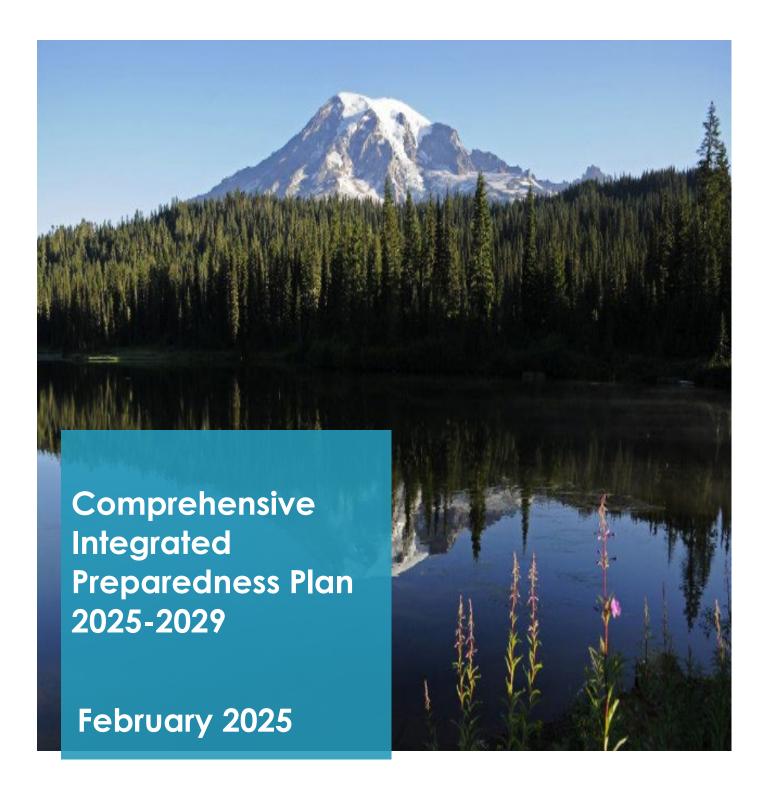
Washington State Department of Health

Executive Office of Resiliency and Health Security





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To our partners:

I am pleased to present the Washington State Department of Health's 2025-2029 Integrated Preparedness Plan (IPP), a roadmap to strengthening emergency response, advancing health security, and building a resilient Washington.

Grounded in the DOH Transformational Plan and the Washington State Doctrine for Enhancing Resiliency, Health Security, Response, and Recovery, the IPP sets a clear direction for preparedness. Success is measured by action—ensuring equitable access to resources, seamless information sharing, and rapid, informed decision-making.

Developed with state agencies, local health jurisdictions, Tribal Nations, and healthcare partners, this plan reflects a collective commitment to readiness, through coordinated planning, training, and exercising. Through pre-work and a three-day workshop, we assessed capabilities, identified gaps, and set strategic priorities to enhance coordination and strengthen logistics. Applying this process allows our broader governmental public health enterprise to strategically invest resources in the activities that will have the greatest impact on improving preparedness.

The IPP drives more timely public communications, effective resource mobilization, and seamless integration of local, state, and federal strategies. It ensures Washington is ready to respond to identified hazards with clarity, speed, and resilience. More than a document, this plan is a commitment to action and accountability. Together, we will strengthen Washington's preparedness, ensuring no community is left behind.

