SHAWNEE PREPAREDNESS AND RESPONSE COALITION

Readiness Plan

March 2025
Version 4.0

556 N. Airport Road
Murphysboro, IL 62966

Signature Page

This plan has been developed in collaboration with SPARC member organizations. It has been reviewed and accepted by the SPARC Executive Board and the coalition member organizations with authority to approve. This plan addresses the domains set forth by the Hospital Preparedness Program (HPP); it relies on the strong working relationships, and effective networking efforts between all SPARC members and external partners utilizing the National Incident Management System (NIMS) to ensure a collaborative approach to prepare for and manage incidents.

Version 4.0 Approved by the SPARC Executive Board on March 11, 2025.

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Record of Change and Distribution

This document reflects the ongoing work and mission of the Shawnee Preparedness and Response Coalition (SPARC) regional strategies for emergency preparedness and disaster response. Proposed changes shall be reviewed and approved by the SPARC Executive Board, in accordance with their respective Bylaws and guidelines. This document will be revised annually or as needed after exercises, planned events and real-world incidents to identify gaps and to define strategies to address gaps with a collaborative approach to regional preparedness efforts that engages all members of SPARC.

The revised plan will be distributed electronically to each Executive Board Member. A copy of the plan will be posted for general membership on the SPARC website http://www.sparccoalition.com

Version Number	Description of Change	Date of Change	Individual Making Change
	Plan first developed	**3/2020**	
2.0	Incorporated the 6 parts of the National Preparedness System into the Scope of the document and Sections 2.5 – 2.10	9/2021	Tamara Caffey-Bey
3.0	Name of SPARC President	6/2022	Tamara Caffey-Bey
	Name of SPARC Secretary	6/2022	Tamara Caffey-Bey
	Corrected some minor spelling and grammatical errors throughout document	6/2022	Tamara Caffey-Bey
	Updated Table 1 Regional Demographics to reflect Census 2020	5/2022	Tamara Caffey-Bey
	Updated Marion Region RHCC Coordinator title to reflect new title HCC Readiness and Response Coordinator	5/2022	Tamara Caffey-Bey
	Updated Table 2 SPARC Standing Action Teams	5/2022	Tamara Caffey-Bey
	Moved Member Classifications to Appendix A	6/2022	Tamara Caffey-Bey
	Removed CEMP from document and Acronyms/Definitions. CEMP is no longer in use.	6/2022	Tamara Caffey-Bey
	Updated SPARC Regional High-Risk Hazards Chart to reflect most current HVA	6/2022	Tamara Caffey-Bey

	Updated Sections 2.3 – 2.4.2 to reflect change(s) in SPARC Bylaws (updated April 2021).	5/2022	Tamara Caffey-Bey
	Updated TEPW and MYTEP dates in document	6/2022	Tamara Caffey-Bey
	Added RERC to Section 5 Acronyms/Definitions	6/2022	Tamara Caffey-Bey
	Updated HVA in Appendix B Section to most current version	6/2022	Tamara Caffey-Bey
	Updated Bylaws in Appendix A Section to most current version	5/2022	Tamara Caffey-Bey
4.0	Revised entire plan	7/2024	Tamara Caffey-Bey
5.0	Re-name Plan to the Regional Readiness Plan	1/13/2025	Tamara Caffey-Bey
	Change Coalition Assessment Tool (CAT) to Readiness Assessment	2/12/2025	Tamara Caffey-Bey
	Updated HVA	2/12/2025	Tamara Caffey-Bey
	Updated version number	2/12/2025	Tamara Caffey-Bey

Person/Title/Agency	Method of Delivery	Date
Arien Herrmann, HCC Readiness and Response Coordinator	Email	5/31/2022
SPARC Executive Board, HPP Staff	Email	9/9/2024
Arien Herrmann, HCC Readiness and Response Coordinator	Email	1/17/2025
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1. INTRODUCTION

The Shawnee Preparedness and Response Coalition (SPARC) Readiness Plan outlines a structured approach to ensuring coalition-wide preparedness, mitigation, response, and recovery from public health emergencies and medical surges. This plan addresses the specific challenges faced by rural Southernmost Illinois and is designed to improve the healthcare system's resilience over the 24 counties served by SPARC.

The plan aligns with the FY 2024-2028 Healthcare Preparedness Program (HPP) guidelines, focusing on governance, risk identification, workforce readiness, supply chain integrity, coordinated emergency response, and long-term recovery planning. Through collaboration and coordination, SPARC aims to strengthen regional healthcare preparedness and public health response capacities.

1.1 Purpose of Plan

This plan describes the organization and processes of SPARC, which serves as the Health Care Coalition (HCC) for the Southern Illinois/Marion Region supporting ESF-8 activities. It outlines how SPARC coordinates and works collectively with members to develop and test operational capabilities aimed to:

- **Enhance Coordination** between healthcare providers, emergency response agencies, and regional partners.
- **Improve Preparedness** by identifying and addressing gaps in resources and capabilities through risk assessments.
- **Ensure Effective Response** to disasters, including managing medical surges and coordinating the movement of patients.
- **Support Recovery** by outlining long-term strategies for restoring healthcare services and community resilience.
- **Ensure Continuity of Operations** through robust plans addressing both cyber and non-cyber disruptions to health services.

This Plan serves as a resource for SPARC members and response partners to complement each member’s emergency preparedness activities, and link to the SPARC Regional Response and Recovery Plan.

1.2 Scope

This plan applies to all SPARC member organizations, covering healthcare facilities, local health departments (LHDs), emergency medical services (EMS), emergency management agencies (EMA), law enforcement, and public and private partners in 24 rural counties of Southernmost Illinois. It ensures readiness at local, regional, and state levels, focusing on rural and underserved areas that face unique challenges.

It does not circumvent or supersede the authorities of participating entities. This plan is intended to be a fluid document, which continues to evolve as necessary to ensure that SPARC collaborates to build, sustain, and deliver capabilities toward preparedness to increase resiliency of the health and well-being

of the membership and communities served. Section 5 specifically outlines plan activities and timelines for SPARC.

It is expected that healthcare entities and other members of SPARC will develop and maintain their emergency management programs to enhance organizational self-reliance and address community needs.

1.3 Administrative Support

This plan is a "living document." It will be updated as necessary after exercises, planned and real-world incidents. It will be reviewed and approved by the SPARC Executive Board and the coalition member organizations with authority to approve. A copy of the document will be posed for the general membership on the coalition's website.

The plan review includes identifying gaps in the preparedness plan and working with SPARC members and external partners to define strategies to address the gaps.

2. COALITION OVERVIEW

2.1 Introduction/Role/Purpose of SPARC

SPARC helps guide the development of a multi-disciplinary approach to healthcare delivery system preparedness and response capabilities for its member agencies through coordination and collaboration. SPARC's membership includes hospitals, emergency medical services, health departments, emergency management agencies, volunteer organizations, and other community partners located within the 23-county service area. SPARC supports a multi-agency coordination system that supports and integrates with Emergency Support Function 8 (ESF-8) Health and Medical activities.

Mission

To develop and maintain an integrated, diverse network of organizations in Southern Illinois in order to increase Planning, Mitigation, Response, Recovery and overall Resiliency in the event of a natural or man-made disaster.

SPARC promotes a regional approach to healthcare preparedness and medical response that relies on the coordination of healthcare organizations and other response partners. SPARC's activities and purposes include:

1. Combine current preparedness groups into one Coalition truly representing the 'Whole Community.'
2. Recruit appropriate individuals, businesses and groups and local governments to enhance our capabilities.
3. Serve as a centralized point of regional situational awareness, training, and exercise.
4. Provide a Platform for Joint Planning.
5. Assist local jurisdictions with identification and sharing of resources within the region.
6. Provide support to local jurisdictions in the event of a natural or manmade disaster.
7. Provide opportunities to assist coalition membership with securing funding and pooling resources.

