

Virginia Department of Health Public Health and Healthcare Emergency Preparedness Programs

Integrated Preparedness Plan

January 14, 2025

INTEGRATED PREPAREDNESS PLANNING TEAM

- Central Virginia Healthcare Coalition
- Division of Consolidated Laboratory Services
- Eastern Virginia Healthcare Coalition
- Northern Virginia Emergency Response System
- Southwest Virginia Healthcare Coalition
- Virginia Department of Emergency Management:
 - Virginia Emergency Support Team
 - Training, Education and Exercise Division
 - Planning Division
- Virginia Department of Health:
 - Office of Emergency Preparedness
 - Office of Environmental Health
 - Office of Epidemiology
 - Office of Nursing
 - Office of Communications
 - Office of Drinking Water
 - Office of Radiological Health
 - Office of the Chief Medical Examiner
 - Office of Emergency Medical Services
 - Medical Reserve Corps
- Virginia Hospital and Healthcare Association

PURPOSE

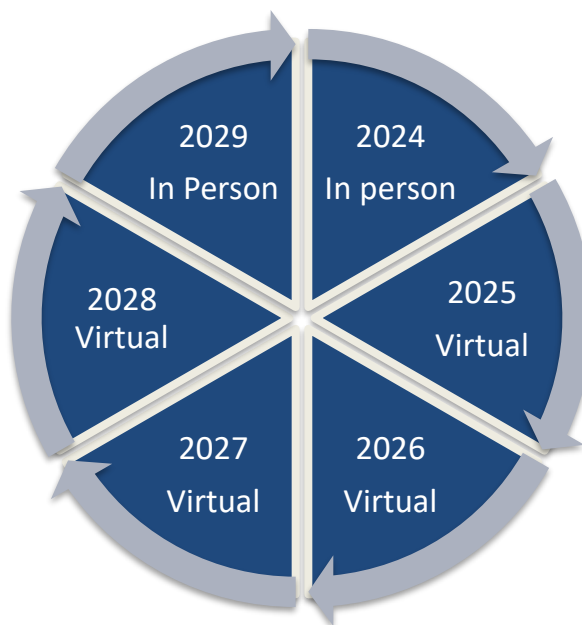
This iteration of the plan is based around the Public Health Emergency Preparedness Notice of Funding requirements for the Budget Periods of 2024-2029. Therefore, it will be developed on a five-year schedule on an in-person basis, and updated annually via virtual delivery pending significant changes, in which case the meeting shall be in person as the situation dictates. This plan covers the following Budget Periods:

- BP 1: July 1, 2024-June 30, 2025
- BP 2: July 1, 2025-June 30, 2026
- BP 3: July 1, 2026-June 30, 2027
- BP 4: July 1, 2027-June 20, 2028
- BP 5: July 1, 2028-June 30, 2029

The purpose of the Integrated Preparedness Plan (IPP) is to document combined Public Health and Healthcare Preparedness training and exercise program priorities for a specific multi-year period. It is a living document that will be updated and refined annually. These priorities are linked to corresponding capabilities, and based on existing strategic guidance, threat assessments, corrective actions from previous exercises, or other factors. The IPP outlines out a combination of progressively building exercises along with the associated training requirements – which address the priorities identified in the Integrated Preparedness Planning Workshop(s) (IPPW).

A progressive, multi-year exercise program enables organizations to participate in a series of increasingly complex exercises, with each successive exercise building upon the previous one until mastery is achieved. Further, by including training requirements in the planning process, organizations can address known shortfalls prior to exercising capabilities.

The Department achieves this goal through developing and sustaining critical capabilities that enhance the ability of Virginia’s public health and health care system to prevent, respond to and recover from disasters of all types.



