

# Wyoming Department of Health

## Public Health Emergency Preparedness Unit Strategic Plan 2011 – 2017



Public Health Emergency Preparedness Unit  
Health Readiness and Response Section  
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## Revision History

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Sheryl Roub	5/10/2012			Updated to reflect changed budget periods
Sheryl Roub	6/25/2012			Move tasks from BP11 to BP1 Mark completed tasks as sustaining Change HVA to JRA
Sheryl Roub	4/5/2013			Move tasks from BP1 to BP2 Mark completed tasks as sustaining
Sheryl Roub	3/21/2014			Re-prioritize strategic plan based on Jurisdictional Risk Assessment and CPG.
Sheryl Roub	2/24/2015			Re-prioritize strategic plan based on CPG.

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# Mission and Vision

## Mission

Ensure communities are prepared to respond to natural and manmade public health disasters and emergencies through proactive planning and preparation.

## Vision

A resilient and prepared Wyoming with communities able to respond to and recover from public health emergencies

# Executive Summary

## Public Health Emergency Preparedness Unit | Wyoming Department of Health

The Wyoming Department of Health (WDH) first received public health emergency preparedness funding for bioterrorism from the Centers for Disease Control and Prevention (CDC) through a cooperative agreement in 1999. Public health preparedness activities and CDC guidance from 2005-2011 relate to the following Preparedness Goals: Prevent, Detect and Report, Investigate, Control, Recover, and Improve.

In preparation for the new five-year agreement, in March 2011, CDC released the *Public Health Preparedness Capabilities: National Standards for State and Local Planning* with follow-up guidance for the Public Health Emergency Preparedness Cooperative Agreement released in April 2011. In March 2012, CDC released guidance starting a new five-year agreement. During the next five-year Cooperative Agreement cycle, Public Health Emergency Preparedness Unit (PHEP) will build on the significant accomplishments achieved in the prior thirteen years. The current Cooperative Agreement ends June 30, 2017. We began this process in 2011 by summarizing what we do, who we do it for, and how we do it with our focus on how we have accomplished or built some of the capabilities through prior efforts in addressing the preparedness goals: Prevent, Detect and Report, Investigate, Control, Recover, and Improve.

In April 2011, WDH PHEP undertook a strategic planning process. The process followed the CDC's *Public Health Preparedness Capabilities: National Standards for State and Local Planning* document, which provided a recommended process for identifying past successes and future challenges. PHEP has taken this list of fifteen capabilities and developed a five-year plan that will help assure the program is able to perform specific functions within each capability. In March 2013, PHEP updated their strategic plan to reflect the achievements of Budget Period (BP) 1, and, if necessary, realign capabilities and functions. In early 2014, PHEP updated their strategic plan to reflect the data collected during the state level Jurisdictional Risk Assessment (JRA). In early 2015, PHEP updated the Capabilities Planning Guide.

**Preparedness Across Wyoming** - PHEP provides support for local and tribal preparedness efforts through collaboration and funding to the county public health nursing offices, county health officers, Eastern Shoshone Tribe, and Northern Arapaho Tribe. These entities implement many of the preparedness goals locally.

**Communications** - PHEP provides Health Alert Notices to physicians and other healthcare providers to ensure they have the most current information and guidelines from the WDH. PHEP provides secure collaboration methods for planning, exercising and response. PHEP also manages the Virtual Situational Awareness Tool (VSAT) to ensure the WDH incident management team has access to event or incident specific information.

**Epidemiology** - PHEP maintains the 24/7 Emergency Notification Line, for health emergencies or to report immediately notifiable conditions. It is staffed by public health staff who take weeklong "Duty Epidemiologist" shifts. PHEP coordinates supporting activities such as CDC Epi-X, for sensitive disease reports and event notification messages to epidemiologists and other state and local public health, surveillance systems for hospital emergency room data, and poison control center data. These systems assist WDH in identifying disease early so prevention and treatment activities can be implemented to decrease the mortality and morbidity caused by the disease event.

