

Hazard Vulnerability Assessment (HVA) and Gap Analysis

2024-2025

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Point of Contact

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Executive Summary

Hazard Vulnerability Assessment and Gap Analysis

The Tampa Bay Health & Medical Preparedness Coalition (TBHMPC) conducted its annual Hazard Vulnerability Assessment and Gap Analysis (HVA) to identify the healthcare coalition's most significant risks and gaps. Data collection took place in November and December 2024, and included review of assessment documents from regional public health and emergency management communities, review of after action reports from recent events and exercises, and obtaining input from a wide variety of coalition members and partners via survey. The information was analyzed to form this report, which will inform TBHMPC preparedness priorities in planning, training, exercises, and future projects.

The HVA incorporated multiple types of data sources, both objective and subjective, along with lessons learned and perspectives of subject matter experts. These sources included surveys of TBHMPC members and partners on potential hazards and resource gaps, the 2023 Tampa Bay Threat & Hazard Identification and Risk Assessment (THIRA) and Stakeholder Preparedness Review (SPR), Region 4 Public Health Risk and Vulnerability Assessment, and the TBHMPC Regional Vulnerability Profile. Data from these sources was analyzed and compared with gaps identified from recent exercises/responses and current challenges in the health care community to develop the top hazard and gap lists for 2024-2025. These were presented to Coalition Leadership for discussion and finalization.

TBHMPC Top 12 Hazards for 2024-2025		
1	Tropical Cyclones (Hurricanes, Tropical Storms)	
2	Severe Weather (Hail, Lightning, Microbursts, Thunderstorms)	
3	Disease Outbreak/Pandemic	
4	Critical Infrastructure Disruption (Communications, Power, Utilities)	
5	Extreme Heat	
6	Flooding & Flash Floods	
7	Cyber Attack	
8	Staffing Shortages	
9	Tornadoes	
10	Supply Chain Shortages	
11	Violent Acts (non-Terrorism)	
12	Hazardous Materials (Fixed Site and Transportation)	

Table 1. TBHMPC Top 12 Community Hazard Vulnerability List for 2024-2025

	TBHMPC Top 10 Gaps for 2024-2025		
1	Cyber Security & Downtime Preparedness		
2	Healthcare Staffing & Retention		
3	Communications Planning & Equipment		
4	Healthcare Mental Health & Resiliency		
5	Infectious Disease Control & Response		
6	Evacuation & Shelter Support		
7	Medical Surge Equipment & Supplies		
8	Mass Casualty Incident Response (including Decontamination)		
9	Supply Chain Integrity		

10 Community & Healthcare System Recovery

Table 2. TBHMPC Top 10 Planning & Resource Gap List for 2023-2024

1.0 Introduction

1.1 Hazard Vulnerability Assessment (HVA) and Risk & Gap Analysis

The goal of the HVA is to identify our Coalition region's most significant risks (including both natural and manmade) that are likely to impact the healthcare sector and partner agencies/organizations that support it. The Tampa Bay Health & Medical Preparedness Coalition administered the HVA to inform coalition priorities for future planning, training, exercise and project activities.

This document represents the TBHMPC's annual Hazard Vulnerability Assessment (HVA) and biannual Jurisdictional Risk Assessment (JRA). The hazards and gaps identified will be used to identify and prioritize operational, training, and exercise goals, which will be integrated into the TBHMPC's annual work plan.

The HVA is a systematic approach to identifying the region's most significant risks (including both natural and manmade) that are likely to impact the demand for healthcare services and/or the healthcare system's ability to provide them. The HVA process is a member-engaged analysis of capacities and capabilities to address a medical surge and subsequently is intended to determine resource needs and gaps. TBHMPC administered a full Community Hazard Vulnerability Assessment and Resource Gap Analysis process in 2022, to establish a baseline of hazards for our Coalition region in the post-COVID era. Subsequent HVAs have built on this data, focusing on most likely hazards to impact the Tampa Bay area and health & medical system. The results of the full CHVA process and the detailed analyses from the Spring 2022 surveys can be found in <u>the original CHVA/RGA report here</u>. Annual updates from subsequent years are available upon request, and the current HVA is maintained on the TBHMPC website.

The HVA process builds a foundation for medical and healthcare readiness by strategizing healthcare coalition functions based on regional risks and needs (U.S. Department of Health and Human Services (HHS), Hospital Preparedness Program (HPP) Cooperative Agreement).

1.2 Planning Assumptions

- There is likely significant overlap between the HVA for the Coalition and the HVA for an individual healthcare organization or jurisdiction, however, these are separate and distinct processes.
- A specific vulnerability may not exist across all Coalition member organizations; however, Coalition members will generally face many of the same hazards.
- The Coalition's HVA is not a replacement for an organization- or facility-specific HVA or resource assessment. The data-gathering survey administered as part of our HVA instructs participants to answer with a regional or healthcare system-wide view, as opposed to a facility or organization-specific one. However, hazards identified on organization-specific HVAs (both facilities and jurisdictions) will inform the perspective of participant organizations, and thus will be integrated into this Coalition HVA.

- The HVA is based upon responses received by participants and is not a comprehensive assessment of all partners. Survey respondents, while invited to complete the surveys via email, were self-selected based on interest. The data provided by these participants are influenced by their own organizational experience and planning efforts.
- It must be recognized that this data alone cannot represent the Coalition's knowledge of the state of plans, threats, and issues in an area and should only be used as a guide, with local leaders and subject matter experts having significant input into the decisions on priority gaps and actions.

1.3 Tampa Bay Health & Medical Preparedness Coalition

The Tampa Bay Health and Medical Preparedness Coalition (TBHMPC) is a collaborative network of healthcare organizations, and their respective public and private sector response partners, that serve as a multi-agency coordinating group to enhance healthcare system preparedness, response, recovery, and mitigation activities. The TBHMPC is inclusive of all counties in the Region 4 Domestic Security Task Force (RDSTF 4) – Citrus, Hardee, Hernando, Hillsborough, Pasco, Pinellas, Polk and Sumter – plus Manatee County from RDSTF 6.

TBHMPC encompasses a wide variety of communities – ranging from the densely populated cities of St. Petersburg and Tampa, to more suburban communities in the surrounding counties, the rural, agricultural areas in Hardee and Polk Counties. Thus, our healthcare system contains a plethora of facilities and provider types to meet the needs of our diverse area. More information on the vulnerable populations that reside in our jurisdiction can be found in Appendix 2 – the TBHMPC 2025 Regional Vulnerability Profile.

As a sub-recipient of the Hospital Preparedness Program (HPP) cooperative agreement, TBHMPC is required to conduct an annual HVA and a biannual JRA by the Administration for Strategic Preparedness and Response (ASPR), a division of the U.S. Department of Health and Human Services. ASPR requires core healthcare coalition capabilities for TBHMPC, which informs the healthcare coalition's purpose and function. The purpose of TBHMPC is to ensure local healthcare partners plan collaboratively for the risks facing their community and identify available local resources, while supporting the health and medical system during response and recovery.

2.0 Methods

2.1 TBHMPC Staff and Advisory Group Responsibilities

Data collection for the HVA was administered Coalition-wide by staff via emails, surveys, Board meetings, and county standing committee meetings. Staff disseminated the survey to Coalition member and partner organizations and sent timely reminders during the data collection window. The Preparedness Coordinator was responsible for outlining the process, providing subject matter guidance, developing surveys & the vulnerability profile, analyzing data, presenting the data to Coalition leadership, and authoring the final summary report. The Coalition staff and leadership, the Planning Advisory Group, and the Board of Directors served as the regional advisory groups for the HVA, and reviewed and provided input into rankings and conclusions.

2.2 Data Inputs

The HVA incorporated data from four main inputs: the HVA Survey conducted in November & December 2024, the Region 4 Public Health Risk and Vulnerability Assessment, the Regional Vulnerability Profile, the 2023 Tampa Bay THIRA, and discussions, analysis, and finalization by Coalition leadership and advisory groups. More details on these inputs are shown in Figure 1 below.

Additional information sources included various multi-disciplinary or association meetings, exercise and event after action reports (AARs). Emergency Management representatives from all nine (9) counties were included in requests for input into the HVA surveys, to allow the integration of critical information from county-level Threat Hazard Identification and Risk Assessments (THIRAs) and jurisdictional hazard assessments.

The HVA survey was sent out via email on November 25th to all Coalition members and partners with responses accepted through December 13th. The HVA process was discussed at the following Coalition meetings: Pinellas on December 6th, Hardee on December 16th, Hernando on December 18th, Sumter on December 19th, and the Quarter 4 TBHMPC Board Meeting on December 18th.

The formal results were reviewed at the TBHMPC Staff Meeting on January 8th, 2025. The Planning Advisory Group and the Board of Directors were sent the full HVA report on January 6th, with comments due back by January 13th.

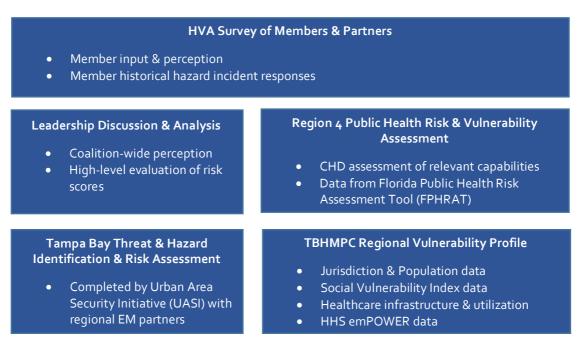


Figure 1. HVA data input graphic, summarizing member/partner input, demographic & vulnerability data, and Planning Advisory Group & Coalition leadership analysis.

2.3 TBHMPC Regional Vulnerability Profile

The TBHMPC 2025 Regional Vulnerability Profile provides demographic and jurisdiction information that is important to consider when assessing risks and gaps for the greater Tampa Bay area. This profile can be found in *Appendix 2*. The TBHMPC Regional Vulnerability Profile includes:

- Population and vulnerable demographic statistics for the TBHMPC region
- Healthcare system infrastructure information
- CDC Social Vulnerability Index (SVI) scores and maps for the nine (9) counties within the TBHMPC region
- Department of Health & Human Services (HHS) emPOWER data on Medicare and electrically dependent beneficiaries within the TBHMPC region

2.4 Public Health Risk & Vulnerability Assessment

Every year, the County Health Departments (CHDs) assess the preparedness capabilities and the resources available to prepare for and respond to 38 hazards of public health relevance for Florida. This report is a baseline to prioritize the most important hazards for each region, the status of the capabilities, and the level of resources required for those selected hazards. The information provided by the CHDs is aggregated for each region.

The capability and hazard resource assessments are a critical component of the Florida Public Health Risk Assessment Tool (FPHRAT).¹. The tool calculates a Risk Assessment Matrix, including hazard risks and residual risks derived from the hazard probability, vulnerability, impacts, and mitigation indexes. The Risk Assessment is the first step for prioritizing hazards, preparedness capabilities and hazard resources.

The 2024 Region 4 Public Health Risk & Vulnerability Assessment can be found in Appendix 3.

2.5 Tampa Bay Threat & Hazard Identification & Risk Assessment

The Threat & Hazard Identification & Risk Assessment (THIRA) process is completed every three (3) years in order to identify threats and hazards of most concern for the Tampa Bay region. Through this process, the community sets targets to determine capability levels to address core capabilities. It also helps communities understand risks and determine the level of capability needed in order to address those risks. Outputs from this process lay the foundation for determining a community's capability gaps in the Stakeholder Preparedness Review (SPR) process.

Both the THIRA and SPR reports from the 2023 process were reviewed by TBHMPC staff, with particular focus on the Public Health, Healthcare, and Emergency Medical Services Core Capability. All three (3) of the scenarios utilized in the THIRA – a complex coordinated terrorist attack, cybersecurity incident, and hurricane – would impact the public health and medical system, and are reflected in our HVA top risks and gaps.

The 2023 Tampa Bay THIRA Report was reviewed by TBHMPC staff in development of this document, and can be accessed by request from UASI grant management staff at the City of Tampa.

2.6 HVA Survey of Coalition Members and Partners

Coalition member and partner organizations were asked to complete an online survey assessing the likelihood, health care system impact, and level of preparedness for potential hazards to the Tampa Bay area. Respondents were asked to consider these hazards and risks from a region-wide perspective,

¹ For more information on the FPHRAT, visit <u>https://flphrat.com/MainMenu</u>.

while also taking into consideration the results of their organization-specific HVAs, and prioritize them based on their knowledge, experience, and sector perspective. There was also an opportunity for participants to suggest any additional significant hazards or gaps that should be considered, along with identifying training needs.

The link for the SurveyMonkey survey was distributed via email on November 25th, 2024 and the window for responses was open until December 13th, 2024 (with inputs accepted until December 18th, 2043). Only one response was recorded per member/partner organization. Each response was weighted equally. The survey responses were aggregated and provided to Coalition leadership in a report format. A complete list of survey questions can be found in *Appendix 1: TBHMPC HVA Update Survey*, and a list of participating organizations can be found in *Attachment 1: Participating Organizations*.