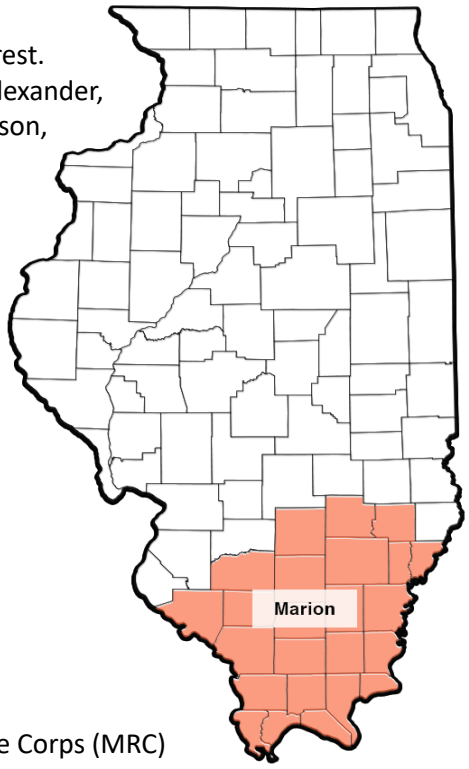
8. Provide a platform for adherence to national performance measures and grant requirements for all applicable entities.
9. Serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations, in agreement with the ASPR Hospital Preparedness Program Cooperative Agreement.

Regional Demographics

Refer to Appendix 5.1 for a breakdown of SPARC regional demographics. The United States Census Bureau releases social, economic, housing, and demographic data for a single geographic area on an annual basis that may be used to assist with emergency preparedness planning. Visit https://www.census.gov/programs-surveys/acs/data.html

2.2. Coalition Boundaries

Figure 1. SPARC Region



Bordered by the Mississippi River, Ohio River, and Wabash River, the region includes rural towns, cities, farmland, and the Shawnee National Forest. The SPARC geographical area includes the twenty-four Illinois counties of Alexander, Clay, Edwards, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jefferson, Johnson, Marion, Massac, Perry, Pope, Pulaski, Randolph[1], Richland, Saline, Union, Wabash, Washington, Wayne, White, and Williamson [See figure 1]. According to the U.S. Census 2020, the population of these 24 counties is 473,678.

2.3 Coalition Members

SPARC membership requires representation from each of the following core disciplines:

- Hospitals
- Emergency Medical Services
- Public Health Agencies
- Emergency Management Agencies

Additional SPARC members include, but are not limited to, the following:

- Behavioral Health Services/Organizations
- Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)
- Dialysis Centers
- Federal Facilities
- Home Health Agencies
- Fire Services
- Law Enforcement
- Non-Governmental Organizations (American Red Cross, voluntary organizations active in disasters)
- Faith-based Organizations

[1] Although in IEMA Region 11, Randolph County is primarily served by the Hope Coalition. In the event of a disaster, medical, or public health emergency, SPARC will coordinate response activities with the Hope Coalition to support Randolph County ensuring resources and assistance are available when needed.

- School/Universities
- Skilled Nursing/Nursing/Long Term Care Facilities

SPARC is a collaborative network of over 100 member organizations with members having independent agency responsibilities and the authority to operate is based on member organization endorsement and support. Membership in SPARC is voluntary and open to any individual or organization within the geographical boundaries that can demonstrate a meaningful and active role in SPARC's mission, vision, and purpose as outlined in the SPARC Bylaws. A SPARC membership roster including contact information is maintained and updated accordingly. Refer to Appendix 5.2.

2.4 Organizational Structure/Governance

In addition to this Plan, SPARC has developed a governance document with specific details, which includes but is not limited to the following:

- SPARC membership
- SPARC organizational structure to support HCC activities, including Coalition Executive Board, committee officers, election or appointment processes, and any necessary administrative rules and operational functions.
- Member guidelines for participation and engagement.
- Policies and procedures, including processes for making changes, orders of succession and delegations of authority, and distribution of assets

Refer to Appendix 5.3 for complete copy of the SPARC Bylaws.

2.5 Preparedness Tools

This section and 2.6 outline how SPARC examines current capability levels through the following tools and processes designed to facilitate and guide ESF-8 preparedness efforts for more resilient and better-prepared communities.

Components of the National Preparedness System[2]	**Coalition Tools & Processes**
Identifying and Assessing Risk	Assessments (i.e., HVA, CAT)
Estimating Capability Requirements	Resource Inventory Assessment
Building and Sustaining Capabilities	Integrated Preparedness Plan (IPP)
Planning to Deliver Capabilities	Coordinate and exercise plans
Validating Capabilities	Drills and exercises
Reviewing and Updating	Review and update capabilities, resources and plans developing AARs/IPs

[2] FEMA (n.d.). *National Preparedness System*. Retrieved from https://www.fema.gov/emergency-managers/national-preparedness/system

2.6 Risks and Gaps

SPARC identifies and prioritizes risks and gaps annually through the Hazard Vulnerability Assessment (HVA) process based on input provided by healthcare facilities, response partners and the community. The regional HVA summarizes key hazards and risks that are most likely to have an impact on the healthcare facility and surrounding community, as well as potential gaps in response systems and resources. Once developed, the regional HVA is updated and

maintained annually with approval from the SPARC Executive Board. SPARC uses the information about these risks and gaps to inform training and exercise and prioritize strategies to address preparedness and response gaps in the region. See Table 2 for top hazards.

In addition, each hospital is conducts an internal HVA that is updated on an annual basis to address regulatory and compliance issues in effort to maintain healthcare readiness.

Table 2. HVA

Region V HCC /SPARC Hazard Vulnerability Assessment - Top 10 Hazards
Hazardous Materials Exposure
Infectious Disease Outbreak
Tornado
Extreme Weather
Cyber Attack
IT System Disruption
Medical Transportation Disruptions
Workplace Violence
Supply Chain & Utility Disruptions
Communications Failure

Refer to Appendix 5.4 for a detailed copy of the annual HVA.

In addition to the HVA, SPARC utilizes the following key components to identify gaps in services or processes.

1. Readiness Assessment
2. After-Action Reports/Improvement Plans
3. Training and Exercise
4. Resource and Supply Management

Readiness Assessment

SPARC completes an annual self-assessment of the coalition's capacity and capability to carry out Notice of Funding Opportunity (NOFO) activities, conduct healthcare preparedness and response operations, and address healthcare readiness gaps. The information is used to inform the Strategic Plan and Response Plan, among other activities.

After-Action Report/Improvement Plans (AAR/IP)

SPARC gathers response gaps information through a debriefing or "hotwash" following exercises and real-world events. Improvement plans highlight regional, local and agency gaps in response. The information is then used to update plans, policies and procedures, as well as inform training and exercise. After Action Reports/Improvement Plans are shared with the SPARC membership through the coalition website.

Training and Exercise

SPARC conducts an annual comprehensive training needs assessment to identify the training and education needs of the members. The Integrated Preparedness Plan (IPP) encompasses three years of forward-looking and documents overall preparedness priorities and activities for SPARC. Coordination of training and exercise events help to prevent duplication of effort, maximize the efficacy of training and exercise appropriations, and present opportunities to fulfill training and education requirements for its members.

A copy of the IPP will be available on the SPARC website. It is designed to be a living document that will be updated and refined annually or as needed.

Resource Inventory Assessment

A resource inventory assessment is documented and updated as needed to assist regional healthcare agencies and facilities in identifying needed resources or supplies to meet the preparedness level of their particular agency. Coalition members and stakeholders may utilize strategies to address supply chain vulnerabilities that include (but are not limited to):

- Accessing stockpile
- Establishing secondary vendors
- Using bulk purchasing to benefit from advantages in pricing and availability across SPARC member facilities

2.7 Compliance Requirement/Legal Authorities

SPARC has no legal authority. In addition to meeting HPP requirements and deliverables, SPARC shall understand federal, state, and local statutory, regulatory, or national accreditation requirements that impact emergency medical care. These include, but are not limited to:

- Crisis standards of care planning, including the identification of appropriate legal authorities and protections necessary to support crisis standards of care activities.
- Centers for Medicare & Medicaid Services (CMS) conditions for participation. (Including CMS-3178-F Medicare and Medicaid Programs: Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Supplies)
- Health Insurance Portability and Accountability Act (HIPPA) Privacy Rule
- Emergency Medical Treatment & Labor Act (EMTALA) requirements
- Occupational Safety and Health Administration (OSHA) requirements
- Licensing and accrediting agencies for hospitals, clinics, laboratories (e.g., The Joint Commission)
- Federal disaster declaration process and public health authorities (e.g., 1135 Waivers)
- Environmental Protection Agency (EPA) requirements

3. COALITION OBJECTIVES

SPARC Executive Board determines operational priorities and set goals and objectives accordingly.

Planning Objectives

- Identify training and exercise needs at the local and regional level to maximize the use of resources and prevent duplication of effort.
- Identify shortfalls in critical resources to align capabilities.

