



Wyoming
Department
of Health

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Wyoming Department of Health Health Readiness and Response Section

Public Health Emergency Preparedness Unit

Hospital Preparedness Program

Multi-Year Training and Exercise Plan

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PLAN MAINTENANCE

This training and exercise plan defines how the Wyoming Department of Health's Public Health Emergency Preparedness Unit (PHEP) and Hospital Preparedness Program (HPP) will identify, develop and implement key public health and medical emergency preparedness and response training and exercise activities in order to better prepare Wyoming for a public health threat or emergency.

This is a living document that will be updated by the PHEP Improvement & Development Supervisor and the Healthcare Preparedness Program Coordinator at least every two years or as information is gathered during incidents, events, drills, and exercises, or as needed to accommodate changes in organization, authorities or capabilities. This plan provides a roadmap for state, local, and tribal public health agencies and the medical community to follow in order to accomplish the training and exercise priorities described in the Department of Health baseline Training Needs Assessment, Centers for Disease Control and Prevention (CDC), Hospital Preparedness Program, and Public Health Emergency Preparedness Cooperative Agreement.

For information about this plan, contact the Exercise and Training Coordinator.

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SECTION 1: TRAINING & EXERCISE PROGRAM MANAGEMENT

Overview

The purpose of the Wyoming Department of Health Public Health Emergency Preparedness Training and Exercise Program is to provide exercise program policy and guidance that is consistent with the Homeland Security Exercise and Evaluation Program (HSEEP) and the National Incident Management System (NIMS). HSEEP is a capabilities-based and performance-based exercise program that provides standardized methodology and terminology for exercise design, development, conduct, evaluation, and improvement planning. All exercises funded all or in part by Public Health Emergency Preparedness (PHEP) or the Hospital Preparedness Program will be conducted in accordance with HSEEP.

Key elements of HSEEP's approach to training and exercise program management includes:

Exercise Program Objectives: These overarching objectives are used in the development of exercise specific objectives, ensuring that individual exercises build and maintain core capabilities in a coordinated and integrated fashion.

Multi-Year Training and Exercise Plan (MYTEP): A MYTEP aligns training and exercise objectives and schedules, encouraging stakeholders to coordinate efforts to validate, assess, and enhance core capabilities.

Improvement Planning (IP) and Corrective Action Process (CAP): A critical output of any exercise is the After Action Report and Improvement Plan (AAR/IP), which defines and assigns corrective actions needed to address issues observed during exercise evaluation. The use of HSEEP encourages organizations to track progress on all corrective actions, releasing periodic reports that document progress in resolving corrective actions and highlighting those corrective actions that are incomplete or behind schedule.

Training and Exercise Planning Workshop (TEPW): The TEPW provides an opportunity to develop, review, or update the statewide Multi-Year Training and Exercise Plans.

At the state level the annual TEPW provides an opportunity to develop, review, or update the statewide Multi-Year Training and Exercise Plans. The TEPW also provides a forum for determining how the state, local, and tribal jurisdictions will execute their multi-year plans. The purpose of the TEPW and the Multi-Year Training and Exercise Plan is to translate strategic goals and priorities into specific training and exercise activities, and to coordinate and de-conflict all training and exercise activities and create a comprehensive schedule for all state emergency management departments. This also provides an opportunity for all of the agencies to interact and share training and exercise opportunities and resources.

The TEPW includes representatives from the entire spectrum of the State's training and exercise program stakeholders, such as law enforcement, public health and medical community, and emergency management. Participants must be knowledgeable and have the authority to commit personnel and resources toward the activities scheduled in the multi-year plan.



Program Management

Exercise program management is the act of overseeing a variety of individual exercises and supporting activities sustained over time. An effective exercise program helps state, local, and tribal partners maximize efficiency, resources, time, and funding by ensuring that individual exercises are part of a coordinated, integrated approach to building, maintaining, and delivering core capabilities.

Capabilities

Capabilities provide the means to accomplish a mission and achieve desired outcomes by performing critical tasks, under specified conditions, or to target levels of performance. Capabilities are delivered by appropriate combinations of planning, organization, equipment, training, and exercises.

The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have identified 15 public health and 8 healthcare capabilities as the basis for state and local public health and healthcare preparedness. Achievement and evaluation of the capabilities may be demonstrated through training, exercises, routine activities, planned events, and real incidents when feasible.

Each capability includes a definition of the capability and list of the associated functions, performance measures, tasks, and resource considerations.

- The **Capability Definition** defines the capability as it applies to state, local, tribal, and territorial public health.
- The **Function** describes the critical elements that need to occur to achieve the capability.
- The **Performance Measure(s)** lists the CDC-defined performance measures (if any) associated with a function.
- The **Tasks** describes the steps that need to occur to complete the functions.
- The **Resource Elements** section lists the resources a jurisdiction needs to have or have access to.

For more information on these capabilities please reference the *Public Health Preparedness Capabilities National Standards for State and Local Planning*.

Public Health Preparedness Capabilities:

www.cdc.gov/phpr/capabilities/DSLRCapabilities_July.pdf

Healthcare Preparedness Capabilities:

www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf

For more information a crosswalk of Public Health, Healthcare, and the Core Capabilities is on page 48-54.

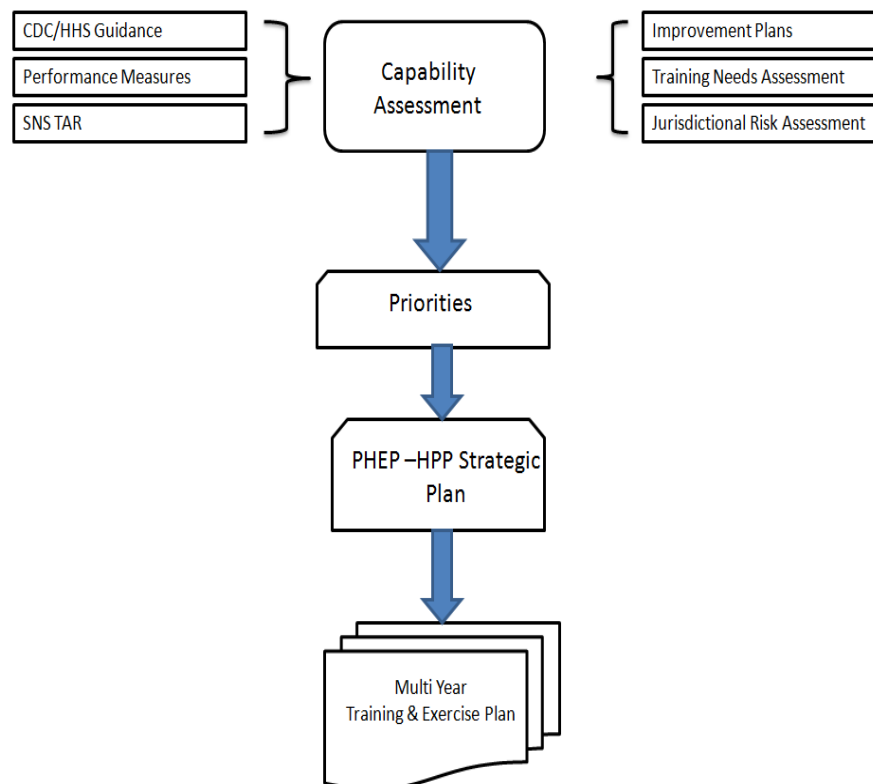
Multi-Year Training and Exercise Calendar

The Exercise Plan includes a Multi-Year Training & Exercise Calendar that is updated annually following the State-level Training and Exercise Plan Workshop (TEPW). Refer to Appendix A on page 25 that includes proposed training and exercise schedules, capabilities, and partner organizations.

State-level exercises will be posted in the National Exercise Schedule (NEXS) so that exercises may be coordinated across levels of government and healthcare entities. Local and tribal partners will be encouraged to use NEXS to post exercises. *(Note currently NEXS is has been down for over a year. There are reports that it will not be returned to service. Should NEXS be brought back on line the exercise schedule will then be posted to NEXS).* During the interim upon approval from our CDC Project Officer WDH will utilize an Exercise Calendar developed using Google. This schedule will include drills and exercises from state, local, and tribal public health.

On an annual basis local and tribal partners funded with PHEP and HPP grants will be encouraged to participate in local TEPW sessions with their Local Emergency Planning Committee (LEPC), Emergency Support Function (ESF) #8 partners, emergency manager, and other local, tribal, and regional partners to support the concept of planning for a whole community response.

To the greatest extent possible, joint exercises will be conducted that will meet multiple federal funding requirements to minimize burden on exercise planners and participants and to leverage resources. Exercise planners will work to coordinate with relevant entities, such as local and sub-state regional healthcare organizations, emergency management partners, emergency medical services, local health departments, and others. Coordination with local Medical Reserve Corps (MRC), National Disaster Medical System (NDMS), Metropolitan Medical Response System (MMRS) entities, and Cities Readiness Initiatives (CRI) is strongly encouraged in jurisdictions where those programs exist.



Training

Knowledge, skills, and abilities acquired through education and training, including NIMS training, will be incorporated into exercises identified in the Multi-Year Training & Exercise Plan. Gaps identified during previous exercises and real incidents will be taken into consideration when planning for these training and exercises. In addition, training will target the public health and healthcare preparedness capabilities identified in the Multi-Year Training & Exercise Plan and will be scheduled as needed.

The expected outcome of each training will be consistent with the goal of the training plan: to enhance the ability of personnel to prepare for, and respond to, acts of bioterrorism, outbreaks of infectious disease, natural disaster, and other public health threats/emergencies.

Training Needs Assessment

In partnership with the Northwest Center for Public Health Practice (NWCPHP) a baseline training needs assessment was conducted in February of 2013. The purpose was to identify emergency preparedness training needs, interests, and modality preferences of the public health workforce in Wyoming. The analysis of this assessment will be used to assist PHEP planners in developing future emergency preparedness and response training and exercise plans. Reassessment will occur every 3-5 years as appropriate and as resources allow. .

During the last quarter of BP1 2012-2013 the Public Health Division of the Wyoming Department of Health conducted a division wide Training Needs Assessment and the results were sent to managers, immediate supervisors, and individual results were sent to employees. During the last quarter of BP2 2013-2014 PHD conducted a second Training Needs Assessment and results are expected to be released in August 2014.

Jurisdictional Risk Assessment (JRA)

In partnership with the Wyoming Office of Homeland Security and other local and tribal partners a Jurisdictional Risk Assessment was completed in March 2013. The results of the JRA will be used in the development of future training and exercise plans so efforts can focus on training against those identified challenges.

Medical Countermeasures

The Multi-Year Training & Exercise Plan is designed to support the management of Medical Countermeasures into the jurisdiction's overall training and exercise plan and schedule. Many of the WDH partners identified on page 30 can be a resource for public health and may offer functions that will enhance this plan. Multi-agency training and exercises will provide increased collaboration, as well as consolidating the multiple exercises required by various organizations and funding agencies.

Joint training of public health, medical, and healthcare organizations will be promoted through the learning management system, WY TRAIN.

Learning Management System: WY TRAIN

The Wyoming Department of Health subscribes to Public Health Foundation's Learning Management System TRAIN. The Wyoming component of this is WY TRAIN that may be utilized by state, local, tribal partners, and volunteers. The system may be used to post online training opportunities, which can be taken at any time through WY TRAIN. These online opportunities reduce the burden on staff and provide cost saving measures for travel and other expenditures.

- Access to thousands of public health, healthcare, and emergency preparedness related courses and classroom offerings

- Electronic dissemination of course announcements and other training opportunities
- Online registration for education/training activities (Live, web based, virtual or other)
- Tracking of competencies and certifications achieved by individual participants
- Track populations of participants by geographic region, organization, profession, job function and other relevant indicators
- Online course development, assessments and evaluations
- Online individual transcripts
- Training Calendar
- Ability to offer web-based courses
- Promote, track, and deliver training efficiently and effectively to the greatest number of workers
- Functionality for local course providers to develop training, track training, and to develop/assign training plans for staff
- Allows users to search for training opportunities by capability, discipline, geographic location, cost, and other characteristics.
- Provides transcripts of training

Training Availability and Delivery

The training priorities listed in this plan will be scheduled one or more times per year depending on specific state, county, and tribal needs and requests. The delivery method used for specific training will be determined based upon the course objectives and the technology that is available to both the instructor and the participants.

Onsite training:

- Classroom, workshops, conference, and breakout sessions (National, regional, and statewide)
- Collaboration with Wyoming Homeland Security and Wyoming Law Enforcement Academy to coordinate training available through a number of emergency management/preparedness consortiums
- Onsite training through the Emergency Preparedness Outreach Technician and other staff
- VHS/CD/DVD based instruction
- In partnership with the Wyoming Office of Homeland Security and the Law Enforcement Academy additional training from FEMA, TEEX, and RDPC can be brought in

Distance Training (Web Based):

- Hot Topics web broadcasts provided by Northwest Center for Public Health Practice, University of Washington
- Online courses via WY TRAIN <https://wy.train.org>
- Online Independent Studies through FEMA <http://www.training.fema.gov/is/g>
- Online training using GoToWebinar

Five Year State Training Plan

PHEP and HPP continue to work with the State Training Officer from the Wyoming Law Enforcement Academy and Wyoming Office of Homeland Security in partnership with the National Domestic Preparedness Consortium (NDPC) to contribute to the state training plan. We have requested that during the next five years the following training opportunities be brought to Wyoming or the option to attend elsewhere be provided.

- AWR-111-W : Basic Emergency Medical Services Concepts for Chemical, Biological, Radiological, Nuclear, and Explosive Events, Web-based
- AWR-160-W:WMD/Terrorism Awareness for Emergency Responders, Web-based
- AWR-176-W: Business Information Continuity, Web-based

- AWR-323-W: Disease Containment Measures
- AWR-308: Natural Disaster Awareness for Caregivers of Senior Citizens: Building Senior Resilience
- AWR-160: Standardized Awareness Training
- AWR-900: Framework for Health Emergency Management (FRAME)
- AWR-901-2: Hospital Emergency Response Training: Basic, Indirect Delivery (HERT-B-2)
- MGT-312: Senior Officials Workshop for All-Hazards Preparedness
- MGT 301: Command and the WMD Response for All Hazards
- MGT-314: Enhanced All Hazards Incident Management/Unified Command
- MGT-310: Jurisdictional Threat and Hazard Identification and Risk Assessment
- MGT-317: Disaster Management for Public Services
- MGT-318: Public Information in an All-Hazards Incident
- MGT-340: Crisis Leadership and Decision Making for Elected Officials
- MGT-341: Disaster Preparedness for Hospitals and Healthcare Organizations within the Community Infrastructure
- MGT-346: Emergency Operations Center Operations and Planning for All-Hazards
- MGT-348: Medical Preparedness and Response for Bombing Incidents
- MGT-360: Incident Command: Capabilities, Planning and Response Actions for All Hazards (IC)
- MGT-409: Community Healthcare Planning and Response to Disasters
- MGT-418: Readiness: Training Identification and Preparedness Planning
- MGT-439: Pediatric Disaster Response and Emergency Preparedness
- MGT-900: Pandemic Planning and Preparedness (P3)
- MGT-901: Healthcare Leadership for Mass Casualty Incidents (HCL)
- MGT-902: Advanced Public Information Officer: Health and Hospital Emergencies (APIOHHE)
- MGT-903: Environmental Health Training in Emergency Response (EHTER)
- MGT-904: Intermediate ICS for Expanding Incidents (ICS 300)
- MGT-905: Advanced ICS Command and General Staff-Complex Incidents (ICS 400)
- PER-211: Medical Management of Chemical, Biological, Radiological, Nuclear, and Explosive Events
- PER-219: A Prepared Jurisdiction: Integrated Response to a CBRNE Incident
- PER-220: Emergency Response to Domestic Biological Incidents (ERDBI)
- PER-263: Respiratory Protection: Program Development and Administration (RP)
- PER-267: Emergency Medical Operations for CBRNE Incidents (EMO)
- PER-268: Incident Complexities - Responder Actions for CBRNE Incidents (ICR)
- PER-298: Team Approach to Foodborne Outbreak Response
- PER-304: Social Media for Natural Disaster Response and Recovery
- PER-902: Hospital Emergency Response Training for Mass Casualty Incidents (HERT)
- PER-904: Radiological Emergency Response Operations (RERO)
- PER-905: Advanced Radiological Incident Operations (ARIO)
- PER-910-2: Hospital Emergency Department Management of Radiation Accidents, Indirect Delivery (HRA-2)

Training Levels and Core Content

Public health and healthcare emergency preparedness training and exercises shall reflect the multi-disciplinary collaboration evident in real-world emergency response. Training and exercise strategies shall address training needs and competencies along the continuum of career development and will be addressed simultaneously whenever feasible. Three general training levels will be addressed:

1. Awareness Level - Awareness level courses address multi-disciplinary competencies, common vocabulary, and expected response outcomes.

2. Intermediate Level – Intermediate level courses target designated responders, healthcare workers, and all volunteers who require operational competency in specific emergency response roles.

3. Advanced Level – Advanced level courses develop and reinforce competencies and hands-on skills required of complex roles in the public health and healthcare emergency response. Multiple training modalities are employed to meet the training needs of this diverse audience. Potential delivery modes include:

- Exercises and drills
- Instructor-led courses (e.g. face-to-face or distance learning via satellite or webcast)
- Professional meetings
- Regional meetings/conferences
- Dissemination/and utilization of education references and resources f. multimedia (e.g. DVD, VHS, etc.)

Core Content Areas for Training

1. All-Hazards Emergency Preparedness & Response

- National Incident Management System
- National Response Plan
- Incident command system 100-400
- Role-specific training
- Hazards and vulnerability analysis
- Personal protective equipment
- Disaster Mental Health
- MRC and volunteer orientation

2. Communication

- Tactical communication equipment and procedures
- Crisis and emergency risk communications
- Alert and assembly drills
- Virtual Situation Awareness Tool (VSAT) training
- WebEOC procedures & protocols

3. Public health and medical response to Chemical, Biological, Radiological, Nuclear and Explosive weapons (CBRNE) incidents

- Weapons of mass destruction orientation
- Health and medical consequences of CBRNE incidents
- Diagnosis, treatment and local protocols for managing victims of CBRNE incidents
- CHEMPACK response
- Patient decontamination

4. Response-specific training and exercises

- Epidemiological surveillance and response
- Medical materiel distribution and dispensing operations
- Receipt, Store and Stage (RSS) operations
- Mass Dispensing and Vaccination center coordination
- Point-of-Dispensing operations and drills
- Mass Casualty Management

- Mass Fatality Management
- Isolation and Quarantine
- Responding to special-needs populations
- Mass evacuation and sheltering-in-place

5. Public Health Emergency Preparedness National Incident Management System (NIMS) Training Guidelines State and national requirements across agencies, as well as the CDC PHEP cooperative agreement, ensure compliance with National Incident Management System (NIMS). Staff involved in incident response should demonstrate competency in the incident command and emergency management responsibilities they may be called upon to fulfill in an emergency. A precursor to that staff competency is to attain the applicable National Incident Management System (NIMS) Certification based on discipline, level and/or jurisdictional requirements.

Core Personnel and Volunteers

NIMS Training guidelines may be used for personnel at state and local government, across the healthcare private sector, as well as for volunteers who may be called upon in preparedness, response, and recovery. The most basic training involves the most individuals – those who should have a general knowledge of the National Incident Management System – but who do not have a formal assigned role. The training criteria increase as functional roles and responsibility increase, as shown below in both chart and visual formats.

The Wyoming Office of Homeland Security is the lead agency responsible for State of Wyoming NIMS Compliance.

NIMS Training Guideline Chart

| Tier | Role in a Public Health Emergency | Required Training | Recommended Training |
|------|---|--|--|
| IV | Neither assigned to DOC/EOC/JFO nor sent to the field as responder | IS-700.a + IS-100.a <i>or</i> IS-100.HCa <i>or</i> HICS | ICS for Public Health |
| III | Assigned to DOC/EOC/JFO | IS-700.a + IS-100.a <i>or</i> IS-100.HCa <i>or</i> HICS + IS-800.a + IS-200.HCa <i>or</i> IS-200.b | Position-Specific Training Assigned to Response JFO (Catastrophic Incident): IS-701 IS-702 IS-703 IS-704 |
| II | Potential to be deployed to the field or are normally in a field location | IS-700.a + IS-100.a <i>or</i> IS-100.HCa <i>or</i> HICS + IS-800.a + IS-200.HCa <i>or</i> IS-200.b + ICS-300 | Courses within specialty Additional ICS/NIMS courses as appropriate |
| I | Leadership or Liaison role | IS-700.a + IS-100.a <i>or</i> IS-100.HCa <i>or</i> HICS + IS-800.a + IS-200.HCa <i>or</i> IS-200.b + ICS-300 + ICS-400 | ICS-402 Courses within specialty Additional ICS/NIMS courses as appropriate Catastrophic Incident: IS-701 IS-702 IS-703 IS-704 |

Basic Courses that should be completed after being hired:

- **Introduction to Incident Command System (IS-100):** Provides training on and resources for personnel who require a basic understanding of the Incident Command System (ICS).
- **ICS for Single Resources and Initial Action Incidents (IS-200):** Provides training on and resources for personnel who are likely to assume a supervisory position within the Incident Command System (ICS). The primary target audiences are response personnel at the supervisory level.
- **Incident Command System (ICS-300): Intermediate ICS for Expanding Incidents.** Target audiences are those personnel involved in the incident in a command role. (Classroom only)
- **Incident Command System Advanced ICS Command and General Staff—Complex Incidents (ICS-400):** Individuals involved in supervising several staff and may be in a command position. (Classroom only)
- **National Incident Management System (NIMS) An Introduction (IS-700a):** Provides training on and resources for the National Incident Management System (NIMS). NIMS provides a consistent nationwide template to enable all government, private sector, and nongovernmental organizations to work together during domestic incidents.
- **National Response Framework Introduction (NRF) (IS-800b):** Provides training on and resources for the National Response Plan (NRP). The NRP specifies how the resources of the Federal Government will work in concert with State, local, and tribal governments and the private sector to respond to Incidents of National Significance. The NRP is predicated on the National Incident Management System, or NIMS. Together the NRP and NIMS provide a nationwide framework for working cooperatively to prevent or respond to threats and incidents regardless of cause, size, or complexity
- **HSEEP** overviews or actual completion of training, as appropriate (Classroom or Workshop only)
- **FEMA Professional Development Series:** The Professional Development Series includes seven Emergency Management Institute independent study courses that provide a well-rounded set of fundamentals for those in the emergency management profession.

Medical Countermeasure (MCM) Operations Training

The Strategic National Stockpile (SNS) program offers a variety of MCM training tools to assist planners in their training efforts. Such tools include videos, hands-on training material, and classroom instruction. To facilitate MCM training state, local, and tribal planners can contact the state SNS Coordinator for information on training and training materials. The state SNS Coordinator will contact the DSNS Program Services Consultant for updated information and scheduling of new training material and efforts developed by SNS.

Training Offered By CDC - DSNS

- **SNS Preparedness Course:** Provides information and trains federal, state, and local planners and officials on how to best use and manage the Strategic National Stockpile in response to a terrorist attack, natural disaster, or technological accident
- **The Mobile Preparedness Course:** A series of lectures and student activities that provides the participants information on DSNS operational concepts, RSS requirements and procedures, and mass antibiotic dispensing.