2.7 Analysis of Updated Survey Data, Vulnerability Assessment and Profiles

The Preparedness Coordinator aggregated data from the HVA Surveys, the TBHMPC Region Vulnerability Profile, the Public Health Risk & Vulnerability Assessment, along with reviews of recent After Action Reports and relevant documents, to develop recommendations for the top twelve (12) hazards and the top ten (10) gaps. These recommendations were then presented to Coalition leadership.

3.0 HVA Survey Results

3.1 Participation by Organization Type

The update survey captured responses from 87 organizations, out of 698 member and partner organizations, representing an approximately 12.5% response rate. Representation from multiple sectors was included, as shown in Table 3 below. Multiple types of organizations were represented, including all core member types.

Coalition Sector Type	Percent	Number
Hospital	21.84	19
Long Term Care Facility (SNF, ALF, etc.)	25.29	22
Public Health	9.20	8
Home Health Agency	9.20	8
Emergency Management	4.60	4
EMS/Fire Rescue	6.90	6
Outpatient/Health Care Clinic	3.45	3
Hospice	4.60	4
Community Health Center/Federally Qualified Health Center	2.30	2
Dialysis/ESRD Facility	3.45	3
Other	16.09	14

Table 3. Survey Responses by Organization Type, shown by number and percentage of the total number of responses (87).

3.2 Participation by County

All nine (9) counties within the Coalition region were well represented in the HVA update survey, as shown in Table 4 and Figure 2 below.

County	Percent of Total Survey Participants	Number of Surveys
Citrus	10.47	9
Hardee	8.14	7
Hernando	9.30	8
Hillsborough	22.09	19
Manatee	12.79	11
Pasco	12.79	11
Pinellas	23.26	20
Polk	6.98	6
Sumter	8.14	7
Regional/Multicounty	3.49	3
Other	4.65	4

Table 4. Table of participation by county, displaying number and percent of total responses (87)

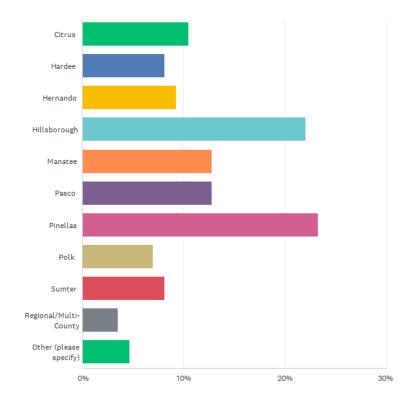


Figure 2. Graph of participation by county, displaying number and percent of total responses (87)

3.3 HVA Results

3.3.1 HVA Survey Results - Hazards

A total of 87 organization representatives rated hazards identified during the HVA, based on risk to the region as whole. Hazards were presented as a list, and participants were asked to rate twenty-four (24) potential hazards on likelihood of occurrence, impacts to the health and medical system, and level of preparedness. These ratings were consolidated into a weighted average for each hazard, and then a risk score was calculated for each hazard. The formula used was Risk Score = Likelihood * Impact * (1/Preparedness). The table of this data is shown in Table X below.

Hazard		Weighted Averages			Ranking
		Impact	Preparedness	Risk Score*	by Risk
Tropical Cyclones (Hurricanes, Tropical Storms)	2.86	2.79	1.25	6.38	1
Severe Weather (Hail, Lightning, Micro-bursts, Thunderstorms)	2.87	2.21	1.31	4.84	2
Disease / Pandemic Outbreak	2.26	2.79	1.44	4.38	3
Critical Infrastructure Disruption (Communications, Power, Utilities)	2.39	2.7	1.56	4.14	4
Extreme Heat	2.68	2.26	1.47	4.12	5
Flooding	2.56	2.48	1.61	3.94	6
Cyber Attack	2.4	2.67	1.8	3.56	7
Staffing Shortages	2.35	2.67	1.81	3.47	8
Tornadoes	2.29	2.4	1.64	3.35	9
Supply Chain Shortages	2.25	2.64	1.83	3.25	10
Violent Acts (non-terrorism)	2	2.15	2.01	2.14	11
Drought / Water Shortage	1.78	2.29	1.91	2.13	12
Hazardous Materials (Fixed Site and Transportation)	1.97	2.13	2	2.10	13
Fires / Wildfires	1.93	2.15	1.99	2.09	14
Sinkholes / Land Subsidence	2.23	1.93	2.13	2.02	15
Transportation Accident (Aircraft, Rail)	2.01	2.01	2.01	2.01	16
Civil Disorder	1.92	1.95	1.91	1.96	17
Terrorism	1.76	2.23	2.15	1.83	18
Mass Gatherings / Planned Events	2.1	1.76	2.05	1.80	19
Financial Collapse	1.51	2.31	2.28	1.53	20
Radiological / Nuclear	1.42	2.47	2.45	1.43	21
Agriculture (Exotic Pests and Disease)	1.52	1.64	2.34	1.07	22
Mass Migration / Repatriation	1.41	1.67	2.46	0.96	23
Earthquakes	1.09	1.92	2.67	0.78	24
*Risk Score calculated by:					
Likelihood*Impact*1/Preparedness					

Table 5. HVA Survey Weighted Average and Risk Score Calculations, Ranked by Risk Score.

Note that this list is not a comprehensive assessment of all members or disciplines and does not provide details regarding the unique attributes and risks for individual counties or facilities. The Coalition's HVA is not a replacement for an organization- or facility-specific HVA.

3.3.2 Public Health Risk and Vulnerability Assessment Hazards

In addition to the HVA survey data obtained from Coalition members and partners, TBHMPC also included the Region 4 Public Health Risk and Vulnerability Assessment – December 2024 into the overall hazard vulnerability and resource gap analyses. The complete Assessment document is included as *Appendix 3*. The ranked residual risks, by hazard, from this assessment are displayed below in Figure 3. The top five are hurricane/tropical storm, seasonal influenza, biological disease outbreak, severe winter storm, and flooding.



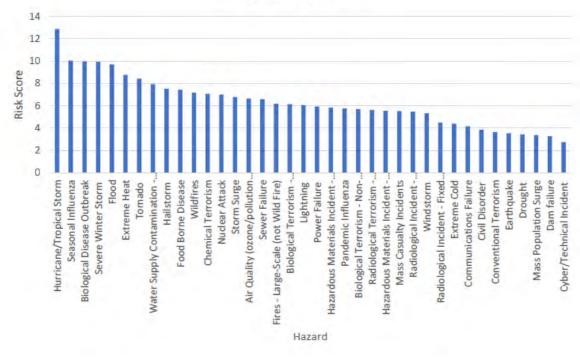


Figure 3. Residual risk index for Region 4, from the Region 4 Public Health Risk and Vulnerability Assessment, December 2024.

3.3.3 Hazard Ranking Finalization

The data from sources above, along with information from After Action Reports and subject matter experts, was considered in the development of TBHMPC's Top 12 Hazard Vulnerability List for 2024-2025, listed below.

TBHMPC Top 12 Hazards for 2024-2025		
1	Tropical Cyclones (Hurricanes, Tropical Storms)	
2	Severe Weather (Hail, Lightning, Microbursts, Thunderstorms)	
3	Disease Outbreak/Pandemic	
4	Critical Infrastructure Disruption (Communications, Power, Utilities)	
5	Extreme Heat	
6	Flooding & Flash Floods	
7	Cyber Attack	
8	Staffing Shortages	
9	Tornadoes	
10	Supply Chain Shortages	
11	Violent Acts (non-Terrorism)	
12	Hazardous Materials (Fixed Site and Transportation)	

Table 1. TBHMPC Top 12 Hazard Vulnerability List for 2024-2025

3.3.4 HVA Survey Results – ASPR Priorities and Gaps

The Administration for Strategic Preparedness & Response has identified new priorities for the coming years for Hospital Preparedness Program (HPP) recipients and healthcare coalitions. The first priority is a series of seven (7) assessments. The HVA Survey asked respondents to select the one of the following options for each assessment area – we have no gap, we have a small gap, we have a medium gap, or we have a large gap. A total of 86 organization representatives responded to this question, and identified the following four (4) assessments as those containing the largest gaps – Extended Downtime Healthcare Delivery, Cybersecurity, Workforce, and Supply Chain Integrity.

3.4.2 Public Health Risk and Vulnerability Assessment Capability & Resource Gaps

The Risk and Vulnerability Assessment includes assessment of resource availability to respond to 38 hazards with public health relevance. Resources are then prioritized based on factors such as risk, impact, frequency, etc. The resulting score (shown in Figure 4 below) is also utilized to calculate a resource gap. The higher the gap value, the larger the gap between the current resource status and a preparedness goal. The resource gap aggregated for each region is described as the average of the resource score in proportion of the hazard risk index for the selected jurisdictions.

The Top 10 Resource Gaps identified in this assessment are related to the following hazards: Hurricane/Tropical Storm, Flood, Foodborne Disease, Biological Disease Outbreak, Tornado, Storm Surge, Extreme Heat, Lightning, Water Supply Contamination, and Seasonal Influenza. The resource gap scores for these are shown graphically in Figure 4 below.

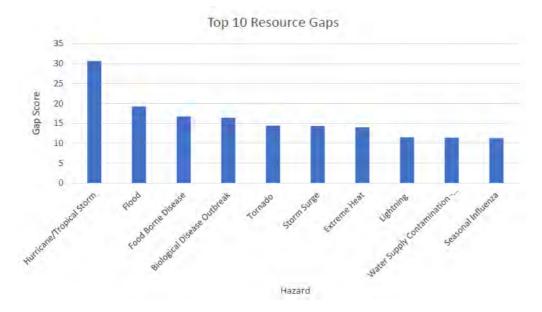


Figure 4. Top 10 Resource Gaps for Region 4 from the Region 4 Public Health Risk & Vulnerability Assessment – December 2024.

In addition to resource gaps, the Risk and Vulnerability Assessment also assesses Public Health Emergency Preparedness (PHEP) Capability Gaps. The top five (5) capabilities with the largest gap scores from the Region 4 counties are as follows: Volunteer Management, Community Preparedness, Community Recovery, Medical Surge Capability, and Fatality Management. These and other gap scores are shown below in Figure 5.

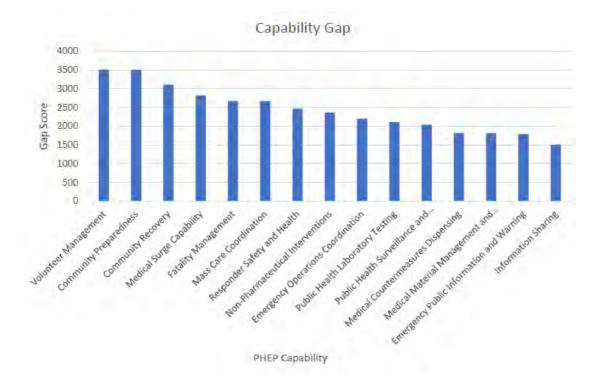


Figure 5. PHEP Capability Gaps for Region 4 from the Region 4 Public Health Risk & Vulnerability Assessment – December 2024

3.4.3 Resource Gap Ranking Finalization

The data from both sources above, along with identified gaps from events and exercises, were considered in the development of TBHMPC's Top 10 Gaps for 2024-2025, listed below.

	TBHMPC Top 10 Gaps for 2024-2025		
1	Cyber Security & Downtime Preparedness		
2	Healthcare Staffing & Retention		
3	Communications Planning & Equipment		
4	Healthcare Mental Health & Resiliency		
5	Infectious Disease Control & Response		
6	Evacuation & Shelter Support		
7	Medical Surge Equipment & Supplies		
8	Mass Casualty Incident Response (including Decontamination)		
9	Supply Chain Integrity		
10	Community & Healthcare System Recovery		

Table 2. TBHMPC Top 10 Planning & Resource Gap List for 2024-2025

3.5 Dissemination of HVA Report

The final version of the 2024-2025 HVA document will be sent out via email to <u>all</u> members and partners by January 15th, 2024. This distribution lists includes all core member types, including health care facilities and agencies, public health agencies, and emergency management organizations. It will also be placed in the member side of the Resource Library of our TBHMPC website, under TBHMPC Plans & Annexes.