- Develop and maintain regional preparedness plans to establish a framework for member roles and responsibilities and a state of readiness.

Response Objectives

- Facilitate the sharing of information among participating healthcare organizations with jurisdictional EOCs and IDPH to promote common situational awareness.
- Facilitate the sharing of resources through MOUs and/or mutual aid agreements among SPARC members, and support the request and receipt of local, state, and federal assistance.
- Facilitate the coordination of incident response activities for participating healthcare organizations so that strategies and actions support the healthcare response.
- Facilitate the interface between SPARC and relevant jurisdictional authorities to effectively support healthcare system resiliency and medical surge.

3.1 Maintenance and Sustainability of Coalition

SPARC promotes healthcare and medical readiness with support from its member organizations. SPARC members recognize that collaboration through networking, training, and exercising together eliminates duplication of effort and competition for resources.

SPARC is solely funded by way of the Healthcare Preparedness Program (HPP) grant to meet its goals. Strategies to empower and sustain SPARC include the following:

- Continuously involve essential partners in SPARC activities and events
- Conduct nominations and elections for SPARC Officers
- Recruit and engage new community partners
- Explore financial sustainability in the absence of Federal funding
- Processes to implement and document the administrative responsibilities needed to maintain the coalition (e.g., SPARC Bylaws)

3.2 Engagement of Partners and Stakeholders

- The Coalition serves as a platform for introducing new ideas, methods, lessons learned, and technologies that can be leveraged to accomplish its mission.
- SPARC strives to maintain transparency by providing robust exposure of coalition activities.
- Quarterly meetings provide members with a platform for networking, training, and exercising together to break down existing silos and assist members in meeting compliance/regulatory requirements.

3.2.1 Healthcare Executives

SPARC members regularly inform health care executives through internal committees and coalition activities and initiatives through reports and encouraging executives to participate in meetings, trainings and exercises. Executive level buy-in is obtained by identifying day-to-day benefits of being a member of SPARC including, but are not limited to:

- Meeting regulatory and accreditation requirements
- Peer networking and building of partnerships
- Sharing leading practice
- Accessing clinical and non-clinical expertise
- Reducing risks and promoting healthcare and medical readiness

3.2.2 Clinical Advisor

In accordance with ASPR grant requirements, the HCC includes a clinical advisor position to advise coalition activities and planning from a clinical perspective. The clinical advisor provides clinical leadership to the coalition and serve as a liaison between SPARC and medical leadership at the healthcare facilities and agencies. They provide input on SPARC plans, exercises and educational activities to assure clinical accuracy and relevance. They also serve as an advocate to other clinical staff to encourage their engagement in SPARC activities.

3.2.3 Community Leaders

SPARC engages all members of the community. The Coalition's membership includes fire departments, law enforcement agencies, health departments, American Red Cross and others. SPARC members are highly encouraged to participate in community led preparedness efforts, including city and county emergency preparedness planning and exercising.

3.2.4 Children, Pregnant Women, Seniors, Access and Functional Needs

During a disaster, it has been observed that certain at-risk populations, specifically those with access and functional needs require additional response assistance before, during and after a disaster. These additional considerations for at-risk individuals with access and functional needs provide assistance and guidance to healthcare partners regarding activity that may affect healthcare during a disaster. SPARC partners can utilize the HHS emPOWER Map, REST Service and emPOWER AI to access readily available de-identified data on the number of electricity-dependent at-risk Medicare beneficiaries in a geographic area.

Members planning for the needs of these populations, such as hospitals, long term care facilities, assisted living facilities, and behavior health providers, regularly attend SPARC quarterly meetings and contribute to planning processes.

4. WORKPLAN

4.1 Roles and Responsibilities of SPARC Members

The roles and responsibilities of SPARC members for executing the plan are outlined in this section.

1. **Regional Hospital Coordinating Center (RHCC)**: Memorial Hospital of Carbondale leads regional healthcare coordination, including preparedness activities, response during disasters, and recovery.
2. **Local Hospitals and Health Departments (LHDs)**: Responsible for surge planning, implementing health services during emergencies, and ensuring public health preparedness in coordination with the RHCC.
3. **Emergency Medical Services (EMS)**: Will provide pre-hospital triage, patient transport, and coordinate medical resources during mass casualty events.
4. **Emergency Management Agencies (EMA)**: Responsible for local resource coordination and activation of Emergency Operations Centers (EOCs) to support response efforts.

5. **Non-Governmental Organizations (NGOs) and Private Partners**: Provide additional support through resources, volunteers, and specialized expertise during disasters.

5. APPENDICES

5.1 Detailed Plan Activities and Timelines

The activities outlined below address healthcare readiness gaps and provide a comprehensive roadmap for building a more resilient healthcare system across the 24 counties of rural Southernmost Illinois.

1. Establish Governance

Activity	Submission Date	Activity Description
1.1 HCC Governance Document	Submit by January 31,2025	The document will clearly outline leadership roles, decision-making protocols, and coalition structures for hospitals, LHDs, EMS and EMA partners.
1.2 Jurisdiction Information	Submit by January 31, 2025	Updated jurisdiction information covering all 24 counties.

2. Assess Readiness

Activity	Submission Date	Activity Description
2.1 Risk Assessment (RA)	Submit a comprehensive jurisdiction-wide RA every five years. Next submission is due FY 2029.	The RA will identify potential hazards and vulnerabilities that could impact the region and assess their likelihood and potential impact using historical data.
2.2 Hazard Vulnerability Assessment (HVA)	Submit by January 31, 2025	The HVA will focus on key hazards such as floods, tornadoes, earthquakes, agricultural epidemics, and chemical hazards. Will establish priority actions to build and sustain preparedness, response, and recovery capabilities.
2.3 Readiness Assessment	Submit by January 31, 2025	The assessment details the coalition's capacity and capability to carry out Notice of Funding Opportunity (NOFO) activities, conduct healthcare preparedness

		and response operations, and address healthcare readiness gaps. Will inform the Strategic Plan and Response Plan, among other activities.
2.4 Supply Chain Integrity Assessment	Submit by December 31, 2026	The assessment will identify supply chain gaps and develop mitigation strategies for rural healthcare facilities.
2.5 Workforce Assessment	Submit by December 31, 2026	Will assess healthcare workforce readiness, with a focus on shortages in EMS (emergency medical technicians and paramedics) and hospital staffing.
2.6 Cybersecurity Assessment	Submit by June 30, 2025	The assessment will identify vulnerabilities in the healthcare IT systems, with a focus on protecting patient data and critical healthcare operations.
2.7 Extended Downtime Health Care Delivery Impact Assessment	Submit by June 30, 2025	Will assess how the healthcare system will function during prolonged utility disruptions or IT downtimes.

3. Plan and Implement

Activity	Submission Date	Activity Description:
3.1 Strategic Plan for FY 2024-2028	Submit by March 31, 2025	The plan will set clear priorities for building coalition capacity to respond to emergencies.
3.2 Readiness Plan	Submit by March 31, 2025	The plan will align with strategic priorities and identify specific actions to strengthen surge capacity.
3.2.1 Training and Exercise Plan	Submit by March 31, 2025	The plan will outline training and exercises focused on surge capacity, patient

		movement, and crisis communication.
3.3 Response Plan Activities		
3.3.1 Information-Sharing Plan	Submit by June 30, 2025	The plan will establish a real-time communication protocol using platforms like WebEOC and STARCOM 21.
3.3.2 Resource Management Plan	Submit by June 30, 2025	The plan will ensure efficient resource allocation, focusing on managing PPE, ventilators, medications, and other critical supplies during a surge.
3.3.3 Workforce Readiness and Resilience Plan	Submit by December 31, 2025	The plan will ensure healthcare staff have the necessary training, resources and mental health support during emergencies.
3.3.4 Medical Surge Support Plan	Submit by June 30, 2025	The plan will include strategies for deploying regional medical surge resources such as disaster trailers and identifying temporary medical treatment stations (TMTS).
3.3.5 Patient Movement Plan	Submission deadline will be defined when the Readiness Plan is developed.	The plan will ensure coordination for safe patient transfers between facilities.
3.3.6 Allocation of Scarce Resources Plan	Submission deadline will be defined when the Readiness Plan is developed.	The plan will establish protocols for the fair allocation of scarce resources (e.g. ICU beds and ventilators).