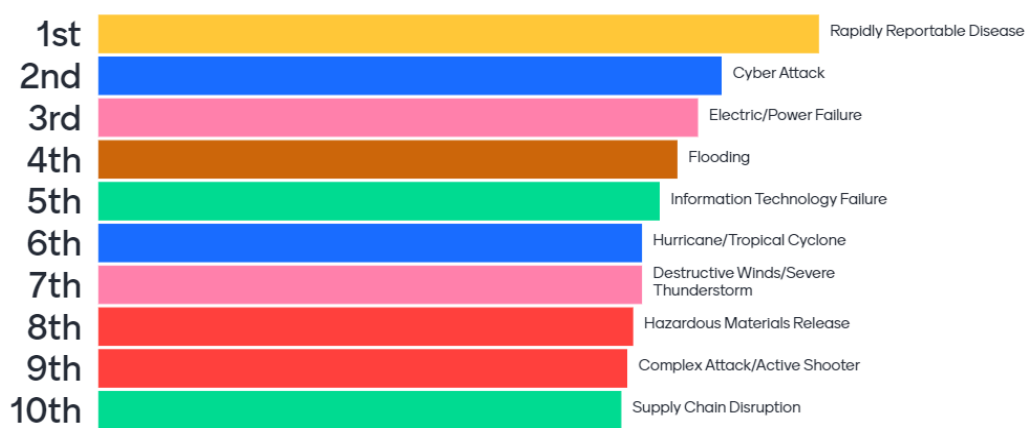
PREPAREDNESS ACTIVITY CONSIDERATIONS

August 7, 2024, The Public Health, and Healthcare Preparedness Programs in the Commonwealth came together with internal and external partners to hold the Integrated Preparedness Planning Workshop (IPPW). The workshop was conducted at the Virginia Hospital and healthcare Association Conference Center in Glen Allen, Virginia. Participants were led through a group discussion that included prescribed activities, such as, Identifying Preparedness factors, which included an update on the Commonwealths, Threat and Hazard Identification and Risk Assessment and a briefing on the results of the VDH Training Needs Assessment.

Threats, Hazards, and Risks

The Office of Emergency Preparedness (OEP) conducted a Health and Medical Hazard Identification Survey on behalf of local health district or regional healthcare coalition. Both the 2024-2029 Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) cooperative agreements require us to submit risk assessments and associated risk assessment data elements. The survey was designed to produce a ranking of the top risks in Virginia, as determined by local health districts (including Cities Readiness Initiative (CRI) jurisdictions) and Hospital Preparedness Program (HPP) funded entities.

The results of this survey were combined with other THIRA products to prioritize the top health and medical risks and inform development of the Integrated Preparedness Plan (IPP) and exercise schedule for the next five years. Local/regional input collected through this survey will help inform statewide planning efforts. At the IPPW on August 7, 2024, the resulted were presented to the panning team who were then tasked to cast votes for the top hazards from the wider survey and in-room discussions. The top ten results were as follows, developed using the Mentimeter system (mentimeter.com)



Following the final vote, the groups discussed the consolidation of threats and then chose the top four categories to consider in the remainder of the plan. They further discussed the Public Health/Healthcare impacts to each category as follows:

- **Infectious Disease (Rapidly Reportable Disease):**
 - Involvement/Impact: (Dependent upon scope)
 - OEpi: Investigation, surveillance, and health information
 - OCME: Provide guidance on fatality management.
 - ODW: Consumption advisories
 - ORH: Minimal
 - Additional Considerations:
 - ODW: sick staff and supply/distribution could be problematic.
 - ORH: Most rad facilities can run with very few workers present.

- **Cyber Attack/IT Failure/Power Failure:**
 - Involvement/Impact: (Dependent upon scope)
 - OEpi: Operational - systems, reporting and info sharing.
 - OCME: Receipt of decedents, info sharing
 - ODW: Operational controls, distribution, and lab testing
 - ORH: Sustained power failure biggest issue/concern
 - Additional Considerations:
 - OEpi: release of PHI or PII, supply/distro of meds/treatment
 - OCME: Legal info sharing to others can be impacted.
 - ORH: Low level tech used, affects to power onsite also an issue.