Respectfully,

Nathan Weed, MPH Chief of Resiliency



Contents

E	xecutive Office of Resiliency and Health Security	1
	Integrated Preparedness Planning Team	1
	Contents	iv
	Record of Changes	
	1. Introduction	
	1.1 Purpose	
	1.2 Scope	
	1.3 Objectives	8
	2. Planning Framework	8
	2.1 Integrated Preparedness Planning Approach	9
	2.2 Partners Involved	9
	2.3 Guiding Principles	. 10
	2.4 Planning Phases	
	3. Preparedness Priorities	
	3.1 Identified Priorities	
	3.2 Gap Analysis	
	3.3 Alignment with Federal Guidance	
	3.3.1 CDC Public Health Emergency Preparedness (PHEP)	
	3.3.2 ASPR Hospital Preparedness Program	
	3.3.3 National Response Framework (NRF)	
	4. Multi-Year Preparedness Activities Calendar (MYPAC)	
	4.1 Purpose of the MYPAC	
	5. Implementation Strategy	
	5.2 Increasing the Frequency of Deliverable Updates	
	5.3 Basecamp	
	6. Monitoring and Evaluation	
	6.1 After Action Reports (AARs) and Improvement Plans (IPs)	
	6.2 What are the metrics to assess AAR/IP Success?	
	6.3 Partner Feedback and Continuous Improvement	
	7.Appendices	
	Appendix A: Acronyms and Abbreviations	
	Appendix B: Workshop Summary	
	Appendix C: Supporting Documents and Templates	. 20
	Appendix D: Contacts	20
	Appendix E: Basecamp User Guide	. 20
	Annendix F: Monitoring and Evaluation Dashboard	21

Record of Changes

Date	Change Summary		

Legacy Documents

Washington State Department of Health Integrated Preparedness Plan 2023-2025 (link)

Washington State Department of Health Multi-Year Preparedness Activity Calendar (MYPAC) 2023-2025 (link)

1. Introduction

1.1 Purpose

The purpose of the Washington State Department of Health (DOH) Integrated Preparedness Plan (IPP) is to enhance the preparedness, response, recovery, and mitigation capabilities of the Washington Department of Health (DOH), Local Health Jurisdictions (LHJs), Healthcare Coalitions (HCC's), and Federal partners. This plan establishes a standardized framework for coordinating planning, training, and exercise efforts to address identified gaps and improve statewide public health preparedness and resiliency.

This IPP serves as a strategic guide to:

- Collaborate and align state, Tribal Nations, local, and federal partners to create an integrated training, planning, and exercise activities into one cohesive and sustainable approach
- o Enhance the efficiency of preparing for emergencies by reducing duplication of effort and sharing resources.
- Address notable priorities identified during the yearly Integrated Preparedness Planning Workshop (IPPW).
- Align with the Homeland Security Exercise Evaluation Program (HSEEP) principles and comply with the Public Health Emergency Preparedness (PHEP), and Hospital Preparedness Program (HPP).

1.2 Scope

The scope of the Integrated Preparedness Plan (IPP) encompasses all public health and healthcare preparedness activities led by the Washington State Department of Health in collaboration with LHJs, HCCs, Tribal Nations, and Federal agencies. This plan supports a "Whole Community" approach to maintain an all-encompassing, comprehensive, and inclusive preparedness effort across the state of Washington through providing support for training, planning, and exercises.

- o All jurisdictions within Washington State, including urban, suburban, and rural areas
- Active participation from LHJs, HCCs, healthcare organizations, community-based organizations, Tribal Nations, partnering state agencies, and federal entities like U.S. Department of Health & Human Service Centers for Disease Control & Prevention (CDC) and the Administration for Strategic Preparedness & Response (ASPR, along with the U.S. Department of Homeland Security Federal Emergency Management Agency (FEMA), Center for Weapons of Mass Destruction (CWMD), and Cybersecurity and Infrastructure Security Agency (CISA).
- Focus on integrated planning, training, and exercises that address biological, chemical, radiological, natural hazards, and emerging threats
- A multi-year outlook with activities scheduled alongside grant cycles, funding timelines, and identified priority gaps within a 5-year period
- Focus on public health emergency preparedness capabilities and identify yearly preparedness priorities as identified in the Response Readiness Framework.

1.3 Objectives

The objectives of the IPP are to create a unified and strategic framework that guides WA DOH, LHJs, HCCs, Tribal Nations, and federal partners to achieve comprehensive preparedness goals. The following objectives are rooted in collaboration, resource sharing, and continuous improvement planning.

