

Wisconsin Department of Health Services Office of Preparedness and Emergency Health Care

2024-2028 Integrated Preparedness Plan

Preface

Wisconsin's Public Health Emergency Preparedness and Hospital Preparedness Program (HPP) each conduct its activities with respect to the requirements, goals, and expectations associated with that program.

Both programs strive toward continuous quality improvement using nationally recognized processes, such as the Homeland Security Exercise and Evaluation Program (HSEEP) cycle of planning, training and exercising; and making corrective actions. Wisconsin uses the Capabilities Planning Guide as an assessment tool to measure progress as we close gaps in prioritized capabilities.

The priorities included in this plan are linked to corresponding core capabilities, and, if applicable, a rationale based on existing strategic guidance, threat assessments, corrective actions from previous exercises, or other factors. The Office of Preparedness and Emergency Health Care utilizes a progressive approach, developing increasingly complex exercises and offering trainings that concurrently address gaps to support this approach.

The State of Wisconsin's training and exercise program is administered by the Wisconsin Department of Health Services OPEHC in partnership with local and Tribal public health offices and seven regional healthcare emergency readiness coalitions and their members (including hospitals, local health departments, emergency medical services, emergency management, and Tribal health centers) to strengthen statewide preparedness and response for health emergencies. See Appendix B for a map of Wisconsin's seven HERCs.

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Purpose

The purpose of this integrated preparedness plan (IPP) is to lay the framework for an effective and evolving sequence of training and exercise activities by establishing strategic priorities that support emergency preparedness goals for public health departments, health care organizations, and the Wisconsin Department of Health Services.

This IPP documents planning, training, and exercise activities that meet the requirements outlined in the Centers for Disease Control and Prevention's PHEP Cooperative Agreement and the Office of the Assistant Secretary for Preparedness and Response's HPP Cooperative Agreement.

Although OPEHC plans the trainings and exercises encompassed herein through a unified process, this plan will clearly delineate the activities supported by the PHEP program, those supported by HPP, and the priorities and activities that are supported by both programs.

It is critical to note that the multi-year training schedule included in the plan is fluid and subject to change. The intent is to utilize a "crawl, walk, run" methodology following the PHEP program's exercise structure where at the conclusion of the grant award a capstone exercise will take place.

It is important to note that Wisconsin is a home rule state, and thus Wisconsin Department of Health Services (DHS) cannot dictate the schedule of trainings and exercises at the local and regional levels, or to the Tribal nations due to sovereignty. Wisconsin DHS continuously works with our partners at the local level to provide a "roadmap" to follow throughout the grant award period. Partners at each of these levels may feel unable to commit to scheduling years in advance due to evolving hazard vulnerability assessments, emerging priorities and events, and dynamic schedules. For these reasons, the multi-year training and exercise schedule outlined in this plan is a consensus roadmap to meet the grant programs' requirements.

Implementation Strategy

Coordination

This IPP is designed to be implemented in coordination with other state and federal training programs, including the State of Wisconsin Integrated Preparedness Plan assembled by Wisconsin Emergency Management (WEM), as well as any training and exercise or IPPs developed and implemented by the state's regional healthcare emergency readiness coalitions (HERCs).

Stakeholder Input

The needs of identified stakeholders drive this plan. Stakeholders include, but are not limited to, local public health agencies; Tribal health centers; emergency medical services; local, Tribal, and regional emergency management; hospitals; and additional health care entities. As the needs of these stakeholders evolve, the state training strategy should adapt, thus this is a flexible, living document. While the plan details specific priorities and activities, these do not limit the state's ability to offer new courses to meet changing demands, or revise exercise plans considering real events.

Funding

The activities included in this plan are funded by the PHEP program and HPP. OPEHC conducts deliberate planning and review to ensure funding streams support distinct activities.

Plan Maintenance

At a minimum, OPEHC will review and update this IPP annually. OPEHC will also update the plan as we gather new information during incidents, drills, and exercises, and as needed to accommodate changes in organization, authorities, or capabilities.

Preparedness Priorities

Wisconsin's status as a home rule state creates challenges related to the development of state preparedness priorities. While home rule empowers organizations at the regional level to customize priorities according to their needs, it is the state's support and leadership, through OPEHC, that allows Local, Tribal Health Departments (LTHDs) and HERC Regions to convene and develop their priorities in practical terms. However, OPEHC's support and leadership cannot prescribe the priorities—its role must be limited to that of facilitator to ensure full empowerment at the local level. OPEHC also receives state-agency level priorities that must be incorporated with the federal and local priorities, such as from WEM or within DHS.