- **Hurricane/Flooding/Severe Storm:**
 - Involvement/Impact: (Dependent upon scope)
 - OEpi: operational, outbreaks*,
 - OCME: operational, loss of evidence, surge of fatality review
 - ODW: Affected water near facility intakes, general operational.
 - ORH: minimal unless long term power loss
 - Additional Considerations:
 - OEpi: supply/distro of meds/treatment
 - OCME:
 - ODW: flushing lines, restarting facility, treatment modifications.
 - ORH: Severe drought and ground water availability = problem

- **Hazardous Materials Release (Accidental/Intentional):**
 - Involvement/Impact: (Dependent upon scope)
 - OEpi: Investigation, surveillance, and health information*
 - OCME: Employee safety, fatality surge/management
 - ODW: Intake management, back up water supply, testing
 - ORH: Rad release, exposure tracking/determination
 - Additional Considerations:
 - ODW: emergency interconnections, bottled water supply
 - ORH: Atoms vs molecules of exposure

Capability Assessments, Corrective Actions, and Improvement Plans

Participants participated in large group and small group breakout discussions on Areas for Improvement from the last 12 months (or so). Highlighting some of the major real-world events responded to and exercises conducted in that time.

- Real World Responses:
 - COVID After Action Report
 - Lousia County Water/Weser Line Issue
 - Overdose Response Incident Management Team
 - Highly Pathogenic Avian Influenza Medical Countermeasures Distribution
 - Lake Anna Outbreak Investigation
 - South Hill Warehouse Fire (Complex Incident)
- Key Areas For Improvement:
 - Internal Incident communication and coordination
 - Administrative Preparedness
- Exercise Lessons Learned:
 - Lessons from the Regional Highly Infectious Disease Tabletop Exercise Series; Vigilant Cardinal:
 - Public Safety Answering Points as part of screening and surveillance.
 - Emergency Medical Services coordination with Health care facilities
 - Supply and inventory replenishment.
 - Patient Transportation Assets and Resources
 - Wrap Around Services for Patient Under Investigation
 - Development of and transition to Crisis Standards of Care
 - Command, Control and Coordination between systems.
 - Workforce Training, Sustainment and Management
 - Legal Authority and understanding of Isolation and Quarantine

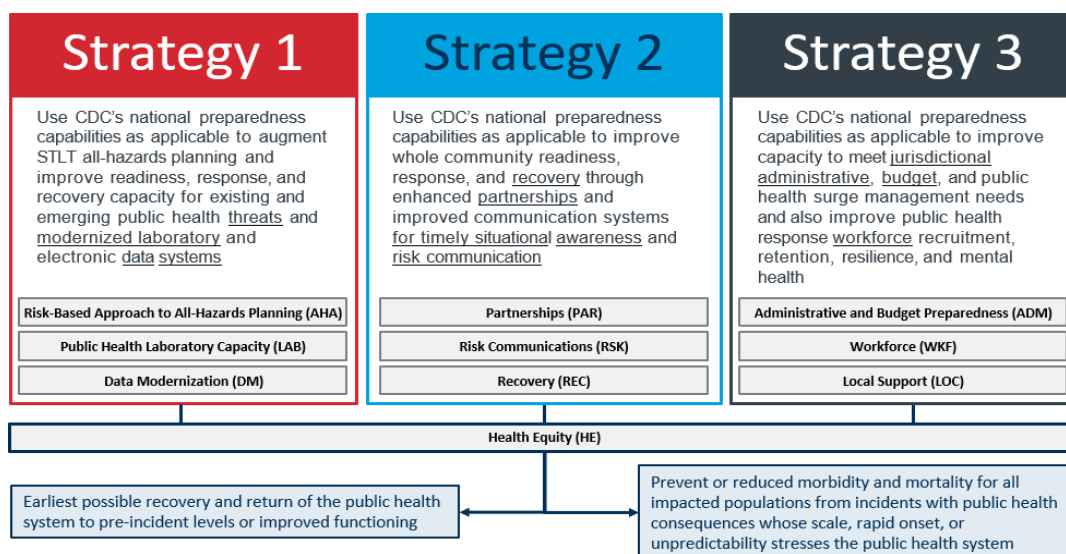
- Lessons Learned from the Local Health District Shelter Operations and Management Tabletop Exercise Series: *(Full AAR Still Under Development)*.
 - Development and maintenance of local partnerships with Department of Social Services and other providers.
 - Expectation management around ESF 8 support to local shelter operations