The Integrated Preparedness Plan (IPP) is a roadmap to help WA DOH, Local Health Jurisdictions (LHJs), Healthcare Coalitions (HCCs), Tribal Nations, and federal partners work together to strengthen public health emergency preparedness, response, and recovery. This plan improves and bolsters efficiency by eliminating duplicative efforts, focusing resources where they're needed most, and making sure our collective efforts have a clear purpose and measurable impact. It aligns preparedness activities with real risks, so time and funding are spent on what matters most. By setting shared priorities, improving coordination, and continuously evaluating progress, we create a stronger, more accountable system that supports the communities we serve.

- Strengthen the capacity of public health and health care systems to prepare for, respond to, recover from, and mitigate emergencies with a focus on addressing emerging threats and gaps.
- Promote coordination among state, local, tribal, federal, and community partners to solidify a "Whole Community" approach that integrates the needs of the underserved and vulnerable populations into all preparedness efforts.
- o Provide comprehensive training and exercise opportunities to build competencies in emergency response, planning, and operations across all stakeholders.
- Use assessments, gap analyses, and performance metrics to guide preparedness activities, measure progress, and continuously improve planning, training, and exercise efforts.
- Maintain compliance with FEMA HSEEP, CDC PHEP, and ASPR HPP guidelines while optimizing the usage of federal and state resources to achieve integrated preparedness goals.

2. Planning Framework

The planning framework section outlines the foundational approach, principles, and collaborative efforts guiding the development and implementation of the IPP. This framework guarantees alignment with national standards, leverages partner contributions, and integrates a systematic measurable methodology for achieving preparedness goals.

2.1 Integrated Preparedness Planning Approach

This IPP is built on a collaborative and systematic process that brings together diverse partners within the public health, healthcare preparedness, and emergency management community from across the state of Washington to identify priorities, coordinate resources, and establish a multi-year roadmap for preparedness activities through the following elements of approach.

Elements of Approach:

- Facilitated discussion outcomes from the IPPW serve as a benchmark of the plan by incorporating input from LHJs, HCCs, Tribal Nations, federal agencies, and other partnering organizations.
- Data-driven jurisdictional risk and hazard assessments, gap analyses, and After-Action Reports
 (AAR) and Improvement Plans (IP) inform the identification of priorities and guide resource
 allocation.
- Alignment with strategic objectives and all planning efforts set by CDC'S PHEP capabilities, ASPR's HPP, and FEMA's HSEEP.

2.2 Partners Involved

This IPP includes the expertise and resources of partners for the Whole Community Approach.

Integrated Preparedness Partners

Local Health Jurisdictions: Serve as the frontline of public health preparedness and response at the community level.

Healthcare Coalitions: Provide coordination among healthcare organizations, emergency medical services, and other entities to enhance healthcare system resilience.

State Agencies: DSHS, EMD, DOC, DNR, WSDA, & HCA provide subject matter expertise, guidance, and technical assistance.

Federal partners: CDC, ASPR, CWMD, CISA, and FEMA provide funding, guidance, and technical assistance.

Tribal Nations and organizations: Important to maintain a culturally competent and inclusive preparedness efforts.

Community Based Organizations (CBOs): Contribute localized knowledge and support to address the needs of vulnerable populations.

2.3 Guiding Principles

The IPP is rooted in the following guiding principles:

Guiding Principles

Whole Community Approach: Guarantee that preparedness efforts reflect the diversity and needs of Washington's population, with a particular focus on marginalized and underserved communities.

Collaboration and Coordination: Maintain strong partnerships among stakeholders to maximize resources, share expertise, and guarantee a unified response to emergencies.

Scalability and Flexibility: Develop plans, trainings, and exercises that are adaptable to various types of incidents and scalable to different jurisdictions and organizational levels.

Equity and Inclusion: Prioritize equitable access to resources, information, and support to address systemic disparities in preparedness and response.

