



Wisconsin
Department of Health Services

PROTECTING WISCONSIN: HEALTH EMERGENCY PREPAREDNESS

A REPORT TO GOVERNOR SCOTT WALKER
AND THE WISCONSIN STATE LEGISLATURE

2017

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INTRODUCTION

State statute calls upon the Wisconsin Department of Health Services (DHS) to submit a biennial report discussing the state's readiness to respond to health-related emergencies. During the time in which this report for 2017 has been drafted, the country has witnessed multiple events that illustrate why Wisconsin's health emergency preparedness work is so important. Major hurricanes have struck American states and territories resulting in large scale disruption of public health and medical services, and causing damage that will require years from which to recover. Wildfires raged in the western United States, sweeping into communities with little warning, resulting in mass evacuations, including of medical facilities. The largest mass shooting in US history caused a surge in hospital admissions in Las Vegas that challenged a medical system already operating almost at capacity.

While none of these recent events touched Wisconsin directly, being prepared requires watching carefully and thinking "what if?" about threats that could affect our state. In the last two years, DHS has participated in the response and recovery efforts related to a broad range of events, including: outbreaks of disease (Elizabethkingia anophelis; Zika), multiple flooding events, a tornado with the longest track of destruction on state record (Chetek), an industrial explosion (Cambria), a fire at an apartment building with a large number residents with functional and access needs (Manitowoc), and large-scale occupational lead poisoning (Fraser Shipyard). These events have provided opportunities to test and refine the agency's emergency operations planning.

The Department of Health Services leads governmental efforts to address the health aspects of emergencies in partnership with other agencies at the federal, state, tribal and local levels, as well as private sector organizations. Together, these entities work to build "all-hazards" preparedness in order to be able to address any event that might arise. This document provides a current snapshot of the programs and initiatives at DHS that are at the forefront of this work. This work is fundamental to DHS' mission to achieve "the protection and promotion of the health and safety of the people of Wisconsin."

HEALTH EMERGENCY PREPAREDNESS IN WISCONSIN

Federal health emergency preparedness funding first became available in 2002, following the events of September 11, 2001 and the anthrax attacks conducted through the US mail. Wisconsin created two programs to manage these dollars and their associated activities: the Public Health Emergency Preparedness (PHEP) program and the Wisconsin Hospital Emergency Preparedness Program (WHEPP).

Since that time, remarkable strides have been made in readiness across the state. Local public health agencies have used the plans and relationships they have developed to respond to real world emergencies—sometimes in lead roles, and sometimes supporting their partners. They have responded in natural disasters, such as tornados, floods, and ice storms. They have taken the lead in handling disease outbreaks – oftentimes primarily in a preventive posture, doing all they can to prevent the population from becoming ill and then monitoring those that do. Finally, they have trained and exercised with their partners on a range of terrorism scenarios from the release of aerosolized anthrax to a complex coordinated attack on a community using explosive devices.

During the same time period, Wisconsin’s healthcare facilities were provided with funds, guidance, and technical assistance to systematically prepare for all hazards emergencies. Among other achievements, this has enabled small community hospitals to better manage emergencies locally with their own resources, until resources from other hospitals and emergency responders become available. In 2015, WHEPP was redefined as the Wisconsin Healthcare Emergency Preparedness Program in order to extend its reach into preparing other critical healthcare system partners, such as emergency medical services, long term care and rehabilitation facilities, to likewise deal with disasters with broad consequences.

Current health emergency preparedness efforts within DHS are led by the Office of Preparedness and Emergency Health Care (OPEHC) in the Division of Public Health. OPEHC manages both the PHEP Program and the Wisconsin Healthcare Emergency Preparedness Program (WHEPP), as well as a range of connected preparedness and response functions. Funding for these programs is provided through cooperative agreements with the Centers for Disease Control and Prevention and the United States Department of Health and Human Services’ Office of the Assistant Secretary for Preparedness and Emergency Response.

July 1, 2017 marked the beginning of new five-year cooperative agreements between Wisconsin and the two entities that oversee health emergency preparedness at the federal level: the Centers for Disease Control and Prevention (CDC) and the Office of the Assistant Secretary for Preparedness and Response (ASPR) in the US Department of Health and Human Services. The activities supported by these two grants support the state's work to strengthen six areas critical to health emergency preparedness:

- community resilience
- incident management
- information management
- medical countermeasures and mitigation
- medical surge
- biosurveillance

The remainder of this report provides an overview of each of these topics, discusses their status in Wisconsin, and offers featured descriptions of special projects where relevant.