**SHOC** - PHEP maintains the State Health Operations Center (SHOC) to support critical communication during disasters or widespread medical emergencies such as a pandemic event or natural disaster. The SHOC maintains communication with key partners (federal, state, tribal, and local) through multiple, redundant, interoperable methods.

**Exercise and Training** – The PHEP Training and Exercise program provides a multitude of training activities to prepare public health and partner agencies for their response to public health emergencies. This is accomplished by classroom offerings, web-based courses, independent studies, and conference workshops. Exercises that assess various plans, procedures, and processes, are conducted to validate plans and provide realistic opportunities to assess strengths and gaps in plans and procedures.

**Planning** - PHEP coordinates "all hazards" planning with internal and external partners for emergency response to manmade, natural (including smallpox, and pandemic influenza), radiological events, continuity of operations, and Emergency Support Function #8 – Public Health and Medical Services of the Wyoming Operations Plan. Plans are reviewed annually, and as warranted based on exercises and/or actual incidents, to ensure WDH can successfully execute a response to public health emergencies.

**Medical Countermeasures** - PHEP has access to a stockpile of medications and medical supplies from the federal government and can rapidly implement specific action to receive, distribute and dispense critical medical assets in the event that state and local resources are or are anticipated to be in short supply during natural or manmade disasters. Pharmaceutical caches are managed by PHEP and include regional pandemic influenza antiviral caches, medication for treatment of certain radiological exposures and antibiotics for prophylaxis of operational first responders during a biological event prior to the arrival of federal resources.

**Public Health Lab** - The Wyoming Public Health Lab (WPHL) provides testing for diseases such as novel influenza viruses and the bacteria that cause anthrax, tularemia, plague, and brucellosis so testing can occur here rather than being sent to another reference laboratory or the CDC.

WPHL trains hospital laboratories in Wyoming in presumptive identification of these disease organisms and how to ship suspect organisms and samples to the WPHL for confirmation testing. WPHL coordinates a courier service in the state for transport of samples to the Public Health Lab, with 24/7 service available for emergencies.

**Partnerships** - Presidential Policy Directive (PPD) 8 outlines the President's vision for strengthening the security and resilience of the United States through systematic preparation for threats to the nation's security; including acts of terrorism, pandemics, significant accidents, and catastrophic natural disasters. The key strength of the PHEP program is the strong partnerships we have with local health departments, tribes, military, private organizations, and other state programs and agencies. These partnerships are the foundation for public health preparedness efforts throughout the state, ensure our alignment across programs, and validate our plans and accomplishments. PHEP hosts a monthly meeting to exchange information and updates with our partners.

#### Public Health Response Coordinators (PHRC)

- Primarily responsible for carrying out the Public Health Emergency Preparedness activities at the county level
- Work with other partners in the county to address planning, exercises and training for public health emergencies
- Work with hospitals, Emergency Medical Services (EMS), emergency management, law enforcement, elected officials, schools, healthcare facilities, and other entities to ensure Wyoming citizens are prepared

#### Wind River Indian Reservation

- The Tribal Public Health Response Coordinator position has been established, and has remained active, since 2009.
- PHEP has worked with the tribal nations to enhance communication.
- NIMS training has been conducted.
- PHEP has an assigned staff to enhance tribal, local and state collaboration.

#### Hospital Preparedness Program (HPP)

- PHEP collaborates with HPP to minimize duplication of planning, preparedness and recovery activities.
- HPP and PHEP jointly convene the semiannual WDH Emergency Preparedness Advisory Committee.
- We work to ensure volunteer management activities are coordinated between the programs.

#### Wyoming Office of Homeland Security (WOHS)

- In 2012-13, PHEP collaborated with WOHS to develop and implement statewide, a public health jurisdictional risk assessment tool.
- PHEP participates annually in the WOHS THIRA process.
- PHEP coordinates and updates ESF#8.