Attachment 1. List of Participating Organizations

Access Healthcare Physicians LLC AdventHealth Connerton AdventHealth North Pinellas AdventHealth Tampa AdventHealth Wesley Chapel Avid Home Health	
AdventHealth North Pinellas AdventHealth Tampa AdventHealth Wesley Chapel	
AdventHealth Tampa AdventHealth Wesley Chapel	
AdventHealth Wesley Chapel	
Avid Home Health	
BayCare Behavioral Health	
BayCare Home Care	
Bayshore Pointe Nursing and Rehab	
Bedrock Rehabilitation and Nursing Center At Wedgewood	
Braden River Rehabilitation	
Brooksville Healthcare Center	
Buffalo Crossings Healthcare and Rehab. Center	
Capacity Path	
CARES Senior Health Clinic	
Central Dialysis	
Citrus County Fire Rescue	
City of St. Petersburg Emergency Management	
Classic Home Health Services	
ClearSky Rehabilitation Hospital of Lecanto	
Clearwater Endoscopy Center	
C-Med Ambulatory Surgery Center	
Compassionate Care Hospice of Lake and Sumter, Inc.	
Cornerstone Hospice	
Cypress Cove Care Center	
DaVita Brooksville	
Department of Health Hardee County	
Diamond Ridge health and rehab	
OOH Hillsborough	
Empowerme Wellness	
Encompass Health Rehabilitation Hospital of North Tampa	
Evergreen Woods	
DOH - Citrus	
DOH-Hernando	
DOH-Pinellas	
LORIDA DEPARTMENT OF ELDER AFFAIRS	
- Iorida Department of Health - Sumter County	
Florida Department of Health- Region 4	
resenius Medical Care	

Cood Shanhard Hashies		
Good Shepherd Hospice Gulfside Healthcare Services		
Hardee County		
Hardee County Fire Rescue		
HCA Florida Blake Hospital (Palmetto FSED, South Bradenton FSED)		
HCA Florida Citrus Hospital		
HCA Florida South & West Tampa Hospitals		
HCA Florida St. Petersburg Hospital		
Hillsborough Emergency Medical Planning Council (EMPC) & Trauma Agency Coalition (TAC)		
Jenlee Living Facility LLC		
Johns Hopkins All Children's Hospital		
Kindred Hospital St. Petersburg		
Lake Wales Wellness & Rehabilitation Center		
Lakeside Neurologic		
Lakewood Ranch Medical Center		
Langley Health Services		
Laurellwood		
LifeSpring Home Care of Tampa		
Manatee County Search & Rescue		
Manatee Memorial Hospital		
Manatee Springs Rehabilitation and Nursing Center		
Medical Service of America Home Health		
Northdale Rehabilitation Center		
Oak Hill Senior Living, SNF/ALF		
Orlando Health, Inc.		
Parc Center for Disabilities		
Pasco County EM		
Plaza West at Freedom Plaza		
Premier Community HealthCare Group, Inc.		
Residential Home Health		
Right at Home- Pasco		
Riviera Palms Rehabilitation Center		
Select Specialty Hospital-The Villages 4595		
Sumter County Fire and EMS		
SurgCenter of Riverview, LLC		
Tampa Eye & Specialty Center		
Tampa Lakes Health and Rehabilitation		
Tampa Minimally Invasive Spine Surgery Center		
TGH		
TGH Crystal River		
The Church of Jesus Christ of Latter-day Saints		
TransCare Medical Transportation/Crisis Center of Tampa Bay		

Valencia Hills Health & Rehabilitation Center
West Coast Southern
West Coast Endoscopy Center
Westminster Bradenton
Westminster Suncoast
Windmoor Healthcare

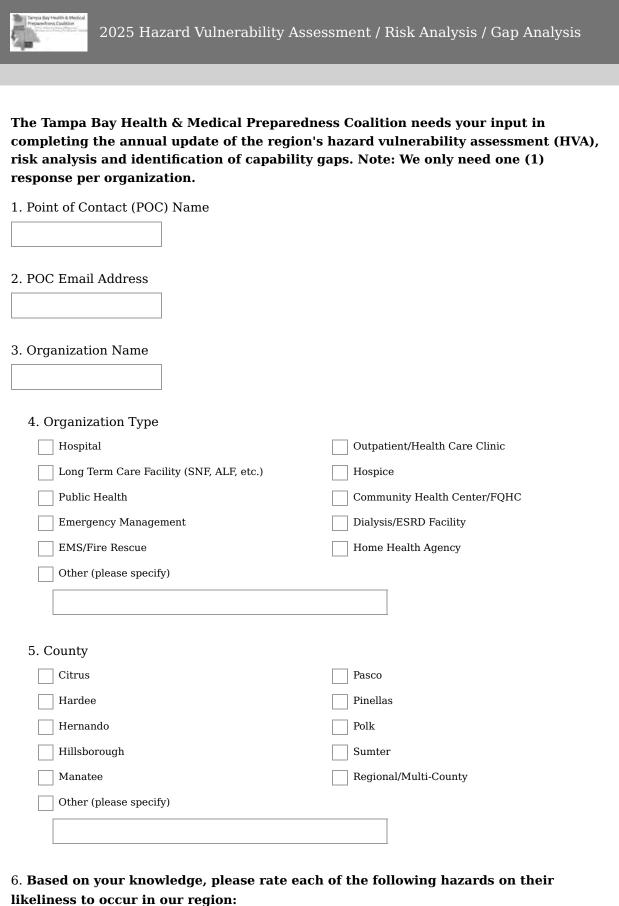
Attachment 2. List of Acronyms & Abbreviations

List of Acronyms & Abbreviations		
AAR	After Action Report	
ACS	Alternate Care Site	
ALF	Assisted Living Facility	
ASPR	Administration for Strategic Preparedness and Response	
CDC	Centers for Disease Control and Prevention	
CHD	County Health Department	
CHVA	Community Hazard Vulnerability Assessment	
CMS	Center for Medicare and Medicaid Services	
COVID or COVID-19	Disease caused by SARS-CoV-2 virus	
Decon	Decontamination	
ED	Emergency Department	
FDOH	Florida Department of Health	
FPHRAT	Florida Public Health Risk Assessment Tool	
HAN	Health Alert Network	
HHS	U.S. Department of Health & Human Services	
HPP	Hospital Preparedness Program	
HVA	Hazard Vulnerability Assessment or Analysis	
JRA	Jurisdictional Risk Assessment	
KP	Kaiser Permanente	
MCI	Mass Casualty Incident	
MCM	Medical Countermeasures	
PAG	Planning Advisory Group	
POC	Point of Contact	
PPE	Personal Protective Equipment	
RDSTF	Regional Domestic Security Task Force	
RGA	Resource Gap Analysis	
SNF	Skilled Nursing Facility	
SPR	Stakeholder Preparedness Review	
SVI	Social Vulnerability Index	
ТВНМРС	Tampa Bay Health & Medical Preparedness Coalition	
THIRA	Threat Hazard Identification and Risk Assessment	

Appendices

- Appendix 1: TBHMPC HVA Survey
- Appendix 2: TBHMPC 2025 Regional Vulnerability Profile
- Appendix 3: Region 4 Public Health Risk and Vulnerability Assessment December 2024
- Appendix 4: TBHMPC Summary of Actions to Mitigate Gaps
- Appendix 5: TBHMPC Email to Request HVA Input from Members & Partners





Not Likely to Occur

Possibility to Occur

Likely to Occur

Agriculture (Exotic Pests and Disease)	\bigcirc	\bigcirc	\bigcirc
Civil Disorder	\bigcirc	\bigcirc	\bigcirc
Critical Infrastructure Disruption (Communications, Power, Utilities)	0	\bigcirc	\bigcirc
Cyber Attack	\bigcirc	\bigcirc	\bigcirc
Disease / Pandemic Outbreak	\bigcirc	\bigcirc	\bigcirc
Drought / Water Shortage	\bigcirc	\bigcirc	\bigcirc
Earthquakes	\bigcirc	\bigcirc	\bigcirc
Extreme Heat	\bigcirc	\bigcirc	\bigcirc
Financial Collapse	\bigcirc	\bigcirc	\bigcirc
Fires / Wildfires	\bigcirc	\bigcirc	\bigcirc
Flooding	\bigcirc	\bigcirc	\bigcirc
Hazardous Materials (Fixed Site and Transportation)	\bigcirc	\bigcirc	\bigcirc
Mass Gatherings / Planned Events	\bigcirc	\bigcirc	\bigcirc
Mass Migration / Repatriation	\bigcirc	\bigcirc	\bigcirc
Radiological / Nuclear	0	0	\bigcirc
Severe Weather (Hail, Lightning, Micro-bursts, Thunderstorms)	\bigcirc	\bigcirc	\bigcirc
Sinkholes / Land Subsidence	\bigcirc	0	\bigcirc
Staffing Shortages	\bigcirc	\bigcirc	\bigcirc
Supply Chain Shortages	\bigcirc	\bigcirc	\bigcirc
Terrorism	\bigcirc	\bigcirc	\bigcirc
Tornadoes	\bigcirc	\bigcirc	\bigcirc
Transportation Accident (Aircraft, Rail)	\bigcirc	\bigcirc	\bigcirc
Tropical Cyclones (Hurricanes, Tropical Storms)	0	0	\bigcirc
Violent Acts (non- terrorism)	\bigcirc	\bigcirc	\bigcirc

	Low Impact if it Occurs	Moderate Impact if it Occurs	High Impact if it Occurs
Agriculture (Exotic Pests and Disease)	\bigcirc	\bigcirc	\bigcirc
Civil Disorder	\bigcirc	\bigcirc	\bigcirc
Critical Infrastructure Disruption (Communications, Power, Utilities)	\bigcirc	\bigcirc	\bigcirc
Cyber Attack	\bigcirc	\bigcirc	\bigcirc
Disease / Pandemic Outbreak	\bigcirc	\bigcirc	\bigcirc
Drought / Water Shortage	\bigcirc	\bigcirc	\bigcirc
Earthquakes	\bigcirc	\bigcirc	\bigcirc
Extreme Heat	\bigcirc	\bigcirc	\bigcirc
Financial Collapse	\bigcirc	\bigcirc	\bigcirc
Fires / Wildfires	\bigcirc	\bigcirc	\bigcirc
Flooding	\bigcirc	\bigcirc	\bigcirc
Hazardous Materials (Fixed Site and Transportation)	\bigcirc	\bigcirc	\bigcirc
Mass Gatherings / Planned Events	\bigcirc	\bigcirc	\bigcirc
Mass Migration / Repatriation	\bigcirc	\bigcirc	\bigcirc
Radiological / Nuclear	\bigcirc	\bigcirc	\bigcirc
Severe Weather (Hail, Lightning, Micro-bursts, Thunderstorms)	\bigcirc	\bigcirc	\bigcirc
Sinkholes / Land Subsidence	\bigcirc	\bigcirc	\bigcirc
Staffing Shortages	\bigcirc	\bigcirc	\bigcirc
Supply Chain Shortages	\bigcirc	0	0
Terrorism	\bigcirc	\bigcirc	\bigcirc
Tornadoes	\bigcirc	\bigcirc	\bigcirc
Transportation Accident (Aircraft, Rail)	\bigcirc	\bigcirc	\bigcirc
Tropical Cyclones (Hurricanes, Tropical Storms)	\bigcirc	\bigcirc	\bigcirc

7. Based on your knowledge, please rate each of the following hazards on the severity of impact to the health & medical system should it should occur:

Violent Acts (non-	\bigcirc
terrorism)	\bigcirc

8. Based on your knowledge, please rate our level of preparedness for each type of hazard:

 \bigcirc

 \bigcirc

	Low Level of Preparedness	Moderate Level of Preparedness	High Level of Preparedness
Agriculture (Exotic Pests and Disease)	\bigcirc	\bigcirc	\bigcirc
Civil Disorder	\bigcirc	\bigcirc	\bigcirc
Critical Infrastructure Disruption (Communications, Power, Utilities)	\bigcirc	\bigcirc	\bigcirc
Cyber Attack	\bigcirc	\bigcirc	\bigcirc
Disease / Pandemic Outbreak	\bigcirc	\bigcirc	\bigcirc
Drought / Water Shortage	\bigcirc	\bigcirc	\bigcirc
Earthquakes	\bigcirc	\bigcirc	\bigcirc
Extreme Heat	\bigcirc	\bigcirc	\bigcirc
Financial Collapse	\bigcirc	\bigcirc	\bigcirc
Fires / Wildfires	\bigcirc	\bigcirc	\bigcirc
Flooding	\bigcirc	\bigcirc	\bigcirc
Hazardous Materials (Fixed Site and Transportation)	\bigcirc	\bigcirc	\bigcirc
Mass Gatherings / Planned Events	\bigcirc	\bigcirc	\bigcirc
Mass Migration / Repatriation	\bigcirc	\bigcirc	\bigcirc
Radiological / Nuclear	\bigcirc	\bigcirc	0
Severe Weather (Hail, Lightning, Micro-bursts, Thunderstorms)	\bigcirc	\bigcirc	\bigcirc
Sinkholes / Land Subsidence	0	\bigcirc	0
Staffing Shortages	\bigcirc	\bigcirc	\bigcirc
Supply Chain Shortages	0	\bigcirc	0
Terrorism	\bigcirc	\bigcirc	\bigcirc
Tornadoes	\bigcirc	\bigcirc	\bigcirc
Transportation	\frown	\frown	\frown

Accident (Aircraft, Rail)	\bigcirc	\bigcirc	\bigcirc
Tropical Cyclones (Hurricanes, Tropical Storms)	\bigcirc	\bigcirc	\bigcirc
Violent Acts (non- terrorism)	\bigcirc	\bigcirc	\bigcirc

9. Other risks (please specify):

10. Based on your assessment above, what do you feel is the highest risk we need to prepare for:

11. Based on your assessment above, what do you feel is the second highest risk we need to prepare for:

12. Based on your assessment above, what do you feel is the third highest risk we need to prepare for:



13. Our federal funding partner, ASPR, has identified new priorities for the coming years. The first priority is a series of seven assessments. For each of the following assessments, we will ask you to select one of these options: We have no gap, we have a small gap, we have a medium gap, or we have a large gap. Some of these are new and we may have large gaps.