- **Mass Antibiotic Dispensing (MAD):** Provides Point of Dispensing (POD) managers, local, and state planners, and POD staff members the knowledge, skills and tools necessary to dispense medical countermeasures supplied by the SNS.
- **Public Information and Communication (PIC):** A collection of presentations, group exercises, discussions, and supporting materials used to provide technical assistance to health communicators who may be involved in a mass antibiotic medical counter measures operation. This course will introduce state and local communicators to the DSNS and help them better understand their roles and responsibilities in the event of SNS deployment.
- **Receiving, Staging, and Storing (RSS) Course:** Teaches RSS staff and supervisors the four basic warehouse functions of receiving, storing, picking, and shipping. At the end of this course, staff and supervisors will understand DSNS' logistics concept of support, basic operational concepts of the four warehouse functions, and how to incorporate the lessons into their own RSS training. The audience for this course is responders working in or with a state's RSS operations.
- **RealOpt Course:** Teaches state and local users how to successfully manage and operate a modeling software tool for a dispensing/vaccinating site and make considerations towards; personnel staffing, population per hour (PPH) flow rates; product usage use rates and disease propagation while managing operations in a public health emergency response. Note: The output results can be utilized for CRI drill grant credit requirements and for DSNS L-TAR exercise credit.
- **Tailored training:** SNS coordinators can work through the CDC Project Officer to arrange for training specific and unique to the audience's needs. The training team always works with consultants and coordinators to modify the standard courses to best-fit performance gaps; however, if there is something special needed, please inform the team through the PPB consultant. The training team will look for new information and methods to meet the training need.

Medical Countermeasures Training (MCM)

- Management of Operations
- SNS Planning
- Local/State Requesting Process
- Tactical Communications
- Public Information and Communication
- Exercise and Evaluation
- Security Operations
- RSS Operations
- Inventory Management
- Distribution Methods
- Hospital and Treatment Center Coordination
- Anthrax Algorithm



Information on the above courses and other training resources available from the DSNS can be found on the SNS Extranet site at: <https://www.orau.gov/snsnet/conferences.htm#DSNSTraining>

Program-specific Training for Staff Involved in MCM Operations

Planners in their respective programs should be prepared to offer all personnel involved in MCM operations a basic overview of their respective program. MCM program orientation training gives participants a basic understanding of MCM operations; why the community will need it; and how the state/local entity expects to

request, receive, distribute, and dispense MCM. The recommended audience for MCM orientation training should include:

- Local and state elected and appointed leaders
- Emergency planners
- Members of the incident command structure or command and control;
- Essential emergency response personnel, including first responders and personnel from the medical infrastructure (hospitals, health clinics, and professional associations)
- Other state/local team members involved in key positions of executing the plan
- Public-information and/or health-education specialists
- RSS personnel

Consideration should be given to offering this training to private-sector organizations that will support various activities in the plan (e.g., industrial plants, correctional facilities, and nursing homes that might dispense assets at their clinics). It is important that these partners understand how they fit into the larger picture of the state and local response.

MCM orientation training should cover:

- The process for the state/community to request assets
- Justification of requesting assets
- How the assets will arrive
- What materiel, equipment, and technical assistance will be supplied
- How personnel will be organized and receive, distribute, and dispense assets
- How the jurisdiction's MCM plan fits into the broader all-hazards or bioterrorism response plan
- How dispensing sites will be planned and operated

Individual Task-specific MCM Training (Specific to project area)

Task-specific training ensures that personnel understand tasks and roles in a functional team. For many individuals (such as warehouse workers, transportation dispatchers, truck drivers, inventory managers, and pharmacists) the tasks that the MCM plan assigns are the same as those they routinely perform. Others, such as volunteers from civic and fraternal groups who staff positions in dispensing sites, will need basic familiarization and specific task training before they can perform effectively. Everyone who is part of an area's MCM response needs to understand what he or she must do:

- Where to get appropriate medical materiel for essential personnel and families
- What identification to bring when reporting for duty
- Bring proper credentials, as appropriate
- Where and when to report for duty
- What tasks will be expected to perform

Information should be captured and maintained in "just in time training" (JITT) and/or and job action sheets (JASS) in the jurisdiction's MCM plan, as well as any training conducted with staff. Repetition of these key activities/tasks is critical to the success of the project area's response activities.

Functional-Group MCM Training (Specific to project area)

The goal of this training is to teach individuals how to work cohesively as members of a functional group (e.g., receiving, staging, distribution, and dispensing) to get assets to those that may need them during an emergency.

Functional Group training initially emphasizes the process, flow, and expectations of each area. Once a Functional Group works smoothly together, training should bring all groups together for drills and exercises so that individuals understand the distribution and operational process for managing and dispensing assets. Functional group training should ensure that all team members can:

- Perform assigned jobs
- Understand how the specific task supports the group's function
- Familiarize the group members with their work location, facilities, equipment, and leadership
- Understand how the specific function integrates into the overall MCM
- operational plan
- Understand and recognize safety concerns of the work environment

Creating an area-specific MCM training plan will ensure that personnel involved will be able to perform in an emergency situation. This should be included as part of the overall training and exercise plan for the area's project.



MCM Tabletop Exercise with RSS and Transportation Partners

SECTION 2: EXERCISE PLANNING AND CONDUCT

The elements of exercise design, development, and conduct are important to support capabilities-based planning and to achieve exercise objectives. All exercises funded all or in part with PHEP and HPP funding will include a planning process that is consistent with guidance in HSEEP Volume II: Exercise Planning and Conduct.



State Exercises

WDH-PHEP and HPP will form an Exercise Design Team of subject matter experts for each exercise to determine exercise-specific objectives, scope, and participants. The Improvement and Development Supervisor will be responsible for ensuring the following exercises are completed:

- WDH-PHEP and HPP will participate in an annual tabletop (TTX), functional, or full-scale exercise (FSE) to test the public health and healthcare preparedness capabilities. Once in the 5-year HPP-PHEP cycle, WDH will participate in an FSE to satisfy the requirements of the Medical Countermeasures Distribution and Dispensing Guide (MCMDD). (Or as directed by annual guidance)
- WDH-PHEP and HPP will conduct quarterly call-down drills of key Incident Command System (ICS) and Receive, Stage, and Store (RSS) warehouse staff and volunteers using the Wyoming Health Alert Network (WY-HAN). Target time: 60 minutes or less
- WDH-PHEP and HPP will conduct an annual unannounced (outside regular business hours) drill to assemble an incident management team. Target time: 60 minutes or less.
- WDH-PHEP and HPP will conduct an annual drill to produce an Incident Action Plan (IAP) before the start of the second operational period. This drill may be combined with another exercise or demonstrated through a real incident.
- WDH-PHEP and HPP will coordinate with the WDH Public Information Officer (PIO) to conduct an annual drill to log the time to issue a risk communication message for dissemination to the public. This drill may be combined with another exercise or demonstrated through a real incident.
- WDH-PHEP and HPP will participate in an annual drill to ensure the agency can electronically report available and staffed hospital beds according to HAVBED definitions within 4 hours or less of a request. This may be accomplished through a drill or real incident.
- WDH-PHEP and HPP will conduct annual drills of the Volunteer Management System (WAVE) in order to meet SNS and ESAR-VHP program requirements. This drill may be combined with another exercises or demonstrated through a real incident.

Local & Regional Exercises

Local exercises may be conducted at a county or regional (multi county) level. Local and regional partners are encouraged to work with their emergency managers, ESF #8 partners, healthcare organizations, and others to design, develop, conduct, and evaluate exercises based on jurisdictional priorities identified in gap analyses, jurisdictional risk assessments, and lessons learned from exercises and real incidents. A joint full-scale exercise (FSE) must be completed once in the five-year budget cycle to include local health departments, hospitals, and other ESF #8 partners.

Hospitals & Other Healthcare Organizations

Hospitals and other healthcare organizations will participate in an annual TTX, functional, or FSE to test the healthcare preparedness capabilities. While these exercises meet grant preparedness requirements, the capabilities tested over the 5-year period are assisting hospitals in meeting regulatory and accreditation requirements.

- Once in the 5-year cycle, hospitals will participate in a joint FSE with ESF #8 partners, as noted above.
- At a minimum the FSE must incorporate Capability 1: Healthcare System Preparedness, Capability 3: Emergency Operations Coordination, Capability 5: Fatality Management, Capability 6: Information Sharing and Capability, Capability 10: Medical Surge, Capability 14: Responder Safety and Health, Capability 15: Volunteer Management.
- Hospitals and other healthcare organizations are required to equip, train, and exercise communication devices for both horizontal (with each other and other healthcare organizations) and vertical (with emergency medical services, fire, law enforcement, and State and local public health agencies) communications as outlined in Capability 6: Information Sharing; Function 2: Develop, refine, and sustain redundant communication systems.
- Hospitals and other healthcare organizations must participate in quarterly HAvBED drills every year. The HPP HAvBED systems manager will notify participants of logistical details prior to the drill and send a report after the drill.

Local Health Departments

Local health departments (LHDs) will participate in an annual TTX, functional, or FSE to test the public health preparedness capabilities.

- Annually local health departments will be provided a training and exercise guidance that will detail deliverables for the year.
- Once in the 5-year cycle, LHDs will participate in a joint FSE with ESF #8 partners as noted above. This exercise may be a Point of Dispensing (POD) exercise.
- Joint exercises should meet multiple program requirements, including HPP, PHEP, and SNS/CRI/CHEMPACK requirements to help minimize the burden on exercise planners and participants.

Cities Readiness Initiative (CRI)

Wyoming has two Cities Readiness Initiative (CRI) cities: Cheyenne (Laramie County) and Casper (Natrona County). CRI jurisdictions, WDH PHEP, and HPP will conduct exercises as required by the Cooperative Agreement. This includes:

- TAR /MCM ORR score
- Operational drills identified on the DSNS Extranet
- Compliance with programmatic standards for dispensing and distribution
- FSE for medical countermeasure dispensing and medical materiel distribution once in the MCMDD 2011-2016 cycle. (Budget Period 2 is the second year of the MCMDD composite score framework)

Annual CRI Drills

Call-down: The staff call-down drill tests the validity of jurisdictions' emergency personnel lists and their ability to contact those staff in a timely manner. The drill also estimates the percentage of staff who could report for duty within a designated time frame. Call-down is a crosscutting capability, applicable to a wide variety of SNS functions, including dispensing, warehousing (RSS), distribution, security, and command centers, among others.

Site Activation: The site activation drill tests jurisdictions' ability to quickly contact operators/owners of sites that would house critical SNS facilities (e.g., RSS warehouses, PODs, EOCs) and determine how quickly the sites could be made ready for emergency operations. Site activation is a crosscutting capability, applicable to multiple functions in a mass prophylaxis scenario, such as dispensing (POD), warehousing (RSS) and command centers (EOC).

Facility Set-Up: The goal of a setup drill is to test the amount of time it takes to completely set up a facility with the materiel, layout, and supplies necessary to perform a given SNS function. Facility setup is a crosscutting capability, applicable to a wide variety of SNS functions, including dispensing (POD), warehousing (RSS), and command and control (EOC) among others. Proper setup is an important precondition of a rapid and effective response, and may in some situations be the critical step to successfully providing MCM to an affected population within 48 hours.

Pick List Generation: (CRI) The pick list generation (PLG) drill is designed to assess jurisdictions' proficiency in generating pick lists. These lists translate command-level decisions about allocation of resources among PODs into detailed guidance about the specific quantities of countermeasures that should go to a specified POD. As such, they provide essential guidance for picking, palletizing, and loading materials stored in RSS facilities into trucks destined for POD sites. Discussions with subject matter experts and observation of RSS drills identified pick list generation as a common bottleneck on the critical path to moving SNS materiel to affected populations.

Dispensing throughput: (CRI) This drill assesses the speed and accuracy with which local jurisdictions can dispense oral prophylaxis in a POD setting. It is designed to measure dispensing throughput, as well as collect data on patient flow time and processing times at each step. To minimize the burden on health departments, this drill can be performed in conjunction with already-planned POD exercises or vaccination clinics.

The three drills described below are designed to mirror real-life situations and to simulate outcomes and decisions that may happen in an actual public health emergency.

The Decision-Making Tool is a paper-and-pencil tool that focuses on the quality of decision-making processes, including developing situational awareness, planning specific actions and using process controls. Furthermore, this tool requires deliberation among two or more individuals, and therefore should be played in groups.

The RSS-POD Supply Chain Management Game is made of up of five modules to test distribution and resource allocation during a public health emergency. The first three modules can be played with individuals or in a group. These modules allow the players to practice managing inventory (distribution) under the following scenarios.

- When no information is available about inventory levels at the POD
- When inventory levels at the PODs are available
- With a mathematical algorithm to help make distribution decisions

Modules 4 and 5 of the RSS-POD Supply Chain Management Game: are focused on testing resource allocation during large-scale public health emergencies. Unlike Modules 1-3, these modules are best played in small groups of two-five individuals. The group plays the role of the point of dispensing (POD) manager in order to address the following scenarios:

- Which PODs to open during staffing shortages
- How to allocate and dispense inventory when there are shipment delays causing a temporary inventory shortage.

These additional drills will generate observations, lessons learned and areas for improvement that are required to be documented in an After Action Report (AAR) and Improvement Plan submitted to DSNs.

Any of these drill and exercise requirements can be incorporated into a full-scale exercise. Do not forget to collect data on pertinent drills for which you may be able to receive credit, both related to cooperative agreement and TAR requirements.

| | Utility/Purpose | Type of Player Action | Duration | Real-Time Play? | Scope |
|----------------------------|---|--|--------------------------|---|----------------------------------|
| Discussion-Based Exercises | Familiarize players with current plans, policies, agreements, and procedures; develop new plans, policies, agreements, and procedures | Notional; player actions are imaginary or hypothetical | Rarely exceeding 8 hours | No | Varies |
| Seminar | Provide overview of new or current plans, resources, strategies, concepts or ideas | N/A | 2-5 hours | No | Multi- or Single-agency |
| Workshop | Achieve specific goal or build product (e.g., exercise objectives, SOPs, policies, plans) | N/A | 3-8 hours | No | Multi-agency/ Single function |
| Tabletop Exercise (TTX) | Validate plans and procedures by utilizing a hypothetical scenario to drive participant discussions | Notional | 4-8 hours | No | Multi-agency/ Multiple functions |
| Game | Explore decision-making process and examine consequences of those decisions | Notional | 2-5 hours | No (though some simulations provide real- or near-real-time play) | Multi-agency/ Multiple functions |

Real Incidents

The annual Cooperative Agreement requires that public health and healthcare organizations demonstrate achievement of the capabilities through different means. In addition to exercises, real incidents may be used to evaluate the public health and healthcare capabilities when feasible.

State

A request for WDH PHEP or HPP to use a real incident as an exercise for grant credit must be submitted to federal project officers for consideration.

Local & Regional

Local and regional partners seeking to use a real incident for an exercise should submit the following for approval:

- Notification to the WDH Preparedness Program that an incident has occurred and emergency operational plans have been activated
- Capabilities identified demonstrated during response to the incident
- Submit an AAR/IP to PHEP within 60 days after the event

Exercise Planning, Design, & Development

The exercise design and development process builds on exercise program management to select participants for an exercise planning team, schedule planning conferences, identify and develop exercise-specific objectives, design the scenario, create documentation, plan exercise conduct, select a focus for evaluation, and coordinate logistics.

Key elements of HSEEP's approach to exercise design and development include:

Exercise Planning Team. The exercise planning team is responsible for the successful execution of all aspects of an individual exercise. The planning team works with exercise stakeholders to determine or refine exercise objectives based on core capabilities. The exercise planning team also creates a realistic scenario to achieve exercise objectives and develops documentation to guide exercise conduct and evaluation. The planning team's organization and management principles should reflect those of the National Incident Management System (NIMS), with clearly defined roles and responsibilities and a manageable span of control.

The State Exercise Planning Team Includes:

- WDH PHEP Improvement & Development Supervisor
- WOHS Exercise Coordinator
- Wyoming Military Department Exercise Coordinator
- Wyoming Livestock Board Exercise Coordinator
- PHRC Drills and Exercise Work Group
- 84th Civil Support Team



Exercise Planning Activities. Effective exercise design and development involve a combination of exercise planning activities, often in the form of planning meetings and conferences. These planning activities bring together exercise stakeholders to discuss and agree on key aspects of the exercise's design and development. Various factors—including exercise scope, type, and complexity—inform the types of planning activities needed, and exercise planners tailor the planning schedule to suit the particular nature of the exercise. Use of video or teleconferences or webinars is encouraged, where practical, as an economical means of coordination.

Simple, Measurable, Achievable, Realistic, and Task-Oriented (SMART) Objectives. Well- defined exercise objectives provide a framework for scenario development and inform exercise evaluation criteria. Exercise planners use SMART objectives in designing and developing exercises. Exercise planners limit the number of exercise objectives to allow for a focused evaluation.

Scenario: A scenario provides the storyline that drives an exercise to validate objectives. The scenario selected for an exercise is informed by the actual threats and hazards faced by the exercise stakeholders. The exercise scenario should realistically stress the delivery of core capabilities, providing a mechanism for testing objectives and assessing core capability levels and gaps.

Exercise Documentation: Thorough exercise documentation is a critical component of effective exercise design and development. There is a range of exercise documentation available to planners. Factors such as exercise scope, type, and complexity inform the types of documentation needed.

Exercise Control Planning: Exercise control maintains exercise scope, pace and integrity during conduct under safe and secure conditions. The control structure in a well-developed exercise ensures that exercise play accommodates objectives in a coordinated fashion at all levels and at all locations for the duration of the exercise. In the design and development phase, exercise planners consider control-related issues such as the staffing, structure, training, and communications of the control staff.

Exercise Evaluation Planning: Exercise evaluation activities begin as soon as exercise objectives are identified. In the design and development phase, exercise planners should account for issues such as the staffing, structure, training, and communications of evaluation staff members.

Logistics Planning: Effective logistics are essential to a successful exercise. They can make the difference between a smooth, seamless exercise and one that is confusing and ineffective. Exercise planners consider the full range of logistics-related issues, such as venue layout, onsite communications, and site security.

Planning Roles and Responsibilities

The following defines the roles and responsibilities of those at the federal, state, and local level.

Federal

- Department of Homeland Security
- Provide HSEEP resources and training
- Provide HSEEP Toolkit
- National Exercise Schedule (NEXS) *currently out of service*
- Lesson Learned Information System (LLIS) *currently out of service*
- CDC (will also provide the DSLR portal)
- Provide annual guidance and performance measures
- Provide Reporting Portal (CDC Lessons Learned and PERFORMS) *currently out of service*
- HPP Guidance
- Exercise Support
- Technical Support

Wyoming Department of Health Public Health Emergency Preparedness Unit

- Designate a PHEP training and exercise coordinator
- Develop and maintain the PHEP Multi-Year Training and Exercise Plan
- Plan, conduct, and evaluate annual state level public health exercises and report results to the WOHS and CDC
- Coordinate requests for support, training and exercises from federal agencies including CDC, WOHS, and FEMA
- Coordinate and provide technical assistance and funding to the local/tribal Public Health offices requests for training, exercise planning, conduct, and evaluation
- Establish, train, and coordinate a statewide exercise development and evaluation team
- Include annual exercise budget in cooperative agreement (if applicable)
- Submit PHEP After Action Report/Improvement Plans to CDC/DSNS Project Officers

Local and Tribal Public Health

- Participate in the annual Training and Exercise Workshop (TEPW). If not available through local Emergency Management then the PHRC should be the lead in organizing and conducting a county/tribal ESF #8 TEPW and Improvement Planning Workshop (IPW) with those listed in the jurisdictional ESF #8
- Establish an exercise and evaluation team within their jurisdiction made up of local response partners
- Plan, conduct, evaluate, and report jurisdiction exercises
- Post After Action Report/Improvement Plans to WARN in the appropriate section of the Document Center

PHEP Training and Exercise Coordinator: This person oversees the entire PHEP exercise program ensuring Federal, State, and local exercise requirements are met and that all exercise planners are coordinating efforts and de-conflicting events. (HPP Coordinator oversees the HPP Training and Exercise Program)

- Develop a self-sustaining exercise and evaluation program, including:
- Budget Management, ensuring that budgets are available for needed training and exercising
- Overseeing exercises, including scheduling, budgeting, improvement planning
- Working with the Lead Exercise Planner(s) on exercise monitoring, reporting, and improvement tracking
- Coordinating with federal, state, local, and tribal Exercise Planner(s)
- Program maintenance

Exercise Design Team (EDT): works with the PHEP Improvement and Development Supervisor in the design and development of exercise. Some of the Exercise Design Team (EDT) duties include determining exercise objectives, tailoring the scenario, and developing the sequence of events and associated messages and actions. This team is responsible for creating and distributing all exercise materials, conducting pre-exercise training, and assuring the logistic and administrative necessities to conduct the exercise is completed.

The team should include a representative from each of the participating agencies in a multi-jurisdictional exercise and from key departments in a single-agency exercise. A coordinator should be assigned to oversee the team's efforts, ensures all exercise preparation activity is accomplished, and resolves any conflicts of interest or inconsistencies.

A Senior Planner is usually assigned responsibility for ensuring all exercise planning and development is related to the purpose, scope, and objectives of the exercise. During the exercise, the Senior Planner customarily serves as the senior controller. A Senior Planner evaluator is responsible for developing, publishing, and distributing the evaluation plan and overseeing exercise evaluation to provide feedback on the effectiveness of the exercise.

The state PHEP Improvement and Development Supervisor coordinates with the Public Health Response Coordinator Training Work Group and the Public Health Response Coordinator Exercise and Drills Work Group to develop annual training, exercise plans, and deliverables.

Exercise Design Team Composition: There are a significant number of requirements necessary to ensure an exercise is successfully designed, coordinated, and executed. The work associated with putting together an exercise of any type is usually more than one person can do. This is especially true of the exercises envisioned as part of the PHEP exercise program. To ensure exercises have the appropriate level of review and validation during the planning process, carefully consider who should be a part of the Exercise Planning Team in order to review and have a validation process conducted during the planning phase.



Prairie Eagle Medical Countermeasures Distribution Full Scale Exercise May 2012

SECTION 3: EVALUATION & IMPROVEMENT PLANNING

Evaluation of training and exercises is vital to continuous quality improvement by incorporating corrective actions into ongoing capabilities-based preparedness activities. All exercises funded all or in part with PHEP funding will include the After Action Reporting and Improvement Planning/Corrective Action process consistent with guidance in HSEEP Volume III: Exercise Evaluation and Improvement Planning.

Evaluation

Exercises will be evaluated in a manner consistent with the 8 Steps of Exercise Evaluation and Improvement Planning, as outlined in HSEEP.

- Exercises funded in whole or part by HPP funds will participate in the evaluation process outlined in Capability 1: Healthcare System Preparedness Function 6: Improve healthcare response capabilities through coordinated exercise and evaluation
- Exercises funded in whole or part by PHEP funds will participate in the evaluation process outlined in Capability 3: Emergency Operations Coordination Function 5: Demobilize and evaluate public health emergency operations.

Priorities, needs, and corrective actions identified through the evaluation of exercises and/or response to real incidents will be incorporated into the review, revision, and maintenance of capabilities-based plans.

After Action Reports (AAR) & Improvement Plans (IP)

An After Action Report and Improvement Plan (AAR/IP) will be written following all State-level exercises. Final versions of the AAR/IP and other applicable supporting documentation will be e-mailed to federal project officers and posted to the CDC Performs web site. SNS and CRI-related exercise documentation will be posted on the DSNS Data Collection System web site. Release of the AAR to external partners beyond the scope identified in federal grant guidance will follow the WDH AAR/IP Guidance document.