Continuous Improvement: Use AARs, improvement plans, and performance metrics to refine and enhance preparedness efforts each year, over time.

2.4 Planning Phases

The IPP planning framework follows a phased approach:

- 1. Pre-planning and stakeholder engagement where stakeholders are convened through the IPPW to identify gaps, set priorities, and establish a collaborative planning foundation.
- Development and alignment where the IPP are drafted based on IPPW outcomes to maintain alignment with federal guidance and state priorities.
- 3. Implementation and integration where training, planning, and exercise activities outlined in the IPP are executed by integrating them into daily operations and existing preparedness systems.
- 4. Evaluation and adaptation process is last, through monitoring progress using metrics and evaluations, a jurisdiction should adjust priorities based on emerging threats and incorporate lessons learned into future planning cycles.

3. Preparedness Priorities

The preparedness priorities section of the IPP outlines focus areas identified during the IPPW with LHJs, Tribal Nations, HCCs, and federal partners. These priorities address gaps in capability, capacity, and maintain alignment with federal guidance for an integrated and resilient public health and healthcare preparedness system.

3.1 Identified Priorities

Based on the above-mentioned considerations, the IPPW participants determined the following priorities, by order of need, will be the focus for the 2025-2026 public health emergency preparedness cycle:

Preparedness Priorities					
PHEP Capability 15 – Volunteer Management					
PHEP Capability 8 – Medical Countermeasure Dispensing and Administration					
PHEP Capability 5 – Fatality Management					
PHEP Capability 9 - Medical Materiel Management and Distribution					
PHEP Capability 2 – Community Recovery					

3.2 Gap Analysis

Throughout the IPPW process, the following gaps were identified and will be addressed within the IPP:

- o Limited training on POD operations and medical countermeasure dispensing and distribution.
- o There is a high turnover of trained staff and full onboarding can take over a year.
- o Need for technical assistance to create a training plan that is tailored to each jurisdiction.
- Executive leadership support requires training for staff, ICS training specific for executives.
- o Supporting local health executive buy-in and engagement in NIMS ICS.
- Need for technical assistance around Medical Reserve Corps documentation.
- o Need for support in planning, training, and exercising chemical and nuclear/radiological incidents.
- o Need for training, planning, and exercise templates to be readily available and customizable.
- Need for Just in Time Training (JITT) for fatality management, volunteer management, and Incident Management Teams.

3.3 Alignment with Federal Guidance

The preparedness priorities outlined in the IPP align with the national standards and frameworks to allow jurisdictions to access federal funding, technical assistance, and the capacity to address local needs.

3.3.1 CDC Public Health Emergency Preparedness (PHEP)

PHEP Capabilities

Capability 1. Community Preparedness: Engage community partners to address health disparities and promote equity in emergency planning and response.

Capability 2. Community Recovery: Develop plans and strategies for restoring public health, health care, and social services following emergencies.

Capability 3. Emergency Operations Coordination: Activation, management, and demobilization of public health emergency operations centers (EOCs) during incidents.

Capability 4. Emergency Public Information and Warning: Improving systems for delivering accurate and timely information to the public, partners, and media during emergencies.

Capability 5. Fatality Management: Improve coordination with local and state partners to manage mass fatality incidents.

Capability 6. Information Sharing: Build and sustain systems for real-time information sharing between public health agencies, health care systems, and emergency management partners.

Capability 7. Mass Care: Coordinate with partners to support sheltering, feeding, and medical needs for individuals and communities affected by disasters.

Capability 8. Medical Countermeasure Dispensing and Administration: Plan, train, and exercise strategies for distribution and dispensing of vaccines, antibiotics, and other medical countermeasures.

Capability 9. Medical Materiel Management and Distribution: Establish systems for receiving, storing, and distributing medical materials, including Strategic National Stockpile (SNS) assets.

Capability 10. Medical Surge: Increase health care system capacity to handle patient surges during emergencies, including mass casualty incidents.