#### State agencies

- Wyoming Highway Patrol
- Wyoming Department of Transportation
- Wyoming Revenue Department
- Wyoming Livestock Board

- Wyoming Military Department
  - National Guard
  - 84<sup>th</sup> Civil Support Team
- Wyoming Division of Criminal Investigation

The initial strategic planning process took the sixty-five (65) functions described in the *Public Health Preparedness Capabilities* and prioritized them over a five-year period. Additionally, PHEP created a category of ongoing functions. These are functions that are either continuously assessed by CDC (e.g., Medical Materiel Management and Distribution), or are core public health functions that require ongoing activity (Public Health Laboratory and Public Health Surveillance and Epidemiological Investigation).

**Capability 8: Medical Countermeasure Dispensing**

Function 1: Identify and initiate medical countermeasure dispensing strategies

Function 2: Receive medical countermeasures

Function 3: Activate dispensing modalities

Function 4: Dispense medical countermeasures to identified population

Function 5: Report adverse events

**Capability 9: Medical Materiel Management and Distribution**



Function 1: Direct and activate medical materiel management and distribution

Function 2: Acquire medical materiel

Function 3: Maintain updated inventory management and reporting system

Function 4: Establish and maintain security

Function 5: Distribute medical materiel

Function 6: Recover medical materiel and demobilize distribution operations

**Capability 12: Public Health Laboratory Testing**

Function 1: Manage laboratory activities

Function 2: Perform sample management

Function 3: Conduct testing and analysis for routine and surge capacity

Function 4: Support public health investigations

Function 5: Report results

**Capability 13: Public Health Surveillance and Epidemiological Investigation**

Function 1: Conduct public health surveillance and detection

Function 2: Conduct public health and epidemiological investigations

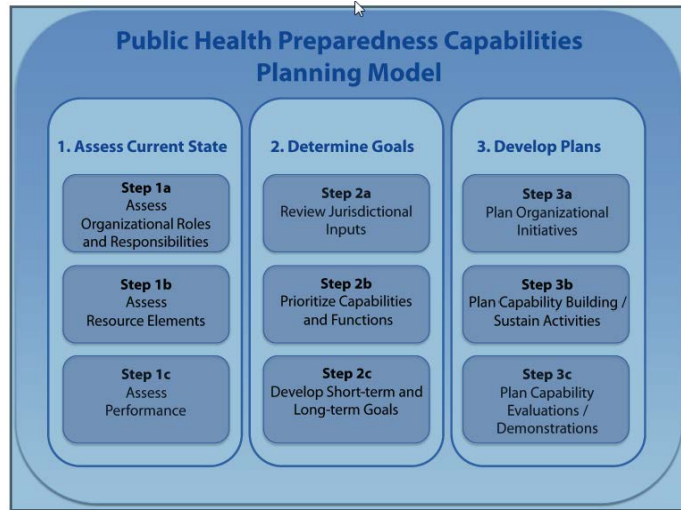
Function 3: Recommend, monitor, and analyze mitigation actions

Function 4: Improve public health surveillance and epidemiological investigation systems

In 2014, PHEP completed a strategic plan review and will ensure the completed activities are sustained, reviewed, updated and exercised during the remainder of the new five-year project period. BP5 will be our test, exercise, and review project period, and used to work on activities that could not be addressed due to significant funding cuts (18.8% in BP1 and 3.2% in BP2), or those activities identified as a lower priority.

## Process

To assist jurisdictions in using the capabilities for planning, CDC developed a Public Health Preparedness Capabilities Planning Model. The model describes a high-level planning process that state and local public health departments can follow to help determine their preparedness priorities and plan their preparedness activities. This planning model fits into the planning phase of the U.S. Department of Homeland Security Preparedness Cycle.



### Assess Current State

In April of 2011 PHEP staff assessed the program's current state of preparedness according to the CDC *Public Health Preparedness Capabilities: National Standards for State and Local Planning*. Jurisdictional Risk Assessments (JRA) were conducted at the state, tribal and local levels in 2013 and the results of these assessments have informed our strategic planning updates for BP3.

### Determine Goals

CDC provided a recommended tiered strategy for capabilities.