The Training and Exercise Coordinator will follow up on the completion of lessons learned and IPs quarterly with appropriate State-level staff. This will include coordinating training needs documented in the IPs or other gap analyses. In addition, the agency will modify its emergency operating plans to reflect lessons learned and corrective actions documented in the AAR/IP.

Local & Regional AARs

An AAR/IP is required to be submitted to WDH PHEP following local and regional exercises funded in whole or part by PHEP. The participation of LHD, hospitals, and other healthcare organizations, as well as the demonstration of those organizations' capabilities, should be included in the AAR. Multi-agency, multi-jurisdictional AARs are acceptable, provided that each organization's participation and analyses of their capabilities are described in the AAR.

Each participating LHD, hospital, and other healthcare organization also must be included in the Improvement Plan. For HPP funded participants they are required to identify three corrective actions and a timeline for addressing those deficiencies.

Local and regional partners are also:

- Encouraged to post their AARs in the LLIS web site
- Responsible for ensuring those lessons learned and corrective actions documented in the AAR/IP are completed in their respective jurisdictions
- Responsible for modifying local emergency operating plans reflective of lessons learned and corrective actions documented in the AAR/IP

Cities Readiness Initiative (CRI)

CRI jurisdictions will post the appropriate exercise documentation on the DSNS Data Collection System web site. Refer to the MCMDD and SNS Extranet for document submission requirements.

After Action Report and Improvement Plans

After Action Reports and Improvement Plans or Data Collection Sheets are required following the completion of all drills, exercises, incidents, or events connected to annual CDC performance measure or PHEP contracts with local jurisdictions.

Timeline for completion of After Action Report and Improvement Plans *(Timelines for CRI may vary in annual guidance)*

| | |
|-----------------------|---------|
| Drills: | 45 days |
| Tabletop Exercise: | 45 Days |
| Functional Exercise | 60 Days |
| Full Scale Exercise | 60 Days |
| Actual Incident/Event | 60 Days |



Extensions may be granted on case-by-case basis with a formal request to Training & Exercise Coordinator or PHEP Program Manager.

After Action Reports (AARs) must be HSEEP compliant and in a format that has been approved by the PHEP Exercise Coordinator, PHRC Work Group and accepted by CDC.

For PHEP, HHS and CDC the AAR/IP provides a method for collecting information about improvement actions from local governments and state agencies. The CDC Performance measure has designated a sixty-day deadline for submission of AAR input in order to assure that identified needs can be integrated into the statewide strategy process and resource allocation plans on a timely basis.

The AAR/IP should be shared with officials from the agencies that participated in the exercise. For local jurisdictions, the IP will provide a workable and systematic process to initiate and document improvements to plans, policies, and procedures and to identify and secure needed training, equipment, and other resources. It is developed by local officials to address local needs.

Improvement Planning

Improvement planning is the process by which the observations and recommendations recorded in the draft After Action Report (AAR) are resolved through development of concrete corrective actions that are prioritized and tracked to completion as part of a continuous Improvement Planning Program (IPP). The corrective actions recommended in the Improvement Plan (IP) may include conducting training for all or part of the agency, purchasing equipment, developing additional planning documents or operational guides, refining procedures to insure clarity, designating incident command system roles to oversee specific tasks or functions, etc.

The AAR will provide a picture of the response with the exercise participants and community/agency leaders so that everyone can understand what was planned to happen, what actually happened during the exercise, why it happened, and what could have been done differently to improve performance. Generally, the IP will be included in the final AAR.

The IP is the means by which the lessons learned from the exercise are turned into concrete, measurable steps that result in improved response capabilities. It will be developed by the local jurisdiction. When complete, it specifically details what actions will be taken to address each recommendation presented in the draft AAR, who or what agency or agencies will be responsible for taking the action, and the timeline for completion.

The IP should be realistic and should establish priorities for the use of limited resources. Every effort should be made to address recommendations related to performance of critical tasks. Other recommendations should also be addressed, as appropriate. When the availability of resources may not be immediate, short-term and long-term solutions should be discussed. For example: the IP should indicate that the agency will request funds for new equipment, training, or personnel and will implement interim measures to improve communication in the short term. In this fashion, IPs can serve as the basis for future state assessments.

During improvement planning, corrective actions from the AAR/IP—such as additional training, planning, and equipment acquisition—are tracked to completion, ensuring that exercises yield tangible preparedness improvements. A key element of the HSEEP approach to improvement planning includes:

- Ongoing improvement planning tracking and corrective action processes ensure each corrective action is tracked to completion. An effective corrective action program develops IPs that are dynamic documents, which are continually monitored and implemented and are part of the larger system of improving preparedness.

Annual Reporting

Exercise data and applicable documentation will be entered as required by federal grant guidance to the following electronic reporting systems:

- Lessons Learned Information Sharing (LLIS) *currently out of service*
- DSNS Data Collection System (DCARS for CRI only)
- National Exercise Schedule (NEXS) *currently out of service*
- CDC PERFORMS grant reporting system



Public Health and Healthcare Partners and Stakeholders

The public health and healthcare workforce in Wyoming consists of public-sector employees working in local, county, state, tribal, and federal agencies. In addition, private-sector health professionals and others in hospitals, community-based agencies and healthcare providers, and other health-related organizations are important contributors to our public health system. Such individuals are critical to a timely and appropriate response to real or perceived emergencies that threaten the public's health.

The training and exercise plan also supports MCM and integrated into the jurisdiction's overall training and exercise plan. Many of the partners listed below can be a resource for public health and may offer functions that will enhance the plan. Multi-agency training and exercising will provide increased collaboration, as well as consolidating the multiple exercises required by various organizations and funding agencies.

| | | |
|---|---|---|
| Public Health | Hospital | Ambulance Services |
| Emergency Management | Nursing | Pharmacies |
| Public Health Lab | Mental Health | Coroners |
| Red Cross Volunteers | Fire Service | Law Enforcement |
| Public Works | Military | Faith based |
| Agriculture | Veterinary Services | Profit/Non Profit Organizations |
| Administrators | Physicians | Epidemiologist |
| Local Health Officers | Public Information Officers | Game and Fish |
| Dentist | School Nurses | Counselors |
| Home Healthcare | Emergency Medical Technicians | Paramedics |
| Infection Control | Infectious Disease | Local Government/Elected Officials |
| Public Safety | Volunteer Organizations | School Leadership |
| Regional Response Teams | Civil Support Team | Department of Transportation |
| Media | At Risk Populations | Aging Division |
| Department of Corrections | Finance | Regional HHS Liaison |
| Tribal Nations | Medical Reserve Corps (MRC) | Community Emergency Response Team |
| Professional Organizations | Civic Organizations | National Disaster Medical System (NDMS) |
| Disaster Medical Assistance Team (DMAT) | Metropolitan Medical Response System (MMRS) | Healthcare Coalitions |



Health & Medical Training and Exercise Planning Workshop Summary Report 2014-2015

Date & Location

- The 2014 - 2015 TEPW was conducted on August 14, 2014 from 0800-1700 at the Wyoming Department of Health. Next TEPW is scheduled for February 2016.

Welcome and Introductions

- Jim Smith reviewed the TEPW agenda and participant materials
- Participants introduced themselves by providing name and organization (TEPW Roster available upon request)



Areas for Improvement

- Communications between PHL, EPI, PIO and the local jurisdictions
- Preparedness in assisted living facilities
- More personnel at the local level (in addition to the PHRC) need to be trained on the Inventory Management System
- Hands on Inventory Management Training is needed
- ICS training for PH staff and CHO's is needed
- When training is brought in from FEMA, TEEX, RDPC, or others there needs to be better participation from PH, Hospitals, and partners
- Investigate ways to get CEU's for training offered by WDH
- Training is needed on Wyoming Homeland Security Title 19
- Training is needed to help in Medical Shelter planning efforts
- Training is needed on planning for At Risk Populations
- Mental Health, At Risk Populations, and UTSE need to be included in all training and exercises
- Mass Fatality Course is needed throughout the state

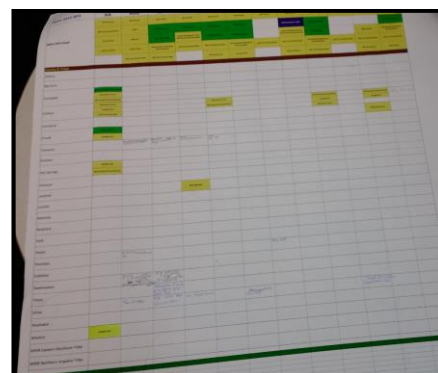
Capability Based Planning

- The following were conducted during the TEPW
 - Overview of the TEPW
 - HSEEP Refresher
 - Review of the local, state, and tribal training and exercise planning process
 - Review of PHEP, HCP, NPG Core Capabilities
 - Review of the 2014-2016 draft PHEP-HCP Multi-Year Training and Exercise Plan
- The following activities were conducted during the TEPW
 - Activity 1.1 Threats and Hazards
 - Activity 1.2 Areas for Improvement/Capabilities
 - Activity 1.3 External Requirements
 - Activity 1.4 Accreditation Standards/Regulations
 - Activity 2: Link factors identified in Activity 1 to core capabilities
 - Activity 3: Establish Exercise Program Priorities
 - Develop Multi-year Schedule

- The following capabilities were identified as priorities
 - Information Sharing: There needs to be better communication between WDH Epidemiologist and the local public health during case investigations when two or more patients are involved.
 - Emergency Public Information & Warning: 1) There needs to be more collaboration between WDH PIO and many border jurisdictions that do not have access to the media resources in Cheyenne and Casper. 2) WDH needs to take a closer look at the use of social media. 3) More PIO training is needed, it was recommended to bring in the TEEX PIO Course
 - Medical Countermeasure Management and Distribution: Participants identified the following training needs for this capability: 1) Hands on/On-Site Inventory Management Training 2) Training on Request Forms 3) POD Training
 - Emergency Operations Coordination: ICS training specifically 300, 400, 402
 - Mass Fatality: Mass Fatality training and planning
 - Mass Care: Training on Mass Care specifically Medical Sheltering

Multi-Year Training and Exercise Schedule

- A "Data Call" was conducted with Health and Medical stakeholders throughout the state prior to the TEPW
- During the TEPW a Training and Exercise Wall Calendar was available for participants to list associated training events, drills, and exercises that connect with identified training and exercise program priorities
- Participants identified ways to coordinate training and exercise schedules and to improve coordination



Training and Exercise Program

- TEPW participants discussed the use of Data Collection Sheets, After Action Reports, and Supporting Documentation and the expectations for posting them to the CRT
- Participants requested a copy of the PHEP-HCP MYTEP be posted to the CRT for them to review and potentially use as a MYTEP template
- Participants requested that webinars be recorded
- Participants inquired about the status and availability of the CHEMPACK training video
- A discussion was held regarding the next HSEEP training session, with a goal to conduct at least one within the next nine (9) months
- Refresher training on the CRT and it's exercise calendar was provided

Lessons Learned

- Audrey Gray PHRC for Casper-Natrona County gave a presentation on lessons learned from a fire that burned about 8 million pounds of plastic pipe, knocked out power, and a Code Red Advisory urging those in the area to "Shelter in Place."
- Kami Neighbors PHRC for Washakie County and Big Horn County gave a presentation on Lessons Learned during the Ice Jam Flooding in Worland, Manderson, and Greybull
- Rachel Levitz PHRC for Teton County gave a presentation on Lessons Learned from the Budge Drive Landslide in Jackson, WY.
- Terry Wilson PHRC for Fremont County gave a presentation on Lessons Learned during the Community Reception Center Full Scale Exercise

- Additional discussions on Lessons Learned came from Dean Burnham PHRC for Lincoln County on a train derailment and from Bill Heaster PHRC for Albany County on the 2014 Spring Floods and Lake Owen Wildland Fire

Questions, Comments, and Closing

- The TEPW concluded with a recap of identified priorities, upcoming training and exercise opportunities, and several PHRC's offering to host other trainings
- Provided a reminder to participants to get their information on the CRT Exercise Schedule
- Discussed the timeline for the TEPW Minutes and the 2014-2016 PHEP-HCP MYTEP
- EMI offers virtual tabletop exercises and multiple jurisdictions have found this to be beneficial in the training and planning efforts
- TEPW was concluded

Health & Medical Training and Exercise Planning Workshop Summary Report 2016 - 2017

Date & Location

- The 2015 - 2016 TEPW was conducted in two parts, part one on January 13, 2016 as part of an Initial Planning Meeting for a Full Scale Exercise and part two was conducted on March 9, 2016 in conjunction with ESF #8 Preparedness Partners Meeting. Due to changes that came as a result of CDC's BP5 Guidance, in order to keep the TEPW in line with MCM-ORR requirements, and to link into the state TEPW we will need to reevaluate when the next TEPW will be conducted.



Welcome and Introductions

- Jim Smith, MEP reviewed the TEPW agenda and participant materials
- Participants introduced themselves by providing name and organization

Areas for Improvement

- Communications between PHL, EPI, PIO and the local jurisdictions
- Planning and preparedness for At Risk populations
- More personnel at the local level (in addition to the PHRC's) need to be trained on the Inventory Management System
- Hands on Inventory Management Training is needed
- There needs to be more awareness training on the concepts of operation for EVD response
- ICS training for PH staff and CHO's is needed
- Training is needed to help in Medical Shelter planning efforts
- Establish a recurring training on Wyoming Medical Stations
- Training for Communications Specialists, State Health Operations Specialist, Public Health Information Line Specialist, and Inventory Management Specialist
- Training is needed on planning for At Risk Populations
- Include Mental Health and At Risk Populations in future training and exercises
- "Mats Drill" needs to be conducted at the Alternate RSS Site
- Regional Coalition Coordinators will identify gaps in NIMS training
- During the recent state MCM-ORR the need to take standardized training (NIMS, Communications, PPE, etc) and isolate and further develop areas within these curriculums for specific and focused stand-alone training.

Capability Based Planning

- The following were conducted during the TEPW
 - Overview of the TEPW
 - HSEEP Refresher
 - Review of the local, state, and tribal training and exercise planning process
 - Review of PHEP, HCP, NPG Core Capabilities
 - Review of the 2014-2016 PHEP-HCP Multi-Year Training and Exercise Plan

- The following activities were conducted during the TEPW

- Threats and Hazards
- Areas for Improvement/Capabilities
- External Requirements
- Accreditation Standards/Regulations
- Links to core capabilities
- Establish Exercise Program Priorities
- Develop Multi-year Schedule



- The following areas were identified as priorities
 - Information Sharing: There needs to be better communication between WDH Epidemiologist and the local public health during case investigations when two or more patients are involved.
 - Emergency Public Information & Warning: 1) There needs to be more collaboration between WDH PIO and many border jurisdictions that do not have access to the media resources in Cheyenne and Casper. 2) WDH needs to take a closer look at the use of social media. 3) More PIO training is needed, it was recommended to bring in the TEEX PIO Course
 - Medical Countermeasure Management and Distribution: Participants identified the following training needs for this capability: 1) Hands on/On-Site Inventory Management Training 2) Training on Request Forms 3) POD Training
 - Emergency Operations Coordination: ICS training specifically 300, 400, 402
 - Planning for At Risk populations

Multi-Year Training and Exercise Schedule

- A "Data Call" was conducted with ESF #8 partners prior to the TEPW
- During the TEPW participants shared their associated training events, drills, and exercises that connect with identified training and exercise program priorities
- Participants identified ways to coordinate training and exercise schedules and to improve coordination

Training and Exercise Program

- TEPW participants discussed the use of Data Collection Sheets, After Action Reports, and Supporting Documentation and the expectations for posting them to the CRT
- Participants shared information on upcoming trainings and drills
- A discussion was held regarding the next HSEEP training session

Lessons Learned

- Discussed lessons learned from the arrival, breakdown, and redistribution of Wyoming Medical Stations (Dan O'Leary and Sheryl Roub)
- Discussed lessons learned and areas for improvement that were identified during the Ebola Tabletop Exercise those areas identified (Jim Smith)
- Discussed concerns and current planning strategies related to the Zika virus (Dan O'Leary)
- Discussed lessons learned from the 2016 flood in Lusk, WY and current mitigation planning efforts. (Melinda Gibson)
- Discussed lessons learned from the forward deployment of Ebola PPE Kits (Dr. Igor Shepherd and Kenneth Hicks)

- Red Cross shared lessons learned from the Lusk Flood and sheltering efforts during I-80 closures (Spencer Pollock)

Questions, Comments, and Closing

- The TEPW concluded with a recap of identified priorities, upcoming training and exercise opportunities, and several PHRC's offering to host other trainings
- Provided a reminder to participants to get their information on the CRT Exercise Schedule
- Discussed the timeline for the TEPW Minutes and the 2014-2016 PHEP-HCP MYTEP
- EMI offers virtual tabletop exercises and multiple jurisdictions have found this to be beneficial in the training and planning efforts
- TEPW was concluded

Section 4: Annual Reporting

APPENDIX A: MULTI-YEAR TRAINING and EXERCISE CALENDAR

This table identifies the planning priorities by preparedness capability for the 5-year budget cycle. WDH HPP and PHEP will strive to work one year ahead of local partners to ensure the resources, support, and technical assistance (TA) are available to local partners in their focus year. Following the Strategic Plan WDH-PHEP will align its exercise capabilities with local planning priorities to encourage statewide collaboration.

| CAPABILITIES FOCUS | | | | | | | |
|--|-------------------------|---|----------------|---|--|--|---|
| Exercises hosted by WDH include coordination with internal partners (preparedness staff, senior leadership, legal, laboratory, epidemiology, and RSS warehouse volunteers) and external partners (emergency management, military, law enforcement, and various associations representing local members). | | | | | | | |
| | | BP 2011-12 | BP1 2012-13 | BP2 2013-14 | BP3 2014-15 | BP4 2015-16 | BP5 2016-17 |
| State-Level | Plan, Equip, & Train | State Prep for & TA to Local for 1, 2, 3, 4,6,8,9,10,12,13,14,15 | | State Prep for 1, 4, 6, 10, 15 TA to Local for 1, 4, 6, 10, 15 | State Prep for, 5, 11, 15 -TA to Local for Will be updated after PHEP-HPP Strategic Planning review | State Prep for 1, 2, 4,7,15 -TA to Local Will be updated after PHEP-HPP Strategic | Assessment or program status, needs, and gaps |
| | Exercise | 1, 2, 3, 4,6,8,9,10,15 | | | Will be updated after PHEP-HPP Strategic | Will be updated after PHEP-HPP Strategic | Will be updated after PHEP-HPP Strategic |
| Local exercises may be conducted at a community-based (county) or regional (sub-state) level. Local exercises include coordination with entities, such as local and regional partners, hospitals, emergency management, emergency medical services, and local health departments. Local and regional exercises should incorporate local volunteers, MRC, CRI, and other partners the CRI in jurisdictions where those programs exist. | | | | | | | |
| | | BP 2011-12 | BP1 2012-13 | BP2 2013-14 | BP3 2014-15 | BP4 2015-16 | BP5 2016-17 |
| Local / Regional (Sub- State) | Plan, Equip, & Train | 3, 4, 6, 8, 9, 10, 15 | | 4, 6, 10, 15 | Will be updated after PHEP-HPP Strategic Planning review/update/real ignment using JRA | Will be updated after PHEP-HPP Strategic Planning review/update/re | Assessment or program status, needs, and gaps |
| | Exercise | 3, 4, 6, 8, 9, 10, 15 | | See local jurisdiction exercise plan/schedule | Will be updated after PHEP-HPP Strategic | Will be updated after PHEP-HPP Strategic | Will be updated after PHEP-HPP Strategic |

Table A.2: Multi-Year Exercise Calendar**(Quarters are based PHEP Project Year July 1 - June 30)**

| BP 1 (2012-13) Exercises | QTR 1 | QTR 2 | QTR 3 | QTR 4 |
|---|--------------|--------------|--------------|--------------|
| Wyoming PHEP ESF #8 TEPW <ul style="list-style-type: none"> Partner with other State agencies and key stakeholders to identify opportunities for collaboration. | X | | | |
| WAVE Drill (ESAR-VHP) <ul style="list-style-type: none"> Capability: 15 Participants: statewide Volunteer Coordinators Objective: Coordinate & solicit potential medical volunteers by discipline & credential level (within 2 hours) & willing volunteers (within 12 hours) in response to an event. | X | X | X | X |
| State Interoperable & Redundant Communications Drill <ul style="list-style-type: none"> Capabilities: 3, 4, & 6 Objective: PHEP will test interoperable communication systems to share information horizontally & vertically with response partners. (Satellite phone, GETS Card, HF Radio, WyoLink, Amateur Radio, WARN SNS Activation Group, PHRC/PHN Alerting/Notification, 24x7 PH Call Downs) | X | X | X | X |
| Incident Management Team (ICS) Unannounced Assembly Drill <ul style="list-style-type: none"> Capability: 3 Objective: Measure the time of WDH IMT/ICS staff to initiate the call-down list (unannounced & outside regular business hours) & assemble (physical or virtual assembly) in 60 minutes or less. | X | | X | |
| State Alerting and Notification and HAN Drills <ul style="list-style-type: none"> Capability: 3 and 4 Objectives: Utilize WyHAN to perform time-response drills for preparedness partners. | X | X | X | X |
| Hospital HAvBED Drills <ul style="list-style-type: none"> Hospitals only (Local Public Health will also conduct joint drills or exercises with their partners) | X | X | X | X |
| Continuity of Operations Exercise Series <ul style="list-style-type: none"> Conduct 2012-2013 COOPES Tabletops for Wyoming Department of Health. | | | | |
| EOCC Functional Exercise <ul style="list-style-type: none"> Conduct 2013 EOCC Functional Exercise. (Includes Communication Specialist, IMT Assembly, Essential Personnel, Bed Tracking etc.) | | | | |
| Local TEPW <ul style="list-style-type: none"> Each LHD & healthcare organization will participate in his or her local TEPW, as scheduled by the LEPC, emergency manager/PHRC. | | | | |
| DSNS Operational Drills <ul style="list-style-type: none"> CRI MSA only. | | | | |
| Local or Regional (Sub-State) FSE <ul style="list-style-type: none"> Each LHD & healthcare organization will conduct regular drills, TTX, FE, and FSE based on their annual deliverables and local exercise schedule. Participants should include regional partners, emergency management, law enforcement, emergency medical services, & other partners. Scheduling, objectives, scope, & participants are identified by each jurisdiction through local TEPWs & Exercise Design Teams. Exercises must be completed within the Budget Period from July 1, 2012 to June 30, 2013 (Sub-State) exercise requirement. Participants should include regional partners, emergency management, law enforcement, emergency medical services, & other partners. | | | | |