4. Continuity and Recovery

Activity	Submission Date	Activity Description
4.1 Continuity of Operations Plan (COOP)	Submit by June 30, 2025	The plan will ensure that essential healthcare services are maintained during emergencies.
4.2 Cybersecurity Support Plan	Submit by June 30, 2026	The plan will address challenges faced by rural healthcare providers in protecting sensitive data and maintaining operations during cyber incidents.
4.3 Extended Downtime Support Plan	Submit by June 30, 2026	The plan will ensure healthcare facilities can continue functioning during extended power outages or IT downtimes.
4.4 Recovery Plan	Submit by June 30, 2026	The plan will outline strategies for restoring healthcare services and rebuilding community resilience after a disaster.

5. Exercise and Improve

Activity	Submission Date	Activity Description
5.1 Medical Response and Surge Exercise (MRSE)	Complete the exercise and submit the MRSE Exercise Reporting Tool by June 30 of each BP.	Will conduct annual exercises focusing on mass casualty incidents and regional coordination.
5.2 Patient Movement Exercise	Complete once within one year of submitting the Patient Movement Plan.	Will test coordination of patient transfers across facilities.
5.3 Federal Patient Movement Exercise	If applicable, complete once every three years, or as required by other cooperative agreement/programs.	Will conduct in coordination with state and federal partners.
5.4 Cybersecurity Exercise	Complete once by June 30, 2027.	Will test the region's readiness to respond to cyberattacks targeting healthcare systems.
5.5 Non-Cyber Extended Downtime Exercise	Complete once between BP3-BP5 (2027-2029).	Will focus on the ability to maintain healthcare operations during

		prolonged IT power outages.
5.6 Exercise to Address Additional Jurisdictional Priorities or Areas of Improvement	Complete once in the five-year period of performance.	Will focus on priority defined in Strategic Plan or Readiness Plan.
5.7 Statewide Exercise	Complete once in the five-year period of performance.	Will align with state-level disaster readiness initiatives.

5.1 SPARC Regional Demographics

Based on data from the American Community Survey (ACS), English is the primary language spoken in all the SPARC counties.

Table 1. Selected Social Characteristics

County	Total Population (Census 2020)	Median Household Income	Average Family Size	% Employment Rate	% Education Bachelor's Degree or Higher	% Disabled Population
Alexander	5,240	$43,523	3.75	43.1%	12.6%	24.0%
Clay	13,288	$57,266	2.94	53.3%	15.6%	18.6%
Edwards	6,245	$59,386	2.84	54.9%	13.9%	20.3%
Franklin	37,804	$53,471	2.92	52.6%	17.1%	20.1%
Gallatin	4,946	$54,626	2.99	53.5%	15.3%	25.3%
Hamilton	7,993	$61,520	2.92	53.9%	18.5%	20.3%
Hardin	3,649	$57,155	3.04	38.1%	12.2%	27.3%
Jackson	52,974	$45,572	2.94	52.5%	35.1%	17.1%
Jefferson	37,113	$61,102	2.92	54.5%	18.4%	18.3%
Johnson	13,308	$65,203	3.46	40.7%	18.8%	18.1%
Marion	37,729	$60,839	2.98	56.1%	17.3%	18.7%
Massac	14,169	$62,584	3.00	53.0%	16.3%	18.8%
Perry	20,945	$59,286	2.86	46.8%	12.3%	20.7%
Pope	3,763	$62,500	3.35	41.6%	16.8%	21.6%
Pulaski	5,193	$43,227	3.55	43.7%	11.9%	24.4%
Randolph	30,163	$68,870	2.89	51.1%	14.2%	20.8%
Richland	15,813	$60,404	2.99	59.5%	18.9%	18.3%
Saline	23,768	$54,945	2.83	51.7%	20.2%	23.1%
Union	17,244	$56,420	2.97	48.4%	20.9%	19.3%
Wabash	11,361	$53,650	2.86	54.7%	18.7%	21.5%
Washington	13,761	$75,652	2.89	61.2%	24.4%	13.5%
Wayne	16,179	$53,107	2.93	54.9%	16.2%	17.2%
White	13,877	$53,097	2.99	51.3%	14.9%	21.3%
Williamson	67,153	$60,135	2.67	55.2%	25.0%	19.2%

Data Source: *US Census Bureau*, American Community Survey, *2020*.

Table 1.1. Total Population by Age Groups, Total

County	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Alexander	250	752	323	506	554	634	923	1298
Clay	773	2270	970	1480	1443	1572	1961	2819
Edwards	403	1028	442	633	722	749	904	1364
Franklin	2153	5956	2890	4112	4180	4772	5476	8265
Gallatin	243	773	357	460	535	600	754	1224
Hamilton	484	1332	616	832	911	902	1178	1738
Hardin	148	516	212	283	355	462	606	1067
Jackson	2858	7374	8855	7459	5650	5326	6336	9116
Jefferson	2226	6041	2778	4260	4481	4552	5263	7512
Johnson	541	1769	984	1918	1787	1750	1884	2675
Marion	2259	6323	2875	4162	4179	4355	5578	7998
Massac	771	2445	1010	1373	1565	1792	2201	3012
Perry	990	3082	1821	2720	2621	2513	2910	4288
Pope	174	521	227	285	350	440	740	1026
Pulaski	258	808	369	531	593	614	832	1188
Randolph	1519	4443	2231	3669	3864	3736	4587	6114
Richland	920	2647	1090	1749	1822	1832	2323	3430
Saline	1369	3928	1780	2627	2664	2865	3377	5158
Union	858	2654	1187	1960	1984	2150	2604	3847
Wabash	666	1831	943	1209	1276	1287	1694	2455
Washington	765	2165	917	1539	1579	1655	2234	2907
Wayne	1025	2742	1149	1718	1798	1864	2339	3544
White	711	2173	1080	1391	1577	1539	2082	3324
Williamson	3782	10839	4759	8040	8602	8397	9291	13443

Data Source: *US Census Bureau*, Decennial Census *2020*.

5.2 SPARC Membership

Acute Care Hospitals

Current SPARC hospital partners include the following:

- Carle Richland Memorial Hospital
- Clay County Hospital
- Deaconess Illinois Crossroads
- Deaconess Illinois Union County
- Fairfield Memorial Hospital
- Ferrell Hospital
- Franklin Hospital
- Hamilton Memorial Hospital
- Harden County General Hospital
- Deaconess Illinois Medical Center
- Marshall Browning Hospital
- Massac Memorial Hospital
- Pinckneyville Community Hospital
- Salem Township Hospital
- SIH Harrisburg Medical Center
- SIH Herrin Hospital
- SIH Memorial Hospital of Carbondale
- SIH St. Joseph Memorial Hospital
- SSM Good Samaritan Hospital
- SSM St. Mary's Hospital
- Wabash General Hospital
- Washington County Hospital

Emergency Medical Services

Current Emergency Medical Services (EMS) partners include the following agencies:

- ARCH Air Medical/Air Methods Corp.
- Carterville Fire Department
- Deaconess Illinois EMS System
- Dowell Fire Department
- Good Samaritan EMS
- Hamilton County Ambulance Service
- Jackson County Ambulance Service
- Johnson County Ambulance
- Joppa Fire Department
- Lakeside EMS
- Lifestar Ambulance Service, INC.
- Litton Ambulance Service, INC.
- Massac EMS
- MedStar Ambulance, INC.
- Pope County Ambulance Service
- Pinckneyville Ambulance Service
- Pulaski County Ambulance Service
- Rural Med, LLC.
- Southern Illinois Regional EMS
- Union County Ambulance Service
- United Medical Response, LLC
- Wayne County Ambulance

Emergency Management Agencies

Illinois Emergency Management Agency and Office of Homeland Security (affected regions 8, 9, and 11) is a SPARC partner representing the following Emergency Management Agencies:

- Centralia Emergency Management
- City of Carbondale EM
- City of Salem Department of EM
- Du Quoin EMA
- Flora/Clay County ESDA
- Franklin County EMA
- Hamilton County EMA
- Hardin County EMA
- Jackson County EMA
- Jefferson County EMA
- Johnson County ESDA
- Marion County ESDA
- Massac County ESDA
- Perry County EMA

- Pulaski County ESDA
- Richland County EMA
- Saline County EMA
- Washington County EMA
- Wayne County EMA
- Williamson County EMA