Community Resilience

"Community resilience is the ability of a community to develop, maintain, and utilize collaborative relationships among government, private health care organizations, community organizations and individual households to develop and utilize shared plans for responding to and recovering from disasters and emergencies."¹

At the heart of being prepared are the cooperative relationships between public and private sector partners, nonprofit organizations, and members of the public that focus on thinking ahead about what it will take to weather the repercussions of a wide range of disasters. This begins with forecasting the events most likely to befall individual institutions and communities through hazard vulnerability assessments (HVAs). In 2015, local public health agencies, tribal health centers, hospitals, and other health care sector partners began conducting HVAs first individually, then jointly at the local level and finally, for the first time, at the regional healthcare coalition level. Completion of the regional HVA helps provide the coalitions with a

¹ 2017-2022 HPP-PHEP Cooperative Agreement CDC-RFA-TP17-1701 Supplemental Guidelines, *Requirements And Recommendations For Strengthening Public Health Domains*, February 2017.

common understanding of the challenges they face and assist in prioritizing approaches and resources. Using the data gathered, the coalitions assess the demands a probable hazard could place on organizational and community resources, identify possible means to leverage regional strengths to respond, and evaluate when they may need to reach out to state partners for assistance.

Another example of community efforts to build resilience is preparations for events such as tornados or floods. When Wisconsin residents are displaced from their homes and find it necessary to stay in a community emergency shelter, it is essential that community officials, responders, and shelter managers are prepared to provide service and reasonable accommodations to all those who require assistance, including those with disabilities or other circumstances that make it necessary to provide additional support.

To this end, the DHS continues to support the maintenance of [Functional Assessment Service Teams \(FAST\)](#) around the state. FASTs provide the ability to assess whether additional support and services are needed for people as they enter a shelter or reception center to make sure their stay is safe and healthy. Wisconsin has been a leader in this initiative and has been asked to share its expertise with other states' programs.

An additional resource being developed by DHS, a cadre of Disaster Response Interpreters (DRIs), is a joint endeavor between OPEHC and the Office for the Deaf and Hard of Hearing in the Bureau of Aging and Disability Resources in the Division of Public Health. In April 2017, 28 certified American Sign Language interpreters trained to become DRIs who have specialized skills that allow them to assist in settings related to an emergency, such as shelters or press conferences. The agency is currently developing a system to support DRI deployment to local areas upon the request of local leaders, such as emergency managers or public health agency personnel, during a disaster.

When disasters threaten to overwhelm the ability of communities to respond, volunteers are often vital to filling gaps. DHS is responsible for the management of the state's emergency system for advanced registration of volunteer health professionals—the [Wisconsin Emergency Assistance Volunteer Registry \(WEAVR\)](#)—an electronic system that notifies pre-registered volunteers of opportunities to assist during health emergencies. Ongoing training is provided for state and local administrators and promotion and recruitment efforts are focused on professional associations including the Wisconsin Nurses Association; the Pharmacy Society of

Wisconsin; the Wisconsin Public Health Association; and the Wisconsin Emergency Medical Services Association.

The efforts listed above are representative of the ongoing work being done amongst state and community partners to build resilience to deal with the effects of disasters that affect the people of Wisconsin. DHS staff offer technical assistance and trainings on these programs and encourage their integration into exercises so that partners become more familiar with their processes and can add them to their readiness plans.

Incident Management

Incident management is the ability to establish and maintain a standardized and scalable operational structure with processes that appropriately engage all critical stakeholders and support the execution of core capabilities and incident objectives.²

During emergencies, DHS depends on its relationships with a wide range of local, regional, state, and federal partners. Internally, the agency collaborates across bureaus and divisions to access a wide range of subject matter experts. At the state level, DHS works closely with the Wisconsin State Lab of Hygiene, Wisconsin Emergency Management, as well as agencies like the Department of Natural Resources and the Department of Agriculture, Trade, and Consumer Protection, when relevant to the emergency at hand. Many of DHS' most important relationships during emergencies are with local and tribal health agencies, hospitals, emergency medical services, county emergency management agencies, public safety, and other health care facilities, as they mount the frontline response in our communities. Preparedness staff members within DHS continue to expand our partner list and encourage engagement from colleges and universities, long term care facilities, private businesses, and many other community and NGO organizations.