| BP 2 (2013-14) Exercise | QTR 1 | QTR 2 | QTR 3 | QTR 4 |
|--|--------------|--------------|--------------|--------------|
| Wyoming PHEP ESF #8 TEPW <ul style="list-style-type: none"> Partner with other State agencies and key stakeholders to identify opportunities for collaboration. | X | | | |
| WAVE Drill (ESAR-VHP) <ul style="list-style-type: none"> Capability: 15 Participants: statewide Volunteer Coordinators Objective: Coordinate & solicit potential medical volunteers by discipline & credential level (within 2 hours) & willing volunteers (within 12 hours) in response to an event. | X | X | X | X |
| State Interoperable & Redundant Communications Drill <ul style="list-style-type: none"> Capabilities: 3, 4, & 6 Objective: PHEP will test interoperable communication systems to share information horizontally & vertically with response partners. (Satellite phone, GETS Card, HF Radio, WyoLink, Amateur Radio, WARN SNS Activation Group, PHRC/PHN Alerting/Notification, 24x7 PH Call Downs) | X | X | X | X |
| Incident Management Team (ICS) Unannounced Assembly Drill <ul style="list-style-type: none"> Capability: 3 Objective: Measure the time of WDH IMT/ICS staff to initiate the call-down list (unannounced & outside regular business hours) & assemble (physical or virtual assembly) in 60 minutes or less. | X | | X | |
| State Alerting and Notification and HAN Drills <ul style="list-style-type: none"> Capability: 3 and 4 Objectives: Utilize WyHAN to perform time-response drills for preparedness partners. | X | X | X | X |
| Hospital HAvBED Drills <ul style="list-style-type: none"> Hospitals only. (Local Public Health will also conduct joint drills or exercises with their partners) | X | X | X | X |
| Continuity of Operations Exercise Series <ul style="list-style-type: none"> Conduct 2013-2014 COOPES Tabletops for Wyoming Department of Health. | | | | |
| EOCC Functional Exercise <ul style="list-style-type: none"> Conduct 2014 EOCC Functional Exercise. | | | | |
| Local TEPW <ul style="list-style-type: none"> Each LHD & healthcare organization will participate in his or her local TEPW, as scheduled by the LEPC, emergency manager/PHRC. | | | | |
| DSNS Operational Drills <ul style="list-style-type: none"> CRI MSA only. | | | | |
| Local or Regional (Sub-State) FSE <ul style="list-style-type: none"> Each LHD & healthcare organization will conduct regular drills, TTX, FE, and FSE based on their annual deliverables and local exercise schedule. Participants should include regional partners, emergency management, law enforcement, emergency medical services, & other partners. Scheduling, objectives, scope, & participants are identified by each jurisdiction through local TEPWs & Exercise Design Teams. Exercises must be completed within the Budget Period from July 1, 2013 to June 30, 2014 (Sub-State) exercise requirement. Participants should include regional partners, emergency management, law enforcement, emergency medical services, & other partners. Scheduling, objectives, scope, & participants are identified by each jurisdiction through local TEPWs & Exercise Design Teams. Exercises must be completed within the Budget Period from July 1, 2014 to June 30, 2015. | | | | |

| BP3 (2014-15) Exercise | QTR 1 | QTR 2 | QTR 3 | QTR 4 |
|---|--------------|--------------|--------------|--------------|
| Wyoming PHEP ESF #8 TEPW <ul style="list-style-type: none"> Partner with other State agencies and key stakeholders to identify opportunities for collaboration. | X | | | |
| Incident Management Team (ICS) Unannounced Assembly Drill <ul style="list-style-type: none"> Capability: 3 Objective: Measure the time of WDH IMT/ICS staff to initiate the call-down list (unannounced & outside regular business hours) & assemble (physical or virtual assembly) in 60 minutes or less | X | X | X | X |
| State Interoperable & Redundant Communications Drill <ul style="list-style-type: none"> Capabilities: 3, 4, & 6 Objective: PHEP will test interoperable communication systems to share information horizontally & vertically with response partners. (Satellite phone, GETS Card, HF Radio, WyoLink, Amateur Radio, WARN SNS Activation Group, PHRC/PHN Alerting/Notification, 24x7 PH Call Downs) Objectives: Utilize WyHAN to perform time-response drills for preparedness partners. | X | X | X | X |
| SNS Tabletop Exercise Series <ul style="list-style-type: none"> SNS Distribution During Severe Weather (Nov 13) RSS Security Alternate RSS Activation SNS Tabletop Exercise with all Partners | X | X | X | X |
| Preparedness Web based Tabletop Exercise Series <ul style="list-style-type: none"> A series of web based preparedness where state, local, and tribal partners are invited to participate at their level. Participants will be responsible for writing their own AAR/IP or exercise summary | | X | X | X |
| Functional Exercise <ul style="list-style-type: none"> Conduct 2015 Functional Exercise Includes IMT Assembly, Essential Elements of Information, PIO, and IAP | | | X | |
| DSNS Operational Drills <ul style="list-style-type: none"> CRI MSA only | | | | |
| Local or Regional (Sub-State) <ul style="list-style-type: none"> WAVE Drill (ESAR-VHP): Coordinate & solicit potential medical volunteers by discipline & credential level (within 2 hours) & willing volunteers (within 12 hours) in response to an event Hospital HAvBED Drills: Hospitals only. (Local Public Health will also conduct joint drills or exercises with their partners) Each LHD & healthcare organization will conduct regular drills, TTX, FE, and FSE based on their annual deliverables and local exercise schedule. Participants should include regional partners, emergency management, law enforcement, emergency medical services, & other partners. Scheduling, objectives, scope, & participants are identified by each jurisdiction through local TEPWs & Exercise Design Teams. Exercises must be completed within the Budget Period from July 1, 2014 to June 30, 2015. | | | | |

| BP4 (2015-16) Exercise | QTR 1 | QTR 2 | QTR 3 | QTR 4 |
|--|--------------|--------------|--------------|--------------|
| Wyoming PHEP ESF #8 TEPW <ul style="list-style-type: none"> Partner with other State agencies and key stakeholders to identify opportunities for collaboration. | X | | | |
| WAVE Drill (ESAR-VHP) (Capability: 15) <ul style="list-style-type: none"> Participants: statewide Volunteer Coordinators Objective: Coordinate & solicit potential medical volunteers by discipline & credential level (within 2 hours) & willing volunteers (within 12 hours) in response to an event. | X | X | X | X |
| State Interoperable & Redundant Communications Drill (Capabilities: 3, 4, & 6) <ul style="list-style-type: none"> Objective: PHEP will test interoperable communication systems to share information horizontally & vertically with response partners. (Satellite phone, GETS Card, HF Radio, WyoLink, Amateur Radio, WARN SNS Activation Group, PHRC/PHN Alerting/Notification, 24x7 PH Call Downs) | X | X | X | X |
| Incident Management Team (ICS) Unannounced Assembly Drill (Capability 3) <ul style="list-style-type: none"> Objective: Measure the time of WDH IMT/ICS staff to initiate the call-down list (unannounced & outside regular business hours) & assemble (physical or virtual assembly) in 60 minutes or less. | X | | X | |
| State Alerting and Notification and HAN Drills (Capability: 3 and 4) <ul style="list-style-type: none"> Objectives: Utilize WyHAN to perform time-response drills for various local preparedness partners. | X | X | X | X |
| Hospital HAvBED Drills <ul style="list-style-type: none"> Hospitals only. (Local Public Health will also conduct joint drills or exercises with their partners) | X | X | X | X |
| Continuity of Operations Exercise Series <ul style="list-style-type: none"> Conduct 2015-2016 COOPES Tabletops for Wyoming Department of Health | | | | |
| Ebola Tabletop Exercise <ul style="list-style-type: none"> Conduct 2015-2016 COOPES Tabletops for Wyoming Department of Health | | | X | |
| Full Scale Exercise <ul style="list-style-type: none"> Begin HSEP planning cycle for planning the 2016 Medical Counter Measures Distribution Full Scale Exercise | | | | |
| Planning For At-Risk Populations Tabletop Exercise <ul style="list-style-type: none"> Local jurisdictions will conduct a "Planning for At-Risk Populations TTX during BP4 | | | | |
| Local TEPW <ul style="list-style-type: none"> Each LHD & healthcare organization will participate in his or her local TEPW, as scheduled by the LEPC, emergency manager/PHRC. Each of the Healthcare Coalitions will conduct functional exercises | | | | |
| DSNS Operational Drills <ul style="list-style-type: none"> CRI MSA only | | | | |
| Local or Regional (Sub-State) FSE <ul style="list-style-type: none"> Each LHD & healthcare organization will conduct regular drills, TTX, FE, and FSE based on their annual deliverables and local exercise schedule. Participants should include regional partners, emergency management, law enforcement, emergency medical services, & other partners. Scheduling, objectives, scope, & participants are identified by each jurisdiction through local TEPWs & Exercise Design Teams. Exercises must be completed within the Budget Period from July 1, 2015 to June 30, 2016. | | | | |

| BP 5 (2016-17) Exercise | QTR 1 | QTR 2 | QTR 3 | QTR 4 |
|--|--------------|--------------|--------------|--------------|
| Wyoming PHEP ESF #8 TEPW | | | | |
| <ul style="list-style-type: none"> Partner with other State agencies and key stakeholders to identify opportunities for collaboration. | X | | | |
| WAVE Drill (ESAR-VHP) | | | | |
| <ul style="list-style-type: none"> Capability: 15 Participants: statewide Volunteer Coordinators Objective: Coordinate & solicit potential medical volunteers by discipline & credential level (within 2 hours) & willing volunteers (within 12 hours) in response to an event. | | X | | X |
| State Interoperable & Redundant Communications Drill | | | | |
| <ul style="list-style-type: none"> Capabilities: 3, 4, & 6 Objective: PHEP will test interoperable communication systems to share information horizontally & vertically with response partners. (Satellite phone, GETS Card, HF Radio, WyoLink, Amateur Radio, WARN SNS Activation Group, PHRC/PHN Alerting/Notification, 24x7 PH Call Downs) | X | X | X | X |
| Incident Management Team (ICS) Unannounced Assembly Drill | | | | |
| <ul style="list-style-type: none"> Capability: 3 Objective: Measure the time of WDH IMT/ICS staff to initiate the call-down list (unannounced & outside regular business hours) & assemble (physical or virtual assembly) in 60 minutes or less. | X | | X | |
| State Alerting and Notification and HAN Drills | | | | |
| <ul style="list-style-type: none"> Capability: 3 and 4 Objectives: Utilize WyHAN to perform time-response drills for preparedness partners. | X | X | X | X |
| Regional Healthcare Coalition HAvBED Drills | | | | |
| <ul style="list-style-type: none"> Regional Healthcare Coalition HAvBED Drills will be initiated by WDH-EMS and conducted by the HCC Regional Coordinators. | X | X | X | X |
| Functional Exercise | | | | |
| <ul style="list-style-type: none"> Regional Healthcare Coalition's will conduct at least one Functional Exercise during BP5 (2016-2017) | | | | |
| Full Scale Exercise | | | | |
| <ul style="list-style-type: none"> Conduct Medical Counter Measures Distribution Full Scale Exercise in September 2016. Note: Complete planning scheduled has been included with this Training and Exercise Plan on page 45 | | | | |
| Training and Exercise Planning Workshop | | | | |
| <ul style="list-style-type: none"> A TEPW will be conducted following the between November 2016 and January 2017 | | | | |
| DSNS Operational Drills | | | | |
| <ul style="list-style-type: none"> CRI MSA only. | | | | |
| Local or Regional (Sub-State) FSE | | | | |
| <ul style="list-style-type: none"> Each LHD & healthcare organization will conduct regular drills, TTX, FE, and FSE based on their annual deliverables and local exercise schedule. Participants should include regional partners, emergency management, law enforcement, emergency medical services, & other partners. Scheduling, objectives, scope, & participants are identified by each jurisdiction through local TEPWs & Exercise Design Teams. Exercises must be completed within the Budget Period from July 1, 2016 to June 30, 2017. | | | | |

APPENDIX B: HPP - PHEP JOINT TRAINING REPORT BP4 2015 -2016

| Name of Training | Number of Trainings Conducted | Training Dates | Training Locations/Method | Type of Personnel Trained | Number of Personnel Trained | Applicable Capability | Gaps or corrective actions that were addressed by training | Funding type |
|--|-------------------------------|------------------------------------|-----------------------------------|---|-----------------------------|--------------------------|--|--------------|
| WARN: Training on new alerting and notification platform and process | | TBD | Onsite Webinar Upon request | PHEP, PHRC's, HPP, Lab, Epi, EMS, Hospitals, Emergency Mgt, Law Enforcement, WOHS | | 1, 3, 4, 6, 15 | 1. Planning 2. Training 3. Alerting and notification | PHEP |
| WARN System Alert Training | | TBD | Onsite Webinar Upon request | PHEP, PHRC's, HPP, Lab, Epi, EMS, Hospitals, Emergency Mgt, Law Enforcement, WOHS | | 1, 3, 4, 6, 15 | 1. Planning 2. Training 3. Alerting and notification | PHEP |
| WARN System Administrator Training | | TBD | Onsite Webinar Upon request | PHEP, PHRC's, HPP, Lab, Epi, EMS, Hospitals, Emergency Mgt, Law Enforcement, WOHS | | 1, 3, 4, 6, 15 | 1. Planning 2. Training 3. Alerting and notification | PHEP |
| WARN System Contact Training | | TBD | Onsite Webinar Upon request | PHEP, PHRC's, HPP, Lab, Epi, EMS, Hospitals, Emergency Mgt, Law Enforcement, WOHS | | 1, 3, 4, 6, 15 | 1. Planning 2. Training 3. Alerting and notification | PHEP |
| Planning for At-Risk Populations (onsite or webinar) | | Annually TBD | TBD | PHEP, PHRC's, HPP, Lab, Epi, EMS, Hospitals, Emergency Mgt, Law Enforcement, WOHS, National Guard, At Risk/UTSE | | 1,2,3, and 10 | 1. Planning 2. Training 3. Overview of UTSE and UTSE bags | HPP & PHEP |
| PHRC Orientation | | As needed based on turn over | CenturyLink Building, Suite 400 | PHRCs, PHEP, HPP | | 1, 3, 4, 8, 9,10, and 15 | 1. Overview of PHRC Position 2. Overview of deliverables 3. Overview of systems 4. Meet PHEP Staff | PHEP |
| Public Health Nurse Manager Orientation to PHEP | | As needed based on turn over | CenturyLink Building, Suite 400 | PHRCs, PHEP, HPP | | 1, 3, 4, 8, 9,10, and 15 | 1. Overview of PHRC Position 2. Overview of deliverables 3. Overview of systems 4. Meet PHEP Staff | PHEP |
| Contract Reporting Tool (CRT) | | Annually July 2015 As needed | PHRC Call Webinar | HPP, PHEP, PHRC's | | All | 1. Provide LHD/PHRC's/Tribal partners with detailed training on using the Contract Reporting Tool (CRT) 2. Train/Verify all PHRC's know how to post plans, use data collection, and provide updated reports | PHEP |
| Incident Mgt Team Training | Ongoing | Monthly | SHOC | WDH Incident Management Team | | 3 | Monthly training and exercises for IMT. These trainings and exercises | |

| | | | | | | | | |
|--|-----|------------------------------------|--|---|--|-------------|---|----------|
| | | | | | | | were designed to address gaps in IMT activity, response, planning, and training. | |
| ESF 8 Training | | TBD | CenturyLink Basement Training Room | PHEP and state partners | | All | Train ESF 8 partners on ESF 8 is and each groups role and responsibilities, interaction with federal ESF's, and requesting resources | PHEP-HPP |
| HAZMAT Awareness Training AWR-160 | TBD | Oct 2014 | TBD | PHEP and IMT | | All | Provide PHEP and IMT staff with HAZMAT refresher course | PHEP |
| HSEEP Training | TBD | TBD | TBD | | | 3 | HSEEP and Exercise Design and Evaluation Training 1. Exercise Plan training/Development 2. AAR/IP Training 3. How to use/track an IP | PHEP |
| CHEMPACK (onsite) | TBD | TBD PHRC Orientation | TBD | PHEP, EMS, Law Enforcement, Pharmacist, Emergency Depts, Emergency Managers | | All | TBD | PHEP |
| SNS Training 101 refresher/update for State Partners | 1 | January 2016 | TBD | PHEP, PHRC's HPP, Hospitals, Emergency Mgr, Law Enforcement, other state/local/tribal stakeholder | | 1, 8, 9 | Apply the fundamentals of the SNS planning process, develop effective cooperation | PHEP |
| Preparedness Summit | 1 | April 2016 | Atlanta, GA | HPP, PHEP, PHRCs, EMS, healthcare coalitions, and healthcare organizations | | All | TBD | HPP |
| Ebola PPE Kit Training TTT | TBD | TBD | CenturyLink Bldg | PPE Instructors PHEP, EMS, HPP | | 14 | 14. Responder Safety and Health | PHEP |
| Ebola PPE Training | TBD | TBD | | EMS, Fire, Coroners, PH, HAZMAT/RERT | | 14 | 14. Responder Safety and Health | PHEP |
| Evacuation/Shelter In Place | 1 | Annually | WDH CenturyLink Building and Hathaway Building | WDH Personnel | | 1, 2, and 3 | 1. Develop and train WDH; Evacuation, Shelter In Place and Lockdown Plans 2. Activate/exercise various plans | PHEP |
| Evacuation/ Lockdown | TBD | As directed by Directors Office/HR | WDH CenturyLink Building and Hathaway Building | WDH Personnel | | 1, 2, and 3 | 1. Develop and train WDH; Evacuation, Shelter In Place and Lockdown Plans 2. Activate/exercise various plans | PHEP |

| | | | | | | | | |
|---|---------|--|--|---|--|------------------------|---|-------------|
| Wyoming Medical Stations Operational and Logistics Training | TBD | TBD | TBD | HPP, HCC, PHRC's, EMS, Emergency Managers, law enforcement | | 1, 10 | 1.Community Preparedness 10.Medical Surge | |
| MCM-ORR Tool training | TBD | April –May 2016 | TBD | PHRC's, PHEP, Local Health Departments, Law Enforcement, Emergency Managers | | All | All | PHEP |
| IMATS Training | TBD | May –June 2016 | TBD | PHRC's, PHEP, and Local Health Departments | | 8 and 9 | 8 and 9 | PHEP |
| Laboratory Biosafety Training | 1 | May 17-18, 2016 | Casper, WY | Laboratorians | | 12 | 12. Public Health Laboratory Testing | PHEP |
| Packaging and Shipping of Infectious Substances | 1 | March 2017 | Cheyenne, WY | Laboratorians | | 12 | 12. Public Health Laboratory Testing AIP: From EVD exercises | PHEP EVD |
| Mass Care Academy | 1 | April 2016 | Casper, WY | All | | 7 | Mass Care | ARC |
| | | | | | | | | |
| Hospital First Receiver | 5 | Region 1 – TBD Region 2 – TBD Region 3 – TBD Region 4 – TBD Region 5 - TBD | TBD | HPP, EMS, and healthcare organizations | | 10 | Meet OSHA regulations and requirements and address decontamination training needs | HPP |
| Advanced Burn Life Support | 6 | Region 1– 5/8/16 Region 2 4/13/16 Region 3 –3/9/16 Region 4 5/11/16 Region 5 1/10/16 | Cheyenne Little America, Cheyenne, WY | HPP, EMS, and healthcare organizations | | 10 | Provide special training to maximize medical surge competency | HPP |
| HAvBED Training | Ongoing | TBD TBD Monthly/as needed training | Cheyenne (Webinar) Cheyenne (Webinar) Monthly/as needed training | HPP, PHEP, PHRCs, EMS, healthcare organizations, EMA, and other ESF #8 partners | | 1, 6, and 10 | Provide new user and refresher training | HPP |
| WAVE Training | Ongoing | Monthly/as needed training | | HPP, PHEP, PHRCs, EMS, healthcare organizations, EMA, and other ESF #8 partners | | 1, 6, 8, 9, 10, and 15 | Provide new user and refresher training | HPP |
| National Healthcare Coalition Preparedness Conference | 1 | TBD | TBD | HPP, EMS, healthcare coalitions, and | | 1 | Coalition development and refinement | HPP |

| | | | | | | | | |
|---------------------|---|-----|-----|--|--|-----|-----|-----|
| | | | | healthcare organizations | | | | |
| Preparedness Summit | 1 | TBD | TBD | HPP, PHEP, PHRCs, EMS, healthcare coalitions, and healthcare organizations | | All | TBD | HPP |

BP5 2016- 2017 Webinar Schedule

The following is a projected schedule of webinars for the BP5 2016-2017. Local and tribal jurisdictions will not need to post these webinars to Multi Year Training and Exercise Plan as PHEP will post it in the state Multi Year Training and Exercise Plan. This schedule , it's topics, presenters are subject to change based up on scheduling, availability, weather, room/system availability, events, incidents, and the needs of the unit.

| Date | Topic | Presenter | Capability | Links to Deliverable |
|-------------------|--|---------------------------------|---|---|
| July 21, 2016 | CRT Training | Paul Card Angelyn Mayes | 1. Community/Healthcare Preparedness 4. Emergency Public Information & Warning 6. Information Sharing 8. Medical Countermeasure Dispensing | Alerting and notification Annually required SNS training for SNS partners |
| August 18, 2016 | Planning for At-Risk Populations using C-MIST | Rick Jansen | 1. Community/Healthcare Preparedness 2. Community Recovery 3. Emergency Operations Coordination | Planning At-Risk tabletop exercise |
| October 20, 2015 | PPE Inventory Management | Position Currently Vacant | 1. Community/Healthcare Preparedness 2. Community Recovery 14. Responder Safety and Health | PPE Inventory Planning Pandemic Influenza Planning POD Exercise Ebola planning |
| November 17, 2016 | Wyoming Medical Station | Sheryl Roub | 1. Community/Healthcare Preparedness 2. Community Recovery 3. Emergency Operations Coordination 7. Mass Care 10. Medical Surge | Community Preparedness Planning |
| December 15, 2016 | Public Health Response Algorithms during bacterial outbreaks | Igor Shepherd | 1. Community/Healthcare Preparedness 8. Medical Countermeasure Dispensing 9. Medical Materiel Management and Distribution | Inventory Management POD Exercise |
| January 19, 2017 | SNS Webinar Series Part 1 (Approximately 2 hours) - SNS Operations and Distribution - SNS Security Operations (Including IDS, CSA, & PODS) - Forms related to SNS | Michael Brock | 1. Community/Healthcare Preparedness 3. Emergency Operations Coordination 8. Medical Countermeasure Dispensing 9. Medical Materiel Management and Distribution | Annual SNS Training requirement POD Exercise |
| February 16, 2017 | SNS Webinar Series Part 2 (Approximately 2 hours) - POD Operations - Inventory Management | Michael Brock | 1. Community/Healthcare Preparedness 3. Emergency Operations Coordination 8. Medical Countermeasure Dispensing 9. Medical Materiel Management and Distribution | Annual SNS Training requirement Inventory Management POD Exercise |
| March 16, 2017 | SNS Webinar Series Part 3 (Approximately 2 hours) - Public Information and Communication /CERC - Communications & Redundant Communications | Kim Deti Paul Card | 1. Community/Healthcare Preparedness 3. Emergency Operations Coordination 4. Emergency Public Information and Warning 6. Information Sharing | Annual SNS Training requirement Alerting and Notification Communications |

| | | | | |
|----------------|---|--|---|------------------|
| | | | 8. Medical Countermeasure Dispensing 9. Medical Materiel Management and Distribution | POD Exercise |
| April 20, 2017 | Lessons Learned from Prairie Eagle 2016 | Jim Smith Michael Brock Sheryl Roub Others as needed | All Capabilities | All Capabilities |
| May 18, 2017 | Vacant | | | |
| June 15, 2017 | Vacant | | | |

Full Scale Exercise Planning and Training Schedule

Prairie Eagle 16 Exercise Planning Timeline

Note: Some parts of this "pre exercise timeline" are confirmed or completed. All future events are "projected" and may be subject to change or additional events being added.