Public Health Agencies

The following public health departments are SPARC partners:

- Clay County Health Department
- Edwards County Health Department
- Egyptian Health Department
- Franklin-Williamson Bi-County HD
- Jackson County Health Department
- Jefferson County Health Department
- Hamilton County Health Department
- Marion County Health Department
- Perry County Health Department
- Richland County TB and Health Office
- Southern Seven Health Department
- Wabash County Health Department
- Wayne County Health Department
- Washington County Health Department

Behavioral Health Services/Organizations

Current behavioral health partners include the following:

- Arrowleaf
- Centerstone

CERT/MRC

The following volunteer disaster response teams are partners of SPARC:

- Clay County MRC
- Clinton County MRC
- Egyptian MRC
- Franklin-Williamson MRC
- Hamilton County MRC
- Jackson County MRC
- Jefferson County MRC
- Marion County MRC
- South Central Illinois MRC
- Southern Seven MRC
- Wayne County MRC

Dialysis Centers

Current dialysis centers include the following:

- Davita Centralia Dialysis
- Davita Marion Dialysis
- Davita Mt. Vernon Dialysis
- Davita Wayne County Dialysis
- Fresenius Kidney Care Du Quoin
- Fresenius Kidney Care Williamson County
- Fresenius Kidney Care Randolph County
- Fresenius Medical Care

Federal Facilities

Current federal facilities include the following:

- United States Forest Service

Home Health Agencies

Current home health agencies include the following:

- Residential Home Health and Hospice

Infrastructure Companies

Current infrastructure companies include the following:

- AES Solar
- AT&T

Jurisdictional Partners

Current jurisdictional partners of SPARC include the following:

- The City of Carterville

Local Chapters of Healthcare Professional Organizations

Current healthcare professional organizations include the following:

- Illinois Health and Hospital Association

Local Public Safety

The following public safety departments are partners of SPARC:

- Benton Fire Department
- Buckner Volunteer Fire Department
- Cambria Fire Department
- Carbondale Fire Department
- City of Centralia Fire Department
- Cobden Fire Department
- Energy Police Department
- Fairfield Fire Department
- Galatia Fire and Rescue Department
- Goreville Fire Department
- Herrin Fire Department
- Johnson City Fire Department
- Joppa Fire Department
- Makanda Township Fire Department
- McClure-East Cape Girardeau FPD
- Metropolis Police Department
- Mt. Vernon Police Department
- Murphysboro Police Department
- Murphysboro Fire Department
- Perry County 911
- Rural Pope County Fire Protection District
- Sesser Fire Protection District
- Tamms Fire and Rescue
- Wayne County 911
- Williamson County FPD
- Ziegler Fire Department

Medical and Device Manufacturers

N/A

Non-Governmental Organizations

The following are partners of SPARC:

- American Red Cross
- American Red Cross – IL Territory of IN Region
- American Red Cross – KY
- American Red Cross – Western KY Chapter
- Collaboration Healthcare Urgency Group
- MABAS
- The Salvation Army of Southern Illinois

Outpatient Healthcare Delivery

The following are partners of SPARC:

- Metropolis Rehabilitation and Healthcare
- Orthopaedic Institute Surgery Center
- Pain Care Surgery
- Physician's Surgery Center, LLC.
- Shawnee Health Service

Primary Care Providers/Pediatrics/Women's Healthcare

The following are partners of SPARC:

- Heartland Women's Healthcare
- Pediatric Group LLC of Carbondale
- Pediatric Group LLC of West Frankfort
- Southern Illinois Healthcare
- Southern Illinois Healthcare – Medical Group

Public or Private Payers

N/A

Schools/Universities

Current schools and universities of SPARC include the following:

- Ewing Northern Elementary #115
- Illinois Eastern Community College
- Morris Library, Southern Illinois University
- Pinckneyville Public Library
- Robin's Nest Learning Center
- Rosiclare Memorial Public Library
- SIU Behavioral Health Services
- Southern Illinois University
- University of Illinois Extension
- Vienna High School District 13-3

Skilled Nursing/Nursing/Long-Term Care Facilities

Current nursing and long-term care facilities include the following:

- Bryan Manor
- Centralia Manor
- Diamond View
- Doctors Nursing and Rehab Center
- Liberty Village of Carbondale
- Lynwood Estates
- Park Place
- Prairie Living of Chautauqua
- Shawnee Christian Village
- The Voyage Senior Living of Anna

- The Voyage Senior Living Corporate Office
- Wabash Christian Village

Support Service Providers

The following are partners of SPARC:

- Hands of Hope Foundation
- Midland Area Agency on Aging
- The Night's Shield Children's Shelter
- Williamson County Programs on Aging

Specialty Patient Referral Centers

N/A

Other

The following are partners of SPARC:

- Camp Ondessonk
- Mt. Vernon Seventh-Day Adventist Church
- Mt. Zion Missionary Baptist Church
- Noble Seventh-Day Adventist Church
- Illinois Department of Public Health
- Illinois Emergency Management Agency
- Illinois Law Enforcement Alarm System
- Jefferson County Coroner's Office
- Thompsonville Seventh-Day Adventist
- Colmar Enterprises, INC.
- Illinois Public Works Mutual Aid Network
- Veterans Airport of Southern Illinois
- IMERT
- Marion Region V RHCC
- Slay's Restoration, LLC.
- Wayne County Coroner's Office
- Carbondale Eagle's
- Illinois Baptist Disaster Relief
- Jackson County Mass Transit District
- Union Grove Baptist Church
- SIH System Corporate
- Southern Illinois Community Foundation

Member Organizations Outside of Region V

The following organization is a partner of SPARC:

- Randolph County Health Department

5.3 SPARC Bylaws

SPARC Bylaws

Article I

Organization Name and Geographical Area

NAME
The name of this organization shall be Shawnee Preparedness and Response Coalition (SPARC).

HEADQUARTERS
SPARC's principle office shall be located at 556 N. Airport Road, Murphysboro, Illinois 62966.

GEOGRAPHICAL AREA
The Shawnee Preparedness and Response Coalition (SPARC) and its bylaws describe and govern those voluntary, active members from a 24-county region that includes Alexander, Clay, Edwards, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jefferson, Johnson, Marion, Massac, Perry, Pope, Pulaski, Randolph, Richland, Saline, Union, Wabash, Washington, Wayne, White, and Williamson counties in Illinois.

Article II

Purpose and Mission

VISION
A prepared and resilient region.

MISSION
The Shawnee Preparedness and Response Coalition (SPARC) mission is to develop and maintain an integrated, diverse network of organizations in southern Illinois in order to increase Planning, Mitigation, Response, Recovery and overall Resiliency in the event of a natural or manmade disaster.

PURPOSE
This organization will operate to promote collaboration in disaster and emergency preparedness, mitigation, response, and recovery in Southern Illinois, both for its member organizations, and for the whole community. SPARC will consist of various organizations and represent the interests of multiple disciplines in the emergency preparedness realm including but not necessarily limited to: the healthcare system, public health, local business, public service and safety. SPARC shall adhere to the most current version of the ASPR hospital Preparedness Program Cooperative Agreement and the current version of the HHS-ASPR Health Care Preparedness and Response Capabilities. SPARC's activities and purposes include:

1. Combine current preparedness groups into one coalition truly representing the 'Whole Community.'
2. Recruit appropriate individuals, businesses and groups and local governments to enhance our capabilities.

3. Serve as a centralized point for regional situational awareness, training, and exercise opportunities.
4. Provide a Platform for Joint Planning.
5. Assist local jurisdictions with identification and sharing of resources within the region.
6. Provide support to local jurisdictions in the event of a natural or manmade disaster.
7. Provide opportunities to assist coalition membership with securing funding and pooling resources.
8. Provide a platform for adherence to national performance measures and grant requirements for all applicable entities.
9. Serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations, in agreement with the ASPR Hospital Preparedness Program Cooperative Agreement.

Article III

Membership

Membership in SPARC is voluntary and open to any individual or organization within the geographical boundaries that can demonstrate a meaningful and active role in SPARC's mission, vision, and purpose.

Attendance: SPARC Quarterly meeting attendance is necessary to ensure adequate representation of the various disciplines composing the whole community.

Participation: The strength of SPARC is in its membership's collaboration. Members are expected to participate on action team(s), workgroups, projects, strike teams, or task forces to further the interests of the coalition and thus benefit its members.