Priority Levels

To clearly delineate the different roles OPEHC and the regions play in the development process, and to facilitate OPEHC'S goal of creating accurate and actionable priorities through a sound priority planning process, OPEHC has developed the following priority levels.

HERC Regional Preparedness Priorities—HPP Program

Local and regional partners develop regional-level priorities and is facilitated and supported by OPEHC, based on evidence-based practice and federal guidelines, but the priorities will reflect the needs of the regions. Further, the regional coalitions will serve as the primary leads implementing activities that support the regional priorities. It is important to note that the HPP Grant Program has released very little guidance at the time of developing this plan. When more guidance is released, this plan will be modified as needed to ensure all program requirements are met.

Public Health Preparedness Priorities—PHEP Program

PHEP program administrators reviewed the 2024-2028 PHEP Cooperative Agreement Notice of Funding Opportunity to ensure Wisconsin is in alignment with federal guidelines. The coordinator of the PHEP program brought forth capability priorities from the Local Capabilities Work Group (LCWG) to be incorporated and considered by OPEHC. Senior leadership within DHS, specifical the Division of Public Health (DPH), also had input incorporated within the priorities.

Priority Methodology

In January 2024, OPEHC created training priority and needs assessment surveys for all seven HERC Regions. These surveys collected information pertaining to the priorities of organizations participating in the HERC, as well as what they believe the overarching priorities of the HERC itself should be, based on the regional hazard vulnerability assessment, previous exercises, and additional experiences.

Once the data was compiled from the survey, an integrated preparedness plan workshop (IPPW) was conducted for the PHEP program in the Spring of 2024. During this workshop, PHEP program administrators reviewed the survey data, identified priorities, and discussed potential training opportunities to help support the aforementioned priorities.

OPEHC staff then analyzed the results and cross-walked priorities between both the PHEP and HPP programs as much as possible. It is important to note, OPEHC is making attempts to cross-walk PHEP and HPP programs with emergency management programs (Homeland Security Grant Program and Emergency Management Performance Grant) to further highlight the opportunities of working together towards the Whole Community approach in emergency preparedness.

HERC Regional Preparedness Priorities—HPP Program

Northwest Wisconsin HERC	North Central Wisconsin HERC
 Emergency Operations Coordination Continuity of Operations (COOP) Mass Care and Emergency Assistance Public Information Officer Northeast Wisconsin HERC	 Homeland Security Exercise and Evaluation Program & Integrated Preparedness Plan Continuity of Operations (COOP) Mass Care and Emergency Assistance Emergency Operations Coordination Western Wisconsin HERC
 Public Information Officer Continuity of Operations (COOP) Mass Care and Emergency Assistance 	 Continuity of Operations (COOP) Mass Care and Emergency Assistance Basic and Advanced Disaster Life Support
 Homeland Security Exercise and Evaluation Program (HSEEP) Environmental Health 	 Public Information Officer Emergency Operations Coordination
 Continuity of Operations (COOP) Mass Care and Emergency Assistance Homeland Security Exercise and Evaluation Program & Integrated Preparedness Plan Emergency Operations Coordination Public Information Officer 	 Continuity of Operations (COOP) Emergency Operations Coordination Homeland Security Exercise and Evaluation Program (HSEEP) Mass Care and Emergency Assistance Environmental Health
 Continuity of Operations (COOP) Emergency Operations Coordination Homeland Security Exercise and Evaluation Program (HSEEP) Mass Care and Emergency Assistance Environmental Health 	

Public Health Preparedness Priorities— Program

2024-2028 Overarching Priority: Health Equity

Before detailing each of the identified state priorities for the 2024-2028 IPP, OPEHC feels it critical to identify an additional, overarching priority. As the years progress, our health emergency preparedness partners continue to expand and diversify, as do our audiences and the communities we serve. It is crucial to be strategic, deliberate, and inclusive in our practices to ensure we are adequately supporting these developments. The Training and Exercise Program has deliberately emphasized the importance of health equity throughout the program.

The purpose of identifying health equity as an overarching priority is to encourage this lens in our state-level operations, and do so within our coalition, public health, and additional partners' operations as well.