When an unplanned incident or a large event poses a threat to the health and safety of the people of Wisconsin, the response in DHS is led by the Division of Public Health. In the last two years, the division has conducted an effort to review and enhance its emergency operations plan (EOP). The EOP describes DPH's approach to emergency responses, so that it can be clearly understood across all division bureaus and offices, used to train incoming staff, and

² 2017-2022 HPP-PHEP Cooperative Agreement CDC-RFA-TP17-1701 Supplemental Guidelines, *Requirements And Recommendations For Strengthening Public Health Domains*, February 2017.

referenced quickly in the midst of evolving incidents/events. The EOP guides DPH in ramping up responses, operating them at full speed, and scaling back when appropriate.

DPH's EOP is structured using a base plan that describes the main elements common across responses, regardless of the type of incident/event. The base plan then links to a series of commonly formatted annexes that describe in more detail DPH's plans, policies, and procedures specific to types of response functions (crisis communications, mass fatality management) or types of hazards (infectious disease, radiological event). These annexes include links to tools and templates and clearly articulated standard operating procedures.

Staff members across DPH who may have roles in an emergency response have been identified by their section chiefs and bureau/office directors. A core group of personnel will receive training on the principles of public health emergency response and DPH's plan. They will continue to practice using it through periodic exercises where they apply what they've learned to talk through/act out how they would respond to possible incident/event scenarios. Based on what is learned in these exercises, as well as in actual events, the plan will be updated as needed.

While DPH plays the lead role for emergency response within DHS, the other divisions also have important roles in the response and recovery to health emergencies in Wisconsin, depending on the nature of the event, including addressing behavioral health needs, coordinating shelters for evacuees, and ensuring food security through programs such as FoodShare. To support coordination of these types of activities across the agency, the Secretary's Office created the DHS Enhanced Preparedness and Emergency Response (DEPER) priority Initiative to assist all of the divisions in fully understanding and planning to execute their different emergency response roles. This initiative yielded recommendations to help the department achieve these goals, including identification of preparedness liaisons from each division, finalization of updates to DHS' related administrative directive, and establishment of an electronic dashboard to ensure information sharing department-wide during emergency responses.

Another way that DHS is advancing its coordination of emergency operations was the completion this past spring of a set of crisis communications guidelines for DPH, but available across the department. This document sought to help staff in:

- understanding what division and department staff are involved in crisis communications.

- following proper division and departmental policies and procedures for message development and distribution.
- crafting messaging using the evidence-based Crisis And Emergency Risk Communications (CERC) principles developed by the Centers for Disease Control and Prevention (CDC).
- identifying modes and means of message distribution appropriate to the circumstances and the audience(s).
- seeking to make sure that public messages are accessible to all of the people of Wisconsin.
- providing clear, accurate, and timely information to the public, media, and other partners.
- working with other governmental agency partners and stakeholders to coordinate and amplify key messages.
- considering means by which messages can be evaluated in terms of efficacy and reach.

During any emergency, external communications is a critical aspect of an effective response. Documenting best practices and consistent approaches to tackling this task will enhance DHS' effectiveness in this area.

Information Management

Information management is the ability to develop systems and procedures that facilitate the communication of timely, accurate, accessible information, alerts and warning using a whole community approach and exchange health information and situational awareness with federal, state, local, and territorial and tribal levels of government and private sector health care delivery system partners.³

Information sharing amongst the many partners discussed above is another critical aspect of a response. In health emergencies, for example, sharing awareness of the effects of the emergency on hospitals can help to facilitate patient transfers, identify supply needs, and forecast future shortfalls. The Wisconsin Tracking, Resources, Alerts and Communication (WI Trac) system is a secure, password-protected, database-driven web application designed specifically to track hospital bed and pharmaceutical resource availability for hospitals. It also

³ 2017-2022 HPP-PHEP Cooperative Agreement CDC-RFA-TP17-1701 Supplemental Guidelines, *Requirements And Recommendations For Strengthening Public Health Domains*, February 2017.

provides a system which allows state leaders to coordinate closely with hospitals to manage patients in large-scale mass casualty incidents.

The WI Trac system provides real-time tracking of:

- hospital bed diversion status
- availability of other hospital and pharmaceutical resources
- emergency alert notifications and contingency planning

The system is an integral and active part of emergency response in Wisconsin, and hospitals routinely utilize the system in drills and exercises. Currently, the system is being expanded to include the skilled nursing facilities across the state to also reflect their bed availability.