	No Gap	Small Gap	Medium Gap	Large Gap
Risk Assessment (identify communities most impacted by disasters)	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Hazards & Vulnerabilities Assessment (identify threats/ hazards/vulnerabilities, probability of occurrence, severity of impact, establish priorities)	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Readiness Assessment				

(our ability to conduct health care preparedness and response operations, and address health care readiness gaps)	\bigcirc	\bigcirc	\bigcirc	0
Supply Chain Integrity Assessment (identify resource needs/vulnerabilities, access to critical supplies and infrastructure, impact of critical shortfalls, and mitigation strategies)	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Workforce Assessment (identify healthcare workforce vulnerabilities, needs for plans, training and exercises, and mitigation strategies to address workforce shortfalls)	\bigcirc	\bigcirc	0	\bigcirc
Cybersecurity Assessment (assess use of cybersecurity practices, identify impact of potential cyber incidents, and mitigation strategies)	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Extended Downtime Health Care Delivery Impact Assessment (identify critical functions impacted by an extended downtime event and existing mitigation strategies	\bigcirc	\bigcirc	\bigcirc	0

14. What training needs related to preparedness and response does your organization have?

Tampa Bay Health & Medical Preparedness Coalition Regional Vulnerability Profile

January 2025 Update

Jurisdictions

The Tampa Bay Health & Medical Preparedness Coalition region includes the 9 counties of the greater Tampa Bay or West Central Florida area – Citrus, Hardee, Hernando, Hillsborough, Manatee, Pasco, Pinellas, Polk and Sumter.

Health & Medical System

The health and medical system in the Coalition region contains a wide variety of health care resources and capabilities. It includes metropolitan areas, such as Tampa, St. Petersburg, Clearwater and Lakeland, with more robust healthcare capabilities and specialty facilities, along with more rural areas like Wauchula, where out-of-county travel is required to access specialized healthcare resources. Healthcare referral patterns within the system largely fall with regional boundaries, however those in northern and western counties also interact regularly with Gainesville- and Orlando-centered healthcare systems.



Population and Vulnerable Demographics

Approximately 5,005,496 people live in the Coalition region, which is 21.7% of the state's population¹ Florida's population is growing, and 3 of the top 5 counties adding the most population since April 1, 2020 are in our region – Hillsborough (100,687), Pasco (71,138), and Polk (101,044).

During a disaster, individuals with disabilities and others with access and functional needs may require special assistance from the emergency management system. A list of just some of the vulnerable populations that reside in the TBHMPC region are listed below in Table 1.

Vulnerable Populations in the TBHMPC Region			
Risk Factors	Number or Percent of Population		
Medicare Beneficiaries ²	1,189,457 (23.7%)		
Electrically-Dependent Beneficiaries ³	48,686 (0.97%)		
Population Below Poverty Level	583,970 (11.7%)		
Uninsured Population Under Age 65	524,254 (10.5%)		
Homeless Population (Estimate)	7,125		
Developmentally Disabled Clients	12,412		
Clients with Brain/Spinal Cord Injury	79		
Medical Foster Care Children	113		
Children's Medical Services (CMS) Clients	24,530		
Probable Alzheimer's Cases (65+)	123,561		

Table 1. Vulnerable populations in the nine (9) counties of the TBHMPC Region, in numbers of individuals and/or percent of population.⁵



Figure 1. Map of Electrically-Dependent Individuals in Coalition Region.⁶

Healthcare Infrastructure

The TBHMPC Region has a significant number of healthcare resources and capabilities that make up its healthcare infrastructure. Key facility and organization types are summarized below in Table 2.

Healthcare Resources in the TBHMPC Region				
Category	Number of Facilities/Agencies ⁷	Number of Beds ⁸		
Hospitals (Acute Care & Specialty)	69	14,919		
Trauma Centers (Levels I & II)	7			
Free-Standing Emergency Depts.9	27			
Nursing Homes	173	20,966		
Assisted Living Facilities	581	29,437		
Ambulatory Surgical Centers	127			
Dialysis/ESRD Facilities	100			
Home Health Agencies	521			
Hospice	12			

Table 2. Total numbers of key healthcare organization types, and number of total beds, in the nine- county TBHMPC Region.

Social Vulnerability Index (SVI)

In preparing for and responding to disasters, a number of factors, including poverty, lack of access to transportation, and crowded housing may weaken a community's ability to prevent human suffering and financial loss in a disaster. These factors are known as social vulnerabilities. TBHMPC annually examines the CDC Social Vulnerability Index (SVI) data, to share with members and partners to integrate into their planning efforts. This year's scores, shown below in Table 3, are based on the 2022 data, which is the most recent year available. Individual county maps with more detailed social vulnerability data are included at the end of this profile.

Social Vulnerability Index of TBHMPC Region Counties ¹⁰				
Counties	Overall SVI Score 0 (lowest risk) – 1 (highest risk)	Level of Vulnerability		
Citrus	0.197	Low		
Hardee	0.9697	High		
Hernando	0.3333	Low to medium		
Hillsborough	0.6667	Medium to high		
Manatee	0.303	Low to medium		
Pasco	0.3636	Low to medium		
Pinellas	0.3182	Low to medium		
Polk	0.8485	High		
Sumter	0.0303	Low		

Table 3. CDC's 2022 Social Vulnerability Index scores for counties in the TBHMPC Region.

¹ Econographic News 2024, Volume I. Florida Office of Economic & Demographic Research. Accessed 1/2/25 at http://edr.state.fl.us/Content/population-demographics/reports/index.cfm.

² HHS emPOWER data. Accessed 1/2/25 at <u>https://empowerprogram.hhs.gov/empowermap</u>

³ HHS emPOWER data. Accessed 1/2/25 at https://empowerprogram.hhs.gov/empowermap

⁵ All data in table from Florida Access and Functional Needs Profiles for Region 4 and Manatee, 2023, unless otherwise cited. Accessed on 1/2/24 at <u>https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=AccessAndFunctionalNeeds.Report</u>

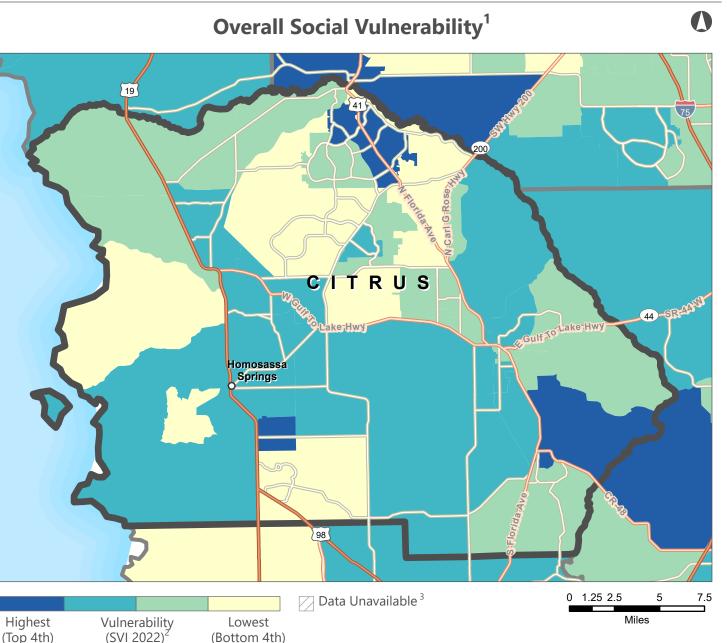
⁶ HHS emPOWER data. Accessed 1/2/25 at https://empowerprogram.hhs.gov/empowermap

^{7&8} Data obtained from Agency for Health Care Administration's FloridaHealthFinder.gov. Accessed on 1/2/25 at <u>https://quality.healthfinder.fl.gov/Facility-Search/FacilityLocateSearch</u>

⁹ Information obtained from extensive manual internet search performed 1/2/25. Because no /one keeps an official list of these.

^{1/0} Scores obtained from Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry/Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index Interactive Map. Accessed 1/2/25 at <u>https://www.atsdr.cdc.gov/place-health/php/svi/svi-interactive-map.html.</u> 2022 Prepared County Maps accessed 1/2/25 at <u>https://www.atsdr.cdc.gov/place-health/php/svi/svi-interactive-map.html</u>

CITRUS COUNTY, FLORIDA



(Top 4th)

(Bottom 4th)

Social vulnerability refers to a county. CDC/ATSDR SVI 2022 groups community's capacity to prepare for **sixteen census-derived factors** into and respond to the stress of four themes that summarize the hazardous events ranging from extent to which the area is socially natural disasters, such as tornadoes vulnerable to disaster. The factors or disease outbreaks, to humancaused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability** Index (CDC/ATSDR ability, ethnicity, and vehicle access. **SVI 2022)⁴ County Map** depicts the social vulnerability of communities, at all the variables to provide a census tract level, within a specified

include economic data as well as data regarding education, family characteristics, housing, language Overall Social Vulnerability combines comprehensive assessment.



Agency for Toxic Substances and Disease Registry

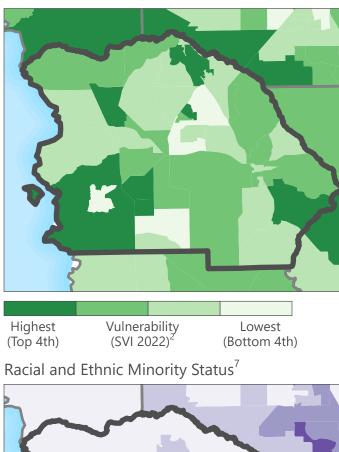
DFL

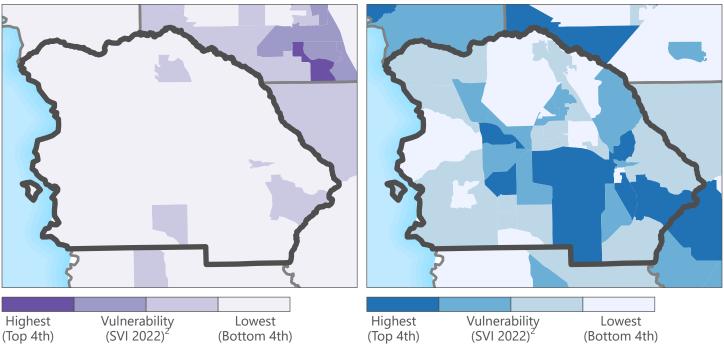
G R A S P

Geospatial Research, Analysis, and Services Program

CDC/ATSDR SVI 2022 - CITRUS COUNTY, FLORIDA

Socioeconomic Status⁵





Data Sources: ²CDC/ATSDR/GRASP, U.S. Census Bureau, ArcGIS StreetMap Premium. Notes: ¹Overall Social Vulnerability: All 16 variables. ³One or more variables unavailable at census tract level. ⁴The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. 5 Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. ⁶Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single-Parent Household, English Language Proficiency. ⁷Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino.⁸Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters Projection: NAD 1983 2011 Florida GDL Albers.

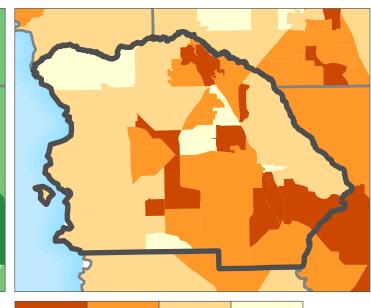
References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. Journal of Homeland Security and Emergency Management, 2011. 8(1). CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.