| Time/Date | Activity | Link To Exercise |
|---|--|--|
| September 2014 – June 2015 | | |
| September 2014 January 2015 | MAD-POD Training and POD Exercise | POD Operations |
| September 2014 | RSS Security Tabletop Exercise | SNS Plan: Security |
| February 2015 | Ebola PPE Kit Distribution | Use the SNS Plan to forward deploy Ebola PPE Kits |
| March 2015 | Initial Concepts and Objectives session with HPP and SNS Coordinators | Preliminary planning and reviewing of deliverables and performance measures |
| March 2015 | Arrival of FMS (FSE of RSS) | Exercise SNS plan to move RSS personnel and equipment to an alternate location for offloading transport vehicles |
| January – June 2015 | SNS Training Webinar Series (See webinar schedule or MYTEP for complete list of training in this series) | Provide training to state, local, tribal partners on SNS plans and operations |
| June 2015 | Communication Specialist Orientation | SNS Plan communications security, vehicle tracking, and documentation |
| July 2015 – December 2015 | | |
| July 2015 | Overview of exercise planning process and timeline with CRI city PHRC's | Preliminary planning and reviewing of deliverables and performance measures |
| July 2015 | Review ExPlan draft with HPP and SNS Coordinators | HSEEP process for planning |
| July – September 2015 | CoderED Alerting and Notification System Training for PHRC's and WARN Administrators | Alerting and notification/HAN Alerting |
| July – October 2015 | Review previous AAR/IP's, JRA, Cooperative agreement, performance measures, and plans | HSEEP process for planning |
| October 2015 | Initial scenario planning | Exercise Planning Meeting |
| November | State Level SNS Tabletop Exercise -Demobilization drill -IMT/SNS Mgt Team Call down drill | All state partners |
| November 2015 | Concept and Objectives Meeting with state and local partners | Exercise Planning Meeting |
| January 2016 | | |
| January 13, 2016 | Initial Planning Meeting with federal, state, and local partners | Exercise Planning Meeting |
| Completed Session #1 in December do to scheduling conflict on original date | SNS Training Webinar Series | Training to the SNS Plan |
| February 2016 | | |
| | SNS Training Webinar Series | Training to the SNS Plan |
| March 2016 | | |
| | SNS Training Webinar Series | Training to the SNS Plan |
| | Respond Wyoming Conference | TBD |
| April 2016 | | |

| | | |
|-----------------------|--|--|
| | HSEEP Training for ESF #8 if needed | HSEEP Training, Capability 3, SNS MCM Standards |
| | SNS Training Webinar Series | Training to the SNS Plan |
| | Functional Exercise | Comm/SHOC Specialist, PHRC's IMT, etc |
| May 2016 | | |
| | Mid-Term Planning Meeting with federal, state, and local partners | Exercise Planning Meeting |
| | SNS Training Webinar Series | Training to the SNS Plan |
| June 2016 | | |
| | Communication Specialist Training | TBD |
| | SHOC Specialist Training | TBD |
| | PHIL Specialist Training | TBD |
| | IMATS and Inventory Management Specialist Training | TBD |
| July 2016 | | |
| | Bring PHRC MCM Exercise Workgroup onboard to help with planning and preparing for evaluation | Training to the SNS Plan and Evaluation Plan |
| August 2016 | | |
| | Training for local jurisdictions <input type="checkbox"/> Algorithm (Anthrax) <input type="checkbox"/> Chain of Custody <input type="checkbox"/> DEA Registrant Forms <input type="checkbox"/> SNS Request Forms | Training to the SNS Plan |
| | Exercise Evaluator Orientation: provide evaluators and overview of the exercise, timeline, and EEG's. Provide any travel or venue information | Exercise Evaluation Meeting: Training to Control- Evaluation Plan |
| September 2016 | | |
| | Final Planning Meeting with federal, state, and local partners | Exercise Planning Meeting |
| | Exercise Evaluator Orientation: Final training for evaluators | Exercise Evaluation Meeting: Exercise Evaluation Meeting: Training to Control- Evaluation Plan |
| October 2016 | | |
| | After Action Report and Improvement Plan Development meetings | |
| November 2016 | | |
| | After Action Conference and Improvement Planning with federal, state, and local partners | Exercise Planning Meeting |
| December 2016 | | |
| | TEPW and Improvement Planning for next cycle | |

APPENDIX C: Public Health Preparedness Capabilities and Functions

| Capability | | Capability Functions |
|---|---------------------------|--|
| Community Preparedness <i>Core public health activities related to community resilience, where local leaders, citizens and families are empowered to mitigate, practiced in responding to events, have social networks to fall back upon, and knowledge of health and medical systems.</i> | Core Public Health | Determine risks to health of the jurisdiction |
| | | Build community partnerships |
| | | Use community organizations to foster health networks |
| | | Coordinate training/guidance to ensure community engages in preparedness |
| Community Recovery <i>Activities related to recovery of PH, medical and mental/behavioral health systems and services, including planning, advocacy, collaboration, and monitoring by health departments and community partners – enabling PH to prepare for alternate delivery and continuity of services and plan for restoration of services.</i> | Response | Identify and monitor public health, medical, and mental/behavioral health system recovery needs |
| | | Coordinate community public health, medical, and mental/behavioral health system recovery operations |
| | | Implement corrective actions to mitigate damages from future incidents |
| Emergency Operations Coordination <i>Direct and coordinate implementation of other public health preparedness capabilities, to make informed, timely, and effective decisions that direct resources and personnel to adaptively address ongoing and evolving health needs arising from emergencies.</i> | Response | Conduct preliminary assessment to determine need for public activation |
| | | Activate public health emergency operations |
| | | Develop incident response strategy |
| | | Manage and sustain the PH response |
| | | Demobilize and evaluate PH emergency operations |
| Emergency Public Information & Warning <i>Communications with the public during an emergency with messages that must be developed and disseminated under tight time constraints to facilitate evacuation, sheltering in place, social distancing, and queuing at points of dispensing.</i> | Response | Activate the emergency public information system |
| | | Determine the need for a joint public information system |
| | | Establish and participate in information system operations |
| | | Establish avenues for public interaction/info exchange |
| | | Issue public information, alerts, warnings, and notifications |
| Fatality Management <i>Recovery, handling, identification, transportation, storage and disposal of human remains, certifying cause of death, and facilitating access to mental/behavioral health services. Determining role is critical to capability.</i> | Pre-incident | Determine role for PH in fatality management |
| | | Activate PH fatality management operations |
| | | Assist in collection and dissemination of antemortem data |
| | | Participate in survivor mental/behavioral health services |
| | | Participate in fatality processing and storage operations |
| Information Sharing <i>Exchange of information among agencies and key partners to maintain situational awareness for routine activities as well as incidents, so leaders can make timely, informed decisions.</i> | Pre-incident | Identify stakeholders to be incorporated into info flow |
| | | Identify and develop rules and data elements for sharing |
| | | Exchange info to determine common operating picture |
| Mass Care <i>Planning for, responding to, and recovering from a public health incident requiring care for displaced or impacted individuals. Public health involvement in coordinated mass care services in congregate locations ensure health and environmental assessments are conducted; needed public health, medical, and mental/behavioral health services are provided or referred out; and appropriate surveillance is conducted. Reduces risk of communicable disease transmission and ensures functional and access needs of individuals at a congregate location are addressed, including those of children, older adults, and people with disabilities.</i> | Pre-incident | Determine public health role in mass care operations |
| | | Determine mass care needs of the impacted population |
| | | Coordinate PH, medical, and mental/behavioral health services |
| | | Monitor mass care population health |

| Capability | Capability Functions |
|---|---|
| Medical Countermeasure Dispensing and Medical Material Management and Distribution (MCMDD Composite Measure) Pre-incident <i>Ability to receive, stage, store, distribute, and dispense medical countermeasures.</i> | Identify and initiate MCM dispensing strategies Receive medical countermeasures Activate dispensing modalities Dispense MCM to identified population Report adverse events Direct, activate medical material management/distribution Acquire medical material Maintain updated inventory management/reporting system Establish and maintain security Distribute medical material |
| Medical Surge Pre-incident <i>Exchange of information among agencies and key partners to maintain situational awareness for routine activities as well as incidents, so leaders can make timely, informed decisions.</i> | Assess the nature and scope of the incident Support activation of medical surge Support jurisdictional medical surge operations Support demobilization of medical surge operations |
| Non-Pharmaceutical Interventions (NPI) <i>Ability of health departments, in coordination with their partners, to recommend or implement non-drug and non-vaccine-based containment, mitigation or decontamination strategies to prevent or control disease, injuries, and exposures. NPIs save lives and alleviate the surge of individuals placing demands on the healthcare system during an emergency.</i> | Engage partners and identify factors that impact NPI Determine non-pharmaceutical interventions Implement non-pharmaceutical interventions Monitor non-pharmaceutical interventions |
| Public Health Laboratory Testing <i>Public health laboratories rapidly detect and respond to a variety of public health incidents. Laboratory testing performance measures assess routine and other frequent public health laboratory activities.</i> | Manage laboratory activities Perform sample management Conduct testing and analysis for routine and surge capacity Support public health investigations Report results |
| Public Health Surveillance and Epidemiological Investigation <i>Surveillance and detection of public health threats; conducting and documenting epidemiological investigations; and the recommendation or implementation of public health control measures. Timely case reporting initiates investigations and recommends interventions, protecting community health. Conducting and documenting investigations with complete reports ensures the incident is appropriately characterized, with results and recommendations that are shared with decision makers.</i> | Conduct Public Health Surveillance and Detection Conduct Public Health and Epidemiological Investigation Recommend, Monitor, and Analyze Mitigation Actions Improve PH and Epidemiological Investigation Systems |
| Responder Safety and Health <i>Ability to protect public health agency staff responding to an incident by identifying safety and health risks, providing medical countermeasures and/or personal protective equipment, facilitating risk-specific training, and monitoring responder health. Assures responders are medically fit, appropriately trained, and monitored for potential adverse health effects, if needed.</i> | Identify responder safety and health risks Identify safety and personal protective needs Coordinate with partners to facilitate risk-specific training Monitor responder safety and health actions |
| Volunteer Management <i>Volunteer management includes coordinating, notifying, dispatching, and demobilizing volunteers to support a public health agency's response to an incident of public health significance. Public health and medical volunteers enable the public health and healthcare systems to surge and meet the elevated needs of a vent or incident and therefore coordinated management is crucial.</i> | Coordinate volunteers Notify volunteers Organize, assemble, and dispatch volunteers Demobilize volunteers |

APPENDIX D: Healthcare Preparedness Capabilities and Functions

| Capability | Capability Functions |
|---|---|
| <p>Healthcare Preparedness HPP/PHEP Capability 1</p> <p><i>Healthcare system preparedness is the ability of a community's healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact. Involves coordination with emergency management, public health, mental/behavioral health providers, community and faith based partners, state, local, and territorial governments to:</i></p> <ul style="list-style-type: none"> ▪ Provide and sustain a tiered, scalable, and flexible approach to response and recovery while not jeopardizing services to individuals in the community ▪ Provide timely monitoring and management of resources ▪ Coordinate allocation of emergency medical care resources ▪ Provide timely and relevant information on the status of the incident and healthcare system to key stakeholders | <p>Develop, refine, or sustain Healthcare Coalitions</p> <p>Coordinate healthcare planning to prepare system for a disaster</p> <p>Identify and prioritize essential healthcare assets and services</p> <p>Determine gaps in healthcare preparedness and identify resources for mitigation of those gaps</p> <p>Coordinate training to assist healthcare responders to develop the necessary skills to respond</p> <p>Improve healthcare response capabilities through coordinated exercise and evaluation</p> <p>Coordinate with planning for at-risk individuals and those with special medical needs</p> |
| <p>Healthcare System Recovery HPP/PHEP Capability 2</p> <p><i>Healthcare system recovery involves the collaboration with Emergency Management and other community partners, (e.g., public health, business, and education) to develop efficient processes and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels and improved levels where possible. The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.</i></p> | <p>Develop recovery processes for the healthcare delivery system</p> <p>Assess and notify stakeholders of healthcare delivery status</p> <p>Support healthcare response efforts through coordination of resources</p> <p>Demobilize and evaluate healthcare operations</p> |
| <p>Emergency Operations Coordination HPP/PHEP Capability 3</p> <p><i>Ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management to coordinate information and resource allocation for affected healthcare organizations. Multi-agency coordination representing healthcare organizations or integrating this coordination into plans and protocols guide incident management to make the appropriate decisions. Coordination ensures healthcare organizations, incident management, and the public have relevant and timely information about the status and needs of the healthcare delivery system in the community. This enables healthcare organizations to coordinate their response with that of the community response and according to NIMS.</i></p> | <p>Healthcare organization multi-agency representation and coordination with emergency operations</p> <p>Assess and notify stakeholders of healthcare delivery status</p> <p>Support healthcare response efforts through coordination of resources</p> <p>Demobilize and evaluate healthcare operations</p> |
| <p>Fatality Management HPP/PHEP Capability 5</p> <p><i>Fatality management is the ability to coordinate with organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services for family members, responders, and survivors of an incident. Coordination also includes the proper and culturally sensitive storage of human remains during periods of increased deaths at healthcare organizations during an incident.</i></p> | <p>Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations</p> <p>Coordinate surges of concerned citizens with community agencies responsible for family assistance</p> <p>Mental/behavioral support at the healthcare organization level</p> |

| Capability | Capability Functions |
|---|--|
| Information Sharing HPP/PHEP Capability 6 <i>Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal, and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state, and Federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance.HPP-</i> | <div>Provide healthcare situational awareness that contributes to the incident common operating picture</div> <div>Develop, refine, and sustain redundant, interoperable communication systems</div> |
| Medical Surge HPP/PHEP Capability 10 <i>The Medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.</i> | <div>The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge</div> <div>Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations</div> <div>Assist healthcare organizations with surge capacity and capability</div> <div>Develop Crisis Standards of Care guidance</div> <div>Provide assistance to healthcare organizations regarding evacuation and shelter in place operations</div> |
| Responder Safety and Health HPP/PHEP Capability 14 <i>Ability of healthcare organizations to protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters. This includes processes to equip, train, and provide other resources needed to ensure healthcare workers at the highest risk for adverse exposure, illness, and injury are adequately protected from all hazards during response and recovery operations.</i> | <div>Assist healthcare organizations with additional pharmaceutical protection for healthcare workers</div> <div>Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response</div> |
| Volunteer Management HPP/PHEP Capability 15 <i>Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support healthcare organizations with the medical preparedness and response to incidents and events.</i> | <div>Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations</div> <div>Volunteer notification for healthcare response needs</div> <div>Organization and assignment of volunteers</div> <div>Coordinate the demobilization of volunteers</div> |

For more information, go to:
<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf>

APPENDIX E: Crosswalk of Public Health, Healthcare Preparedness, and Core Capabilities

| Capability | | PHEP Functions | HPP Functions |
|---|--|--|--|
| Community Preparedness | Healthcare Preparedness | Determine risks to health of the jurisdiction | Coordinate with planning for at-risk individuals and those with special medical needs |
| Core public health activities related to community resilience. Local leaders, citizens and families are empowered to mitigate, practiced in responding to events, have available social networks, knowledge of health/medical systems. | Ability of a community's healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact. | Build community partnerships | Develop, refine, or sustain Healthcare Coalitions |
| | | Use community organizations to foster health networks | Coordinate healthcare planning to prepare for disasters |
| | | | Identify & prioritize essential healthcare assets/services |
| | | Coordinate training/guidance re community engages in preparedness | Determine healthcare preparedness gaps and resources |
| National Preparedness Goal Core Capability: Community Resilience | | | |
| Community Recovery | Healthcare System Recovery | Identify and monitor public health, medical, and mental/behavioral health system recovery needs | Develop recovery processes for healthcare delivery system |
| Recovery of PH, medical, mental/behavioral health systems/services (planning, advocacy, collaboration, and monitoring by health departments/community partners), enabling PH to prepare for alternate delivery/continuity of services and service restoration planning. | Collaboration with Emergency Management and other community partners, (e.g., PH, business, education) to develop efficient processes; advocacy for rebuilding of public health, medical, & mental/behavioral health systems to at least pre-incident levels. | Coordinate community public health, medical, and mental/behavioral health system recovery operations | Assess and notify stakeholders of healthcare delivery status |
| | | | Support healthcare response efforts through coordination of resources |
| | | Implement corrective actions to mitigate damages from future incidents | Demobilize and evaluate healthcare operations |
| National Preparedness Goal Core Capabilities: Health and Social Services ▪ Public and Private Services/Resources ▪ Long-term Vulnerability Reduction | | | |
| Emergency Operations Center Coordination | | Preliminary assessment to determine activation need | Assess; notify stakeholders of healthcare delivery status |
| Direct & coordinate implementation of other public health preparedness capabilities, to make informed, timely, and effective decisions that direct resources and personnel to adaptively address ongoing, evolving health needs from emergencies. | Ability for healthcare organizations to engage with incident management at the EOC or on-scene to coordinate information and resource allocation for affected healthcare organizations. Coordinate response with that of the community and across agencies. | Activate public health emergency operations | Healthcare organization multi-agency representation and coordination with emergency operations |
| | | Develop incident response strategy | Support healthcare response efforts through coordination of resources |
| | | Manage and sustain the PH response | |
| | | Demobilize and evaluate PH emergency operations | Demobilize and evaluate healthcare operations |
| National Preparedness Goal Core Capabilities: Health and Social Services ▪ Public and Private Services/Resources ▪ Long-term Vulnerability Reduction | | | |

| Information Sharing | | Identify stakeholders to be incorporated into info flow | |
|---|--|---|---|
| Exchange of information among agencies and key partners to maintain situational awareness for routine activities as well as incidents, so leaders can make timely, informed decisions. | Multijurisdictional, multidisciplinary exchange of PH/medical information, situational awareness across the HC system, government, & private sector. Coordination with Joint Information System for information dissemination to entities and the community. | Identify and develop rules and data elements for sharing | Provide healthcare situational awareness that contributes to the incident common operating picture |
| | | Exchange info to determine common operating picture | |
| | | | Develop, refine, and sustain redundant, interoperable communication systems |
| National Preparedness Goal Core Capability: Information Sharing | | | |
| Medical Surge | | Assess the nature and scope of the incident | Develop Crisis Standards of Care guidance |
| Exchange of information among agencies and key partners to maintain situational awareness for routine activities as well as incidents, so leaders can make timely, informed decisions. | Provide adequate medical evaluation and care during incidents that exceed limits of normal community medical infrastructure. Maintain or rapidly recover compromised operations. | Support activation of medical surge | Assist HCOs with surge capacity and capability |
| | | | HCC assists with HCO coordination during medical surge |
| | | Support jurisdictional medical surge operations | Assist HCOs with evacuation/shelter in place operations |
| | | Support demobilization of medical surge operations | Coordinate integrated healthcare surge operations with pre-hospital (EMS) operations |
| National Preparedness Goal Core Capability: Medical Surge | | | |
| Fatality Management | | Determine role for PH in fatality management | |
| Recovery, handling, identification, transportation, storage and disposal of human remains, certifying cause of death, and facilitating access to mental/behavioral health services. Determining role is critical to capability. | Ensure proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services for family members, responders, survivors. | Activate PH fatality management operations | Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations |
| | | Assist in collection, dissemination of antemortem data | |
| | | Participate in fatality processing and storage operations | |
| | | Participate in survivor mental/behavioral health services | Coordinate surges of concerned citizens with community agencies responsible for family assistance |
| | Mental/behavioral support at healthcare organization level | | |
| National Preparedness Goal Core Capability: Fatality Management | | | |

| Responder Safety and Health | | Identify responder safety and health risks | Assist healthcare organizations with additional pharmaceutical protection for healthcare workers |
|--|---|---|---|
| Ability to protect public health agency responders by identifying safety and health risks, providing medical countermeasures and/or personal protective equipment, facilitating risk-specific training, and monitoring responder health. Assures responders are medically fit, appropriately trained, and monitored for potential adverse health effects, if needed. | Protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters. Includes processes to equip, train, and provide other resources to ensure healthcare workers at highest risk for adverse exposure, illness, and injury are adequately protected from all hazards during response and recovery operations. | Identify safety and personal protective needs | |
| | | Coordinate with partners to facilitate risk-specific training | |
| | | Monitor responder safety and health actions | Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response |
| National Preparedness Goal Core Capability: Fatality Management | | | |
| Volunteer Management | | Coordinate volunteers | Participate with volunteer planning processes to determine need for volunteers in HCOs |
| Volunteer management includes coordinating, notifying, dispatching, and demobilizing volunteers to support a public health agency’s response to an incident of public health significance. | Coordinate identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support HCOs with the medical preparedness and response to incidents and events. | Notify volunteers | Volunteer notification for healthcare response needs |
| | | Organize, assemble, and dispatch volunteers | Organization and assignment of volunteers |
| | | Demobilize volunteers | Coordinate the demobilization of volunteers |
| National Preparedness Goal Core Capability: Fatality Management | | | |
| | | | |