Wisconsin also maintains a secure, web-based platform that contains a public health directory, document storage and alerting capacity called the Partner Communications and Alerting Portal, using Microsoft's SharePoint platform. This secure site is used regularly by local public health agencies and tribal health centers for basic tasks such as accessing tools and templates or submitting budgets and progress reports. This familiarity makes it easy for those same staff to use during an emergency.

Finally, while it is clear that effective communication among hospitals, law enforcement, firefighters, emergency medical services and other response organizations is a vital part of an effective emergency response, in a number of high-profile disasters, responders have been hampered by a lack of interoperability between systems, especially in the field. The Wisconsin Interoperable System for Communications (WISCOM) is a statewide radio system designed to support public safety communications across all sectors. DHS' health care preparedness program supported the installation of a WISCOM radio in every hospital in Wisconsin several years ago. WISCOM has the ability to significantly enhance the range of communication for hospitals and is particularly useful for rural access hospitals and air ambulance services. In 2017, through our healthcare coalitions, new, simplified instructional materials were provided to all facilities during face-to-face visits with a WISCOM subject matter expert. Regular tests of the system continue to be done statewide.

Medical Countermeasures and Mitigation

The countermeasures and mitigation domain includes the ability to store and deploy medical and pharmaceutical products that prevent and treat the effects of hazardous substances and infectious diseases, including pharmaceutical and non-pharmaceutical equipment such as vaccines, prescription drugs, masks, gloves, and medical equipment. It also includes the resources to guide an all-hazards approach to contain the spread of injury and exposure using mitigation strategies such as isolation, closures, social distancing, and quarantines.⁴

CDC's Strategic National Stockpile (SNS) has large quantities of medicine and medical supplies to protect the American public in case of a public health emergency severe enough to cause local supplies to run out (e.g. a terrorist attack, a flu outbreak, or a natural disaster). Once federal and local authorities agree that the SNS is needed, medicines will be delivered to any state in the U.S. within 12 hours. Each state has plans to receive and distribute SNS medicine and medical supplies to local communities as quickly as possible. All Wisconsin local health departments and tribes have identified dispensing sites and continue to exercise plans for receiving and distributing pharmaceuticals and supplies from the SNS. The state has also developed distribution plans and identified and trained employees to staff the distribution sites.

A special program that focuses on distribution of a particular kind of medical countermeasures is the Cities Readiness Initiative (CRI). RI is funded by the CDC through the PHEP cooperative agreement. The purpose of the funding is to prepare major U.S. cities and metropolitan areas to effectively respond to a large-scale bioterrorist event by dispensing antibiotics to their entire identified population within 48 hours. Wisconsin has eight counties that are part of a CRI Metropolitan Statistical Area (MSA). Pierce and St. Croix counties are part of the Minneapolis CRI and work closely with the Minnesota Health Department and the Minnesota border counties. Kenosha County is part of the Chicago, IL CRI and is engaged in planning with their border counties in Illinois. The Milwaukee CRI consists of Milwaukee, Ozaukee, Racine, Washington and Waukesha counties. Our federal partners conduct site visits to evaluate these plans at both the state and local levels. The next site visit is scheduled for late 2018/early 2019.

⁴ 2017-2022 HPP-PHEP Cooperative Agreement CDC-RFA-TP17-1701 Supplemental Guidelines, *Requirements And Recommendations For Strengthening Public Health Domains*, February 2017.

The CRI planning goals include alternate medication dispensing methods such as drive-through clinics or “closed” Points of Dispensing (PODs) where a business dispenses medication internally to their employees. Annual exercises and drills test each jurisdiction’s ability to meet the CRI goal of dispensing to 100% of their population within 48 hours. In the spring of 2016, the Milwaukee CRI jurisdiction conducted a full-scale operational exercise of this effort. The two-day exercise tested more than a decade of local, state, and federal planning in response to a scenario involving the release of aerosolized anthrax in southeastern Wisconsin. It began with the escorted shipment of empty pill bottles, simulating antibiotics, to a central location. These bottles were then distributed to more than 1500 volunteers participating across fourteen dispensing sites around southeastern Wisconsin, including the Waukesha Expo Center and on the campus of GE Healthcare, operating a private sector site.

Finally, the CDC has also established a related SNS project called CHEMPACK to augment the nation's ability to respond to a nerve agent terrorist attack by placing caches of specific pharmaceutical antidotes at the community level. The PHEP program has established 31 CHEMPACK cache sites throughout Wisconsin. The pharmaceutical caches are federal assets in place and ready to be used locally or regionally in the event of a nerve agent terrorist attack, but can also be used when other events, such as an industrial release of hazardous materials, may require. The toxic effects of these types of agents require immediate pharmaceutical intervention followed by long-term hospital care.

