

CENTRAL REGION IN-PERSON HEALTHCARE COALITION MEETING

MONDAY, SEPTEMBER 22ND, 2025

Sign-in
Sheet



Central HCC Leader:
Scott Skrivanek

This meeting is supported with funds provided by the New Jersey Department of Health.



Meeting Focuses

- Budget Period (BP) 2 Updates
 - Deliverables Due Dates
- Standing Items
- New Items
- Cross-Specialty Discussions On:
 - Regional Plans & Assessments
 - Training & Exercise Opportunities
 - Hazard Vulnerability Assessment (HVA)
- Updates & Lessons Learned From Group



Budget Period (BP) 2

Gantt Chart – Planned Activities



Notes:

- * = Will be satisfied by FIFA World Cup 2026 per NJDOH
- ** = Federal officials are responsible for administering this exercise, sub-awardee (NJHA/NJHCC) are to, at a base minimum, participate in the exercise
 - Staff will keep members apprised when this exercise begins to gain traction
- Plans:**
 - Includes respective annexes
 - Development/review of existing plans/annexes will be informed by member feedback and expertise utilizing ASPR HPP's templates
- Due dates are subject to change by ASPR/NJDOH

Additional Information Related to BP2

- To see a breakdown of what has changed between the previous 5-year grant cycle (2018-2023) scan the QR Code below.



Standing Items

- **Feedback received from July 2025 Statewide Virtual Call:**
 - Feedback:
 - NJHCC Regional Leaders should be facilitating NJHCC meetings as opposed to NJHCC EM Staff
 - Response/Corrective Action:
 - NJHCC Regional Leaders will facilitate NJHCC meetings with programmatic/admin support from NJHCC EM Staff in the future and when their work schedule allows
- Feedback:
 - Rotating in-person meeting locations
- Response/Corrective Action:
 - Most recently in May 2025, meeting locations were rotated for 2/3 regions – this was met with mixed attendance and responses of accessibility
 - Continued efforts will take place to address this request

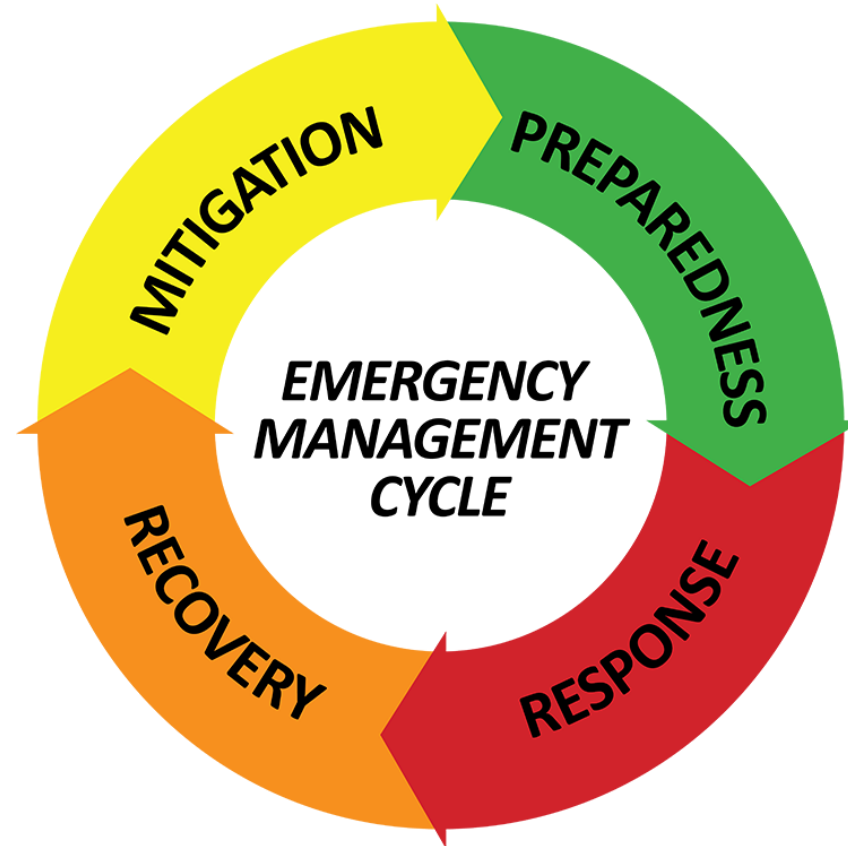
Standing Items (Continued)

- **Feedback received from July 2025 Statewide Virtual Call:**
 - **Feedback:**
 - Review incidents that have occurred before the meeting and invite those people to specifically share and talk about their experience and lessons learned
 - **Response/Corrective Action:**
 - In the past, this suggestion would typically be brought up during the “Member Updates” portion of these meetings or speakers were identified ahead of time to provide a formal presentation in lieu of another SME presenting
 - The NJHCC Regional Leadership and EM Team will seek to improve both of the previously mentioned processes

New Items

- **Do you have any...?**
 - Clarifications
 - Comments
 - Questions
 - Suggestions
 - Support Requests