Member organizations will assign a representative, who will represent and speak on behalf of the organization. If an individual representing an organization withdraws from participation, a new representative should be appointed within 90 days.

MEMBERSHIP CLASSIFICATIONS

There are two classifications of membership within SPARC: Organizational and Individual.

ORGANIZATIONAL MEMBERS

Organizational members include, but are not limited to, Local, Regional, State and Federal governments, Healthcare organizations including Long-Term Care Facilities, Local Health Departments, Emergency Management Agencies, Fire Departments, Law Enforcement agencies, Emergency Medical Services, Private Business, Schools, Colleges & Universities, and Non-Profit, Faith-Based or Volunteer organizations. Representatives from Organizational members may serve on Action Teams and are eligible to vote on Action Team business.

Organizational members may be officially represented by a primary and secondary contact, as submitted on an organization's membership application form. These contacts may be updated with SPARC at any time.

Organizational members are highly encouraged to undertake the following actions:

- Participate in general membership meetings, serve on action teams, and engage in Coalition activities to the best of their abilities.
- Provide SPARC with basic contact information to facilitate communications and information sharing during disasters or planned events.
- Share information related to preparedness and response with appropriate coalition members.
- Provide guidance and technical assistance to the Coalition and our members as appropriate.
- Advocate on behalf of SPARC within the region.
- Develop and maintain organizational level preparedness plans and a state of readiness.
- Participation in data collection and information sharing as appropriate.
- Request/Receive/Maintain supplies and equipment as required.
- Participate in joint planning with local community partners.
- Advise the Executive Board.

INDIVIDUAL MEMBERS

Individual members include individuals not affiliated with a SPARC organizational member, or affiliated with a SPARC organizational member but not listed as the primary or secondary contact within that organization on the SPARC membership application form. Individual members are allowed to serve on Action teams and vote on Action Team business. Individuals are not allowed to vote on general membership matters.

Individual members are highly encouraged to undertake the following actions:

- Participate in general membership meetings, serve on action teams, and engage in Coalition activities to the best of their abilities.
- Develop and maintain personal/family preparedness plans and a state of readiness.
- Advocate on behalf of SPARC within the region.

MEMBERSHIP APPLICATION

Applications for membership may be completed and returned to any officer or action team chair. SPARC Executive Board will set annual membership dues by January 1 if dues are to be charged for the following membership year beginning on July 1.

MEMBERSHIP RESIGNATION

Member Resignation: Members / member organizations may resign at any time with written notice. Coalition property supplied by SPARC shall be returned in good working order within thirty days of

resignation. If membership is resigned prior to the end of the paid membership, those dues will not be refunded.

Article IV
Governance

COALITION EXECUTIVE BOARD
The Executive Board serves as the governing body of the coalition. The responsibilities of the Executive Board are to set coalition policy and procedures, provide fiscal management, and allocate funds and coalition resources.

The Executive Board's duties shall include, but not be limited to:

- Recommends contractual agreements to the fiduciary agent.
- Set membership fees for SPARC.
- Provide oversight to ensure compliance with grant requirements and other program measures.
- Develop and update annually, a coalition strategic plan.
- Establish or disband action teams, both ad hoc and standing, excluding those mandated by these by laws.
- Approval of new members.
- Maintain a conflict of interest policy.

The Executive Board shall meet or confer as necessary and appropriate between the SPARC general membership meetings, to plan SPARC meetings and to carry out routine SPARC business.

The Marion Region RHCC Manager shall serve as the Coalition Administrator and be responsible for coordinating and organizing the work of the Executive Board, signing Coalition documents, and acting as the liaison between the Coalition and the fiduciary agent. The Marion Region RHCC Manager shall serve as a representative on the Executive Board and shall be eligible to serve as an officer.

EXECUTIVE BOARD – STRUCTURE & ELECTIONS
Coalition Executive Board (also identified herein as Executive Board) shall include the following eleven (11) voting representatives:

- The Marion Region RHCC Manager.
- One (1) hospital representative.
- One (1) non-hospital healthcare representative.
- One (1) local health department representative.
- One (1) Emergency Management Agency (EMA) representative.
- One (1) volunteer organizations representative.
- One (1) Emergency Medical Services (EMS) representative.
- Four (4) at large representatives.

If a vacancy in a category cannot be filled by a representative of the respective category, it will become an at large position until the term is completed.

The Coalition Executive Board will also have the following non-voting advisors: IDPH Regional EMS Coordinator, IDPH Regional ERC, and at least one of the IEMA regional coordinators from the IEMA regions affected (Region 8, 9, and 11).

EXECUTIVE BOARD TERMS
Representatives elected to the Executive Board will serve three-year terms and may be reelected without term limits. Elections will take place at the first membership meeting to take place on or after October 1st of each year. At the annual election, all organizational members will be eligible to vote for the representative to fill the position in their respective discipline category. At large candidates will be elected by the membership as a whole. The candidates with the most votes will fill empty at large slots.

Candidates for election may be placed on the ballot by nomination from any member representative or by a candidate's announcement of desire to hold the position. Each year, approximately one third of the Executive Board representative positions will be up for election.

RESIGNATION OF REPRESENTATIVES TO THE EXECUTIVE BOARD
An elected representative of the Executive Board may resign at will. Upon receipt of a written notice of resignation by an Executive Board representative, the President shall call for a special election to take place at one of the next two general membership meetings. This special election shall consist of the members whose representative is resigning. At the special election, a new representative to the Executive Board will be selected to serve the remaining term of the resigned. If the representative submits a notice of resignation less than one hundred (100) days from the end of the representative's term, no special election shall be necessary, and the position will be filled at the next election.

REMOVAL OF A REPRESENTATIVE TO THE EXECUTIVE BOARD
An elected representative of the Executive Board may be removed for cause by a two-thirds (2/3) majority vote of the Executive Board voting representatives, excepting the vote of the representative to whom the vote is being taken.

Representatives of the Executive Board must maintain the capability to represent the agencies to which they were elected to represent. If a representative leaves or is terminated by the organization to which he or she was affiliated with during the representative's last election, the representative must become affiliated with a substantially similar organization who is a member organization prior to the next Executive Board meeting or within 30 days of the severed relationship, whichever comes last.

Article V
Executive Committee Officers

PRESIDENT
The President is elected by the Executive Board and chairs the Executive Board and general membership meetings, and, along with the Coalition Administrator, represents the Coalition in official capacities.

VICE-PRESIDENT
The Vice President is elected by the Executive Board. In the event that the President cannot facilitate a meeting, or represent SPARC in his or her official capacity, the Vice-President would be expected to substitute.

SECRETARY
The secretary is elected by the Executive Board and ensures attendance and meeting minutes are taken and recorded for each Executive Board and general membership meeting conducted and that this information is available to members in a timely manner for inspection and conduct of business. The secretary will aid in the development of meeting agendas for the Executive Board, and general membership meetings and will make the meeting agenda available for applicable meeting participants not less than 72 hours prior to the meeting.

TREASURER
The treasurer is elected by the Executive Board and keeps record of coalition funds and expenditures and presents a report at Executive Board meetings and general membership meetings. The Treasurer will chair the Finance Action Team.

ELECTION / REPLACEMENT OF ALL OFFICERS

a) Election for Executive Board officers will occur at the first regularly scheduled Executive Board meeting after the October general membership meeting.
b) All elections will be by simple majority vote of the voting members of the Executive Board. The President and Vice President are eligible for up to three consecutive terms. The Secretary and Treasurer shall have no term limits.
c) All officer positions are "at-will" positions and therefore an officer may be removed from office for just cause by 2/3 majority vote of the voting representatives of the Executive Board.
d) In the event of an officer removal or resignation, the Executive Board will conduct an election at the next regularly scheduled meeting to replace that officer. The replacement will complete the term of the person leaving.

Article VI

Action Teams

The Executive Board may form action teams that are created on a permanent or as-needed basis. The Executive Board will outline the action team's expectations, timelines, goals and any other pertinent functional details of the newly formed action teams.

STANDING ACTION TEAMS
The function of standing action teams is to conduct business on behalf of the coalition and progress toward reaching the coalition's goals and objectives. Standing action teams are obligated to provide recommendations to the Executive Board regarding their particular area of focus.