CDC/ATSDR SVI Themes



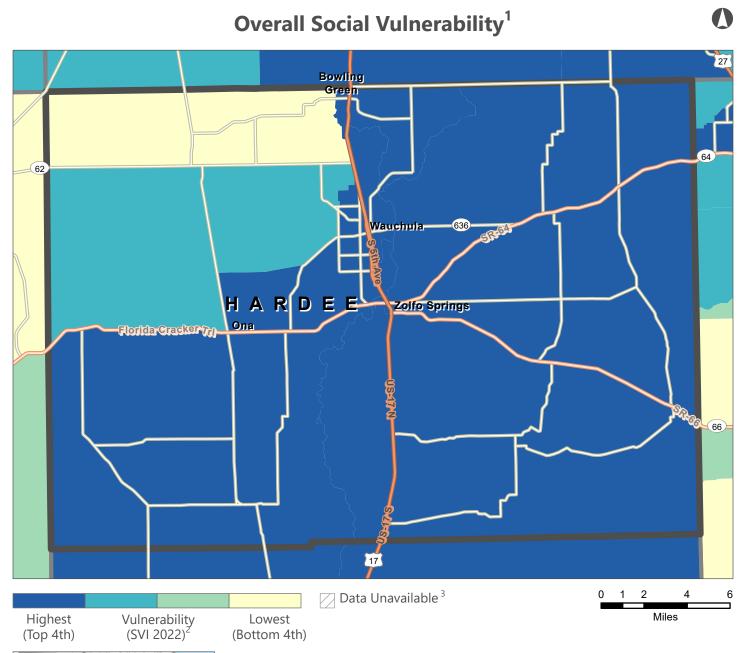


Highest (Top 4th) Vulnerability (SVI 2022)²



Housing Type/Transportation⁸

HARDEE COUNTY, FLORIDA





Social vulnerability refers to a county. CDC/ATSDR SVI 2022 groups community's capacity to prepare for sixteen census-derived factors into and respond to the stress of four themes that summarize the hazardous events ranging from extent to which the area is socially natural disasters, such as tornadoes vulnerable to disaster. The factors or disease outbreaks, to humancaused threats, such as toxic chemical spills. The CDC/ATSDR Social characteristics, housing, language Vulnerability Index (CDC/ATSDR ability, ethnicity, and vehicle access. SVI 2022)⁴ County Map depicts the social vulnerability of communities, at all the variables to provide a census tract level, within a specified comprehensive assessment.

include economic data as well as data regarding education, family Overall Social Vulnerability combines

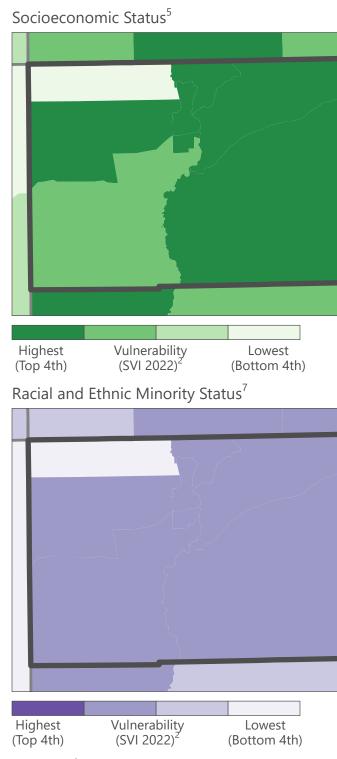


Agency for Toxic Substances and Disease Registry

G R A S P

Geospatial Research, Analysis, and Services Program

CDC/ATSDR SVI 2022 – HARDEE COUNTY, FLORIDA



Data Sources: ²CDC/ATSDR/GRASP, U.S. Census Bureau, ArcGIS StreetMap Premium. Notes: ¹Overall Social Vulnerability: All 16 variables. ³One or more variables unavailable at census tract level. ⁴The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. ⁵Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. ⁶Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single-Parent Household, English Language Proficiency. ⁷Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino.⁸Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters. Projection: NAD 1983 2011 Florida GDL Albers.

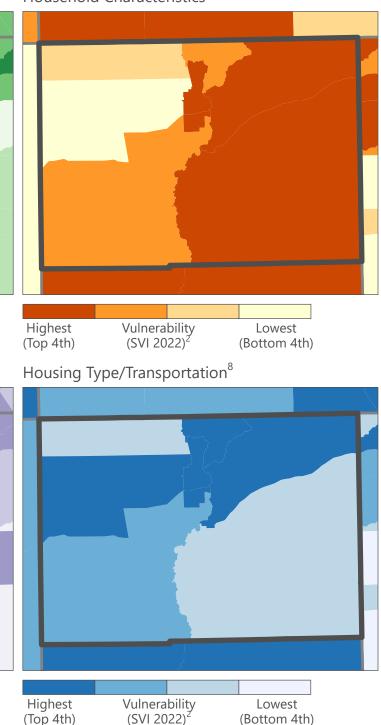
References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. Journal of Homeland Security and Emergency Management, 2011. 8(1). CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.



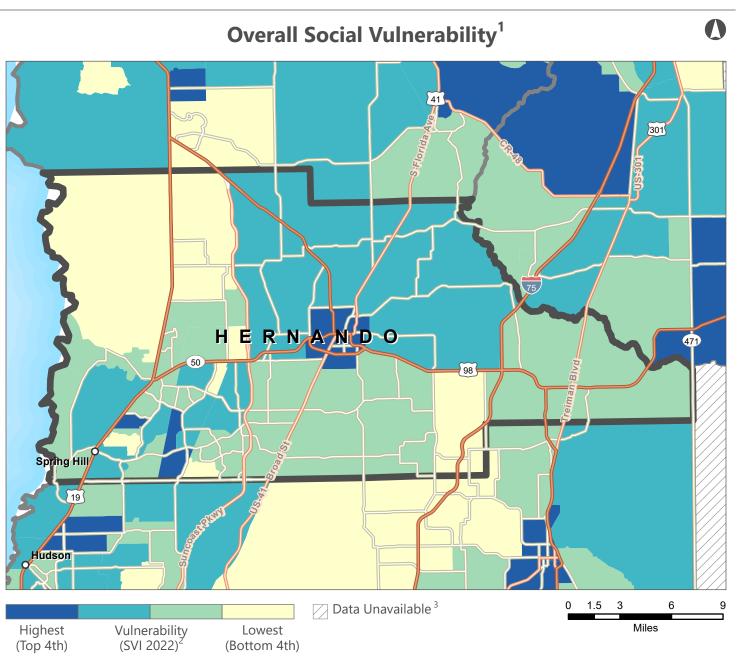


CDC/ATSDR SVI Themes





HERNANDO COUNTY, FLORIDA





Social vulnerability refers to a county. CDC/ATSDR SVI 2022 groups community's capacity to prepare for **sixteen census-derived factors** into and respond to the stress of **four themes** that summarize the hazardous events ranging from extent to which the area is socially natural disasters, such as tornadoes or disease outbreaks, to humancaused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability** Index (CDC/ATSDR ability, ethnicity, and vehicle access. **SVI 2022)⁴ County Map** depicts the social vulnerability of communities, at all the variables to provide a census tract level, within a specified

vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language Overall Social Vulnerability combines comprehensive assessment.



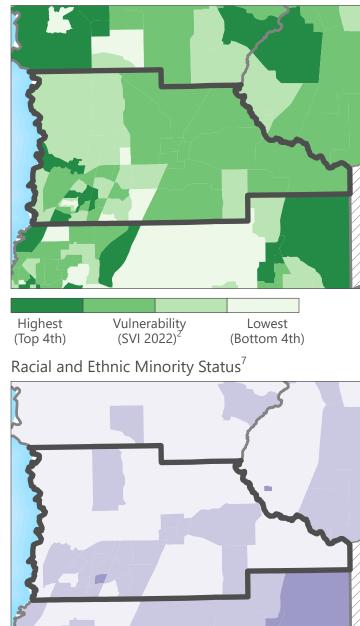
Agency for Toxic Substances and Disease Registry

G R A S P

Geospatial Research, Analysis, and Services Program

CDC/ATSDR SVI 2022 – HERNANDO COUNTY, FLORIDA

Socioeconomic Status⁵



Vulnerability Lowest Highest (Top 4th) (SVI 2022)² (Bottom 4th)

Data Sources: ²CDC/ATSDR/GRASP, U.S. Census Bureau, ArcGIS StreetMap Premium. Notes: ¹Overall Social Vulnerability: All 16 variables. ³One or more variables unavailable at census tract level. ⁴The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. 5 Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. ⁶Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single-Parent Household, English Language Proficiency. ⁷Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino.⁸Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters Projection: NAD 1983 2011 Florida GDL Albers.

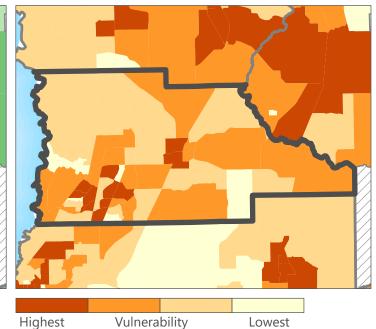
References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. Journal of Homeland Security and Emergency Management, 2011. 8(1). CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.



CDC/ATSDR SVI Themes



Household Characteristics⁶

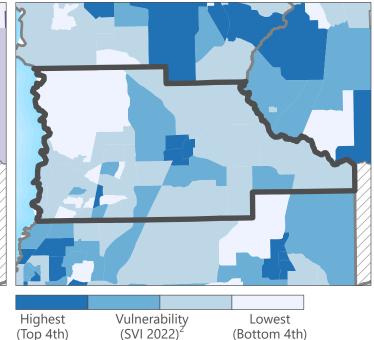


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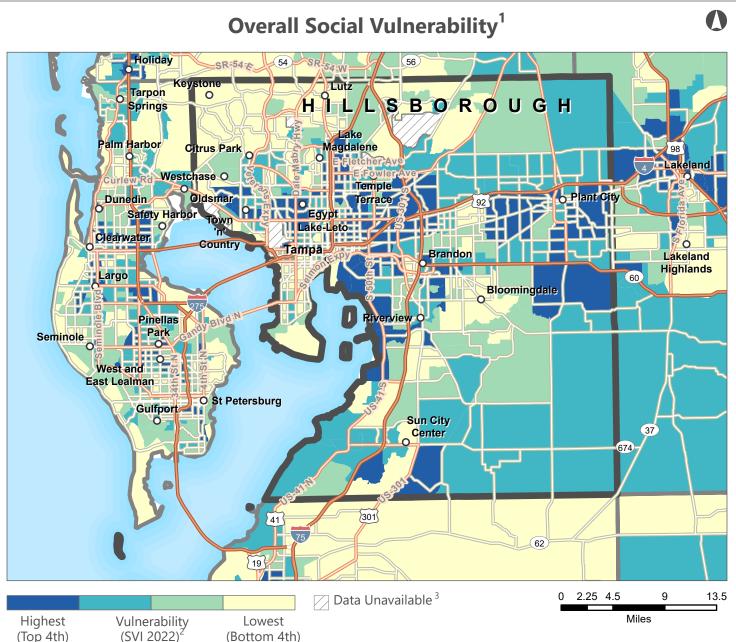
Housing Type/Transportation⁸

(SVI 2022)²

(Top 4th)



HILLSBOROUGH COUNTY, FLORIDA



(Top 4th)

GA

FĽ

 $\mathbf{\Sigma}$

(Bottom 4th)

community's capacity to prepare for sixteen census-derived factors into and respond to the stress of four themes that summarize the hazardous events ranging from extent to which the area is socially natural disasters, such as tornadoes or disease outbreaks, to humancaused threats, such as toxic chemical spills. The **CDC/ATSDR Social** Vulnerability Index (CDC/ATSDR ability, ethnicity, and vehicle access. **SVI 2022)⁴ County Map** depicts the social vulnerability of communities, at all the variables to provide a census tract level, within a specified

Social vulnerability refers to a county. CDC/ATSDR SVI 2022 groups vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language Overall Social Vulnerability combines comprehensive assessment.



Agency for Toxic Substances and Disease Registry

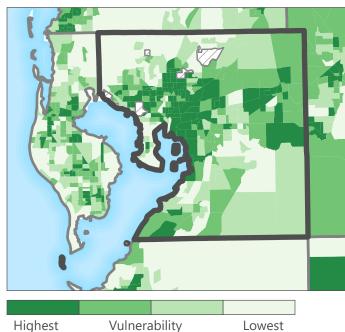
G R A S P

Geospatial Research, Analysis, and Services Program

CDC/ATSDR SVI 2022 - HILLSBOROUGH COUNTY, FLORIDA

(Bottom 4th)

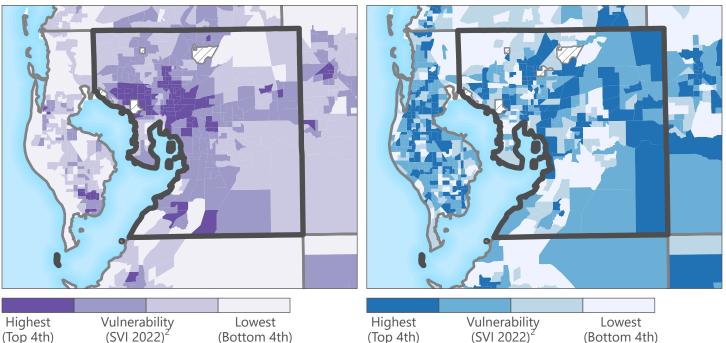
Socioeconomic Status⁵



Racial and Ethnic Minority Status⁷

(Top 4th)

(SVI 2022)²



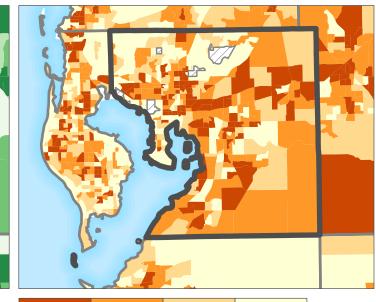
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CDC/ATSDR SVI Themes





Highest (Top 4th)