Regional Plans & Assessments



Required Plans & Annexes

General Reminder:

ALL plans and annexes are living and breathing, **completed** in this case refers to plans & annexes that are ready to be submitted for state and federal review in order to strictly satisfy HPP grant requirements

These plans will **continue to be updated** with input from NJHCC members and partners, as well as AAR/IPs from exercises and real-world events/incidents

Required Plans, Annexes, and Assessments

- **Completed for BP2**

- Readiness Plan – pending completion with NJDOH
- Training & Exercise Plan – Completed with NJDOH

- **Annual Review Needed for BP2**

- COOP – Completed with NJDOH for BP1 (2025)
- Recovery Plan - Updated & Completed in BP1 (2025)
- Response Plan (Annexes Below)
 - Burn – Updated & Completed in BP1 (2025)
 - Chemical - Updated & Completed in BP1 (2025)
 - Pediatric - Updated & Completed in BP1 (2025)
 - Radiological - Updated & Completed in BP1 (2025)

- **Planned for BP2 Collaboration**

- Response Plan (Annexes Below)
 - Infectious Disease/Special Pathogen
 - Information Sharing
 - Medical Surge/Trauma Support
 - Resource Management
- Cybersecurity Assessment
- Extended Downtime Assessment

Regional Plans & Assessments

- **How can we best engage you and your peers in the development process?**
 - Workgroups
 - Meeting-based work sessions
 - Sending out drafts and asking for feedback?
- **Additional considerations**
 - Integration and fit-testing to ensure congruence with existing local/county plans
 - Assist our team in clearly defining what functions you expect the HCC EM Team and the HCCs as a whole to support/champion throughout the EM cycle
 - Certain plans and assessments such as the cyber and extended downtime assessments do **NOT** yet have guidance from ASPR on how to conduct/complete them

Regional Plans & Assessments (Continued)

- **Lessons Learned from Previous Budget Periods (BPs)**

- Engaging HCC members early on in the process and providing enough lead time to secure SMEs
- Noting the timeframe, determined by federal and state partners
- Clearly defining what federal and state partners expect out of each plan and annex
- Updating legacy plans and annexes' format to align with currently accepted structure
- Emphasizing that each plan and annex is “adaptable” and will be updated based on exercises and real-world responses throughout the entire HPP grant cycle

Training & Exercise Opportunities



Training Opportunities

- **Known/Typically Held Trainings:**
 - **NJOEM/NJOHSP ICS, HSEEP, & NDPC Trainings:**
 - Facilitated by NJOEM/NJOHSP Staff
 - Offerings regularly amplified and specialized trainings requested by NJHCC/NJHA Staff
 - **NETEC HCID PPE Donning & Doffing Train the Trainer (TtT):**
 - Facilitated by NETEC – Bellevue Staff
 - Offerings by request made to NETEC- Bellevue Staff via private facility or NJHCC/NJHA Staff
- **Tentative Training Element Updates for the Latter Half of BP2 (2026):**
 - Pending formal certification of NJHCC/NJHA Staff by the end of calendar year 2025
 - Training Support/Offering Ability for...
 - **Hospital Emergency Response Team (HERT)**
 - **ICS: 100, 200, 300, 400, G-191, & E/L/G 402**

Training Opportunities (Continued)

- **Specific Trainings:**

- What trainings do you need to satisfy regulatory requirements?
- What trainings would you like to personally attend or for your team members to attend?

- **Overall Topics of Interest & Need:**

- What topics are you interested in learning more about?
 - Ex. POD Management and PHEP-focused

- **Next Steps:**

- NJHCC/NJHA Staff will...

- Work with NJOEM/NJOHSP/Other Partners to amplify and schedule new offerings of requested trainings

Exercise Opportunities

- **Known/Typically Held Exercises:**

- **Federal Patient Movement Exercise**

- Facilitated by ASPR's & US-VA's NDMS Staff
 - Tentatively being held in 2026 at Trenton-Mercer Airport (TTN)

- **Medical Response Surge Exercise (MRSE):**

- Facilitated by NJHCC/NJHA Staff
 - Typically held annually*
 - * = This year's MRSE is, pending federal approval, being met by response FIFA World Cup 2026

- **PA-FIFA World Cup TTX:**

- Facilitated by PA-FIFA/PHMC Staff
 - Tentatively being held in November in Philadelphia
 - More information to be distributed as it becomes available



Exercise Opportunities (Continued)

- **Exercise Requests & Support Needs:**

- Would you like to see additional exercises conducted by or in partnership with the NJHCC/NJHA?
 - If so, what themes & topics should be explored?
- Are there any exercise gaps that you're experiencing that the Coalitions can help fill?