#### Tier 1 Capabilities:

- Public Health Laboratory Testing
- Public Health Surveillance and Epidemiological Investigation
- Community Preparedness
- Medical Countermeasure Dispensing
- Medical Materiel Management and Distribution
- Responder Safety and Health
- Emergency Operations Coordination
- Emergency Public Information and Warning
- Information Sharing

#### Tier 2 Capabilities:

- Non-Pharmaceutical Intervention
- Medical Surge
- Volunteer Management
- Community Recovery
- Fatality Management
- Mass Care



CDC's tiered strategy is designed to place emphasis on the Tier 1 capabilities as these capabilities provide the foundation for public health preparedness. Awardees were strongly encouraged to build the priority resource elements in the Tier 1 capabilities prior to making significant or comprehensive investments in Tier 2 capabilities.

In early April of 2011, a team of PHEP staff studied the CDC planning document, *Public Health Preparedness Capabilities: National Standards for State and Local Planning*. Based upon the recommendations provided in the document, the executive team separated the sixty-five (65) functions into four groups.

1. Tier 1 Capabilities that contain priority resource elements, plus volunteer management (Volunteer management was added because it is an existing joint goal between PHEP and HPP)
2. Tier 1 Capabilities that do not contain priority resource elements
3. Tier 2 Capabilities that contain priority resource elements
4. Tier 2 Capabilities that do not contain priority resource elements

In late April of 2011, PHEP convened a Strategic Planning Team consisting of internal and external partners from WDH Emergency Preparedness Advisory Committee to participate in the one-day strategic planning event. The planning team's responsibility was to prioritize the sixty-five (65) functions and align within a five-year plan. Twenty-two people participated including representatives from the WDH Public Health Emergency Preparedness Unit, the WDH Directors Office, WDH Public Health Laboratory, the WDH Aging Division, WDH Preventive Health and Safety Section, Cheyenne – Laramie County Health Department, Casper – Natrona County Health Department, WDH Emergency Medical Services- Hospital Preparedness Program, and Wyoming National Guard.

## Develop Plans

After completing our draft strategic planning process, our next step was activity planning for short-term goals. Development of a state, tribal and local Jurisdictional Risk Assessment (JRA) was one of our first goals. PHEP collected information to guide the selection of a suitable jurisdictional risk assessment instrument. PHEP staff reviewed existing tools from UCLA, Kaiser Permanente, and a Nebraska Department of Health. After considering the available information, WDH utilized the Texas Department of Health's Jurisdictional Risk Assessment instrument. During BP1, JRAs were completed at the local, tribal and state level. During BP4, JRAs will be updated at the local, tribal and state level.

PHEP provided guidance describing which capabilities and functions are to be addressed by counties and tribes. This guidance was developed for the BP1, BP2 and BP3 cycle of county and tribal contracts and guidance for BP4 will be distributed in June 2014.

As part of PHEP efforts for continuous improvement, exercise and real event After Action Reports and Improvement Plans will be reviewed, addressed for improvement and re-evaluated as necessary. PHEP will continue to collect and report data for CDC defined performance measures.

## **BP4 Capabilities and Functions | Activities**

### **Capability 1: Community Preparedness**

Function 1: Determine risks to the health of the jurisdiction

Function 2: Build community partnerships to support health preparedness

Function 3: Engage with community organizations to foster public health, medical and mental/behavioral health social networks

Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts

### **Capability 2: Community Recovery**

Function 1: Identify and monitor public health, medical and mental/behavioral health system recovery needs

Function 3: Implement corrective actions to mitigate damages from future incidents

### **Capability 3: Emergency Operations Coordination**

Function 3: Develop incident response strategy

Function 4: Manage and sustain the public health response

Function 5: Demobilize and evaluate public health emergency operations

### **Capability 4: Emergency Public Information and Warning**

Function 1: Activate the emergency public information system

Function 2: Determine the need for a joint public information system

Function 3: Establish and participate in information system operations

Function 4: Establish avenues for public interaction and information exchange

Function 5: Issue public information, alerts, warnings, and notifications

### **Capability 5: Fatality Management**

Function 2: Activate public health fatality management operations

Function 3: Assist in the collection and dissemination of antemortem data

Function 4: Participate in survivor mental/behavioral health services

Function 5: Participate in fatality processing and storage operations

### **Capability 6: Information Sharing**

Function 2: Identify and develop rules and data elements for sharing

### **Capability 7: Mass Care**

Function 1: Determine public health role in mass care operations

Function 2: Determine mass care needs of the impacted population

Function 3: Coordinate public health, medical, and mental/behavioral health services