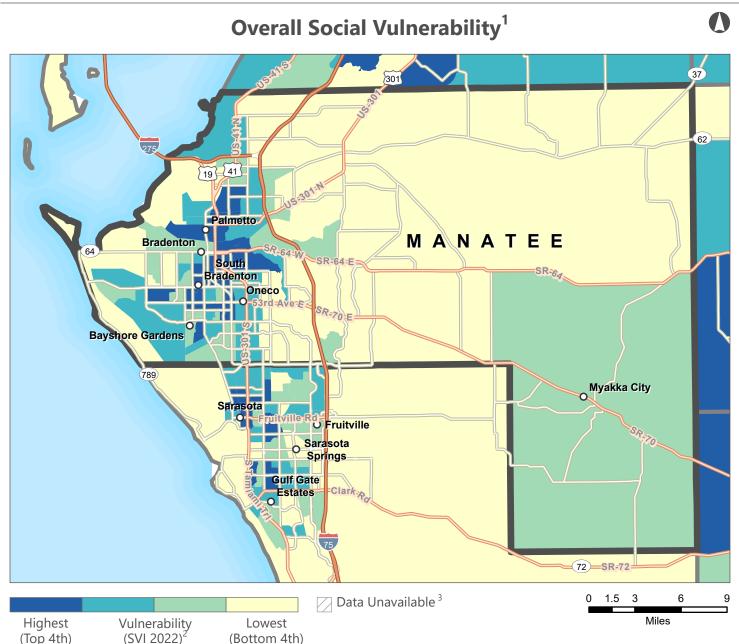
Vulnerability (SVI 2022)²

Lowest (Bottom 4th)

Housing Type/Transportation⁸



MANATEE COUNTY, FLORIDA



GA FĽ (Bottom 4th)

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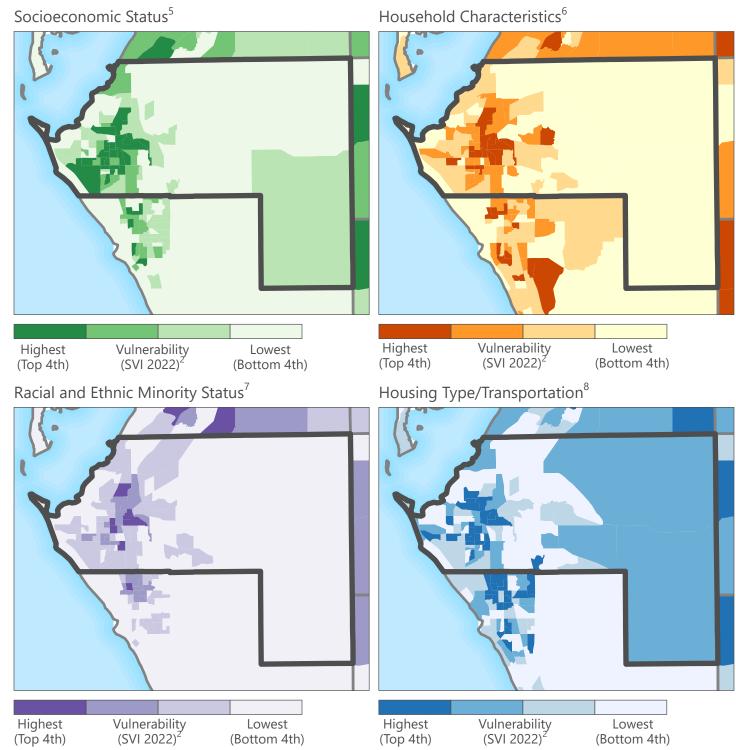
Agency for Toxic Substances and Disease Registry

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G R A S P

Geospatial Research, Analysis, and Services Program

CDC/ATSDR SVI 2022 – MANATEE COUNTY, FLORIDA



Data Sources: ²CDC/ATSDR/GRASP, U.S. Census Bureau, ArcGIS StreetMap Premium. Notes: ¹Overall Social Vulnerability: All 16 variables. ³One or more variables unavailable at census tract level. ⁴The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. ⁵Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. ⁶Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single-Parent Household, English Language Proficiency. 7Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino.⁸Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters Projection: NAD 1983 2011 Florida GDL Albers.

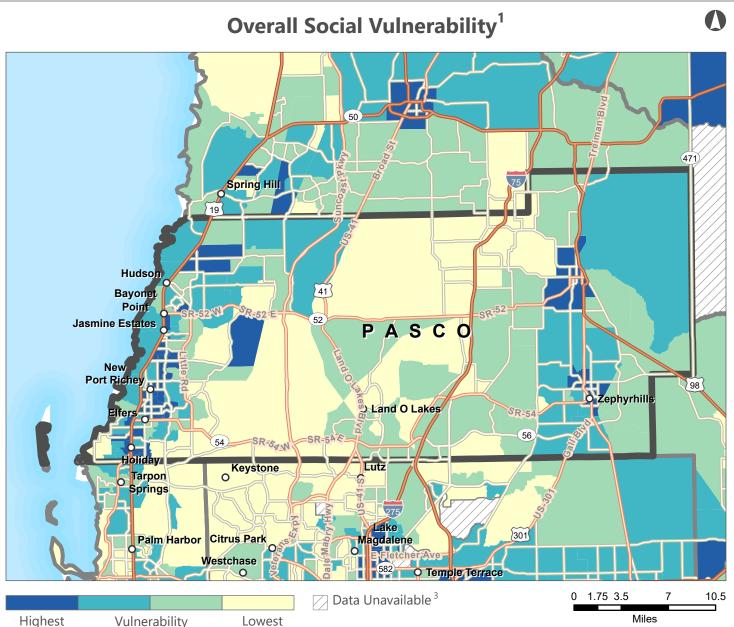
References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. Journal of Homeland Security and Emergency Management, 2011. 8(1). CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.



CDC/ATSDR SVI Themes



PASCO COUNTY, FLORIDA



(Top 4th)

Lowest (Bottom 4th)

community's capacity to prepare for sixteen census-derived factors into and respond to the stress of **four themes** that summarize the hazardous events ranging from extent to which the area is socially natural disasters, such as tornadoes vulnerable to disaster. The factors or disease outbreaks, to humancaused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability** Index (CDC/ATSDR ability, ethnicity, and vehicle access. **SVI 2022)⁴ County Map** depicts the social vulnerability of communities, at all the variables to provide a census tract level, within a specified

Social vulnerability refers to a county. CDC/ATSDR SVI 2022 groups include economic data as well as data regarding education, family characteristics, housing, language Overall Social Vulnerability combines comprehensive assessment.



Agency for Toxic Substances and Disease Registry

(SVI 2022)²

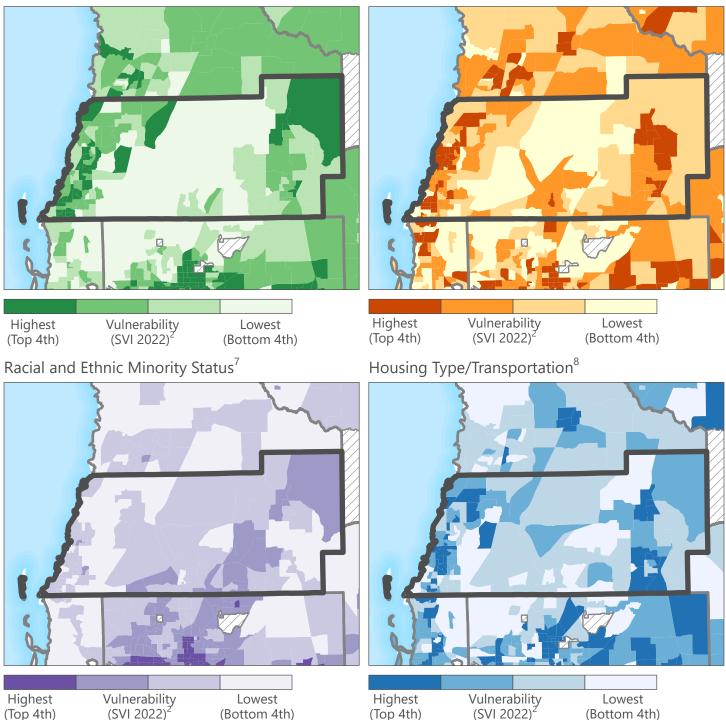
GA

G R A S P

Geospatial Research, Analysis, and Services Program

CDC/ATSDR SVI 2022 – PASCO COUNTY, FLORIDA

Socioeconomic Status⁵



Highest	Vulneral	oility	Lowest	
Top 4th)	(SVI 202	22) ²	(Bottom 4th))
Data Sources: ² C	DC/ATSDR/GRASP	, U.S. Census Bur	eau, ArcGIS Street	Мар

p Premium. Notes: ¹Overall Social Vulnerability: All 16 variables. ³One or more variables unavailable at census tract level. ⁴The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. 5 Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. ⁶Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single-Parent Household, English Language Proficiency. ⁷Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino.⁸Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters Projection: NAD 1983 2011 Florida GDL Albers.

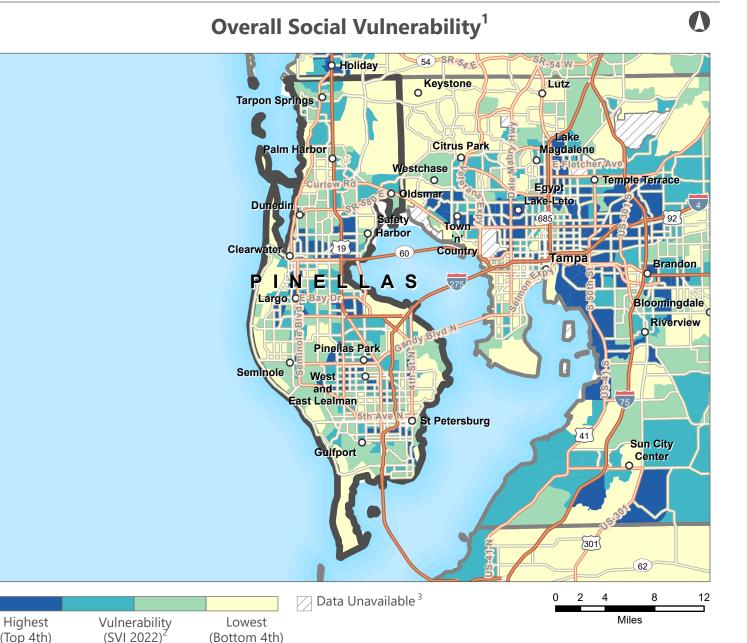
References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. Journal of Homeland Security and Emergency Management, 2011. 8(1). CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.



CDC/ATSDR SVI Themes



PINELLAS COUNTY, FLORIDA



(Top 4th)

GA

(Bottom 4th)

Social vulnerability refers to a county. CDC/ATSDR SVI 2022 groups community's capacity to prepare for sixteen census-derived factors into and respond to the stress of **four themes** that summarize the hazardous events ranging from extent to which the area is socially natural disasters, such as tornadoes vulnerable to disaster. The factors or disease outbreaks, to humancaused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability** Index (CDC/ATSDR ability, ethnicity, and vehicle access. **SVI 2022)⁴ County Map** depicts the

include economic data as well as data regarding education, family characteristics, housing, language Overall Social Vulnerability combines social vulnerability of communities, at all the variables to provide a census tract level, within a specified comprehensive assessment.



Agency for Toxic Substances and Disease Registry

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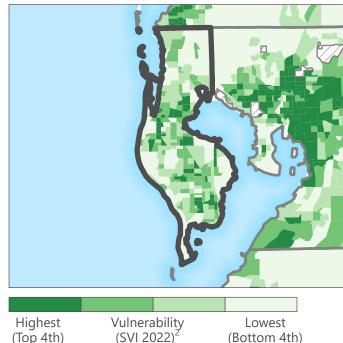
G R A S P

Geospatial Research, Analysis, and Services Program

CDC/ATSDR SVI 2022 – PINELLAS COUNTY, FLORIDA

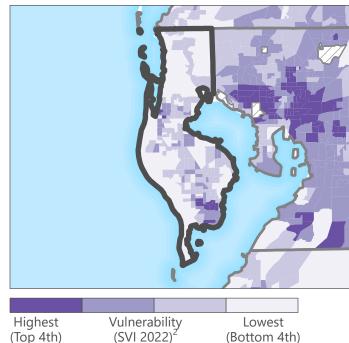
(Bottom 4th)

Socioeconomic Status⁵



Racial and Ethnic Minority Status⁷

(Top 4th)



Data Sources: ²CDC/ATSDR/GRASP, U.S. Census Bureau, ArcGIS StreetMap Premium. Notes: ¹Overall Social Vulnerability: All 16 variables. ³One or more variables unavailable at census tract level. ⁴The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. 5 Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. ⁶Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single-Parent Household, English Language Proficiency. 7Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino.⁸Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters Projection: NAD 1983 2011 Florida GDL Albers.

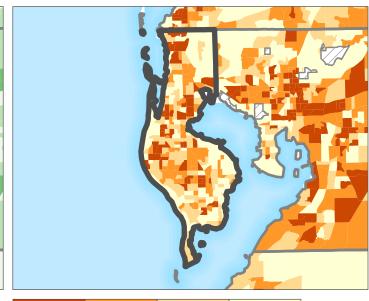
References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. Journal of Homeland Security and Emergency Management, 2011. 8(1). CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.