Health equity has the ability to take a variety of forms, and OPEHC recognizes this. To one coalition, it may mean integrating non-traditional partners into planning, whereas to another coalition or public health agency, it may mean making a more deliberate effort to identify how certain aspects of planning serve and affect diverse communities.

OPEHC will lead by example in its own operations, continuing to work daily with a lens of health equity, and serve as a resource to support any additional partners in incorporating equity into their health emergency preparedness work.

2024-2028 Preparedness Priorities

As stated before in this plan, cross-walking of capabilities are highlighted within each preparedness priority.

Priority 1: Work towards incorporating the Public Health Response Readiness Framework within DPH operations.

Rationale: To improve Wisconsin's readiness, response, and recovery capabilities through the whole community approach. By building partnerships during "blue sky" days, we become more resilient through improved communication systems and coordination. The PHEP 15 capability standards are still the foundation to the PHEP program, where the Readiness Response Framework serves as a cross-cutting program among the PHEP capabilities to focus specific efforts during this Cooperative Agreement.

Public Health Response Readiness Framework

2024–2028 PHEP Program Priorities

1 3 Prioritize a **Build workforce** risk-based approach **Expand local support** capacity to improve jurisdictional to all-hazards planning that to meet jurisdictional surge readiness to effectively addresses evolving management needs and 2 manage public health threats and supports support staff recruitment, emergencies medical countermeasure retention, resilience, and logistics Improve administrative **Enhance partnerships** mental health (federal and and budget nongovernmental preparedness systems 8 6 organizations) to effectively 10 to ensure timely access to support community resources for supporting Prioritize community Incorporate health Modernize data preparedness efforts iurisdictional responses equity practices recovery efforts collection and systems to support health to enhance preparedness to improve situational department reconstitution and response support for awareness and information 9 communities experiencing and incorporate lessons sharing with healthcare learned from public health differences in health status Advance capacity and systems and other partners Strengthen risk due to structural barriers emergency responses capability of public communications health laboratories activities to characterize emerging to improve proficiency in disseminating critical public public health threats health information and through testing and warnings and address surveillance mis/disinformation

PHEP Support:

Capabilities:

- Community Preparedness
- Community Recovery
- Emergency Public Information and Warning
- Information Sharing
- Mass Care
- Fatality Management
- Emergency Operations Coordination
- Medical Surge
- Public Health Laboratory Testing
- Public Health Surveillance and Epidemiological Investigation

HPP Support:

Capabilities:

- Foundation for Health Care and Medical Readiness
- Health Care and Medical Response Coordination
- Medical Surge

Priority 2: Build and sustain ESF 6 and 8 capacities throughout Wisconsin.

Rationale: After receiving feedback from the coalitions, health care systems, and local health departments, there was a clear focus and interest on returning to the fundamentals of emergency preparedness to best equip our staff, maintain our consistency with federal standards, and develop a solid foundation within each individual organization. We believe that to maintain preparedness at the

regional and state levels, our partners must also be prepared as individual entities, and the purpose of this priority is to support that conclusion.

To further assist with building out these capacities, OPEHC staff have developed a "PHEP Toolkit" filled will training and exercise resources, to include Exercise Starter Kits (ESKs). These are meant to be starting points and built upon with specific input from the exercise design team.

PHEP Support:

Capabilities:

- Community Preparedness
- Community Recovery
- Emergency Operations Coordination
- Information Sharing
- Emergency Public Information and Warning
- Mass Care
- Medical Countermeasures Dispensing and Administration
- Medical Material Management and Distribution
- Medical Surge
- Volunteer Management

HPP Support:

Capabilities:

- Foundation for Health Care and Medical Readiness
- Continuity of Health Care Service Delivery

Priority 3: Promote and support PHEP work force development opportunities.

Rationale: To provide a professional development program to equip seasoned and brand-new personnel in the public health field who have emergency preparedness responsibilities with the knowledge, skills, and abilities to effectively plan, respond, and recover from disasters affecting their community from an all-hazards approach. It is evident from the COVID response that public health is no longer just a preparedness entity and now plays a larger role in response to emergencies—almost all emergencies and disasters have a public health component. Reinforcing this point, are the After-Action Reports (AARs) from COVID highlighting common themes for improvement. These themes are:

- Emergency Management concepts, the Homeland Security Exercise and Evaluation Program (HSEEP).
- Emergency Support Functions 6 and 8 (Mass Care, Emergency Assistance and Public Health, and Medical).
- Emergency Operations and Operational Coordination.