SECTION 5: ANNUAL REPORTING FROM PREVIOUS YEARS

APPENDIX A: HPP - PHEP JOINT TRAINING REPORT BP4 2015 -2016 *(Note: Since the due date of for the Exercise Plan deliverable was significantly changed it will not be possible to update this section until after June 30, 2016)*

| Name of Training | Number of Trainings Conducted | Training Dates | Training Locations/Method | Type of Personnel Trained | Number of Personnel Trained | Applicable Capability | Gaps or corrective actions that were addressed by training | Funding type |
|--|-------------------------------|------------------------------------|------------------------------------|---|-----------------------------|--------------------------|--|--------------|
| WARN: Training on new alerting and notification platform and process | | TBD | Onsite Webinar Upon request | PHEP, PHRC's, HPP, Lab, Epi, EMS, Hospitals, Emergency Mgt, Law Enforcement, WOHS | | 1, 3, 4, 6, 15 | 1. Planning 2. Training 3. Alerting and notification | PHEP |
| Planning for At-Risk Populations (onsite or webinar) | | Annually TBD | TBD | PHEP, PHRC's, HPP, Lab, Epi, EMS, Hospitals, Emergency Mgt, Law Enforcement, WOHS, National Guard, At Risk/UTSE | 0 | 1,2,3, and 10 | 1. Planning 2. Training 3. Overview of UTSE and UTSE bags | HPP & PHEP |
| PHRC Orientation | | As needed based on turn over | CenturyLink Building, Suite 400 | PHRCs, PHEP, HPP | | 1, 3, 4, 8, 9,10, and 15 | 1. Overview of PHRC Position 2. Overview of deliverables 3. Overview of systems 4. Meet PHEP Staff | PHEP |
| Contract Reporting Tool (CRT) | | Annually July 2015 As needed | PHRC Call Webinar | HPP, PHEP, PHRC's | | All | 1. Provide LHD/PHRC's/Tribal partners with detailed training on using the Contract Reporting Tool (CRT) 2. Train/Verify all PHRC's know how to post plans, use data collection, and provide updated reports | PHEP |
| Duress/Panic Button | Ongoing | Recurring | CenturyLink 420 Conference Room | WDH Reception/Admin Assistance | | 1,3 | Train Administrative Assistance on the use of the Panic Buttons and the type of response associated with a panic button activation. | |
| Incident Mgt Team Training | Ongoing | Monthly | SHOC | WDH Incident Management Team | | 3 | Monthly training and exercises for IMT. These trainings and exercises were designed to address gaps in IMT activity, response, planning, and training. | |
| ESF 8 Training | | TBD | CenturyLink Basement Training Room | PHEP and state partners | | All | Train ESF 8 partners on ESF 8 is and each groups role and responsibilities, interaction with federal ESF's, and requesting resources | PHEP-HPP |

| | | | | | | | | |
|--|----------|-------------------------|-------------------------------|---|---|---------|--|----------|
| EMAC Process | TBD | TBD | TBD | PHEP, WDH IMT, ESF #8 partners | | All | Provide IMT with training on the EMAC process | PHEP |
| State Operations Center Orientation | TBD | TBD | SOC | PHEP and IMT-Staff | | All | For IMT to have an overview of how things work and communication flows within the SOC | HPP-PHEP |
| Introduction to Emergency Management | TBD | TBD | TBD | PHEP, WDH IMT, ESF #8 partners | | All | Provide ESF #8 partners, PHEP and IMT staff with training on the emergency management | PHEP |
| State Statute 19 Overview | TBD | TBD | TBD | PHEP, WDH IMT, Public Health Nursing ESF #8 partners | | All | Provide PHEP and IMT staff and ESF #8 an overview on SS 19 | PHEP |
| HAZMAT Awareness Training AWR-160 | Oct 2015 | Oct 2014 | TBD | PHEP and IMT | | All | Provide PHEP and IMT staff with HAZMAT refresher course | PHEP |
| HSEEP Training | TBD | TBD | TBD | | | 3 | HSEEP and Exercise Design and Evaluation Training 1. Exercise Plan training/Development 2. AAR/IP Training 3. How to use/track an IP | PHEP |
| CHEMPACK (onsite) | TBD | TBD PHRC Orientation | TBD | PHEP, EMS, Law Enforcement, Pharmacist, Emergency Depts, Emergency Managers | | All | TBD | PHEP |
| SNS Training 101 refresher/update for State Partners | 1 | October 2015 | TBD | PHEP, PHRC's HPP, Hospitals, Emergency Mgr, Law Enforcement, other state/local/tribal stakeholder | | 1, 8, 9 | Apply the fundamentals of the SNS planning process, develop effective cooperation | PHEP |
| Preparedness Summit | 1 | April 2016 | Atlanta, GA | HPP, PHEP, PHRCs, EMS, healthcare coalitions, and healthcare organizations | | All | TBD | HPP |
| Ebola PPE Kit Training TTT | TBD | TBD | CenturyLink Bldg | PPE Instructors PHEP, EMS, HPP | 7 | 14 | 14. Responder Safety and Health | PHEP |
| Ebola PPE Training | TBD | TBD | | EMS, Fire, Coroners, PH, HAZMAT/RERT | | 14 | 14. Responder Safety and Health | PHEP |
| CPR/Heartsaver & AED | TBD | Annually | Suite 400 EMS Conference Room | Floor Marshal's and Evacuation Teams | | 1 & 3 | Demonstrate the following skills 1. One-rescuer adult CPR 2. Relieving foreign body airway obstruction 3. Proper usage of barrier devices | PHEP |

| | | | | | | | | |
|---|---------|---|--|---|----------|------------------------|--|------|
| | | | | | | | 4. Principles and usage of the automated defibrillator | |
| Evacuation/Shelter In Place | 1 | Annually | WDH CenturyLink Building and Hathaway Building | WDH Personnel | | 1, 2, and 3 | 1. Develop and train WDH; Evacuation, Shelter In Place and Lockdown Plans 2. Activate/exercise various plans | PHEP |
| Evacuation/ Lockdown | TBD | Annually | WDH CenturyLink Building and Hathaway Building | WDH Personnel | | 1, 2, and 3 | 1. Develop and train WDH; Evacuation, Shelter In Place and Lockdown Plans 2. Activate/exercise various plans | PHEP |
| Floor Marshal & Evacuation Team Training | TBD | TBD | WDH CenturyLink Building and Hathaway Building | WDH Staff-Floor Marshal's | | 1,2,3, and 4 | 1. Develop/train WDH floor marshals in basic initial response, evacuation, Shelter In Place, Lockdown Plans, Evacu-Trac/Evacu-Chair 2. Activate/exercise plans 3. Two way radio training | PHEP |
| Wyoming Medical Stations Operational and Logistics Training | TBD | Sept 21-22 Sept 24-25 | Lander, WY Cheyenne, WY | HPP, HCC, PHRC's, EMS, Emergency Managers, law enforcement | 34 27 | 1, 10 | 1. Community Preparedness 10. Medical Surge | |
| | | | | | | | | |
| Hospital First Receiver | 5 | Region 1 – TBD Region 2 – TBD Region 3 – TBD Region 4 – TBD Region 5 - TBD | TBD | HPP, EMS, and healthcare organizations | | 10 | Meet OSHA regulations and requirements and address decontamination training needs | HPP |
| Advanced Burn Life Support | 6 | August 20, 2015 Region 1 – TBD Region 2 – TBD Region 3 – TBD Region 4 – TBD Region 5 – TBD | Cheyenne Little America, Cheyenne, WY | HPP, EMS, and healthcare organizations | | 10 | Provide special training to maximize medical surge competency | HPP |
| HAvBED Training | Ongoing | TBD TBD Monthly/as needed training | Cheyenne (Webinar) Cheyenne (Webinar) Monthly/as needed training | HPP, PHEP, PHRCs, EMS, healthcare organizations, EMA, and other ESF #8 partners | | 1, 6, and 10 | Provide new user and refresher training | HPP |
| WAVE Training | Ongoing | Monthly/as needed training | | HPP, PHEP, PHRCs, EMS, healthcare organizations, EMA, | | 1, 6, 8, 9, 10, and 15 | Provide new user and refresher training | HPP |

| | | | | | | | | |
|---|-----|---|---|--|--|----------|--|---------------------|
| | | | | and other ESF #8 partners | | | | |
| Medical Surge Workshops | 5 | Region 1 Gillette Region 2 Casper Region 3 Cheyenne Region 4 Rock Springs Region 5 Worland | Oct 7 Oct 9 Oct 13 Oct 12 Oct 8 | HPP, PHEP, PHRCs, EMS, healthcare organizations, EMA, and other ESF #8 partners | | 10 | Provide medical surge workshops to enhance planning efforts both at the facility level and the healthcare coalition level | HPP |
| Basic Disaster Life Support | 2 | August 20, 2015 TBD | Cheyenne Little America, Cheyenne, WY TBD | HPP, PHEP, PHRCs, EMS, healthcare organizations, EMA, and other ESF #8 partners | | 1 and 10 | Provide training on Basic Disaster Life Support | HPP |
| Advanced Disaster Life Support | 1 | TBD | TBD | HPP, PHEP, PHRCs, EMS, healthcare organizations, EMA, and other ESF #8 partners | | 1 and 10 | Provide training on Advanced Disaster Life Support | HPP |
| Checklist of Essential Pediatric Domains | 1 | September 15, 2015 | Cheyenne (Webinar) | HPP, EMS, healthcare coalitions, and healthcare organizations | | 1 and 10 | Provide education on the Checklist of Essential Pediatric Domains and how healthcare facilities may use this tool to incorporate pediatric considerations into existing policies | HPP |
| National Healthcare Coalition Preparedness Conference | 1 | December 1-3, 2015 | San Diego, CA | HPP, EMS, healthcare coalitions, and healthcare organizations | | 1 | Coalition development and refinement | HPP |
| Preparedness Summit | 1 | April 19-22, 2016 | Dallas, TX | HPP, PHEP, PHRCs, EMS, healthcare coalitions, and healthcare organizations | | All | TBD | HPP |
| WIPP Training | TBD | TBD | TBD | PHEP, HPP, PHL, PH Nurses, County Emergency Managers, Hospitals, EMT's law enforcement, National Guard | | All | TBD | WOHS HPP PHEP |

BP4 2015 -2016 WEBINAR SCHEDULE

The following is a projected schedule of webinars for the BP4 2015-2016. Local and tribal jurisdictions will not need to post these webinars to Multi Year Training and Exercise Plan as PHEP will post it in the state Multi Year Training and Exercise Plan. This schedule , it's topics, presenters are subject to change based up on scheduling, availability, weather, room/system availability, events, incidents, and the needs of the unit.

| Date | Topic | Presenter | Capability | Links to Deliverable |
|--------------------|--|-------------------------------|---|--|
| July 16, 2015 | CRT Training | Paul Card Angelyn Mayes | 1. Community/Healthcare Preparedness 4. Emergency Public Information & Warning 6. Information Sharing 8. Medical Countermeasure Dispensing | Alerting and notification Annually required SNS training for SNS partners |
| August 20, 2015 | Planning for At-Risk Populations using C-MIST | Rick Jansen | 1. Community/Healthcare Preparedness 2. Community Recovery 3. Emergency Operations Coordination | Planning At-Risk tabletop exercise |
| September 17, 2015 | JRA Overview and Training | Dr. Dan O'Leary | All | JRA Update |
| October 15, 2015 | PPE Inventory Management | Shelley Hood | 1. Community/Healthcare Preparedness 2. Community Recovery 14. Responder Safety and Health | PPE Inventory Planning Pandemic Influenza Planning POD Exercise Ebola planning |
| November 19, 2015 | Wyoming Medical Station | Sheryl Roub | 1. Community/Healthcare Preparedness 2. Community Recovery 3. Emergency Operations Coordination 7. Mass Care 10. Medical Surge | Community Preparedness Planning |
| December 17, 2015 | Public Health Response Algorithms during bacterial outbreaks | Igor Shepherd | 1. Community/Healthcare Preparedness 8. Medical Countermeasure Dispensing 9. Medical Materiel Management and Distribution | Inventory Management POD Exercise |
| January 21, 2016 | SNS Webinar Series Part 1 (Approximately 2 hours) - SNS Operations and Distribution - SNS Security Operations (Including IDS, CSA, & PODS) - Forms related to SNS | Michael Brock | 1. Community/Healthcare Preparedness 3. Emergency Operations Coordination 8. Medical Countermeasure Dispensing 9. Medical Materiel Management and Distribution | Annual SNS Training requirement POD Exercise |
| February 18, 2016 | SNS Webinar Series Part 2 (Approximately 2 hours) - POD Operations - Inventory Management | Michael Brock Shelley Hood | 1. Community/Healthcare Preparedness 3. Emergency Operations Coordination 8. Medical Countermeasure Dispensing 9. Medical Materiel Management and Distribution | Annual SNS Training requirement Inventory Management POD Exercise |
| March 17, 2016 | SNS Webinar Series Part 3 (Approximately 2 hours) | Kim Deti | 1. Community/Healthcare Preparedness | Annual SNS Training requirement |

| | | | | |
|----------------|---|-------------------------------------|--|---|
| | - Public Information and Communication /CERC - Communications & Redundant Communications | Paul Card | 3. Emergency Operations Coordination 4. Emergency Public Information and Warning 6. Information Sharing 8. Medical Countermeasure Dispensing 9. Medical Materiel Management and Distribution | Alerting and Notification Communications POD Exercise |
| April 21, 2016 | Wyoming Medical Station | Sheryl Roub | 1. Community/Healthcare Preparedness 2. Community Recovery 3. Emergency Operations Coordination 7. Mass Care 10. Medical Surge | Community Preparedness Planning |
| May 19, 2016 | Public Health Response Algorithms during radiological incidents | Igor Shepherd | 1. Community/Healthcare Preparedness 8. Medical Countermeasure Dispensing 9. Medical Materiel Management and Distribution | |
| June 16, 2016 | White Powder Response | Gale Stevens(PHL) Epidemiologist | 1. Community/Healthcare Preparedness 13. PH Surveillance & Epidemiological Investigation | |

APPENDIX B: HPP - PHEP JOINT TRAINING REPORT for BP3 2014 -2015

| Name of Training | Number of Trainings Conducted | Training Dates | Training Locations/Method | Type of Personnel Trained | Number of Personnel Trained | Applicable Capability | Gaps or corrective actions that were addressed by training | Funding type |
|--|-------------------------------|---|--|---|---|--------------------------|--|--------------|
| Evacuation/Shelter In Place | 3 | Annually Aug 22, 2014 Jan 12, 2015 April 2015 | WDH CenturyLink Building and Hathaway Building | WDH Personnel | 100+ Actual/Fire Actual/Fire Tornado Drill | 1, 2, and 3 | 1. Develop and train WDH; Evacuation, Shelter In Place and Lockdown Plans 2. Activate/exercise various plans | PHEP |
| Floor Marshal & Evacuation Team Training | 1 | April 2015 | WDH CenturyLink Building and Hathaway Building | WDH Staff-Floor Marshal's | 10 | 1,2,3, and 4 | 1. Develop/train WDH floor marshals in basic initial response, evacuation, Shelter In Place, Lockdown Plans, Evacu-Trac/Evacu-Chair 2. Activate/exercise plans 3. Two way radio training | PHEP |
| PHRC Orientation | 1 | As needed based on turn over Sept 2014 Apr 7-8 2015 | CenturyLink Building, Suite 400 | PHRCs, PHEP, HPP | 5 | 1, 3, 4, 8, 9,10, and 15 | 1. Overview of PHRC Position 2. Overview of deliverables 3. Overview of systems 4. Meet PHEP Staff | PHEP |
| Contract Reporting Tool (CRT) | 2 | Annually July 2014 August 2014 | PHRC Call PHEP Summit | HPP, PHEP, PHRC's | 18 25 | All | 1. Provide LHD/PHRC's/Tribal partners with detailed training on using the CRT 2. Train/Verify all PHRC's know how to post plans, use data collection, and provide updated reports | PHEP |
| Duress/Panic Button | Ongoing | Recurring | CenturyLink 420 Conference Room | WDH Reception/Admin Assistance | 3 | 1,3 | Train Administrative Assistance on the use of the Panic Buttons and the type of response associated with a panic button activation. | |
| Incident Mgt Team Training | Ongoing | Monthly | SHOC | WDH Incident Management Team | 15 | 3 | Monthly training and exercises for IMT. These trainings and exercises were designed to address gaps in IMT activity, response, planning, and training. | |
| Mass Antibiotic Dispensing (MAD) Course | 2 | October 2014 January 2015 | CenturyLink Basement Training Room Riverton, WY | PHEP, PHRC's, Public Health Nurses, ESF #8 Partners | 25 18 | 1, 3, 8, 9, 15 | Apply the fundamentals of the POD/Mass Dispensing planning process, develop effective cooperation | PHEP |
| ESF 8 Training | 1 | August 5, 2014 | CenturyLink Basement Training Room | PHEP and state partners | 20 | All | Train ESF 8 partners on ESF 8 is and each groups role and responsibilities, interaction with | PHEP-HPP |

| | | | | | | | | |
|--|---|----------------------------|--------------------------------------|---|---------|---------------|--|------------|
| | | | | | | | federal ESF's, and requesting resources | |
| WARN Profile and Alert Acknowledgement Training | 1 | Aug 11, 2014 | SHOC | WDH IMT | 10 | All | Provide refresher to IMT on how to manage their WARN profile, view, and acknowledge alerts | PHEP |
| At Risk Populations Strategic Outlook/Planning Session | 1 | Aug 14, 2014 | CenturyLink Basement Training Room | PHEP, PHRC's, Public Health Nurses, ESF #8 Partners | 28 | 1,2,3, and 10 | 1. Planning 2. Training 3. Overview of At Risk definition, training and planning for strategic planning and technical assistance | HPP & PHEP |
| State Operations Center Orientation | 1 | Nov 2014 | SHOC | PHEP and IMT-Staff | 16 | All | For IMT to have an overview of how things work and communication flows within the SOC | HPP-PHEP |
| Communications Specialist Orientation | 2 | June 25, 2015 9 am | SHOC | PHEP and IMT-Staff | 7 | All | Overview of the Communication Specialists roles, duties, requirements, and equipment | PHEP |
| HAZMAT Awareness Training AWR-160 | 1 | Oct 2014 | TBD | PHEP and IMT | 20 | All | Provide PHEP and IMT staff with HAZMAT refresher course | PHEP |
| PHEP Summit | 1 | August 13-15 | CenturyLink basement training room | PHEP, IMT, PHRC's Public Health Nursing, Emergency Mgt, WOHS, National Guard, ESF #8 partners | 28 | All | BP3 Deliverables CRT Training Improvement Planning SNS/CSA Operations Awareness Training PIO/CERC Training (Awareness) Veterinarian Stockpile Awareness training Ebola Awareness Training RAD PACK training | PHEP |
| CHEMPACK (onsite) | 2 | August 13-15 April 2015 | TBD | PHEP, EMS, Law Enforcement, Pharmacist, Emergency Departments, Emergency Managers | 28 4 | All | TBD | PHEP |
| Hospital First Receiver | 6 | July 14-15, 2014 | Lovell North Big Horn Hospital | HPP, EMS, and healthcare organizations | | 11 | Meet OSHA regulations and requirements and address decontamination training needs | HPP |
| | | July 23-24, 2014 | Sundance Crook County Medical Center | | | 7 | | |
| | | August 11-12, 2014 | Lander | | | 7 | | |

| | | | | | | | | |
|---|---------|-------------------------------|---|---|----|---------------------------|---|-----|
| | | August 19-20, 2014 | SageWest Health Care Lander | | | 7 | | |
| | | August 28-29, 2014 | Buffalo | | | | | |
| | | September 15-16, 2014 | Johnson County Healthcare Center | | | 25 | | |
| | | | Newcastle Weston County Health Services | | | 12 | | |
| | | | Worland Washakie Medical Center | | | | | |
| Advanced Burn Life Support | 3 | August 14, 2014 | Cheyenne | HPP, EMS, and healthcare organizations | | 19 | Provide special training to maximize medical surge competency | HPP |
| | | September 30, 2014 | Little America, Cheyenne, WY | | | | | |
| | | Gillette | Gillette | | | 19 | | |
| | | Cheyenne | Cheyenne | | | 11 | | |
| HAvBED Training | Ongoing | July 2, 2014 | Cheyenne (Webinar) | HPP, PHEP, PHRCs, EMS, healthcare organizations, EMA, and other ESF #8 partners | 21 | 1, 6, and 10 | Provide new user and refresher training | HPP |
| | | July 30, 2014 | Cheyenne (Webinar) | | | | | |
| | | Monthly/as needed training | Monthly/as needed training | | | | | |
| WAVE Training | Ongoing | Monthly/as needed training | | HPP, PHEP, PHRCs, EMS, healthcare organizations, EMA, and other ESF #8 partners | 38 | 1, 6, 8, 9, 10, and 15 | Provide new user and refresher training | HPP |
| Community Healthcare Planning and Response to Disasters (MGT 409) | 2 | February 9-10, 2015 | Cheyenne | HPP, PHEP, PHRCs, EMS, healthcare organizations, EMA, and other ESF #8 partners | 21 | 1, 3, 6, and 10 | Enhanced collaboration among responders in a community-wide disaster response | HPP |
| | | February 12-13 2015 | Riverton | | 14 | | | |
| Basic Disaster Life Support | TBD | Riverton April 9 | TBD | HPP, PHEP, PHRCs, EMS, healthcare organizations, EMA, | 20 | 1 and 10 | Provide training on Basic Disaster Life Support | HPP |

| | | | | | | | | |
|---|-----|-----------------------|------------------------------|--|----|----------|---|---------------------|
| | | Gillette May 14 | | and other ESF #8 partners | 19 | | | |
| Wyoming Hospital Association Annual Meeting & Convention | 1 | September 24-25, 2014 | Holiday Inn, Cheyenne, WY | HPP, EMS, healthcare coalitions, and healthcare organizations | 35 | 1 and 10 | Prepare healthcare entities to develop and refine Continuity of Operations Planning processes | HPP |
| National Healthcare Coalition Preparedness Conference | 1 | December 10-12, 2014 | Denver, CO | HPP, EMS, healthcare coalitions, and healthcare organizations | 7 | 1 | Coalition development and refinement | HPP |
| Preparedness Summit | 1 | April 14-17, 2014 | Atlanta, GA | HPP, PHEP, PHRCs, EMS, healthcare coalitions, and healthcare organizations | 1 | All | TBD | HPP |
| WIPP Training | TBD | TBD | TBD | PHEP, HPP, PHL, PH Nurses, County Emergency Managers, Hospitals, EMT's law enforcement, National Guard | | All | TBD | WOHS HPP PHEP |
| RAD Training for Albin Fire Dept | 1 | April 2015 | Albin Fire Dept | Albin Fire Dept | 15 | All | All | PHEP |
| Ebola PPE Kit Training TTT | 1 | Mar 26-27 | CenturyLink Bldg | PPE Instructors PHEP, EMS, HPP | 7 | 14 | 14. Responder Safety and Health | PHEP |
| Ebola PPE Training | 4 | April 16-17 | Fire District 2 (Laramie Co) | EMS, Fire, Coroners, PH, HAZMAT/RERT | 5 | 14 | 14. Responder Safety and Health | PHEP |
| | | May 11- 12 | Campbell County Health | | 22 | | | |
| | | May 28 -29 | Rock Springs | | 12 | | | |
| | | June 22-23 | Riverton | | 21 | | | |
| Advanced Disaster Life Support | 1 | June 2-3 | Casper | EMS, Fire, Coroners, PH, HAZMAT/RERT | 16 | All | All | HPP |
| Webinars: The following is a projected schedule of webinars for the BP3 2014-2015. This schedule | | | | | | | | |

| , it's topics, presenters are subject to change based up on scheduling, availability, weather, room/system availability, events, incidents, and the needs of the unit. | | | | | | | | |
|--|-----|------------------|---------|--|---------------------------|-----------------|---|----------|
| RAD Pack 101 | 1 | July 17, 2014 | Webinar | PHEP, HPP, PHL, PH Nurses, County Emergency Managers, Hospitals, EMT's law enforcement, National Guard | 35 | 1 | 1. Community/Healthcare Preparedness 2. Community Recovery 3. Emergency Operations Coordination 14. Responder Safety and Health | PHEP |
| Global Pandemics The similarities of SARS and MERS CoV | 1 | Sept 18, 2014 | Webinar | PHEP, HPP, PH Nurses, County Hospitals | 19 (includes 3 in person) | 1, 2, 3, 10, 14 | 1. Community/Healthcare Preparedness 2. Community Recovery 3. Emergency Operations Coordination 10. Medical Surge 14. Responder Safety and Health | PHEP |
| Planning for At Risk Populations | TBD | October 16, 2014 | Webinar | PHEP, HPP, PHL, PH Nurses, County Emergency Managers, Hospitals, EMT's law enforcement, | 21 (includes 1 in person) | 1, 2, 3, 10, 15 | 1. Community/Healthcare Preparedness 2. Community Recovery 3. Emergency Operations Coordination | HPP-PHEP |
| Public Health Response Algorithms Part 1 | 1 | Nov 20, 2014 | Webinar | PHEP, HPP, PHL, PH Nurses, County Emergency Managers, Hospitals, EMT's law enforcement, National Guard | 13 | 1, 2, 3, 14 | 1. Community/Healthcare Preparedness 2. Community Recovery 3. Emergency Operations Coordination 14. Responder Safety and Health | PHEP |
| HIPAA During Emergencies (presenter a no show) | 0 | Dec 4, 2014 | Webinar | PHEP, HPP, PHL, PH Nurses, County Emergency Managers, Hospitals, EMT's law enforcement, National Guard | 0 | 1, 2, 3, 14 | 1. Community/Healthcare Preparedness 2. Community Recovery 3. Emergency Operations Coordination 14. Responder Safety and Health | PHEP |
| Public Health Response Algorithms Part 2 | 1 | Dec 16, 2014 | Webinar | PHEP, HPP, PHL, PH Nurses, County Emergency Managers, Hospitals, EMT's law enforcement, National Guard | 22 | 1, 2, 3, 8, 14 | 1. Community/Healthcare Preparedness 2. Community Recovery 3. Emergency Operations Coordination 8. Medical Countermeasure Dispensing 14. Responder Safety and Health Planning Inventory Mgt Planning | PHEP |

| | | | | | | | | |
|--|---|----------------|---------|---|----|---------|--|--------------|
| | | | | | | | Resource mobilization and demobilization ICS Form 213 RR | |
| SNS Operations Management (Formerly SNS 101) | 1 | Jan 15, 2015 | Webinar | PHEP, PHRC's, Inventory Managers, State, local, tribal SNS planning partners | 28 | | Annually required SNS training for SNS partners 1. Community/Healthcare Preparedness 8. Medical Countermeasure Dispensing 9. Medical Materiel Management and Distribution | PHEP |
| Tactical & Redundant Communications | 1 | Feb 19, 2015 | Webinar | PHEP, PHRC's, Public Health Nursing | 24 | | Annually required SNS training for SNS partners 1. Community/Healthcare Preparedness 4. Emergency Public Information & Warning 6. Information Sharing 8. Medical Countermeasure Dispensing | PHEP- HPP |
| SNS Distribution Methods: IDS, CSA, and POD's | 1 | June 18, 2015 | Webinar | PHEP, HPP, PHL, PH Nurses, County Emergency Managers, Hospitals, EMT's law enforcement, National Guard | 29 | 1, 8, 9 | Annually required SNS training for SNS partners 1. Community/Healthcare Preparedness 8. Medical Countermeasure Dispensing 9. Medical Materiel Management and Distribution | PHEP |
| SNS Security Operations for IDS & CSA's 1 | 1 | March 19, 2015 | Webinar | PHEP, County Emergency Managers, law enforcement, National Guard | 28 | 1, 8, 9 | Annually required SNS training for SNS partners 1. Community/Healthcare Preparedness 8. Medical Countermeasure Dispensing 9. Medical Materiel Management and Distribution | PHEP |
| SNS Inventory Management | 1 | June 18, 2015 | Webinar | PHEP, PH Nurses, County Emergency Managers, Hospitals, Inventory managers | 29 | 1, 8, 9 | Annually required SNS training for SNS partners 1. Community/Healthcare Preparedness 8. Medical Countermeasure Dispensing 9. Medical Materiel Management and Distribution | PHEP |