CDC/ATSDR SVI Themes



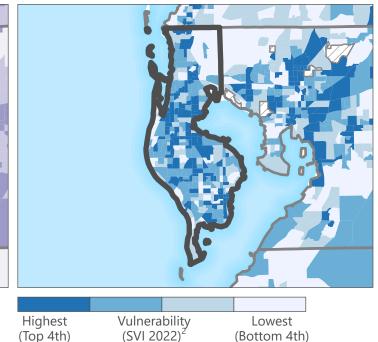
Household Characteristics⁶



Highest (Top 4th) Vulnerability (SVI 2022)²

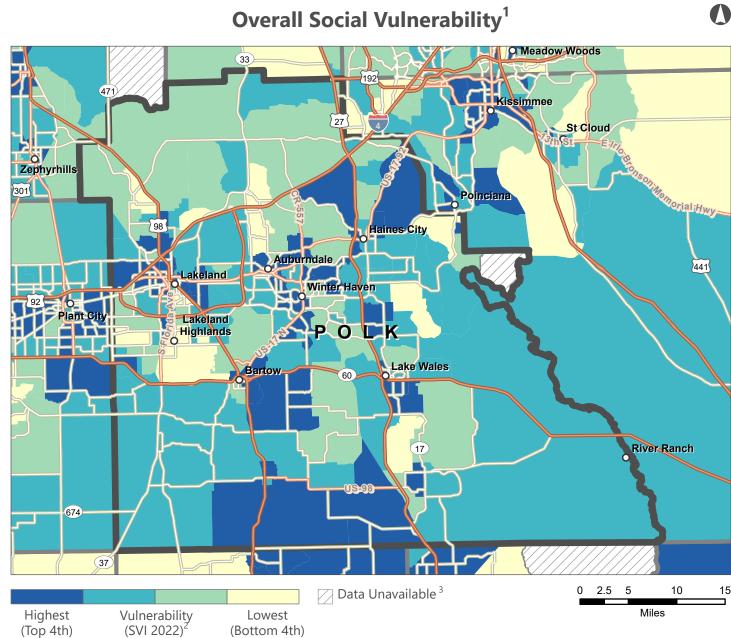
Lowest (Bottom 4th)

Housing Type/Transportation⁸



CDC/ATSDR Social Vulnerability Index 2022

POLK COUNTY, FLORIDA





Social vulnerability refers to a county. CDC/ATSDR SVI 2022 groups community's capacity to prepare for **sixteen census-derived factors** into and respond to the stress of four themes that summarize the hazardous events ranging from extent to which the area is socially natural disasters, such as tornadoes or disease outbreaks, to humancaused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability** Index (CDC/ATSDR ability, ethnicity, and vehicle access. **SVI 2022)⁴ County Map** depicts the social vulnerability of communities, at all the variables to provide a census tract level, within a specified comprehensive assessment.

vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language Overall Social Vulnerability combines



Agency for Toxic Substances and Disease Registry

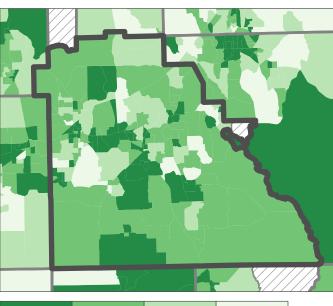
G R A S P

Geospatial Research, Analysis, and Services Program

CDC/ATSDR SVI 2022 – POLK COUNTY, FLORIDA

Lowest

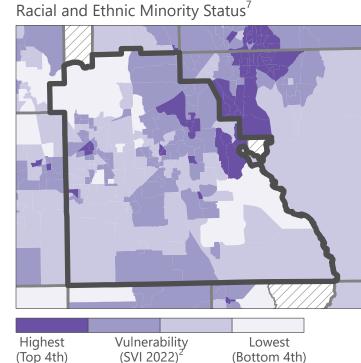
Socioeconomic Status⁵



(Top 4th) (SVI 2022)² (Bottom 4th)

Vulnerability

Highest



Data Sources: ²CDC/ATSDR/GRASP, U.S. Census Bureau, ArcGIS StreetMap Premium. Notes: ¹Overall Social Vulnerability: All 16 variables. ³One or more variables unavailable at census tract level. ⁴The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. ⁵Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. ⁶Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single-Parent Household, English Language Proficiency. ⁷Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino.⁸Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters Projection: NAD 1983 2011 Florida GDL Albers.

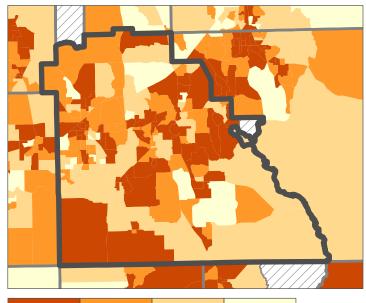
References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. Journal of Homeland Security and Emergency Management, 2011. 8(1). CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.



CDC/ATSDR SVI Themes



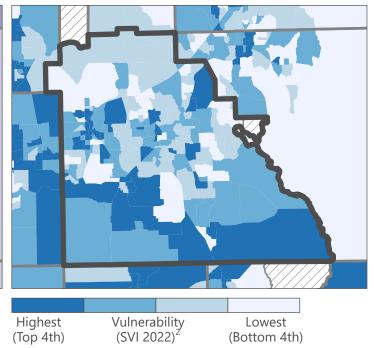
Household Characteristics⁶



Highest (Top 4th) Vulnerability (SVI 2022)²

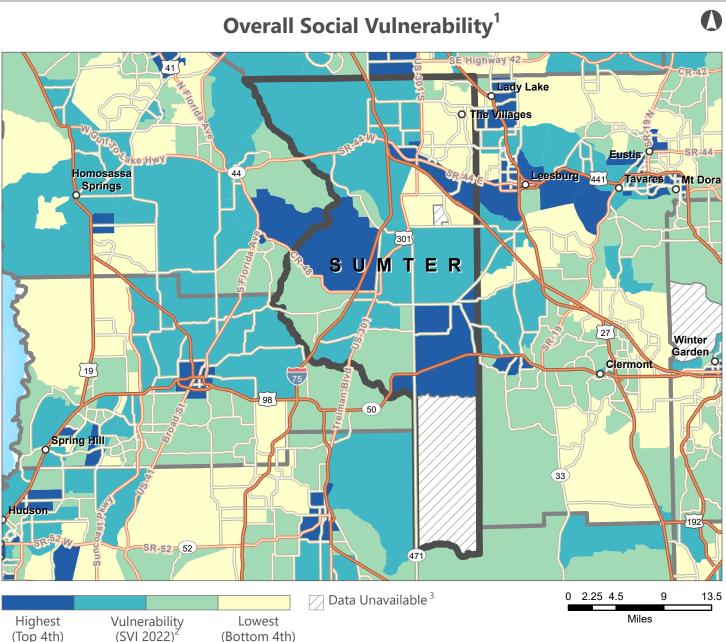
Lowest (Bottom 4th)

Housing Type/Transportation⁸



CDC/ATSDR Social Vulnerability Index 2022

SUMTER COUNTY, FLORIDA



(Top 4th)

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Social vulnerability refers to a county. CDC/ATSDR SVI 2022 groups community's capacity to prepare for sixteen census-derived factors into and respond to the stress of four themes that summarize the hazardous events ranging from extent to which the area is socially natural disasters, such as tornadoes or disease outbreaks, to humancaused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability** Index (CDC/ATSDR ability, ethnicity, and vehicle access. **SVI 2022)⁴ County Map** depicts the social vulnerability of communities, at all the variables to provide a census tract level, within a specified

vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language Overall Social Vulnerability combines comprehensive assessment.



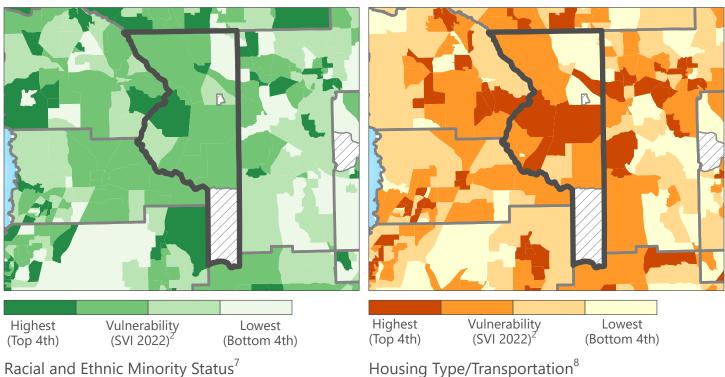
Agency for Toxic Substances and Disease Registry

G R A S P

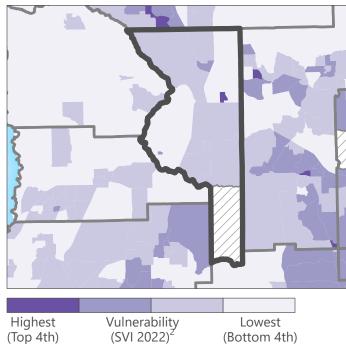
Geospatial Research, Analysis, and Services Program

CDC/ATSDR SVI 2022 – SUMTER COUNTY, FLORIDA

Socioeconomic Status⁵



Racial and Ethnic Minority Status⁷



Data Sources: ²CDC/ATSDR/GRASP, U.S. Census Bureau, ArcGIS StreetMap Premium. Notes: ¹Overall Social Vulnerability: All 16 variables. ³One or more variables unavailable at census tract level. ⁴The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. 5 Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. ⁶Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single-Parent Household, English Language Proficiency. ⁷Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino.⁸Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters Projection: NAD 1983 2011 Florida GDL Albers.

References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. Journal of Homeland Security and Emergency Management, 2011. 8(1). CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

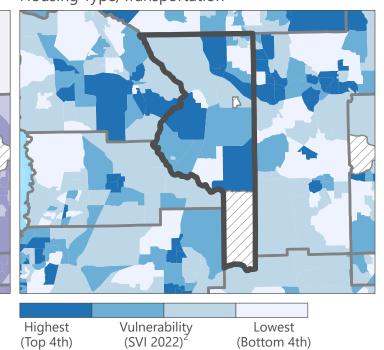




CDC/ATSDR SVI Themes



Household Characteristics⁶



Appendix 3.

Jurisdictional Risk Assessment Report

Florida Public Health Risk Assessment Tool

Florida Department of Health – Region 4

Citrus, Hardee, Hernando, Hillsborough, Pasco, Pinellas, Polk, and Sumter counties

Introduction

Each year, County Health Departments (CHDs) assess the preparedness capabilities and resources available to prepare for and respond to 38 hazards of public health relevance for Florida. This report is an aggregation of county-level data entered in to the Florida Public Health Risk Assessment Tool (FLPHRAT), used to visualize and prioritize the most important hazards for each region, the status of the capabilities, and the level of resources required for those selected hazards.

The tool calculates a Risk Assessment Matrix, including hazard risks and residual risks derived from the hazard probability, vulnerability, impacts, and mitigation indexes. The Risk Assessment is the first step for prioritizing hazards, preparedness capabilities and hazard resources.

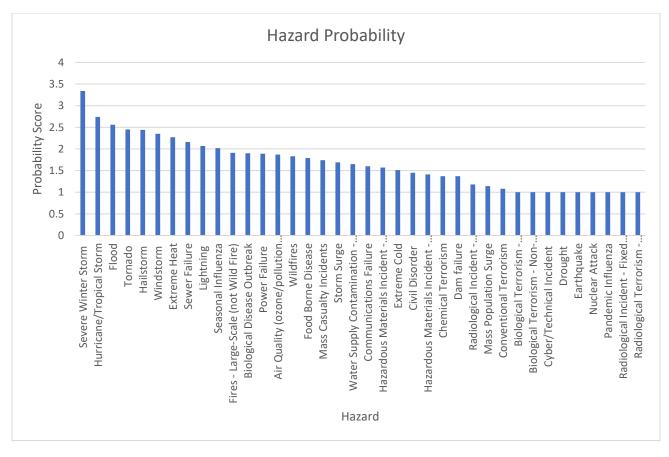
The report illustrates the following datasets entered into the FLPHRAT by each CHD, due in September of each calendar year:

- Hazard probability
- Hazard risk
- Capability assessment
- Capability gap
- Resource assessment
- Resource gap

These datasets are analyzed by the FLPHRAT to provide the residual risk for each hazard. The residual risk scores allow ranking and prioritization of the top hazards for the region. The top 10 residual risk hazards illustrated by this report are:

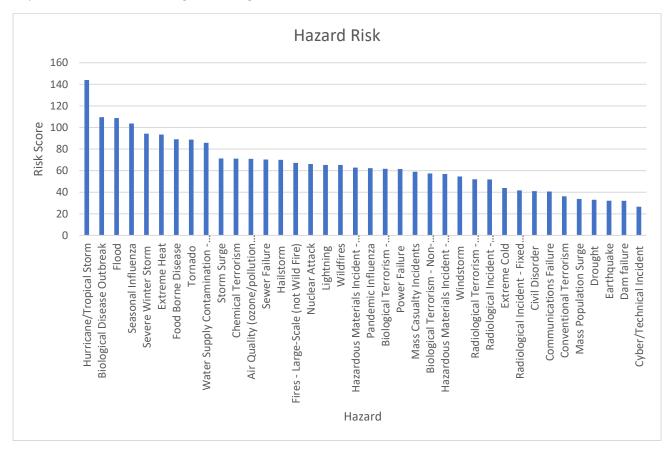
- 1. Hurricanes/tropical storm
- 2. Seasonal influenza
- 3. Biological disease outbreak
- 4. Severe winter storm
- 5. Flooding
- 6. Extreme heat
- 7. Tornado
- 8. Water supply contamination
- 9. Hailstorm
- 10. Food borne disease

Hazard Probability



State-provided probability value of each natural, technological, or manmade hazard.