The new Wisconsin Public Health Emergency Management (WPHEM) program has a tentative launch date of January 2025.

PHEP Support:

Capabilities:

- Community Preparedness
- Community Recovery
- Emergency Operations Coordination
- Information Sharing
- Emergency Public Information and Warning
- Mass Care
- Medical Countermeasures Dispensing and Administration
- Medical Material Management and Distribution
- Medical Surge

HPP Support:

Capabilities:

- Foundation for Health Care and Medical Readiness
- Health Care and Medical Response Coordination
- Continuity of Health Care Service Delivery

Additional Training

The following list consists of additional training that is offered or scheduled:

- WebEOC
- eICS
- EMTrack
- Functional Assessment Service Team (FAST)
- Wisconsin Emergency Assistance Volunteer Registry (WEAVR)
- RAVE (emergency notification system)
- Incident Command System (ICS)
- National Incident Management System (NIMS)
- Basic Disaster Life Support (BDLS)
- Advanced Disaster Life Support (ADLS)
- Certified Hospital Emergency Coordinator (CHEC)
- SNS
- CHEMPACK

Methodology and Tracking

Training and Exercise Methodology

The training and exercises included in the following training and exercise schedule were decided upon and planned based on reiterative information gathering by OPEHC. This methodology is consistent with HSEEP, and follows this program's guidelines for planning, training, and exercising. The methods utilized to support this planning were:

- Execution of annual training needs and priority assessment for each coalition region, including interest in specific courses totaling 191 participants.
- Discussion and collaboration between OPEHC and the City Readiness Initiatives (CRIs) Work Group.
- Discussion and collaboration between OPEHC and the Local Capabilities Work Group (LCWG).
- Discussion and collaboration between OPEHC and Division of Public Health leadership to determine internal preparedness expectations and opportunities.

Tracking

OPEHC is responsible for tracking all training and exercises coordinated by Wisconsin Department of Health Services. Training and exercises coordinated and delivered by HERCs will be tracked at the regional level. OPEHC may request regional training and exercise tracking information as necessary.

Each entity tracking these activities will ensure that all activities follow a building block progressive approach, incorporate, and reinforce lessons learned, identify areas of improvement, and are sufficiently evaluated. If a series of activities is not meeting these guidelines, OPEHC will provide guidance to support future improvement.

Opportunities to Collaborate

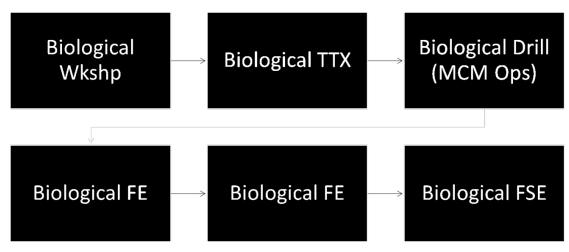
- Annual Local Emergency Planning Committee (LEPC) Exercise
- Federal Aviation Administration (FAA) Tri-Annual Full-Scale Exercise
- Private industry may host exercises (i.e. chemical/Hazardous material)
- VOADs—various volunteer organizations active during disaster have exercises (Salvation Army, Red Cross, RACES, MRCs, and others)

Appendix A: Multi-Year Schedule

	BP1 ('24- '25)	BP2 ('25- '26)	BP3 ('26- '27)	BP4 ('27- '28)	BP5 ('28-'29)
Discussion- Based Exercises (7)	Natural Disaster	Biological Workshop	Capstone— Biological TTX	Chemical	Radiological/Nuclear
	Administrative	Rural/Tribal - Workshop			
Operation- Based Exercises (6)	Critical Contacts Drill	Inventory Data Exchange Drill	Capstone - Biological MCM Drill	Capstone - Biological FE	Capstone— Biological FSE
				Biological FE	
Summary	(2) discussion- based (1) operations- based	(2) discussion- based (1) operations- based	(1) discussion- based (1) operations- based	(1) discussion- based (2) operations- based	(1) discussion- based (1) operations- based

Capstone Focus Area: Biological Track

This flow chart depicts the specific biological exercises required, plus the capstone exercises (biological focus) as a single exercise series allowing for continuous improvement throughout the series.