Capability 11. Non-Pharmaceutical Interventions: Implement and promote measures like isolation, quarantine, and social distancing to mitigate the spread of infectious diseases.

Capability 12. Public Health Laboratory Testing: Increase the public health laboratories capacity to conduct diagnostic and surveillance testing for biological, chemical, and radiological agents.

Capability 13. Public Health Surveillance and Epidemiological Investigation: Improve systems for monitoring, detecting, and investigating disease outbreaks and other health threats.

Capability 14. Responder Safety and Health: Guarantee the safety and health of public health and health care responders through training, resources, and protective measures.

Capability 15. Volunteer Management: Develop and implement systems for recruiting, training, and managing volunteers to support public health and health care response efforts.

3.3.2 ASPR Hospital Preparedness Program

HPP Capabilities

Capability 1. Foundation for Health Care and Medical Readiness: Promote collaboration among Health Care Coalitions (HCCs) to strengthen regional readiness.

Capability 2. Health Care and Medical Response Coordination: Improve coordination and communication between health care entities during emergencies.

Capability 3. Continuity of Health Care Service Delivery: Improve health care system resilience through continuity of operations plans (COOP) and resource-sharing agreements.

Capability 4. Medical Surge: Expand health care surge capacity to address the needs of patients during large-scale emergencies.

3.3.3 National Response Framework (NRF)

This IPP incorporates the principles of the NRF to align public health and health care preparedness with national response mechanisms. Components of the NRF include collaboration across jurisdictions, integrating public health operations into a scalable incident command system (ICS), and supporting the NRF's focus on a Whole Community Approach. For more information, refer to the National Response Framework (FEMA).

4. Multi-Year Preparedness Activities Calendar (MYPAC)

The Multi-Year Preparedness Activities Calendar serves as the foundation for planning, organizing, and tracking preparedness efforts over a defined period of time. It aligns training, exercises, and planning activities with the preparedness priorities identified during the Integrated Preparedness Planning Workshop (IPPW). The MYPAC allows these activities to be strategically scheduled to address identified gaps, build capabilities, and meet state and federal grant deliverables.

4.1 Purpose of the MYPAC

The MYPAC is designed to:

- o Provide a clear roadmap for implementing preparedness activities over a multi-year period.
- Align activities with federal grant requirements, including CDC's PHEP and ASPR's HPP guidelines.
- Avoid duplication of efforts by coordinating activities across stakeholders, including LHJ's, HCC's, Tribal Nations, and federal partners.
- Facilitate progress tracking and reporting on capability improvements through scheduled activities.
- Allow flexibility to adapt to emerging threats, funding changes, or preparedness partner's needs.

4.2 MYPAC Calendar

The below MYPAC tables are live components of the IPP, they are continuously updated as new guidance and incidents emerge.

	101y1, 2025 – الله 30, 2026					
Activity	Volunteer Management	MCM Dispensing	Fatality Management	MCM Distribution	Community Recovery	
Plan	Mission Sets	CHEMPACK MCM Annex	DOH Emergency Response Plan Annex 12	Annex B Logistics	DOH Recovery Annex, Health Services Recovery - WA Restoration Framework - Recovery Support Function	
Organize	Bi-Monthly MRC Meetings Annual MRC Conferences Volunteer Recruitment and Retention	Monthly partner calls	Monthly Partner Calls ls Engage with EMD Monthly Partner Calls Engage with Partners		Recovery Workgroups after an incident Recovery Basecamp launch	
Equip	Mission Ready Packages	Mission Ready Packages	Flowchart, SOP's Mission Ready Packages Resource Packets	Mission Ready Packages	All-Hazards recovery resources and technical assistance	
Train	Volunteer Orientation ICS 100 & 200 HIPAA Training JIT Training	POD Train-the Trainer POD Training CHEMPACK	IS-360 Prepare for MCI's Intro to Fatality Management	Intro to SNS	Recovery Educational Series	
Exercise	Quarterly Volunteer Exercises	Data Readiness (pt.2) PHEP 100-200 CHEMPACK 100-300 MCM Annex 100-200	Activation Drill FMT TTX	PHEP 100-200 Inventory Data Exchange	Recovery Phase Exercise Annually	

?

