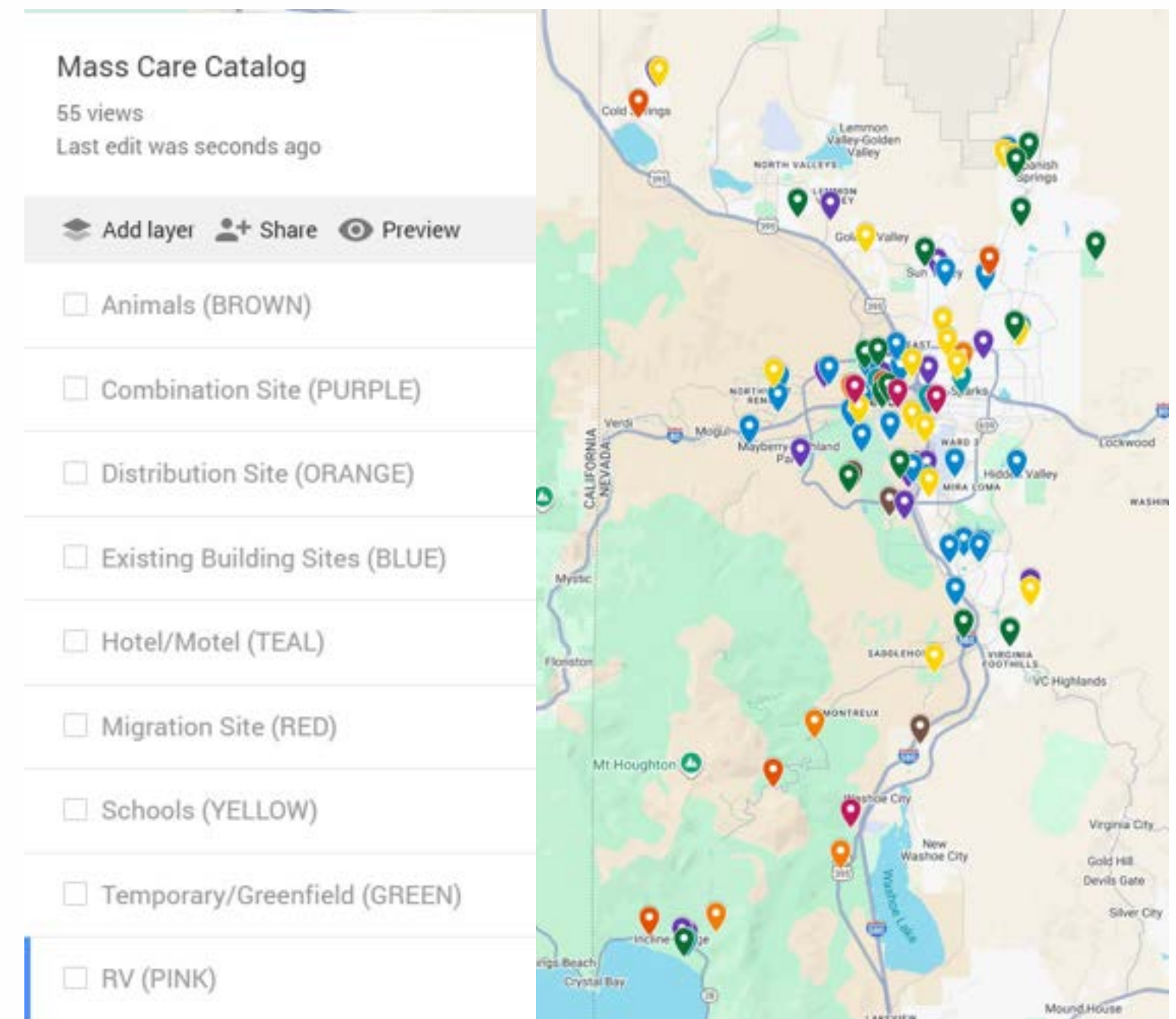
Enjoy Biscuits with the Boss

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Community Resilience & Recovery

- Sheltering
- Change in alerting software
- Notification procedures
- Evacuation Study & Plan Update
- Mitigation Program
- Critical Infrastructure Program