External Sources and Requirements

- **Public Health Emergency Preparedness Cooperative Agreement:**

- Introduces CDC’s [Response Readiness Framework](#) with no major changes to current program priorities. **(Appendix A)**. Response Readiness Framework concepts are not new to Virginia’s PHEP program. It contains a continued focus on Project Public Health Ready (PPHR) and includes Local Health District PHEP Deliverables 2024-2029 which serves as a road map for LHDs for the next 5 years and outlines key PHEP deliverables; not meant to be all inclusive of every job duty as this varies by district.
- Five-year exercise requirements ranging from discussion-based exercises to a full-scale. OEP will offer participation in state level exercises to prevent LHDs/CRIs from having to do individual ones and will continue conducting local/regional exercises and complete AAR/IP for all local/regional exercises and incidents within 90 days using HSEEP.

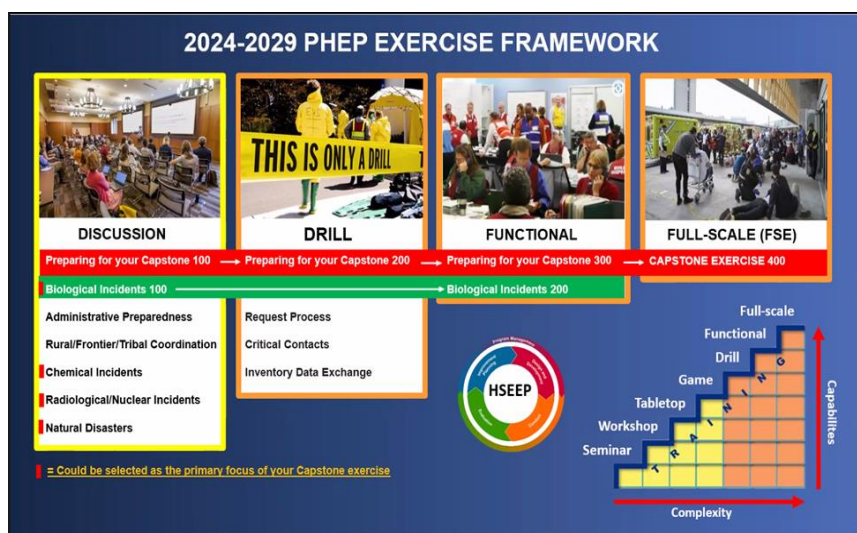
- **Public Health Emergency Preparedness Logic Model and Program Strategies:**



- **Public Health Emergency Preparedness Cooperative Agreement Exercise Requirements (2024-2029).**

- **Biological incident (100) exercise:** Bring first responder partners together with public health and public health biological laboratories, emergency management, environmental health programs, and hospital preparedness staff to discuss potential public health roles, functions, and countermeasures when responding to a large-scale biological incident including pandemic influenza.
- **Capstone (100) exercise:** Discuss the various aspects associated with conducting the capstone (full-scale) exercise. May focus on biological, chemical, radiological/nuclear, natural disasters, or other jurisdictional risks identified within the risk assessment.

- **Natural disasters exercise:** Discuss the various aspects of public health response operations during potential natural disasters and climate-related public health impacts. Discuss potential public health roles and functions when responding to and recovering from a natural disaster.



- **Administrative preparedness exercise:** Discuss the various fiscal, legal, and administrative authorities and practices governing funding, procurement, contracting, and hiring. Discuss how these authorities can be modified, accelerated, and streamlined during an emergency to support public health preparedness, response, and recovery efforts at state, territorial, local, and tribal levels of government.
- **Chemical incident exercise:** Bring first responder partners together with public health, public health chemical laboratories, emergency management, environmental health programs, and hospital preparedness staff to discuss potential public health roles, functions, and countermeasures when responding to large-scale chemical incident.