Training Schedule

Schedule is fluid.

BP1	BP2	ВР3	BP4	BP5
ICS 100 & 200	ICS 100 & 200	ICS 100 & 200	ICS 100 & 200	ICS 100 & 200
NIMS 700 &	NIMS 700 &	NIMS 700 &	NIMS 700 &	NIMS 700 &
800	800	800	800	800
ICS 300	ICS 300	ICS 300	ICS 300	ICS 300
ICS 400	ICS 400	ICS 400	ICS 400	ICS 400
L-147 - HSEEP	L-147 - HSEEP	L-147 - HSEEP	L-147 - HSEEP	L-147 - HSEEP
G-108—Mass	G-108—Mass	G-108—Mass	G-108—Mass	G-108—Mass
care/Emergenc	care/Emergenc	care/Emergenc	care/Emergenc	care/Emergenc
y Assist.	y Assist.	y Assist.	y Assist.	y Assist.
L-105—Basic	L-105—Basic	L-105—Basic	L-105—Basic	L-105—Basic
PIO	PIO	PIO	PIO	PIO
G-386—Mass	G-386—Mass	G-386—Mass	G-386—Mass	G-386—Mass
Fatalities	Fatalities	Fatalities	Fatalities	Fatalities
AWR-331—	L552—COOP for	AWR-331—	L552—COOP for	AWR-331—
Winter Weather	Tribal	Winter Weather	Tribal	Winter Weather
Hazards	Government	Hazards	Government	Hazards
AWR-356—	AWR-336—	Basic Disaster	AWR-336—	Basic Disaster
Community	Health Sector	Life	Health Sector	Life
Planning for	Emergency	Support/Advan	Emergency	Support/Advan
Disaster	Preparedness	ced Disaster	Preparedness	ced Disaster
Recovery		Life Support		Life Support
MGT-384 -	Certified	MGT-384 -	Certified	MGT-384 -
Community	Hospital	Community	Hospital	Community
Preparedness	Emergency	Preparedness	Emergency	Preparedness
for Cyber	Coordinator -	for Cyber	Coordinator -	for Cyber
Events	Basic/Advanced	Events	Basic/Advanced	Events
AWR-326—	G-191—	AWR-326—	G-191—	AWR-326—
Tornado	EOC/ICS	Tornado	EOC/ICS	Tornado
Awareness	Interface	Awareness	Interface	Awareness
MGT-403—	MGT-403—	MGT-403—	MGT-403—	MGT-403—
Underserved	Underserved	Underserved	Underserved	Underserved
Populations	Populations	Populations	Populations	Populations
Preparedness	Preparedness	Preparedness	Preparedness	Preparedness
MGT-341—	MGT-341—	MGT-341—	MGT-341—	MGT-341—
Disaster	Disaster	Disaster	Disaster	Disaster
Preparedness	Preparedness	Preparedness	Preparedness	Preparedness
for	for	for	for	for

11	11::	11:	11	11
Hospitals/Healt	Hospitals/Healt	Hospitals/Healt	Hospitals/Healt	Hospitals/Healt
hcare	hcare	hcare	hcare	hcare
AWR-111 Basic	AWR-111 Basic	AWR-111 Basic	AWR-111 Basic	AWR-111 Basic
EMS concepts	EMS concepts	EMS concepts	EMS concepts	EMS concepts
for CBRNE	for CBRNE	for CBRNE	for CBRNE	for CBRNE
PER-344—	MGT-319—	PER-344—	MGT-319—	PER-344—
Social Media	MCM/POD	Social Media	MCM/POD	Social Media
Tools/Techniqu		Tools/Techniqu		Tools/Techniqu
es		es		es
AWR-232—	DHS	AWR-232—	DHS	AWR-232—
Mass Fatalities	CHEMPACK	Mass Fatalities	CHEMPACK	Mass Fatalities
Planning/Respo	Training	Planning/Respo	Training	Planning/Respo
nse		nse		nse
MGT-319—		MGT-319—		MGT-319—
MCM/POD		MCM/POD		MCM/POD
DHS		DHS		DHS
CHEMPACK		CHEMPACK		CHEMPACK
Training		Training		Training

Appendix B: Wisconsin Healthcare Emergency Readiness Coalition Map