Medical Surge

Surge management is the ability to coordinate health care, medical and support staff volunteers; engages agencies and health care organization primarily responsible for providing health-related services and direct patient care; ensure access to high-quality medical and mass care needs; and prevent and manage injuries and fatalities during and after a response to an emergency or incident of health significance.⁵

DHS continues to foster coordination during emergencies amongst health care sector partners in Wisconsin through seven regional healthcare response and readiness coalitions. Supported by a cooperative agreement with the Department of Health and Human Services Assistant Secretary for Preparedness and Response (ASPR), these coalitions are networks of partners who

⁵ 2017-2022 HPP-PHEP Cooperative Agreement CDC-RFA-TP17-1701 Supplemental Guidelines, *Requirements And Recommendations For Strengthening Public Health Domains*, February 2017.

jointly plan, train, and exercise to enable them to better protect the health and safety of the people of Wisconsin during major emergency events. The core membership of these coalitions comprises hospitals, public safety and emergency management agencies, emergency medical services, and public health departments, and other interested parties are always welcome. Currently, the seven regions include more than 2,700 organizational members statewide. These coalitions will continue working over the next five years to address a range of challenges, including achieving regional medical coordination, coordinating facility evacuation with regional partners, and developing all-hazards surge capabilities.

In addition, in September of 2016, the Centers for Medicare and Medicaid Services (CMS) announced a new emergency preparedness rule for 17 additional provider types, including skilled nursing facilities, hospices, home health care agencies, and end-stage renal dialysis facilities. The elements of this rule will be evaluated during the survey process each provider undergoes to maintain participation in Medicare and Medicaid. These facilities were encouraged by CMS and ASPR to reach out to the regional coalitions for technical assistance as they worked on meeting the new requirements. To support Wisconsin's coalitions in this substantial effort that affects almost 1400 providers statewide, DHS has created provider-specific toolkits containing explanatory background, basic guidance, tools, and templates. [These toolkits are available on the DHS website](#). These materials will be updated with feedback from users and surveyors as it is received.

DHS is working with the HCC Advisory Group to advance its strategic priorities for the HCCs. The Advisory Group is composed of two representatives from each of the seven coalitions, as well as representation from each of the following entities: the Wisconsin Hospital Association, the Wisconsin Association of Local Health Departments and Boards, the Wisconsin Emergency Medical Services Board, and the State Trauma Advisory Council. This group is responsible for guiding the scope and visions of the HCCs, while ensuring consistency among the regions, where necessary. The Advisory Group identified five primary objectives for improvement of the HCCs over the next project period:

- formalize coalition goals, processes and operations
- diversify funding sources
- fully develop the regional response approach
- formalize a framework for coordination, sharing and resource allocation
- develop and market the coalition brand

Regionally, the seven HCCs are quite diverse and although they maintain a significant level of autonomy, the Advisory Group is working to identify features that should be standardized across the state and DHS provides the annual regional work plan. Each region has three contracted staff: an HCC Coordinator, a Medical Advisor, and a Trauma Coordinator. These individuals assist with advancing regional work plans, expanding coalition membership, and facilitating individual regional meetings and initiatives.

Biosurveillance

Biosurveillance is the ability to conduct rapid and accurate laboratory testing to identify biological, chemical and radiological agents; and the ability to identify, discover, locate, and monitor through active and passive surveillance, threats, disease agents, incidents, outbreaks and adverse events, and provide relevant information in a timely manner to stakeholders and the public.⁶

Gaining early knowledge of biological threats can make a significant difference in the effectiveness of a response. Personnel at DHS use various methods of monitoring biological activity in the wider world using updates from the National Biosurveillance Integration Center (NBIC). The NBIC evaluates emerging and ongoing biological events occurring globally that impact human, animal, plant, and environmental health and issues a daily update that provides brief summaries of the most current information the Center has on acute biological events of concern. More Wisconsin-centric information is gathered through methods like the sentinel provider network, a group of 28 physicians who report the total number of patient visits each week, as well as the number of visits related to influenza-like illness. Not only does this allow for early awareness of surges in influenza cases, which would be invaluable in the event of a pandemic, it also provides awareness of a surge that may be related to other diseases that have initial symptoms similar to influenza.