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|---|---|--------------------|-----------------------------------|---|----|------------------|---|------|
| Public Information and Communication Workshop Overview (part 2) | 1 | May 21, 2014 | Webinar | PHEP, PHRC's, HPP, Hospitals, PHRC's, WOHS, County Emergency Managers | 30 | 1, 3, 4, 6, 8, 9 | Annually required SNS training for SNS partners 1. Community/Healthcare Preparedness 4. Emergency Public Information and Warning 6. Information Sharing 8. Medical Countermeasure Dispensing 9. Medical Materiel Management and Distribution | PHEP |
| Radiological course 101: Fundamentals of an ionizing radiation. External and Internal Effects of Radioactive Emitters on Human Body | 1 | July 29, 2014 | Webinar | PHEP, IMT, PHRC's Public Health Nursing, Emergency Mgt, WOHS, National Guard, ESF #8 partners | 31 | 1,2,3,14 | 1. Community/Healthcare Preparedness 2. Community Recovery 3. Emergency Operations Coordination 14. Responder Safety and Health | PHEP |
| Radiological Course 102: Acute Radiation Syndrome and Local Radiation Injury | 1 | August 26, 2014 | Webinar | PHEP, IMT, PHRC's Public Health Nursing, Emergency Mgt, WOHS, National Guard, ESF #8 partners | 25 | 1,2,3,14 | 1. Community Preparedness 2. Community Recovery 3. Emergency Operations Coordination 14. Responder Safety and Health | PHEP |
| Radiological course 103: Principles of Operation with Radiological Monitoring Equipment and Care of Mass Casualties After Radiological and Nuclear Events | 1 | September 30, 2014 | Webinar | PHEP, IMT, PHRC's Public Health Nursing, Emergency Mgt, WOHS, National Guard, ESF #8 partners | 18 | 1,2,3,14 | 1. Community/Healthcare Preparedness 2. Community Recovery 3. Emergency Operations Coordination 14. Responder Safety and Health | PHEP |
| Radiological Course 104: Hospital Response to Radiological Incidents and Hospital Triage and Treatment of Radiological Casualties | 1 | October 28, 2014 | Webinar | PHEP, IMT, PHRC's Public Health Nursing, Emergency Mgt, WOHS, National Guard, ESF #8 partners | 16 | 1,2,3,7,10,14 | 1. Community/Healthcare Preparedness 2. Community Recovery 3. Emergency Operations Coordination 7. Mass Care 10. Medical Surge 14. Responder Safety and Health | PHEP |
| Radiological Course 105 (part 1): Initial Decontamination of Victims after Radiological Incidents | 1 | Nov 25, 2014 | Webinar | PHEP, IMT, PHRC's Public Health Nursing, Emergency Mgt, WOHS, National Guard, ESF #8 partners | 15 | 1,2,3,14 | 1. Community/Healthcare Preparedness 2. Community Recovery 3. Emergency Operations Coordination 14. Responder Safety and Health | PHEP |
| Radiological Course 105 (part 2) Pre-hospital and Hospital | 1 | Dec 30, 2014 | Onsite at local PHD or by webinar | PHEP, IMT, PHRC's Public Health Nursing, | 20 | 1,2,3,7,10,14 | 1. Community/Healthcare Preparedness | PHEP |

| | | | | | | | | |
|---|---|---|--|---|---------------|-----------------|---|------------|
| Decontamination of Victims after Radiological Incidents | | | | Emergency Mgt, WOHS, National Guard, ESF #8 partners | | | 2. Community Recovery 3. Emergency Operations Coordination 7. Mass Care 10. Medical Surge 14. Responder Safety and Health | |
| NEW! Radiological Course 106 Public Health's Role in Radiological Response | 1 | Feb 24, 2015 | Onsite at local PHD, Hospital, or by webinar | PHEP, IMT, PHRC's Public Health Nursing, Emergency Mgt, WOHS, National Guard, ESF #8 partners | 16 | 1,2,3,10,13, 14 | 1. Community/Healthcare Preparedness 2. Community Recovery 3. Emergency Operations Coordination 10. Medical Surge 13. Public Health Surveillance and Epidemiological Investigation 14. Responder Safety and Health | PHEP |
| JRA Training | 1 | Sept 16, 2014 | Webinar | PHEP, PHRC's, HPP, HCC | 21 | All | All | PHEP-HPP |
| Lessons Learned From Rad-SNS Exercise Fremont County | 1 | Aug 21, 2014 | Webinar | PHEP, PHRC's, HPP, HCC | 17 | All | All | PHEP-HPP |
| Closed POD Training | 1 | Sept 22, 2014 | Webinar | PHEP, PHRC's, HPP, HCC | 26 | 1, 8 | 1. Community/Healthcare Preparedness 8. Medical Countermeasure Dispensing | PHEP |
| Hot Topics : Mass Fatality Management: A Multi-Disciplinary Approach to Preparedness and Response | 1 | Sept 23, 2014 | Webinar | PHEP, PHRC's, HPP, HCC, WOHS | 10 | 1, 3, 5 | 1. Community/Healthcare Preparedness 2. Community Recovery 3. Emergency Operations Coordination 8. Fatality Management | PHEP-HPP |
| Ebola Awareness | 1 | Oct 8, 2014 | Webinar/onsite | PHEP, PHRC's, HPP, HCC, WOHS, local partners | 41 | All | All | PHEP-HPP |
| Wyoming Medical Station Awareness Training | 2 | May 21, 2015 May 26, 2015 June 24, 2015 | Webinar | PHEP, PHRC's, HPP, HCC, WOHS, local partners | 27 12 3 | All | All | PHEP-HPP |
| FBI Role In Victim Assistance | 1 | Oct 29, 2014 | Webinar | PHEP, PHRC's, HPP, HCC, WOHS, local partners | 21 | 1, 10 | 1. Community/Healthcare Preparedness 10. Medical Surge | PHEP - HPP |
| White Powder Response Training | 1 | June 25, 2015 | Webinar | PHEP, PHRC's, HPP, HCC, WOHS, local partners | | | All | PHEP |

APPENDIX C: BP2 2013 -2014 HPP - PHEP JOINT TRAINING REPORT

| Name of Training | Number of Trainings Conducted | Training Dates | Training Locations/Method | Type of Personnel Trained | Number of Personnel Trained | Applicable Capability | Gaps or corrective actions that were addressed by training | Funding type |
|--|-------------------------------|---|--|--|-----------------------------|--------------------------|--|--------------|
| CPR/Heartsaver & AED | 1 | Dec 7, 2012 July 10, 2013 Annually | Suite 400 EMS Conference Room | Floor Marshal's and Evacuation Teams (20 trained) | 20 | 1 & 3 | Demonstrate the following skills on a mannequin: 1. One-rescuer adult CPR 2. Relieving foreign body airway obstruction 3. Proper usage of barrier devices 4. Principles and usage of the automated defibrillator | PHEP |
| Evacuation/Shelter In Place | 9 | May 1-2 (Annually) | WDH CenturyLink Building and Hathaway Building | WDH Personnel | 132 | 1, 2, and 3 | 1. Develop and train WDH; Evacuation, Shelter In Place and Lockdown Plans 2. Activate/exercise various plans | PHEP |
| Evacuation/ Lockdown | 9 | April 23 May 1-2 (Annually) | WDH CenturyLink Building and Hathaway Building | WDH Personnel | 132 | 1, 2, and 3 | 1. Develop and train WDH; Evacuation, Shelter In Place and Lockdown Plans 2. Activate/exercise various plans | PHEP |
| Floor Marshal & Evacuation Team Training | 12 | Monthly | WDH CenturyLink Building and Hathaway Building | WDH Staff | 16 | 1,2,3, and 4 | 1. Develop/train WDH floor marshals in basic initial response, evacuation, Shelter In Place, Lockdown Plans, Evacu-Trac/Evacu-Chair 2. Activate/exercise plans 3. Two way radio training | PHEP |
| Unable To Self Evacuate (UTSE) Training | 1 | March 2013 | Respond Wyoming Conference | PHRCs, Emergency Mgmt, Hospitals, National Guard, EMS/Fire | 15 (WLEA has rosters) | 1,2,3, and 10 | 1. Planning 2. Training 3. Overview of UTSE and UTSE bags | HPP & PHEP |
| PHRC Orientation | As needed based on turn over | Nov 2012 Jan 2013 Dec 2013 March 25-26, 2014 | CenturyLink Building, Suite 400 | PHRCs, PHEP, HPP | 5 | 1, 3, 4, 8, 9,10, and 15 | 1. Overview of PHRC Position 2. Overview of deliverables 3. Overview of systems 4. Meet PHEP Staff | PHEP |
| Contract Reporting Tool (CRT) | 3 | Annually Sept/Dec 2012 (Weekly) July 2013 | LCCC PHEP Training Summit, PHRC Call, and trainings by webinar | HPP, PHEP, PHRC's | 25 | All | 1. Provide LHD/PHRC's/Tribal partners with detailed training on using the Contract Reporting Tool (CRT) | PHEP |

| | | | | | | | | |
|--|---|--|--|---|-----|-------|---|-----|
| | | | | | | | 2. Train/Verify all PHRC's know how to post plans, use data collection, and provide updated reports | |
| Healthcare Coalition Workshops | 5 | Feb 2014 Region 1 Gillette: Feb 6-7, Region 5 Cody: Feb 10-11 Region 4 Rock Springs: Feb13-14 Region 2 Casper: Feb17-18 Region 3 Cheyenne: Feb20-21 | Cheyenne, Cody, Gillette, Rock Springs, and Casper | HPP, PHRCs, PHEP, Emergency Managers, Coroner's, Volunteers | 139 | 1, 10 | Develop Healthcare Coalitions | HPP |
| Role & Development of Healthcare Coalitions | 1 | March14 | Riverton: Respond Wyoming Conference | Healthcare, Public Health, Fire, EMS, Law Enforcement, Tribal, At Risk population | 12 | 1, 10 | Develop Healthcare Coalitions | HPP |
| Wyoming Hospital Association Annual Convention: Training and Exercise Planning | 1 | September 18-19, 2013 | Sheridan | Hospitals and members of the Hospital Association | 25 | 1, 10 | Training and exercise planning | HPP |
| ABLS | 4 | Cheyenne Aug 2013 <u>2014 Dates</u> Douglas: May 8 Powell: May 15 Riverton: June 19 | Cheyenne, Douglas, Powell, Riverton | HPP, EMS, Healthcare organizations | 82 | 10 | Special population proficiencies | HPP |

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| Hospital First Receiver | 6 | <p>Rock Springs March 19</p> <p>Rawlins April 15-16</p> <p>Casper MVRH April 24-25</p> <p>Powell June 9-10</p> <p>Casper WMC June 17-18</p> <p>Afton August 26-27</p> | <p>Rock Springs</p> <p>Rawlins</p> <p>Casper MVRH</p> <p>Powell</p> <p>Casper WMC</p> <p>Afton</p> | HPP, EMS, Healthcare organizations | 68 | 10 | <p>1.Meet OSHA regulations</p> <p>2.Meet decon training needs</p> <p>3. Meet OSHA regulations and requirements and address decontamination training needs</p> | HPP |
| Medical Mgmt of CBRNE Events | 1 | December 11-12 | Riverton, WY | HPP, PHRCs, EM, EMS, PHEP | 20 | 1, 3, 10 | Train first responders and hospital personnel in CBRNE medical mgmt | WOHS/HPP |
| Disaster Preparedness for Hospitals and Healthcare Organizations Within the Community Infrastructure | 1 | September 10-11, 2013 | Casper | HPP, PHRC's, EM, Healthcare, EMS | 28 | 1, 10 | Provides an opportunity to acquire the knowledge, skills, and abilities necessary to help hospitals and the healthcare organizations ensure the sustainability of their facilities and organizations during all types of disasters. | HPP |
| PortaCount | 1 | Annually Feb 2014 | CLCHD | PHEP, PHRC's, Nurses, EMTS | 1 | 14 | Annual Training Requirement: Was a refresher course on how to use the PortaCount | PHEP |

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| Volunteer Management | 13 | Oct 10-11, 2013 March 13-15, 2014 | Laramie Respond Wyoming (Riverton) | PHRC, Law Enforcement, Emergency Managers, Volunteers, Red Cross, VOAD members, First Responders, Fire, State Public Health, Public Health, Healthcare | 7 351 (WLEA maintains rosters) | 1, 10, 15 | Provide training to Volunteer managers and MRC units on how to manage volunteers, volunteer management, volunteer recruitment, working with VOAD partners, funding management, donations management, lessons learned, planning, and Red Cross partnerships. | HPP- PHEP |
| Duress/Panic Button | 1 | Oct 10, 2013 | CenturyLink 420 Conference Room | WDH Reception/Admin Assistance | 13 | 1,3 | Train Administrative Assistance on the use of the Panic Buttons and the type of response associated with a panic button activation. | |
| Incident Mgmt Team Training | 11 | Monthly | SHOC | WDH Incident Management Team | 15 | 3 | Monthly training and exercises for IMT. These trainings and exercises were designed to address gaps in IMT activity, response, planning, and training. | |
| EOC Operations and Planning For All Hazard Events | 1 | June 3-5, 2014 | Public Health Lab Conference Room | WDH Incident Management Team, ESF #8 Partners | 24 | 3 | To provide hands on "real time" training to the IMT and ESF #8 partners by bringing this course in through WLEA and TEEEX to train IMT personnel on the EOC Ops and Plans Section | |
| Webinars | | | | | | | | |
| Radiological Training Series Part 2: Initial Response to the Chernobyl Nuclear Plant Incident | 1 | June 13, 2013 | Webinar | PHEP, HPP, PHL, PH Nurses, County Emergency Managers, Hospitals, EMT's law enforcement, National Guard | 24 | | 1. Community Preparedness 2. Community Recovery 3. Emergency Operations Coordination 14. Responder Safety and Health | |
| Three for One! - Using The National Exercise Schedule (HSEEP/NEXS) | 1 | July 18, 2013 | Webinar | PHEP, HPP, PH Nurses, County Hospitals | 20 | | 3. Emergency Operations Coordination 8. Medical Countermeasure Dispensing | |

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| - Using BP2 Data Collection Sheets - Overview of the BP2 After Action Report and Improvement Plan Template | | | | | | | | |
| Radiological Course 101: Fundamentals of an Ionizing | 1 | July 30, 2013 | Webinar | PHEP, HPP, PHL, PH Nurses, County Emergency Managers, Hospitals, EMT's law enforcement, National Guard | 24 | | 3. Emergency Operations Coordination, Conducting a TEPW, Developing MYTEP | |
| How To Conduct A Training Exercise Planning Workshop (TEPW) | 2 | August 1, 2013 Feb 27, 2014 | Webinar | PHEP, HPP, PHL, PH Nurses, County Emergency Managers, Hospitals, EMT's law enforcement, National Guard | 18 14 | 3 | 3. Emergency Operations Coordination, Conducting a TEPW, Developing MYTEP | |
| Radiological course 102: Acute Radiation Syndrome | 1 | August 27, 2013 | Webinar | PHEP, HPP, PHL, PH Nurses, County Emergency Managers, Hospitals, EMT's law enforcement, National Guard | 28 | | | |
| CHEMPACK | 1 | September 26, 2013 | Webinar | PHEP, HPP, PHL, PH Nurses, County Emergency Managers, Hospitals, EMT's law enforcement, National Guard | 32 | | 1. Community Preparedness 8. Medical Countermeasure Dispensing 9. Medical Materiel Management and Distribution - Provided an overview of the purpose, planning process, use, availability of the CHEMPACK | |
| Inventory Management | 1 | October 17, 2013 | Webinar | PHEP, PHRC's, Inventory Managers | 7 | | 8. Medical Countermeasure Dispensing 9. Medical Materiel Management and Distribution | |
| RAD Series: 103: "Principles of Operation | 1 | October 1, 2013 | Webinar | PHEP, HPP, PHL, PH Nurses, County Emergency Managers, Hospitals, EMT's law enforcement, National Guard | 22 | | | |
| RAD-104 Pathophysiology of Radioactive Emission | 1 | October 29, 2013 | Webinar | PHEP, HPP, PHL, PH Nurses, County Emergency Managers, | 37 | | | |

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| | | | | Hospitals, EMT's law enforcement, National Guard | | | | |
| Hospital Support To The Community: Healthcare Coalition Overview Part 1 | 1 | November 21, 2013 | Webinar | PHEP, HPP, Hospitals, PHRC's, WOHS, County Emergency Managers, HC Coalition leaders | 24 | 1, 10 | 1. Community Preparedness 7. Mass Care | |
| RAD-105 Part 1 Initial Decontamination of Victims | 1 | Dec 4, 2013 | Webinar | PHEP, HPP, PHL, PH Nurses, County Emergency Managers, Hospitals, EMT's law enforcement, National Guard | 26 | | | |
| Healthcare Coalition Workshop Overview (part 2) | 1 | Dec 3, 2013 | Webinar | PHEP, HPP, Hospitals, PHRC's, WOHS, County Emergency Managers, HC Coalition leaders | 56 | 1, 10 | | |
| SNS Operations Management | 1 | January 16, 2014 | Webinar | PHEP, HPP, PHL, PH Nurses, County Emergency Managers, Hospitals, EMT's law enforcement, National Guard | 24 | | 8. Medical Countermeasure Dispensing 9. Medical Materiel Management and Distribution | |
| RAD-105 Part 2 Initial Decontamination of Victims | 1 | Dec 17, 2013 | Webinar | PHEP, HPP, PHL, PH Nurses, County Emergency Managers, Hospitals, EMT's law enforcement, National Guard | 23 | | Provide potential responders with awareness level training on the decontamination of victims | |
| Communications (Tactical) (Practical Communications) | 1 | Feb 20, 2014 | Webinar | PHEP, HPP, PHL, PH Nurses, Hospitals | 17 | | 1. Community Preparedness 4. Emergency Public Information and Warning 6. Information Sharing 8. Medical Countermeasure Dispensing | |
| SNS Security Operations for IDS and CSA's | 1 | April 17, 2014 | Webinar | PHEP, HPP, PHL, PH Nurses, County Emergency Managers, Hospitals, EMT's law enforcement, National Guard | 24 | | 8. Medical Countermeasure Dispensing 9. Medical Materiel Management and Distribution | |
| SNS Distribution Methods: IDS, CSA, and POD's | 1 | May 15, 2014 | Webinar | PHEP, HPP, PHL, PH Nurses, County Emergency Managers, | 16 | | 8. Medical Countermeasure Dispensing | |

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|----------------------------------|----|-------------------|--|--|-----|-----------------|--|------|
| | | | | Hospitals, EMT's law enforcement, National Guard | | | 9. Medical Materiel Management and Distribution | |
| WARN | 45 | Monthly/as needed | Onsite at local PHD or by webinar | PHEP, Hospitals, LEPC, PH, other ESF 8 Partners | 145 | 4 | Provide new user and refresher training on the Wyoming Alert Response Network (WARN) | PHEP |
| HAvBED System | 25 | Monthly/as needed | Onsite at local PHD, Hospital, or by webinar | PHEP, Hospitals, LEPC, PH, other ESF 8 Partners | 25 | 1, 10 | Provide new user and refresher training on the HAvBED System | |
| WAVE (ESAR-VHP) after new system | 5 | Monthly/as needed | Onsite at local PHD, Hospital, or by webinar | PHEP, Hospitals, LEPC, PH, other ESF 8 Partners | 28 | 1, 8, 9, 10, 15 | Provide new user and refresher training on the WAVE System Provide transitional training from WYeROLL to WAVE for all Volunteer Group Leaders | |
| WY-TRAIN (LMS System) | 5 | Monthly/as needed | Onsite at local PHD, Hospital, or by webinar | PHEP, Hospitals, LEPC, PH, other ESF 8 Partners | 101 | 1, 3 | Provide new user, new Course Manager, and refresher training on the learning management system WY-TRAIN | |
| WYeROLL (ESAR-VHP) | 4 | Monthly/as needed | Onsite at local PHD, Hospital, or by webinar | PHEP, Hospitals, LEPC, PH, other ESF 8 Partners | 18 | 1, 8, 9, 10, 15 | Provide new user and refresher training on the WYeROLL System | |
| Contract Reporting Tool (CRT) | 10 | Monthly/as needed | Onsite at local PHD, Hospital, or by webinar | PHEP, Hospitals, LEPC, PH, other ESF 8 Partners | 41 | Administrative | The Contract Reporting Tool (CRT) is used by County Nurses Managers and PHRCs to report on their BP2 deliverables. Contract Reporting Tool | |

APPENDIX D: TRAINING AND EXERCISE SCHEDULES FROM PREVIOUS YEARS

2014 -2015 Training and Exercise Schedule

| Jurisdiction | Type | Drill/Exercise | Date | Scope | Planning Scenario | Mission Area | Point of Contact | Funding | Additional Information |
|--------------|------------|---|--------------------|-------|-------------------|--------------|------------------|---|--|
| Albany | Training | ESF #8 TEPW | December 3, 2014 | Local | COOP | Prevention | Bill Heaster | PHEP | Focused planning effort in prep for Spring 2015 SNS POD |
| Albany | Training | POD & Inventory Mgmt Drill | September 24, 2014 | Local | Biological | Response | Bill Heaster | PHEP | POD and inventory management drill to coincide with mass flu vaccination clinic at Albany County Court house |
| Albany | Tabletop | POD & Inventory Mgmt Drill | February 4, 2015 | Local | Biological | Response | Bill Heaster | PHEP | Albany County Public Health joined by jurisdiction partners |
| Albany | Training | HAvBED Drill | July 7, 2014 | Local | Natural Disaster | Response | Bill Heaster | PHEP | Conducted "real world" HAvBED for Lake Owen Fire in Albany County |
| Albany | Tabletop | Training | August 22, 2014 | Local | Biological | Response | Bill Heaster | PHEP | SNS "101" training and plan review/drill with jurisdiction partners at CHEMA mtg |
| Albany | Training | Other (List in additional info section) | July 21, 2014 | Local | Biological | Prevention | Bill Heaster | Other (List in additional info section) | UW sponsored "Select Bio Agent" tabletop at WYO Vet Labs. PHRC invited to observe/participate |
| Albany | Full Scale | POD & Inventory Mgmt Drill | April 15, 2015 | Local | Biological | Mitigation | Bill Heaster | PHEP | SNS scenario focused on COOP for government (county and city) |
| Big Horn | Drill | SNS Activation Group Alerting | March 8, 2016 | Local | Biological | Response | Kami Neighbors | PHEP | |