SPARC standing action teams include, but are not limited to:

- Training, Education and Exercise Action Team
- Planning Action Team
- Finance Action Team

Action teams may or may not be given a budget and authority to spend money at the discretion of the Executive Board. Action teams will have a named action team chair that will ensure the action team meets regularly as needed to accomplish its purpose. Each action team has an assigned Executive Board sponsor on the action team. The sponsor is responsible for chairing the action team or appointing a

chair from within the action team. Action Teams will maintain minutes and action team chairs will give a progress report to the membership at meetings.

Article VII

Order of Business

GENERAL MEMBERSHIP MEETINGS

SPARC general membership meetings are held minimally four times per year on a scheduled day and time as determined by the Executive Board.

The manual used to ensure adherence with proper procedure during all meetings is Robert's Rules of Order, Newly Revised, 11th Edition (RONR). Any procedures or rules in these bylaws or other adopted SPARC rules supersede RONR. Any conflict between rules will be resolved in the following ranking:

1. The applicable law of the land
2. SPARC Bylaws
3. Action Team rules
4. Robert's Rules of Order, Newly Revised, 11th Edition
5. IDPH Director or Deputy Director of OPR

Quorum

A quorum for conducting business of the Membership shall consist of the number of persons present in person at the time.

Voting

Voting will be done by written ballot or show of hands. Proxy votes are not allowed.

- Electronic voting is not allowed.
- Electronic attendance to meetings is allowed.

Any votes on all matters, with the exception of bylaws revisions, must carry with a simple majority of those organizational members present to be considered valid. Revisions of the bylaws require a two-thirds majority of those organizational members present to be considered valid. Each member organization only gets one vote per action item.

Voting members must abstain from voting on any proposal that would present a conflict of interest for that individual member, including an abstention from voting on proposals that would result in individual and personal financial benefit. Abstentions do not count as 'no' votes.

Standing agenda items include

a) Call to Order
b) Updates and Announcements
c) Action Team Reports
d) Old business
e) New business
f) Any other items appropriate for Coalition discussion or activity, e.g. exercise lessons learned and best practices; upcoming calendar items; other grant activity, etc.
g) Adjournment

EXECUTIVE BOARD MEETINGS

SPARC Executive Board meetings are held minimally six times per year on a scheduled day and time as determined by the Executive Board. The Executive Board President and/or Coalition Administrator may call an "emergency Executive Board meeting" with 24 hours' notice. The Executive Board President and/or Coalition Administrator will notify Executive Board representatives by e-mail or phone of such meetings and will include in this notice a succinct reason for calling the meeting.

The manual used to ensure adherence with proper procedure during all meetings is Robert's Rules of Order, Newly Revised, 11th Edition (RONR). Any procedures or rules in these bylaws or other adopted SPARC rules supersede RONR. Any conflict between rules will be resolved in the following ranking:

1. The applicable law of the land
2. SPARC Bylaws
3. Action Team rules
4. Robert's Rules of Order, Newly Revised, 11th Edition
5. IDPH Director or Deputy Director of OPR

Quorum

A quorum for conducting business of the Coalition Executive Board shall consist of a simple majority of the Executive Board voting representatives.

Voting

Voting will be done by roll call vote, written ballot, show of hands, or electronic vote. Proxy votes are not allowed.

- Voting on fiscal matters must be by roll call vote.
- Electronic voting is allowed.
- Electronic attendance to meetings is allowed for Executive Board meetings.

Any votes on all matters, with the exception of bylaws revisions, must carry with a simple majority of those voting representatives present to be considered valid. Revisions of the bylaws require a two-thirds majority of those present to be considered valid.

Voting representatives must abstain from voting on any proposal that would present a conflict of interest for that individual representative, including an abstention from voting on proposals that would result in individual and personal financial benefit. Abstentions do not count as 'no' votes.

The approval process for regional projects will ensure that appropriate proportional representation of healthcare coalition members' input over coalition plans, exercises, and expenditures, avoiding undue influence by any one entity or family of related entities.

Standing agenda items include:

a) Call to Order
b) Approval of Previous Minutes
c) Updates and Announcements
d) Action Team Reports
e) Old business
f) New business
g) Any other items appropriate for Coalition discussion or activity, e.g. exercise lessons learned and best practices; upcoming calendar items; other grant activity, etc.

h) Adjournment

ARTICLE VIII

Distribution of Assets

Normal Times

During normal times, SPARC assets will be distributed based on the needs presented on a "first come, first served" basis when assets are available to meet that need.

Contingency Times

During contingency times, SPARC may ration the distribution of assets and implement strategies to provide assets to meet the greatest number of needs.

Crisis Times

During a crisis, SPARC may distribute assets where SPARC assets may provide the greatest impact on regional needs.

Replacement and/or repair of SPARC assets will be part of the Recovery Process and will begin whenever the asset is distributed out to the region. The annual budget may be amended, with approval, to replace or repair damaged assets as soon as possible after an incident.

Article IX

Amendments

These By Laws may be amended at any general membership meeting of SPARC by a joint consensus of a 2/3 majority of the voting membership present, provided the amendment has been submitted in writing and approved by a minimum 2/3 majority vote by the Executive Board. The Executive Board will introduce proposed changes to the membership for a vote at the next regularly scheduled General Membership Meeting.

ACRONYMS
EMS – Emergency Medical Service
ERC – Emergency Response Coordinator
IEMA- Illinois Emergency Management Agency
IDPH- Illinois Department of Public Health
RHCC – Regional Hospital Coordinating Center
SPARC – Shawnee Preparedness and Response Coalition
OPR- Office of Preparation and Response

Created: April 2014
Revised: July 2017; April 2019; April 2021; October 2023

5.4 Hazard Vulnerability Assessment

Shawnee Preparedness and Response Coalition (SPARC) FY2025 Hazard Vulnerability Assessment (HVA)

Introduction

The FY2025 **Hazard Vulnerability Assessment (HVA)** for **SPARC** identifies and ranks the top ten hazards impacting **healthcare resilience, emergency response, and business continuity** in Southern Illinois. This assessment incorporates data from **FEMA, the National Weather Service (NWS), the USDA, the Cybersecurity and Infrastructure Security Agency (CISA), and other sources** to evaluate probability, human impact, property damage, business disruption, preparedness levels, and response capabilities.

This **risk-based approach** is designed to **prioritize resources, strengthen emergency preparedness, and improve healthcare system resilience**.

Top 10 Hazards and Risk Assessment

Each hazard is assessed based on likelihood, impact, and preparedness.

Hazard	Probability	Human Impact	Property Impact	Business Impact	Preparedness Level	Internal Response Capability	External Response Capability	Risk Score (%)
1. Hazardous Materials Exposure (Chemical Spills, Radiological Exposure)	High	High	High	High	Low	Moderate	High	**57%**
2. Infectious Disease Outbreak (Pandemic, Localized Outbreaks)	High	High	Moderate	High	Moderate	Moderate	High	**50%**

Hazard	Probability	Human Impact	Property Impact	Business Impact	Preparedness Level	Internal Response Capability	External Response Capability	Risk Score (%)
3. Tornado	High	High	High	High	Moderate	Moderate	High	**50%**
4. Extreme Weather (Flooding, Ice, Drought, Heatwaves)	High	High	High	High	Moderate	Moderate	High	**47%**
5. Cyber Attack (Ransomware, System Breach, Data Loss)	High	Moderate	High	High	Moderate	Low	Moderate	**47%**
6. IT System Disruption	High	Moderate	High	High	Moderate	Low	Moderate	**47%**
7. Medical Transportation Disruptions (Ambulance Delays, Road Closures, Fuel Shortages)	Moderate	Moderate	Moderate	High	Low	Moderate	Moderate	**47%**
8. Workplace Violence (Active Shooter, Assault, Staff Threats)	Moderate	High	Moderate	High	Moderate	Moderate	Low	**43%**
9. Supply Chain & Utility Disruptions (Medical, Food, Fuel, Water, Power Grid Failure)	High	High	High	High	Moderate	Moderate	Moderate	**43%**

Hazard	Probability	Human Impact	Property Impact	Business Impact	Preparedness Level	Internal Response Capability	External Response Capability	Risk Score (%)
10. Communications Failure (StarCom21, Cellular, Internet, 911 Outages)	Moderate	Moderate	Moderate	High	Low	Moderate	High	**30%**

Risk Analysis & Mitigation Strategies

1. Hazardous Materials Exposure (HazMat) - 57%

Threats:

- Chemical spills, radiological exposure, industrial accidents
- Agricultural chemical exposure (fertilizers, pesticides, ammonia leaks)
- Transportation of hazardous materials via **railroads (Union Pacific, BNSF) and highways (I-57, I-24, US-51)**

Historical Incidents & Data:

- **Granite City, IL (2022)**: A hazardous chemical leak at a **steel plant** caused evacuations.
- **Metropolis, IL (2017)**: Uranium processing plant reported a **radiological exposure incident**.
- **EPA Data (2023)**: Over **150 hazardous material spills** reported annually in Illinois.