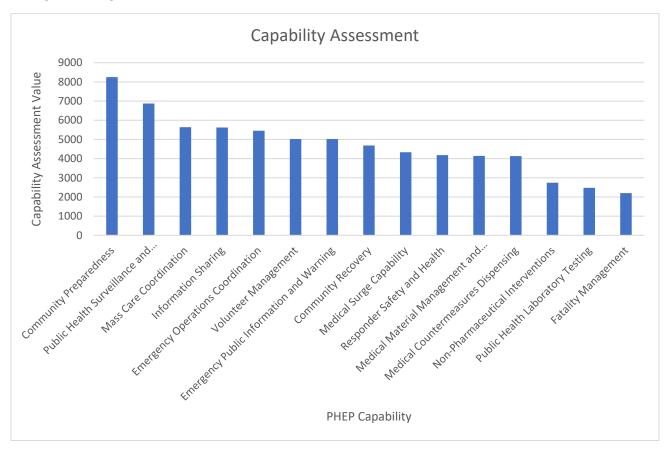
Hazard Risk



Rated risk of each hazard weighted against probability, social and medical vulnerability, and public health impacts. Scores are an average of all Region 4 counties.

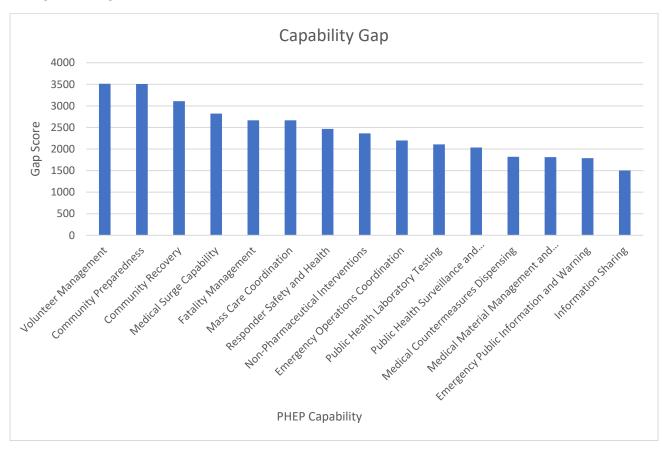
Capability Assessment

Assessment value of each public health emergency preparedness (PHEP) capability. Scores are an average of all Region 4 counties.

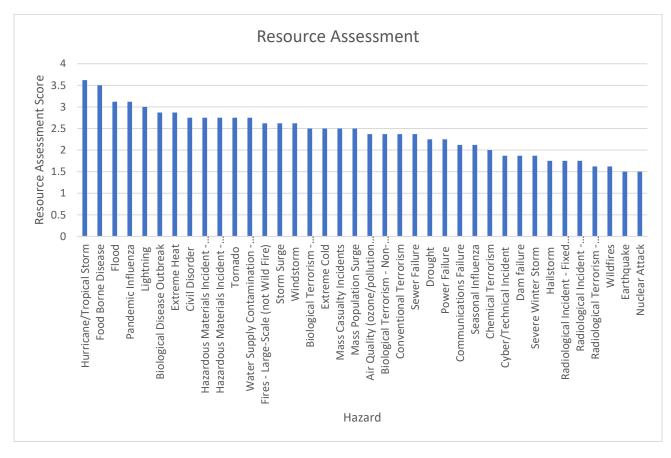


Capability Gap

Gap assessment value of each public health emergency preparedness (PHEP) capability. Scores are an average of all Region 4 counties.



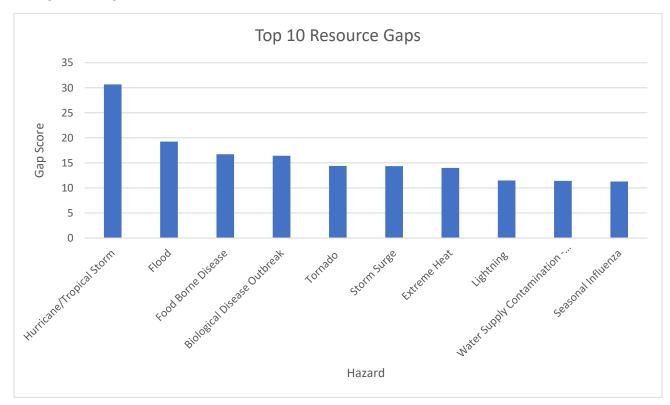
Resource Assessment



Assessment value of resources required to respond to each hazard. Scores are an average of all Region 4 counties.

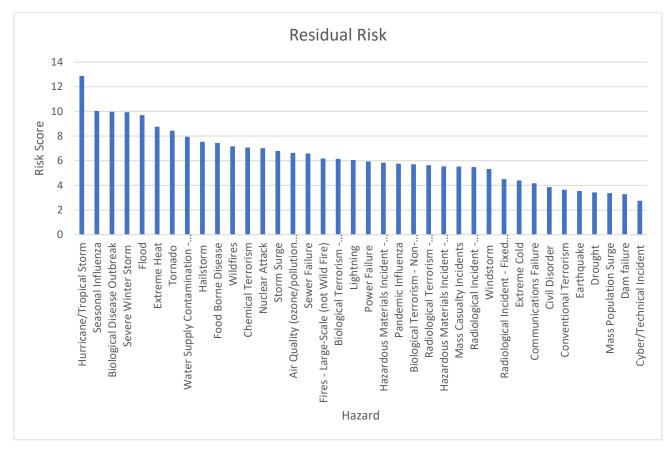
Resource Gaps

Assessment value of top 10 gaps reported in resources required to respond to each hazard. Scores are an average of all Region 4 counties.



Residual Risk

Interaction of the risk with mitigation measures that lessen risks or reduce their impact. Mitigation factors include the capabilities score, resources score, community resilience, and critical infrastructure and key resources.



Appendix 4.



Summary of Actions to Mitigate Gaps

2024-2025 Hazard Vulnerability Assessment and Gap Analysis

Top 10 Resource & Planning Gaps

Cybersecurity & Downtime Preparedness

- Actions Taken
 - o Regional Cybersecurity Training, Plugged In Speaker Series April 2024
 - o Pinellas Participation in Hospital Extended Downtime Exercise August 2024
- Actions Planned
 - Regional Conduct Cybersecurity Assessment
 - Regional Design & Conduct Cybersecurity Tabletop Exercise
 - Regional Design & Conduct Quarterly Downtime Drill April 2025

Healthcare Staffing & Retention

- Actions Taken
 - Regional Support Enhancement of Healthcare Worker Resiliency through Training
 - Regional Provision of Certified Healthcare Emergency Professional Class June 2024
 - Regional EM 101 for Long Term Care Professionals Webinar Collaboration with Jensen Hughes and FHCA – July 2024
- Actions Planned
 - Regional Continue Support Enhancement of Healthcare Worker Resiliency through Establishment of Peer Support Team
 - Regional Provision of Certified Healthcare Safety Professional Class June 2025

Communications Planning & Equipment

- Actions Taken
 - Regional Enhance Coalition Disaster Communication Capabilities with Starlink November 2024
 - Regional Enhancement of Mission Ready Package 15 Emergency Communications
 - Hardee Enhancement to Redundant Communications Capabilities for Healthcare Facilities
 - Multiple Counties Establishment of Disaster Radio Communication Capabilities

- Actions Planned
 - Regional Continue Support Enhancement of Redundant Communications Capabilities throughout the Healthcare System

Healthcare Mental Health & Resiliency

- Actions Taken
 - $\circ \quad {\sf Regional-Support\ Enhancement\ of\ Healthcare\ Worker\ Resiliency\ through\ Training}$
 - o Regional Supported Mental Health Training/Exercise in CFDMC Region July 2024
 - Regional Beyond Basic Mental Health Webinar, Plugged In Speaker Series March 2024
- Actions Planned
 - Regional Continue Support Enhancement of Healthcare Worker Resiliency through Development of the Peer Support Team

Infectious Disease Control & Response

- Actions Taken
 - Regional Provided N-95 Fit Testing Train-the-Trainer Trainings
- Actions Planned
 - Regional Regional Expand provision of N-95 Fit Testing Train-the-Trainer Trainings
 - Statewide Coordination of CDP VILT Trainings on Response to Highly Infectious Disease
 - Regional Long Term Care Facility Infection Control Webinar Collaboration with Jensen-Hughes and FHCA

Evacuation & Shelter Support

- Actions Taken
 - Regional Long Term Care Facility Evacuation Webinar Collaboration with Jensen-Hughes and FHCA – September 2024
 - Regional Expansion of Billeting Mission Ready Packages (cots) to Support Sheltering Operations
 - o Regional TBHMPC Ambubus Rally Training February 2024
 - Polk Development of Ambubus Capability
 - Hillsborough Equipment for Expanding Host Facility Capacity
 - Hillsborough Equipment to Enhance Pediatric Evacuation Capabilities
 - o Pinellas Evacuation Equipment for Multi-Story Facility Evacuations
- Actions Planned
 - Regional Continued Expansion of Mission Ready Package Deployment Processes/Storage to Improve Deployment Timeframes & Efficiency

Medical Surge Equipment & Supplies

- Actions Taken
 - Regional Region-Wide Full Scale Mass Casualty Exercise (Protest Pandemonium 2024)
 - o Pinellas 15 'til 50 Full Scale Exercise April 2024
 - Pasco Emergency Lighting Equipment
- Actions Planned
 - Regional Full Scale Mass Casualty Exercise Spring 2025

o Regional – Support Expansion of 15 'til 50 Planning and Exercises throughout Region

Mass Casualty Incident Response (including Decontamination)

- Actions Taken
 - Regional Hospital Emergency Response Team Training for Mass Casualty Incidents (HERT)
 - o Regional Region-Wide Full Scale Mass Casualty Exercise (Protest Pandemonium 2024)
 - Multiple Counties Enhancement of Hospital Decon Capabilities
 - o Regional Chemical Surge Annex & Tabletop Exercise March 2024
 - Regional Support Stop the Bleed Training throughout Region
 - o Pinellas 15 'til 50 Full Scale Exercise April 2024
 - o Regional TBHMPC Ambus Rally Training February 2024
 - o Multiple Counties Enhancement of Decon, Triage, and Medical Surge Capabilities
 - Sumter Enhancement of Pre-Hospital Mass Casualty Response Capabilities
- Actions Planned
 - Regional Continue Hospital Emergency Response Team Training for Mass Casualty Incidents (HERT)
 - o Multiple Counties Enhancement of Hospital Decon Capabilities
 - o Regional Full Scale Mass Casualty Exercise Spring 2025
 - Regional Continue Supporting Stop the Bleed Training throughout Region

Supply Chain Integrity

- Actions Taken
 - Regional Completion and Annual Updates of Coalition Supply Chain Integrity Assessment
 - Regional Maintain Situational Awareness and Support Communication re: Supply Chain Shortage of Blood and IV Products in 2024
- Actions Planned
 - o Regional Continue Updates of Supply Chain Integrity Assessment
 - o Regional Provision of Certified Healthcare Emergency Professional Class June

Community & Healthcare System Recovery

- Actions Taken
 - Regional Long Term Care Recovery Webinar Collaboration with Jensen Hughes and FHCA – December 2024
- Actions Planned
 - o Regional Provide Additional Planning and Training Opportunities regarding Recovery





Action Requested - TBHMPC HVA Survey, Complete by December 13th

1 message

Hunter Zager - Tampa Bay Health and Medical Preparedness Coalition

Mon, Nov 25, 2024 at 11:09 AM

<notifications@tbhmpc.readyop.com> Reply-To: Hunter Zager <hunter.zager@tampabayhmpc.org> To: hunter.zager@tampabayhmpc.org

Happy Thanksgiving week Coalition Members and Partners!

Today we are requesting your input into our annual **Hazard Vulnerability Assessment (HVA) and Gap Analysis**. This assessment is important, as it identifies our largest risks and helps guide us in our preparedness projects and mitigation activities going forward. The below survey will take less than 10 minutes, and <u>we only need 1 response per organization/facility.</u>

Please answer the survey from the perspective of the health & medical system (i.e. when assessing risk impact, think about how it would impact the larger healthcare system or sector, not just one facility).

Survey Link: https://www.surveymonkey.com/r/RL7J62B

Please complete the HVA Survey by Friday, December 13th.

The survey data will be combined with other local, regional and state data to update the Coalition's HVA for 2024. The final HVA will be posted to the website by January.

Let me know if you have any questions.

Thanks so much for your time and have a very Happy Thanksgiving!

Hunter Zager Preparedness Coordinator Tampa Bay Health & Medical Preparedness Coalition 727.580.2431 (cell) Hunter.Zager@TampaBayHMPC.org



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