	July 1, 2027 – June 30, 2028					
Activity	Volunteer Management	MCM Dispensing	Fatality Management	MCM Distribution	Community Recovery	
Plan	Mission Sets	CHEMPACK MCM Annex	DOH Emergency Response Plan Annex 12	Annex B Logistics	DOH Recovery Annex, Health Services Recovery - WA Restoration Framework - Recovery Support Function	
Organize	ganize Volunteer Recruitment and Monthly partner calls		Monthly Partner Calls Engage with EMD Engage with Partners	Monthly Partner Calls	Recovery Workgroups after an incident Recovery Basecamp launch	
Equip	Equip Mission Ready Packages Mission Ready Packages		Flowchart, SOP's Mission Ready Packages Resource Packets	Mission Ready Packages	All-Hazards recovery resources and technical assistance	
Train Volunteer Orientation ICS 100 & 200 HIPAA Training JIT Training CHEMPACK		IS-360 Prepare for MCI's Intro to Fatality Management	Intro to SNS	Recovery Educational Series		
Exercise	Quarterly Volunteer Exercises	Data Readiness (pt.2) PHEP 100-200 CHEMPACK 100-300 MCM Annex 100-200	Activation Drill FMT TTX	PHEP 100-200 Inventory Data Exchange	Recovery Phase Exercise Annually	

5. Implementation Strategy

This section outlines how the Integrated Preparedness Plan (IPP) will be operationalized for coordination, resource utilization, and preparedness partner engagement. The identified gaps highlighted a need for more frequent deliverable updates, improved accessibility to planning resources, and improving communication channels for all preparedness partners.

5.1 Roles and Responsibilities

The roles and responsibilities of WA DOH, LHJs, HCCs, federal partners, and Tribal Nations within the IPP are as follows.

Roles and Responsibilities

Washington State Department of Health:

- Leads the implementation and oversight of the IPP.
- Establishes contract deliverables and distributes federal funding to sub-recipient jurisdictions and organizations.
- o Provides partners with clear expectations, timelines, and guidance on preparedness activities.
- o Maintain and update Basecamp as a centralized information-sharing platform.
- Manage communications and partner inquiries via the <u>EPR.TrainingandExercise@doh.wa.gov</u> email inbox.

LHJ's & HCC's:

- Use the preparedness priorities and the IPP to guide work around POETE and preparedness activities to support where time, effort, and emphasis is best applied.
- o Use basecamp to access templates, guidance documents, and reporting tools.
- o Submit deliverable updates and exercise results on a more frequent basis as scheduled.

Federal and Regional Partners:

o Provide technical assistance and subject matter expertise

Tribal and Community Based Organizations:

o Collaborate on preparedness efforts, to allow for culturally appropriate and equitable planning.

5.2 Increasing the Frequency of Deliverable Updates

To improve accountability and allow preparedness activities to remain on track, DOH will:

- Provide quarterly Exercise Community of Practice (E-COP) Meetings to update LHJ's, HCC's and other partners on exercise timelines and provide technical assistance, which will allow real-time tracking of progress.
- Share scheduled update sessions via the Training and Exercise partner calls to clarify expectations and address challenges.
- Use an automated reporting system through a Microsoft Form where partners can submit updates in a standardized format, such as this <u>WA DOH Local Exercise Notification & Support Request Form</u>.

Deliverable	Prior Schedule	New Schedule	Reporting Method
Training Reports	Annually	Quarterly	Basecamp Upload & Email
Exercise AARs	Annually	Quarterly	Basecamp Upload & Notify (linked here)

5.3 Basecamp

To improve transparency and ease of access to preparedness resources, DOH has established a Basecamp for Training, Planning, and Exercise. This is a universally accessible online platform where all partners can do the following.