Function 4: Monitor mass care population health

### **Capability 8: Medical Countermeasure Dispensing**

Function 5: Report adverse events

### **Capability 10: Medical Surge**

Function 1: Assess the nature and scope of the incident

Function 2: Support activation of medical surge

Function 3: Support jurisdictional medical surge operations

Function 4: Support demobilization of medical surge operations

**Capability 11: Non-Pharmaceutical Interventions**

Function 2: Determine non-pharmaceutical interventions  
Function 3: Implement non-pharmaceutical interventions

**Capability 12: Public Health Laboratory Testing**

Function 5: Report results

**Capability 13: Public Health Surveillance and Epidemiological Investigation**

Function 1: Conduct public health surveillance and detection  
Function 4: Improve public health surveillance and epidemiological investigation systems

**Capability 14: Responder Safety and Health**

Function 1: Identify responder safety and health risks  
Function 2: Identify safety and personal protective needs  
Function 3: Coordinate with partners to facilitate risk-specific safety and health training  
Function 4: Monitor responder safety and health actions

**Capability 15: Volunteer Management**

Function 1: Coordinate volunteers  
Function 2: Notify Volunteers  
Function 3: Organize, assemble, and dispatch volunteers  
Function 4: Demobilize volunteers

**BP5 Capabilities and Functions | Activities**

Test, exercise, and review project period, and used to work on activities that could not be addressed due to significant funding cuts or those activities identified as a lower priority.

**Capabilities and Functions | Activities to Sustain**

**Capability 2: Community Recovery**

Function 2: Coordinate community public health medical and mental/behavioral health system recovery operations

**Capability 3: Emergency Operations Coordination**

Function 1: Conduct preliminary assessment to determine need for public activation  
Function 2: Activate public health emergency operations

**Capability 5: Fatality Management**

Function 1: Determine role for public health in fatality management

**Capability 6: Information Sharing**

Function 1: Identify stakeholders to be incorporated into information flow  
Function 3: Exchange information to determine a common operating picture

**Capability 8: Medical Countermeasure Dispensing**

- Function 1: Identify and initiate medical countermeasure dispensing strategies
- Function 2: Receive medical countermeasures
- Function 3: Activate dispensing modalities
- Function 4: Dispense medical countermeasures to identified population

**Capability 9: Medical Materiel Management and Distribution**

- Function 1: Direct and activate medical materiel management and distribution
- Function 2: Acquire medical materiel
- Function 3: Maintain updated inventory management and reporting system
- Function 4: Establish and maintain security
- Function 5: Distribute medical materiel
- Function 6: Recover medical materiel and demobilize distribution operations

**Capability 11: Non-Pharmaceutical Interventions**

- Function 1: Engage partners and identify factors that impact non-pharmaceutical interventions
- Function 4: Monitor non-pharmaceutical interventions

**Capability 12: Public Health Laboratory Testing**

- Function 1: Manage laboratory activities
- Function 2: Perform sample management
- Function 3: Conduct testing and analysis for routine and surge capacity
- Function 4: Support public health investigations

**Capability 13: Public Health Surveillance and Epidemiological Investigation**

- Function 2: Conduct public health and epidemiological investigations
- Function 3: Recommend, monitor, and analyze mitigation actions

## Conclusion

The Wyoming Department of Health, Public Health Emergency Preparedness Unit has made tremendous progress in public health disaster planning, training, exercise, communication, disease surveillance, laboratory testing and response since the inception of bioterrorism funding. This progress can be seen in the accomplishments of the Strategic National Stockpile program, the public health laboratory, epidemiology and surveillance, exercise development, interoperable communication, planning, responses to emergencies, and numerous other programs within the state of Wyoming. This strategic plan will enable PHEP to focus resources and track progress on identified priority areas during the next five years. We remain committed to executing our strategic plan.