Electronic disease reporting in the state is done through the Wisconsin Electronic Disease Surveillance System. WEDSS is a secure, web-based system designed to facilitate reporting, investigation, and surveillance of communicable diseases. Designed to collect information from public health staff, infection control practitioners, clinical laboratories, clinics, and other

⁶ 2017-2022 HPP-PHEP Cooperative Agreement CDC-RFA-TP17-1701 Supplemental Guidelines, *Requirements And Recommendations For Strengthening Public Health Domains*, February 2017.

reporters, WEDSS allows data to be analyzed to provide a high-level picture of disease trends across the state. The system is used daily for disease investigations, but would also be an essential tool during a biological terrorist attack or widespread disease outbreak.

Finally, the Wisconsin State Laboratory of Hygiene (WSLH) plays essential roles in the state's readiness for emergencies. WSLH is a part of the national Laboratory Response Network, which is composed of local, state, and federal public health, food testing, veterinary diagnostic, and environmental testing laboratories that provide the infrastructure and capacity to respond to biological and chemical terrorism, and other public health emergencies. The lab participates in many exercises with partners at the local, state, and national levels and provides trainings for these partners as requested.

EVALUATION

Evaluation and performance measurement are essential to building an evidence base for specific program interventions; clarify the applicability of the intervention to different types of people, settings, and contexts; demonstrate the value of our work; and to drive continuous program improvement. DHS currently evaluates its preparedness work through a variety of methods that are in alignment with the CDC Framework for Program Evaluation in Public Health, including:

- soliciting feedback and input from appropriate stakeholders.
- conducting annual strategic planning sessions for building focused goals and realistic approaches.
- setting SMART goals to track qualitative and quantitative progress on work initiatives.
- integrating quality improvement and evaluation into our daily work.
- ensuring lessons learned are shared and applied.
- making data driven programmatic decisions.

Large projects and initiatives undertaken by the DHS' preparedness staff are approached with evaluation in mind. A work plan is developed with a defined final output and key milestones identified. This allows DHS' preparedness programs to be proactive in identifying audiences and stakeholders, recognizing possible challenges, and setting a realistic timeline for completion. The work plan development process also allows for the "so what?" conversation, where staff members can discuss the drivers for the project and pinpoint the intended

impact/outcome that initiative will have. Once completed, DHS personnel ask simple, but key, questions:

- Did we meet deadlines for milestones and completion?
- Did we involve all necessary stakeholders?
- Did the project achieve the intended impact?

By tracking this information, DHS' preparedness programs gather key data for each project and, over time, data regarding the overall efficiency and effectiveness of the work that can be applied to better inform future efforts.

MOVING FORWARD

Health emergency preparedness and response work in Wisconsin is always moving forward. Examples of two initiatives DHS will be tackling in the years ahead are 1) development of crisis standards of care for the health care sector and 2) conduct of annual healthcare coalition exercises testing mass evacuation of hospitals.

Crisis standards of care (CSC) are guidelines developed before a disaster to help medical providers minimize death, injury, and illness when resources are insufficient to maintain usual standards of care. Developing these standards in advance of a disaster achieves multiple benefits including: 1) ensuring that limited resources are rationed in an ethical and equitable manner; 2) preventing hoarding of scarce resources; 3) conserving limited resources in order to do the greatest good for the greatest number; and 4) ensuring that vulnerable groups are protected and that community trust in the medical system is maintained. DPH will incorporate involvement of diverse stakeholders, including emergency medical services, local public health agencies, hospitals, and emergency management agencies, into the process of developing Wisconsin's Crisis Standards of Care Plan by the end of 2021.

Additionally, over the next five years, coalitions will annually test their region's surge capacity through a federally-developed low notice exercise that will ask regions to simulate evacuation of 20% of their acute care beds. During this hybrid functional and tabletop exercise, facilities will need to quickly initiate their evacuation plans, identify receiving facilities, and arrange appropriate transport for patients. All regions will report data from the exercise for multiple

federal performance measures and the progress will be tracked over the course of the five-year cooperative agreement.

In order to fulfill its lead role to protect the health and safety of the people of Wisconsin during emergencies, DHS will continue to pursue activities that maintain, improve, and build. Staff work diligently to *maintain* the relationships, resources and readiness built over the last 15 years; use knowledge gained from trainings, exercises, and real world responses to *improve* our policies, plans and procedures; and *build* new capabilities and capacities as needed.