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| Big Horn | Drill | Volunteer Activation/Assembly | October 9, 2014 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Big Horn | Drill | Redundant Comms Drill | September 3, 2014 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Big Horn | Drill | Redundant Comms Drill | March 8, 2016 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Big Horn | Drill | Redundant Comms Drill | May 20, 2015 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Big Horn | Drill | SNS Activation Group Alerting | May 20, 2015 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Big Horn | Drill | Redundant Comms Drill | December 1, 2014 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Big Horn | Drill | Volunteer Activation/Assembly | April 29, 2015 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Big Horn | Drill | HAvBED Drill | April 7, 2015 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Big Horn | Drill | SNS Activation Group Alerting | September 3, 2014 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Big Horn | Drill | HAvBED Drill | October 9, 2014 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Big Horn | Drill | POD & Inventory Mgmt Drill | April 29, 2015 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Big Horn | Drill | SNS Activation Group Alerting | December 3, 2014 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Campbell | Drill | HAvBED Drill | August 20, 2014 | Local | Biological | Response | Campbell County Public Health | PHEP | |
| Campbell | Tabletop | ESF #8 TEPW | July 22, 2014 | Local | Other (list in additional info section) | Response | Jay Lundall, Airport Manager | Other (List in additional info section) | Mandatory tabletop exercise conducted by the Gillette Campbell County Airport. Attended by City/County Partners. |
| Campbell | Incident | Other (List in additional info section) | August 19, 2014 | Local | Natural Disaster | Response | Campbell County Public Health and Campbell County Emergency Management | PHEP | Real incident, broken 6 in gas main at CC Courthouse |
| Campbell | Training | Redundant Comms Drill | July 21, 2014 | Local | Training | Response | Campbell County Public Health | PHEP | |
| Campbell | Drill | Redundant Comms Drill | July 21, 2014 | Local | COOP | Response | PHRC Messenheimer | PHEP | |
| Campbell | Drill | SNS Activation Group Alerting | July 21, 2014 | Local | Biological | Response | Campbell County Public Health | PHEP | |

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| Campbell | Drill | SNS Activation Group Alerting | July 18, 2014 | Local | COOP | Response | PHRC Messenheimer | PHEP | Campbell County Command Staff Alert and Notification Drill |
| Carbon | Training | Training | July 30, 2014 | Local | Training | Response | Jason Clyde | Other (List in additional info section) | DHS/FEMA Funded |
| Carbon | Drill | Redundant Comms Drill | July 15, 2014 | Local | Biological | Response | Jason Clyde | PHEP | |
| Carbon | Drill | SNS Activation Group Alerting | May 19, 2015 | Local | Biological | Response | Jason Clyde | PHEP | |
| Carbon | Drill | SNS Activation Group Alerting | March 17, 2015 | Local | Biological | Response | Jason Clyde | PHEP | |
| Carbon | Drill | HAvBED Drill | | Local | Biological | Response | Jason Clyde | PHEP | |
| Carbon | Drill | HAvBED Drill | May 19, 2015 | Local | Biological | Response | Jason Clyde | PHEP | |
| Carbon | Drill | HAvBED Drill | July 15, 2014 | Local | Biological | Response | Jason Clyde | PHEP | |
| Carbon | Drill | HAvBED Drill | March 17, 2015 | Local | Biological | Response | Jason Clyde | PHEP | |
| Carbon | Drill | Redundant Comms Drill | November 18, 2014 | Local | Biological | Response | Jason Clyde | PHEP | |
| Carbon | Drill | Redundant Comms Drill | May 19, 2015 | Local | Biological | Response | Jason Clyde | PHEP | |
| Carbon | Drill | SNS Activation Group Alerting | November 18, 2014 | Local | Biological | Response | Jason Clyde | PHEP | |
| Carbon | Tabletop | POD & Inventory Mgmt Drill | July 31, 2014 | Local | Biological | Response | Jason Clyde | Other (List in additional info section) | DHS/FEMA Funded |
| Carbon | Drill | Redundant Comms Drill | March 17, 2015 | Local | Biological | Response | Jason Clyde | PHEP | |
| Carbon | Drill | SNS Activation Group Alerting | July 15, 2014 | Local | Biological | Response | Jason Clyde | PHEP | |
| Crook | Training | Other (List in additional info section) | July 7, 2014 | Local | Radiological | Response | Randy Bury | PHEP | Rad/UTSE TTX for Moorcroft fire/ems/city council |
| Crook | Drill | HAvBED Drill | July 14, 2014 | Local | Other (list in additional info section) | Response | Randy Bury | PHEP | |
| Hot Springs | Training | Medical Supplies Distribution | October 9, 2014 | Local | Biological | Response | Mary Gordon | PHEP | q2 ,Volunteer Training, POD training |
| Hot Springs | Drill | Volunteer Activation/Assembly | October 9, 2014 | Local | Biological | Response | Mary Gordon | PHEP | q2 |
| Hot Springs | Drill | Redundant Comms Drill | October 9, 2014 | Local | Biological | Response | Mary Gordon | PHEP | q2 |

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| Hot Springs | Tabletop | Other (List in additional info section) | August 21, 2014 | Local and State | Chemical | Prevention | Bill Gordon | Other (List in additional info section) | q1 "Evacuation Reality Check Workshop & Tabletop" funding Homeland Security |
| Hot Springs | Drill | Redundant Comms Drill | April 9, 2015 | Local | Biological | Response | Mary Gordon | PHEP | q4 |
| Hot Springs | Drill | HAvBED Drill | July 17, 2014 | Local | Training | Response | Mary Gordon | PHEP | q2 Conducted HAvBED drill with Emerg Manager present as an awareness level training opportunity for him. |
| Hot Springs | Drill | Redundant Comms Drill | February 6, 2015 | Local | Biological | Response | Mary Gordon | PHEP | q3 |
| Hot Springs | Tabletop | Other (List in additional info section) | | Regional (More than 1 county) | Technological | Response | Mary Gordon, Bill Gordon, Kimball Croft, Kami Neighbors | PHEP & HCP | q date TBA, Regional and State, Health Care Coalition, also funded by Homeland Security |
| Hot Springs | Drill | Redundant Comms Drill | August 5, 2014 | Local and State | Biological | Response | Mary Gordon | PHEP | q1 Group Text messaging drill |
| Hot Springs | Drill | SNS Activation Group Alerting | February 6, 2015 | Local | Biological | Response | Mary Gordon | PHEP | q3 |
| Hot Springs | Drill | HAvBED Drill | April 9, 2015 | Local | Technological | Response | Mary Gordon | PHEP | q4 |
| Hot Springs | Drill | SNS Activation Group Alerting | July 28, 2014 | Local and State | Training | Response | Mary Gordon | PHEP | q1 WARN drill with RAD 101 reminder included |
| Hot Springs | Drill | Volunteer Activation/Assembly | February 6, 2015 | Local | Biological | Response | Mary Gordon | PHEP | q3 |
| Hot Springs | Drill | SNS Activation Group Alerting | April 9, 2015 | Local | Biological | Response | Mary Gordon | PHEP | q4 |
| Hot Springs | Drill | SNS Activation Group Alerting | October 9, 2014 | Local and State | Biological | Response | Mary Gordon | PHEP | q2 |
| Hot Springs | Drill | POD & Inventory Mgmt Drill | February 6, 2015 | Local | Biological | Response | Mary Gordon | PHEP | q3 |
| Johnson | Full Scale | Other (List in additional info section) | | Local | Natural Disaster | Response | Marilyn Connolly, EMC | Other (List in additional info section) | Emergency Management is planning a Mass Fatality Ex or Training in 2015 |
| Johnson | Drill | HAvBED Drill | April 20, 2015 | Local | Biological | Prevention | Robin King | PHEP | Q4 |
| Johnson | Drill | SNS Activation Group Alerting | April 22, 2015 | Local | Biological | Prevention | Robin King | PHEP | Q4 |
| Johnson | Drill | SNS Activation Group Alerting | October 9, 2014 | Local | Biological | Prevention | Robin King | PHEP | Q2 |

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| Johnson | Drill | Redundant Comms Drill | September 4, 2014 | Local | Biological | Prevention | Robin King | PHEP | Q1 |
| Johnson | Drill | Volunteer Activation/Assembly | | Local | Biological | Response | Robin King | PHEP | Date TBD with POD drill |
| Johnson | Drill | Redundant Comms Drill | October 9, 2014 | Local | Biological | Prevention | Robin King | PHEP | Q2 |
| Johnson | Drill | Redundant Comms Drill | April 22, 2015 | Local | Biological | Prevention | Robin King | PHEP | Q4 |
| Johnson | Drill | SNS Activation Group Alerting | January 14, 2015 | Local | Biological | Prevention | Robin King | PHEP | Q3 in Kaycee |
| Johnson | Full Scale | Other (List in additional info section) | | Local | Chemical | Response | Marilyn Connolly, EMC | Other (List in additional info section) | EM is planning a FS HazMat with the Pipeline in Kaycee - June 2015 |
| Johnson | Drill | HAvBED Drill | October 6, 2014 | Local | Biological | Response | Robin King | PHEP | Q2 |
| Johnson | Drill | POD & Inventory Mgmt Drill | | Local | Biological | Response | Robin King | PHEP | Date TBD with local partners |
| Johnson | Functional | Medical Supplies Distribution | | Local | Biological | Response | Robin King/Marilyn Connolly | PHEP | Functional Ex with RACES/AIRES radio groups with POD and CSA sites DATE TBD |
| Johnson | Drill | SNS Activation Group Alerting | September 4, 2014 | Local | Biological | Prevention | Robin King | PHEP | Q1 |
| Johnson | Drill | Redundant Comms Drill | January 14, 2015 | Local | Biological | Prevention | Robin King | PHEP | Q3 in Kaycee |
| Park | Drill | Volunteer Activation/Assembly | April 20, 2015 | Local | Radiological | Response | Sharon Osborne PHRC | PHEP | Q4 |
| Park | Drill | HAvBED Drill | April 20, 2015 | Local | Radiological | Response | Sharon Osborne PHRC | PHEP | Q4 |
| Park | Drill | POD & Inventory Mgmt Drill | April 22, 2015 | Local | Radiological | Response | Sharon Osborne PHRC | PHEP | Q4 |
| Park | Drill | Redundant Comms Drill | October 6, 2014 | Local | Biological | Response | Sharon Osborne PHRC | PHEP | Q2 |
| Park | Drill | Redundant Comms Drill | January 19, 2015 | Local | Technological | Prevention | Sharon Osborne PHRC | PHEP | Q3 |
| Park | Drill | SNS Activation Group Alerting | April 6, 2015 | Local | Radiological | Response | Sharon Osborne PHRC | PHEP | Q4 |

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| Park | Drill | HAvBED Drill | October 6, 2014 | Local | Biological | Response | Sharon Osborne PHRC | PHEP | Q2 |
| Park | Drill | SNS Activation Group Alerting | August 27, 2014 | Local | Training | Prevention | Sharon Osborne PHRC | PHEP | Q1 |
| Park | Drill | Volunteer Activation/Assembly | October 6, 2014 | Local | Biological | Response | Sharon Osborne PHRC | PHEP | Q2 |
| Park | Drill | Redundant Comms Drill | August 27, 2014 | Local | Training | Prevention | Sharon Osborne PHRC | PHEP | Q1 |
| Park | Drill | SNS Activation Group Alerting | January 19, 2015 | Local | Technological | Prevention | Sharon Osborne PHRC | PHEP | Q3 |
| Park | Drill | SNS Activation Group Alerting | October 6, 2014 | Local | Biological | Response | Sharon Osborne PHRC | PHEP | Q2 |
| Park | Drill | Redundant Comms Drill | April 6, 2015 | Local | Radiological | Response | Sharon Osborne PHRC | PHEP | Q4 |
| Washakie | Drill | SNS Activation Group Alerting | December 1, 2014 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Washakie | Drill | Redundant Comms Drill | December 1, 2014 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Washakie | Drill | POD & Inventory Mgmt Drill | April 22, 2015 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Washakie | Drill | Volunteer Activation/Assembly | November 17, 2014 | Local | Biological | Prevention | Kami Neighbors | PHEP | |
| Washakie | Drill | Volunteer Activation/Assembly | April 22, 2015 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Washakie | Drill | Redundant Comms Drill | March 3, 2016 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Washakie | Drill | SNS Activation Group Alerting | March 3, 2015 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Washakie | Drill | SNS Activation Group Alerting | May 13, 2015 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Washakie | Drill | Redundant Comms Drill | May 13, 2015 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Washakie | Drill | HAvBED Drill | April 7, 2015 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Washakie | Drill | SNS Activation Group Alerting | September 5, 2014 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Washakie | Drill | HAvBED Drill | October 10, 2014 | Local | Biological | Response | Kami Neighbors | PHEP | |
| Washakie | Drill | Redundant Comms Drill | September 5, 2014 | Local | Biological | Response | Kami Neighbors | PHEP | |

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| WDH HCP | Tabletop | Coalition | | Regional (More than 1 county) | Other (list in additional info section) | Response | Brittany Wardle | HCP | Region 5 |
| WDH HCP | Tabletop | Coalition | | Regional (More than 1 county) | Other (list in additional info section) | Response | Brittany Wardle | HCP | Region 4 |
| WDH HCP | Tabletop | Coalition | | Regional (More than 1 county) | Other (list in additional info section) | Response | Brittany Wardle | HCP | Region 3 |
| WDH HCP | Tabletop | Coalition | | Regional (More than 1 county) | Other (list in additional info section) | Response | Brittany Wardle | HCP | Region 2 |
| WDH HCP | Tabletop | Coalition | | Regional (More than 1 county) | Other (list in additional info section) | Response | Brittany Wardle | HCP | Region 1 |
| WDH PHEP | Drill | WDH Floor Marshal Radio Test | April 15, 2015 | Other (List in additional info section) | Training | Response | Rick Jansen | Other (List in additional info section) | Monthly Floor Marshal Radio Test for all Cheyenne Based Facilities |
| WDH PHEP | Training | WDH IMT Assembly | November 17, 2014 | State | Other (list in additional info section) | Response | Jim Smith | PHEP | Scenario TBD |
| WDH PHEP | Drill | Redundant Comms Drill | September 2, 2014 | State | Training | Response | Paul Card | PHEP | |
| WDH PHEP | Drill | WDH Floor Marshal Radio Test | May 20, 2015 | Other (List in additional info section) | Training | Response | Rick Jansen | Other (List in additional info section) | Monthly Floor Marshal Radio Test for all Cheyenne Based WDH Facilities |
| WDH PHEP | Drill | WDH Floor Marshal Radio Test | August 20, 2014 | Other (List in additional info section) | Training | Prevention | Rick Jansen | Other (List in additional info section) | Monthly Floor Marshal Radio Test for all Cheyenne Based WDH Facilities |
| WDH PHEP | Drill | Redundant Comms Drill | October 7, 2014 | State | Training | Response | Paul Card | PHEP | |
| WDH PHEP | Tabletop | Medical Supplies Distribution | November 19, 2014 | State | Biological | Response | Jim Smith and Michael Brock | PHEP | SNS Distribution during severe weather |
| WDH PHEP | Drill | SNS Activation Group Alerting | September 9, 2014 | Other (List in additional info section) | Training | Prevention | Rick Jansen | Other (List in additional info section) | Hathaway Building WDH Evacuation Drill |

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| WDH PHEP | Drill | WDH Floor Marshal Radio Test | June 30, 2014 | Other (List in additional info section) | Training | Response | Rick Jansen | Other (List in additional info section) | Monthly Floor Marshal Radio Test-All Cheyenne Based WDH Facilities |
| WDH PHEP | Drill | WDH Floor Marshal Radio Test | February 18, 2015 | Other (List in additional info section) | Training | Response | Rick Jansen | Other (List in additional info section) | Monthly Floor Marshal Radio Test for all Cheyenne Based WDH Facilities |
| WDH PHEP | Drill | Redundant Comms Drill | August 5, 2014 | State | Training | Response | Paul Card | PHEP | |
| WDH PHEP | Tabletop | Other (List in additional info section) | January 16, 2015 | Local, Tribal, and State | Other (list in additional info section) | Response | Jim Smith | PHEP | Scenario TBD |
| WDH PHEP | Drill | WDH Floor Marshal Radio Test | October 15, 2014 | Other (List in additional info section) | Training | Response | Rick Jansen | Other (List in additional info section) | Monthly Floor Marshal Radio Test for all Cheyenne Based WDH facilities |
| WDH PHEP | Drill | Redundant Comms Drill | March 3, 2015 | State | Training | Response | Paul Card | PHEP | |
| WDH PHEP | Drill | WDH Floor Marshal Radio Test | March 18, 2015 | Other (List in additional info section) | Training | Response | Rick Jansen | Other (List in additional info section) | Monthly Floor Marshal Radio Test for all Cheyenne Based WDH Facilities |
| WDH PHEP | Drill | WDH SNS RSS Call Down | December 31, 2014 | State | Training | Response | Paul Card | PHEP | |
| WDH PHEP | Drill | WDH SNS RSS Call Down | March 31, 2015 | State | Training | Response | Paul Card | PHEP | |
| WDH PHEP | Tabletop | Other (List in additional info section) | October 24, 2014 | Local, Tribal, and State | Other (list in additional info section) | Response | Jim Smith | PHEP | Scenario TBD |
| WDH PHEP | Drill | CenturyLink Shelter In Place | May 7, 2015 | Other (List in additional info section) | Training | Prevention | Rick Jansen | Other (List in additional info section) | CenturyLink Building Shelter In Place Severe Weather/Tornado Drill |
| WDH PHEP | Drill | WDH SNS Ops Alerting | March 31, 2015 | State | Training | Response | Paul Card | PHEP | |
| WDH PHEP | Tabletop | Medical Supplies Distribution | January 8, 2015 | State | Biological | Response | Jim Smith and Michael Brock | PHEP | RSS and A/RSS Security Tabletop Exercise |
| WDH PHEP | Drill | Redundant Comms Drill | November 4, 2014 | State | Training | Response | Paul Card | PHEP | |
| WDH PHEP | Tabletop | Medical Supplies Distribution | June 18, 2015 | State | Biological | Response | Jim Smith & Michael Brock | PHEP | |

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| WDH PHEP | Drill | CenturyLink Evacuation | September 9, 2014 | Other (List in additional info section) | Training | Prevention | Rick Jansen | Other (List in additional info section) | Century Link Building Evacuation Drill |
| WDH PHEP | Drill | PHL Evacuation Drill | September 9, 2014 | Other (List in additional info section) | Training | Prevention | Rick Jansen | Other (List in additional info section) | PHL Evacuation Drill |
| WDH PHEP | Drill | PHL Shelter In Place Drill | May 7, 2015 | Other (List in additional info section) | Training | Prevention | Rick Jansen | Other (List in additional info section) | PHL Shelter In Place Severe Weather/Tornado Drill |
| WDH PHEP | Drill | WDH Floor Marshal Radio Test | November 19, 2014 | Other (List in additional info section) | Training | Response | Rick Jansen | Other (List in additional info section) | Monthly Floor Marshal Radio Test for all Cheyenne Based WDH Facilities |
| WDH PHEP | Drill | WDH IMT Assembly | March 18, 2015 | State | Other (list in additional info section) | Response | Jim Smith | PHEP | Scenario TBD |
| WDH PHEP | Drill | Redundant Comms Drill | December 2, 2014 | State | Training | Response | Paul Card | PHEP | |
| WDH PHEP | Drill | WDH Floor Marshal Radio Test | December 17, 2014 | Other (List in additional info section) | Training | Response | Rick Jansen | Other (List in additional info section) | Monthly Floor Marshal Radio Test for all Cheyenne Based WDH Facilities |
| WDH PHEP | Drill | WDH Floor Marshal Radio Test | January 21, 2015 | Other (List in additional info section) | Training | Response | Rick Jansen | Other (List in additional info section) | Monthly Floor Marshal Radio Test for all Cheyenne Based WDH Facilities |
| WDH PHEP | Drill | Hathaway Shelter In Place | May 7, 2015 | Other (List in additional info section) | Training | Prevention | Rick Jansen | Other (List in additional info section) | Hathaway Building Shelter In Place Severe Weather/Tornado Drill |
| WDH PHEP | Drill | Redundant Comms Drill | May 5, 2015 | State | Training | Response | Paul Card | PHEP | |
| WDH PHEP | Drill | Redundant Comms Drill | January 6, 2015 | State | Training | Response | Paul Card | PHEP | |
| WDH PHEP | Drill | Redundant Comms Drill | April 7, 2015 | State | Training | Response | Paul Card | PHEP | |
| WDH PHEP | Drill | Redundant Comms Drill | June 2, 2015 | State | Training | Response | Paul Card | PHEP | |
| WDH PHEP | Drill | WDH Floor Marshal Radio Test | June 17, 2015 | Other (List in additional info section) | Training | Response | Rick Jansen | Other (List in additional info section) | Monthly Floor Marshal Radio Test for all Cheyenne Based WDH Facilities |

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| WDH PHEP | Drill | WDH SNS RSS Call Down | September 30, 2014 | State | Training | Response | Paul Card | PHEP | |
| WDH PHEP | Drill | WDH Floor Marshal Radio Test | July 16, 2014 | Other (List in additional info section) | Training | Response | Rick Jansen | Other (List in additional info section) | Monthly Floor Marshal Radio Test for all Cheyenne Based WDH Facilities |
| WDH PHEP | Functional | Medical Supplies Distribution | February 11, 2015 | State | Biological | Response | Jim Smith | PHEP | Annual FE: SHOC and ComSpecs |
| WDH PHEP | Drill | WDH SNS Ops Alerting | September 30, 2014 | State | Training | Response | Paul Card | PHEP | |
| WDH PHEP | Drill | Redundant Comms Drill | July 1, 2014 | State | Training | Response | Paul Card | PHEP | |
| WDH PHEP | Drill | WDH SNS Ops Alerting | December 31, 2014 | State | Training | Response | Paul Card | PHEP | |
| WDH PHEP | Drill | Redundant Comms Drill | February 3, 2015 | State | Training | Response | Paul Card | PHEP | |
| WDH PHEP | Drill | WDH Floor Marshal Radio Test | September 17, 2014 | Other (List in additional info section) | Training | Response | Rick Jansen | Other (List in additional info section) | Monthly Floor Marshal Radio Test for all Cheyenne Based WDH Facilities |
| Weston | Training | Other (List in additional info section) | July 30, 2014 | Local | Radiological | Response | | PHEP | RAD/UTSE TTX |

Note: Due to document size and formatting please refer to previous MYTEPS for BP1 and BP2 Training and Exercise Calendar information.