Hazard Vulnerability Assessment (HVA)

HAZARD AND VULNERABILITY ASSESSMENT TOOL
HAZARDOUS MATERIALS EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK	Notes
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE	EXTERNAL RESPONSE		
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damage</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/Mutual Aid staff and supplies</i>	<i>Relative threat*</i>	
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 or none	0 - N/A 1 - High 2 - Moderate 3 - Low or none	0 - N/A 1 - High 2 - Moderate 3 - Low or none	0 - 100%	
Chemical Exposure, /Cloud From External Source (Fwy, Rail, Plant, etc)	2	3	2	3	3	3	2	59%	
Hazmat Incident Mass Casualty (From historic events at your MC with >= 5 victims)	1	3	1	3	3	3	1	26%	
Hazmat Incident Small Size (From historic events at your MC with < 5 victims)	1	1	1	1	2	3	2	19%	
Large Internal Spill or Release	1	2	2	1	3	3	1	21%	
Radiologic Exposure, External	1	1	1	1	2	2	2	17%	
Radiologic Exposure, Internal	1	0	1	1	2	2	2	15%	
Shelter in Place	1	1	2	3	3	3	2	26%	
Small-Medium Sized Internal Spill	2	1	2	2	3	3	1	44%	
Terrorism, Biological	1	3	1	3	3	3	1	26%	
Terrorism, Blast	1	2	0	3	3	3	2	24%	
Terrorism, Chemical	1	3	2	3	3	3	2	39%	
Terrorism, Radiologic	1	1	1	2	3	3	2	21%	
AVERAGE	1.17	1.75	1.33	2.17	2.75	2.83	1.67	27%	

*Threat increases with percentage.

*Events in Bold have occurred previously

HVA

Current Results

Top Risks

Hazards are ranked according to vulnerability, which is the comparative significance of the threat based on probability, magnitude and mitigation.

Rank	Hazard	Incidents	Vulnerability	Preparedness
1	IT System Outage	11	55%	High: 51 % Medium: 35 % Low: 9 % Not Applicable: 5 %
2	Workplace Violence / Threat	82	27%	High: 32 % Medium: 28 % Not Applicable: 24 % Low: 16 %
3	Infectious Disease Outbreak	2	26%	High: 63 % Medium: 33 % Low: 3 %
4	Active Shooter	2	24%	Medium: 48 % High: 40 % Low: 12 %
5	Fire	12	23%	High: 52 % Medium: 40 % Low: 8 %
6	HVAC Failure	9	23%	High: 60 % Medium: 36 % Low: 4 %
7	Inclement Weather	9	23%	High: 64 % Medium: 32 % Low: 4 %
8	Hazmat Incident	2	22%	High: 40 % Medium: 36 % Low: 24 %
9	Water Disruption	8	22%	High: 48 % Medium: 44 % Low: 8 %
10	Bomb Threat	1	22%	Medium: 52 % High: 32 % Low: 16 %

Top Risks

Hazards are ranked according to vulnerability, which is the comparative significance of the threat based on probability, magnitude and mitigation.

Rank	Hazard	Incidents	Vulnerability	Preparedness
1	IT System Outage	6	56%	High: 57 % Medium: 38 % Not Applicable: 5 %
2	Infectious Disease Outbreak	0	22%	High: 89 % Medium: 11 %
3	Workplace Violence / Threat	66	20%	High: 50 % Not Applicable: 33 % Medium: 17 %
4	Fire	11	18%	High: 50 % Medium: 50 %
5	Active Shooter	0	17%	Medium: 67 % High: 33 %
6	HVAC Failure	5	17%	Medium: 67 % High: 33 %
7	Hazmat Incident	1	16%	Medium: 50 % High: 50 %
8	Sewer Failure	4	16%	Medium: 50 % High: 33 % Low: 17 %
9	Bomb Threat	1	16%	Medium: 67 % High: 33 %
10	Communication / Telephony Failure	4	16%	High: 67 % Medium: 33 %

New Jersey (Statewide)

New Jersey (Central HCC)

Hazard Vulnerability Assessment (HVA)

- **HVA 2025-2026**

- Assessment is currently open and still in the data collection phase
- EM Staff are on hand to provide support and tutorials/walkthroughs & transcription services if you've already completed your HVA independent of eICS

- **Future HVAs**

- Feedback on
 - Cadence
 - Annual
 - Bi-Annual
 - Etc.
- Missing hazards
- Methodology
- Outcomes/What would you like us to do with this data?

Member Updates

- Acute Care
- Assisted Living/Long-Term Care/Post Acute
- Federally Qualified Health Centers (FQHC)
- Public Health
- Offices of Emergency Management (OEM)
- Home Care & Hospice
- Emergency Medical Services (EMS)
- Behavioral/Mental Health
- Government
- Other Stakeholders



Upcoming Meeting Dates & Times

Emergency Preparedness & Emerging Health Threats Meeting with Acting NJDOH Commissioner Jeff Brown

Virtual via Microsoft Teams

Wednesday, October 9th, 2025

10:00 – 11:00 AM EST



CENTRAL REGION HEALTHCARE COALITION

FUTURE AGENDA ITEMS

IF YOU HAVE TOPICS OR INFORMATION THAT YOU WOULD LIKE

REVIEWED / DISCUSSED, PLEASE REACH US AT:

rhcc@njha.com or **[\(800\) 457-2262](tel:(800)457-2262)**

OR VISIT OUR WEBSITE:

www.NJHCC.org



Post-Meeting Feedback Survey & Resource Repository