- Download standardized templates for training, exercises, reporting, and planning.
- Access the latest guidance on PHEP, HPP, HSEEP, and other grant requirements.
- o Submit deliverables and track progress real-time.
- o Review past and upcoming training and exercise opportunities.

6. Monitoring and Evaluation

The IPP process requires monitoring and evaluation to allow the implementation and continuous improvement of the preparedness guidelines set by WA DOH and validate the alignment of these guidelines with federal requirements.

6.1 After Action Reports (AARs) and Improvement Plans (IPs)

Following exercises, real-world incidents, and major planning initiatives, DOH and preparedness partners conduct AARs to evaluate performance and identify areas for improvement. The AAR process is standardized and templates for each section will be included in the appendices.

- Step one is conducting data collection. Jurisdictions will gather feedback from participants, incident responders, and partners to identify areas for improvement
- Step two is assessing what worked well, what challenges were encountered, identified gaps and barriers, and where improvements are needed.
- Step three is developing Improvement Plans (IPs) to address those identified gaps and barriers and assign responsibilities.
- **Step four** is to monitor progress in closing those gaps and barriers, follow-up with the assignees, and integrate lessons learned into future training and exercises.

6.2 What are the metrics to assess AAR/IP Success?

- 1. % of the Improvement Plan Action Items were completed within the designated timeframes. (Goal is 80%).
- 2. % of exercises incorporating corrective actions from previous AARs (Goal is 100%).
- 3. # of real-world incidents where previous items learned in exercises were successfully applied without challenges (Goal is to demonstrate use in at least 2 real-world incidents per year).

6.3 Partner Feedback and Continuous Improvement

The partner feedback received is used to maintain a responsive and adaptive preparedness strategy. In the DOH IPPW Process, the following has been implemented:

- o Collecting Partner Feedback Surveys from the IPPW.
- o Facilitate Quarterly Partner Meetings.
 - o TP&E Quarterly Coordination Calls.
 - Additional check-ins at the regularly scheduled Partner Update meetings.

Survey Questions	Responses
The 2025 IPPW successfully achieved the predetermined goals and objectives.	12.5% strongly agreed, 75% of partners agreed, 12.5% are neutral
This workshop provided clarity on the IPP process and grant requirements.	12.5% strongly agreed, 75% of partners agreed, 12.5% are neutral
The format of the IPPW (facilitated discussions, games, group activities) were successful in engaging participants.	50% strongly agreed, 50% of partners agreed, 0% of partners disagreed.
The IPPW materials were relevant to your jurisdiction's needs and responsibilities.	37.5% strongly agreed, 37.5% of partners agreed, 12.5% were neutral, 12.5% disagreed.
The workshop addressed preparedness priorities specific to your jurisdiction.	75% of partners agreed, 12.5% were neutral, 12.5% disagreed.
The IPPW provided opportunities to collaborate with other partners.	37.5% strongly agreed, 62.5% of partners agreed, 0% disagreed.
The timelines and expectations for the MYPAC are reasonable and achievable for your jurisdiction.	62.5% of partners agreed, 25% were neutral, 12.5% disagreed.

7.Appendices

Within the Appendices, you will find supplementary materials, reference documents, and resources to support the implementation of the Integrated Preparedness Plan.

Appendix A: Acronyms and Abbreviations

Acronym	Definition
AAR	After-Action Report
ASPR	Assistant Secretary for Preparedness and Response
CDC	Centers for Disease Control and Prevention
COOP	Continuity of Operations Plan
DOH	Department of Health
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
нсс	Health Care Coalition
НРР	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
IP	Improvement Plan
IPP	Integrated Preparedness Plan
IPPW	Integrated Preparedness Planning Workshop
KPI	Key Performance Indicator
LHJ	Local Health Jurisdiction
мсм	Medical Countermeasure
МҮРАС	Multi-Year Preparedness Activities Calendar
NRF	National Response Framework
PHEP	Public Health Emergency Preparedness
POD	Point of Dispensing

Appendix B: Workshop Summary

This section is an overview of the Integrated Preparedness Planning Workshop (IPPW), including the discussions, outcomes, and feedback that shaped this IPP.