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Turning Crisis into Capability

Medical Response & Surge Exercise (MRSE)

- Davis Fire served as a real-world event to meet the requirements

Patient Movement Planning

- Lessons learned directly informed updates to our Patient Movement Plan

Data-Driven Response

- Developed mapping system for-risk groups

Training & Preparedness

- Davis Fire scenario incorporated into coalition evacuation trainings and exercises

“Never let a good crisis go to waste”

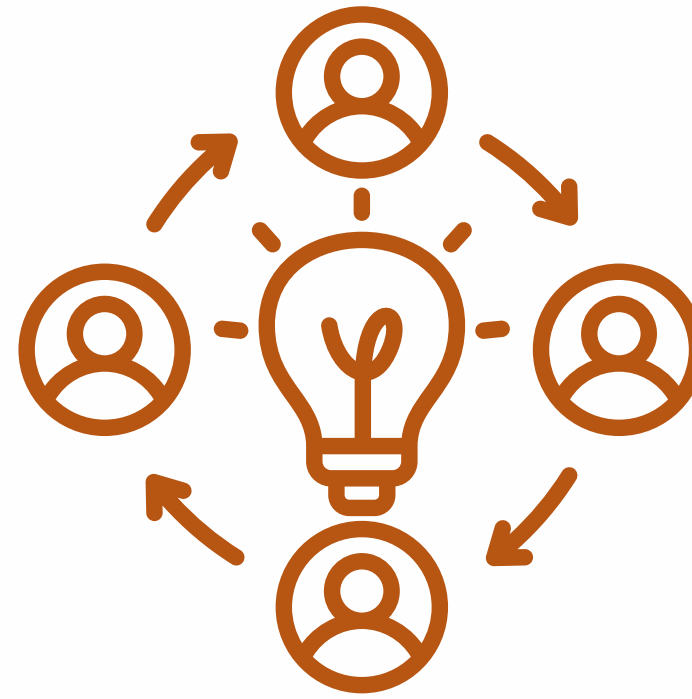
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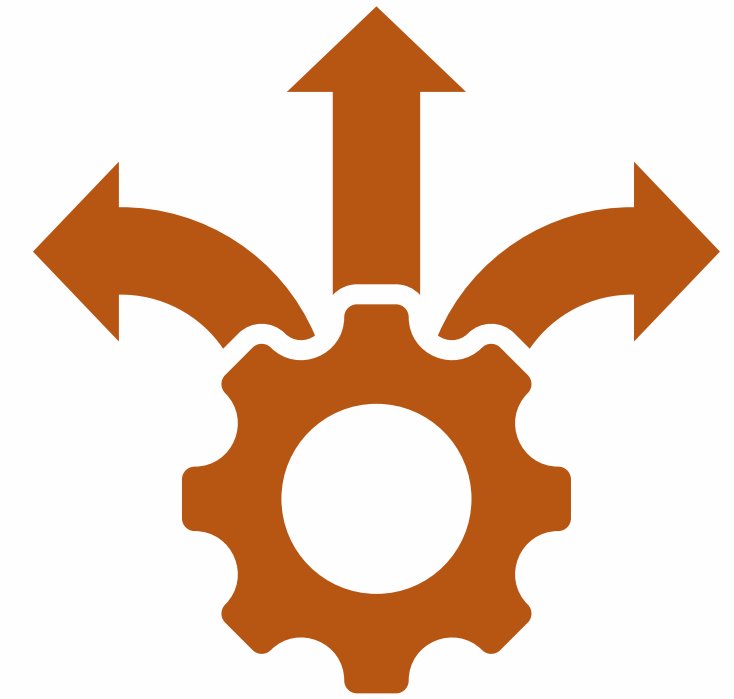
Key Takeaways



Proactive planning & real-time data are critical



Multi-agency collaboration ensures continuity of care



Flexible, scalable models improve emergency response



Believe in Better Preparedness



Believe. Build. Act.

Strengthening Coalitions Lies Deep in the Heart of Collaboration

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Thank You!

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