Mitigation Strategies:

✓ Conduct **regional CHEMPACK training** for hospitals and first responders.
✓ Establish **decontamination stations** at healthcare facilities.

✓ Stockpile **PPE, portable chemical detection devices, and neutralization kits**.
✓ Improve **inter-agency coordination** with IDPH, IEMA, and FEMA.

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2. Infectious Disease Outbreak - 50%

Threats:

- COVID-19 variants, RSV, and seasonal influenza
- Antibiotic-resistant bacteria and emerging zoonotic diseases (H5N1, Ebola, Marburg)
- High rural healthcare burden with **limited ICU capacity** in Southern Illinois

Historical Incidents & Data:

- **COVID-19 (2020-2023)**: Led to **healthcare system collapse** in many rural areas.
- **H1N1 Pandemic (2009)**: Over **12,000 deaths in the U.S.** and **increased ICU hospitalizations**.
- **Measles resurgence (2023)**: CDC reported **record-high cases** due to vaccine hesitancy.

Mitigation Strategies:

✓ Maintain **vaccine and PPE stockpiles**.
✓ Expand **telehealth infrastructure** to reduce in-person exposure.
✓ Develop **alternative staffing models** for surge capacity.
✓ Implement **mobile testing, isolation units, and rapid response teams**.

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3. Tornado - 50%

Threats:

- Severe wind damage, infrastructure collapse, mass casualties

- **Illinois averages 54 tornadoes per year** (NOAA)

Historical Incidents & Data:

- **Tri-State Tornado (1925)**: Deadliest tornado in U.S. history, **695 deaths**.
- **Mayfield, KY Tornado (2021)**: **80+ deaths**, massive hospital damage.
- **Southern IL (2017)**: Tornado caused **$10M+ in damage to hospitals and EMS centers**.

Mitigation Strategies:

✓ Retrofit **hospitals, EMS stations, and clinics** for wind resistance.
✓ Install **tornado warning sirens** at medical facilities.
✓ Establish **designated tornado-safe rooms** in hospitals.
✓ Ensure **backup generators** for medical infrastructure.

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4. Extreme Weather - 47%

Threats:

- **Flooding (Ohio & Mississippi Rivers, 2019 historic floods)**
- **Ice storms (2014, 2021 caused widespread power outages)**
- **Heatwaves (2012 drought, 2023 summer heat index over 110°F)**

Mitigation Strategies:

✓ Improve **hospital drainage systems and backup power for HVAC**.
✓ Establish **emergency cooling and warming centers**.
✓ Stockpile **water, fuel, and essential supplies**.

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5. Cyber Attack - 47%

Threats:

- Ransomware attacks on **hospitals, EMS, and local governments**
- Data breaches impacting **electronic health records (EHRs)**

Historical Incidents & Data:

- **Springfield, IL (2021)**: Cyberattack shut down **hospital patient records** for 10 days.
- **FBI 2023 Report**: **Ransomware attacks on healthcare increased by 84%** in one year.

Mitigation Strategies:

✓ Implement **firewalls, multi-factor authentication, and intrusion detection**.
✓ Conduct **cybersecurity training for healthcare staff**.
✓ Ensure **secure data backup with off-site redundancy**.

6-10 Hazards (Condensed)

Hazard	Mitigation Highlights
IT System Disruption	Backup power, IT redundancy, manual record protocols
Medical Transportation Disruptions	Fuel reserves, EMS mutual aid, enhanced air ambulance access
Workplace Violence	Active shooter drills, behavioral threat assessments, hospital security upgrades
Supply Chain & Utility Disruptions	90-day medical supply stockpile, alternative supplier contracts, generator readiness

Hazard	Mitigation Highlights
Communications Failure	Redundant systems (StarCom21, HAM radio, satellite phones)

Conclusion & Next Steps

Top Priorities for FY2025:

✓ Strengthen **healthcare cybersecurity**
✓ Upgrade **emergency power & IT resilience**
✓ Expand **EMS transportation solutions**
✓ Enhance **hazardous materials response capabilities**

SPARC's goal: A safer, more resilient community infrastructure for Southern Illinois.

Conclusion

By prioritizing mitigation and preparedness efforts based on this updated HVA, SPARC can enhance resilience and readiness to respond to potential hazards in Southern Illinois. The integration of emerging threats such as technological failures and the effects of climate change, alongside the continued vigilance against persistent risks like severe weather and cyber-attacks, ensures a comprehensive approach to regional safety and preparedness.

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6. ACRONYMS/DEFINITIONS

AAR	After Action Report
ASPR	Assistant Secretary for Preparedness and Response
EMA	Emergency Management Agency
EM	Emergency Management
EMS	Emergency Medical Services
ESDA	Emergency Services and Disaster Agency
EOC	Emergency Operation Center
ESF-8	Emergency Support Function #8
FPD	Fire Protection District
HCCs	Health Care Coalition
HD	Health Department
HPP	Hospital Preparedness Program
HVA	Hazard Vulnerability Analysis
IDPH	Illinois Department of Public Health
NGO	Non-Governmental Organization
NIMS	National Incident Management System
RHCC	Regional Hospital Coordinating Center
SPARC	Shawnee Preparedness and Response Coalition
TB	Tuberculosis

After-Action Report – A document intended to capture observations of an exercise and make recommendations for post-exercise improvements. The final AAR and Improvement Plan (IP) are printed and distributed jointly as a single AAR/IP following an exercise.

All-Hazards – Natural, technological, or human-caused incidents that warrant action to protect life, property, environment, and public health or safety, and to minimize disruptions of school activities.

At-Risk Populations – Are people with access and functional needs (temporary or permanent) that may interfere with their ability to access or receive medical care before, during, or after a disaster or public health emergency. Examples of at-risk populations may include but are not limited to children, pregnant women, older adults, people with disabilities, people from diverse cultures, people with limited English proficiency, people with limited access to transportation, people with limited access to financial resources, people experiencing homelessness, people who have chronic health conditions, and people who have pharmacological dependency.

Capabilities – The means to accomplish a mission, function, or objective based on the performance of related tasks, under specific conditions, to target levels of performance.

Emergency Support Function – As defined in the National Response Framework, an ESF refers to a group of capabilities of Federal departments and agencies to provide the support, resources, program implementation, and services that are most likely to be needed to save lives, protect property, restore essential services and critical infrastructure, and help victims return to normal following a national incident. An ESF represents the primary operational level mechanism to orchestrate activities to provide assistance to State, Tribal, or local governments, or to Federal departments or agencies conducting missions of primary Federal responsibility.

Emergency Support Function 8 – Emergency Support Function (ESF) #8 – Public Health and Medical Services provides the mechanism for Federal assistance to supplement local, state, tribal, territorial, and insular area resources in response to a disaster, emergency, or incident that may lead to a public health, medical, behavioral, or human service emergency, including those that have international implications.

Integrated Preparedness Plan – As defined by FEMA, the Integrated Preparedness Plan (IPP) is a plan for combining efforts across the elements of the Integrated Preparedness Cycle to make sure jurisdictions/organizations have the capabilities to handle threats and hazards.

Hazard Vulnerability Assessment – A systematic approach to identifying all hazards that may affect an organization, assessing the risk (probability of hazard occurrence and the consequence for the organization) associated with each hazard and analyzing findings to create a prioritized comparison of hazard vulnerabilities. The consequence, or vulnerability, is related to both the impact on organizational function and the likely service demands created by hazard impact.

Health Care Coalition – As used in this plan, a group of individual healthcare organizations in a specified geographic area that agree to work together to enhance their response to emergencies or disasters. The Healthcare Coalition, being composed of relatively independent organizations that voluntarily coordinate their response, does not conduct command or control. Instead, the Coalition operates consistent with Multiagency Coordination System (MAC System) principles to support and facilitate the response of its participating organizations.

National Incident Management System – A set of principles that provides a systematic, proactive approach guiding government agencies at all levels, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.