Date: January 22 & January 23, 2025

Location: Washington State Department of Health Tumwater, WA & Virtual (zoom)

Facilitators:

Deena Khoury (Project Lead & Exercise)

Junesca Brown (Training)

Austin Elliott (Planning)

Melissa Lantz (Director, Hotwash)

Support:

Amber McPherson (Supervisor)

Jessica Wilkenson (Logistics, Venue)

Carrie Corder (Logistics, Procurement, Venue)

Katie Scott (Documentation)

Raegan Ballard-Gennrich (Partner Coordinator)

Jordan Paullin (Partner Coordinator)

Brittiany Kunselman (Procurement)

Teresa Davis (Procurement)

Tyrone Faust-Brown (Logistics, Setup)

Brian Myers (Logistics, Setup)

Jordan Kizer (Evaluator)

Goals and Objectives:

- o Participants will provide input alongside Washington State Department of Health to develop four-year multiyear preparedness activity calendar (MYPAC) for integrated preparedness activities.
- Participants will assess how their jurisdictional risks impact their planning, training, and exercise plans.
- Participants will engage with at least five (5) local partners, Tribes, non-governmental organization, to strengthen partnerships.
- o Inclusive preparedness integrating health equity considerations into CRI/non-CRI IPPW objectives.

Appendix C: Supporting Documents and Templates

Through this <u>Basecamp link</u>, there will be access to requested and necessary templates, guidance documents, and resources that support the implementation of the IPP/IPPW.

Planning Documents

- CPG101- Planning Manual
- o Sample Continuity of Operations Plan (COOP) Template
- o Chemical Response Plan Template
- o Project Management Plan Template

Training and Exercise Resources

- Homeland Security Exercise and Evaluation Program (HSEEP) Template
- o After-Action Report (AAR) and Improvement Plan (IP) Template
- Training Needs Assessment Template
- Training list of available courses

Grant and Funding Guidance

- o CDC Public Health Emergency Preparedness (PHEP)
- o ASPR Hospital Preparedness Program (HPP)
- FEMA Urban Area Security Initiative (UASI)

Reference Documents

- CDC Public Health Emergency Preparedness (PHEP)
- o ASPR Hospital Preparedness Program (HPP) Guidelines
- o FEMA Homeland Security Exercise and Evaluation Program Manual
- o National Response Framework (NRF) Overview

Appendix D: Contacts

Washington State Department of Health Contacts:

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Basecamp Support: Raegan Ballard-Gennrich | Raegan.Ballard-Gennrich@DOH.WA.GOV.

Appendix E: Basecamp User Guide

A Step-by-step guide for partners on how to access and use Basecamp.

- 1. Login Instructions
- 2. How to download templates and guidance documents
- 3. How to submit quarterly deliverables and reports
- 4. Using the discussion forum and alerts for partner collaboration

Appendix F: Monitoring and Evaluation Dashboard

To promote transparency and accountability, this section will include a preparedness scorecard to track progress on deliverables and partner engagement, quarterly performance metrics report, and sample after-action reports (AARs) and lessons learned summaries from recent exercises and real-world events.

Performance Metric	Target	Current Status (Q3 2025)	Status
% of partners who submit required TP&E deliverables on time and use the designated platform (Basecamp).	100%	100%	⊠On Track □ Needs Improvement □ Critical
% of identified staff completing recommended training annually.	85%	TBD -	⊠On Track □ Needs Improvement □ Critical
# (average) of exercises partners participated in annually.	4 per year	100%	⊠On Track □ Needs Improvement □ Critical
% Increase in capability scores and reduction in gaps identified in AARs annually.	10%	TBD -	⊠On Track □ Needs Improvement □ Critical