- **Capstone (200) Drill:** Select and test one, specific operation or function critical to the success of the full-scale exercise.
- **Biological (200) FE:** Validate and evaluate the various aspects of a public health response to a biological incident. Exercise dispensing, administration (throughput), distribution, partnerships, and biological laboratory participation.
- **Capstone (300) FE:** Validate and evaluate multiple response capabilities critical to the success of the capstone exercise.
- **Radiological/nuclear incident exercise:** Discuss the various aspects of public health response operations during a radiological/nuclear incident within your jurisdiction. Discuss potential public health roles, functions, and countermeasures when responding to a large-scale radiological incident.
- **Capstone (400) FSE:** Test local and state ability to fully operationalize response plans to the risk selected during the risk assessment process.
- **Rural, Tribal and Frontier Coordination TTX**
- **Healthcare Preparedness Program Grant Requirements:**
 - Over the past five years, HPP was worked to strengthen the collective preparedness, planning, mitigation, and response efforts across jurisdictions. For fiscal year (FY) 2024-2028, ASPR is building upon previous years' progress and prioritizing:
 - **Outcomes.** Advance the outcomes of the cooperative agreement and to support the Hospital Preparedness Program (HPP) in performing core functions that support health care readiness.
 - **Coordination and connectivity.** There will be a continued focus towards coordination, communication, and connectivity. HPP should continue to work together to develop, update, and carry out healthcare readiness activities.
 - **Flexibility.** Less structured and formatted with greater flexibility to allow states and coalition ability to carry out activities that may vary depending on the needs of your jurisdiction, HCC membership, and community.

- **Healthcare Preparedness Exercise Requirements:**

#	Activity	Frequency	Responsibility	NOFO Page #
4	Exercise and Improve			
4.1	Medical Response and Surge Exercise (MRSE)	Annual - by June 30	HCC w/ Recipient support	37-38
4.2	Patient Movement Exercise	Once, within one year of submitting Patient Movement Plan.	Recipient w/ HCC participation	38
4.3	Federal Patient Movement Exercise (NDMS)	Once every 3 years - if applicable	HCC w/ Recipient support	38
4.4	Cybersecurity Exercise	Once due by BP3	HCC w/ Recipient support	38
4.5	Non-Cyber Extended Downtime Exercise	Once between BP3-BP5	HCC w/ Recipient support	38
4.6	Exercise to Address Additional Jurisdictional Priorities or Areas of Improvement	Once in <u>5 year</u> period	Recipient w/ HCC participation	39, 85-86
4.7	Statewide Exercise	Once in <u>5 year</u> period	Recipient w/ HCC participation	39

Accreditation Standards and Regulations

- **Project Public Health Ready:**

- Goal I: All Hazards Planning:
 - Measure 1: Possession and maintenance of a written all-hazards response plan
- Goal II: Workforce Capacity Development
 - Measure 2: Conduct of regular Training Needs Assessment
 - Measure 3: Completion of a Workforce Development Plan and Staff Competencies
- Goal III: Quality Improvement through exercises, responses, and Comprehensive Exercise Plan.
 - Measure 4: Learning and improvement through exercises or responses.
 - Measure 5: Comprehensive Exercise Plan.

PREPAREDNESS PRIORITIES

Based on the above-mentioned considerations, the IPPW participants determined the following priorities will be the focus for the multi-year cycle of preparedness:

Preparedness Priorities
Infectious Disease Emergence/Outbreak
Cyber Attack/IT Failure/Power Failure
Hurricane/Flooding/Severe Storm
Hazardous Materials Release (Accidental/Intentional)

Infectious Diseases Emergence/Outbreak

As the highest ranked priority within Virginia this priority will include responses to multiple scenarios regarding Public Health and Healthcare response to different infectious disease events.

Corresponding Capabilities:

- Primary
 - Public Health Laboratory Testing (PHEP 12)
 - Public Health Surveillance and Investigation (PHEP 13)
 - Medical Surge (PHEP 10, HPP 3)
- Secondary
 - Emergency Operations Coordination (PHEP 3)
 - Healthcare and Medical Response Coordination (HPP 2)
 - Emergency Public Information and Warning (PHEP 4)
 - Information Sharing (PHEP 6)
- Tertiary
 - Fatality Management (PHEP 5)
 - Medical Countermeasure Dispensing and Administration (PEHP 8)
 - Medical Materiel Management and Distribution (PHEP 9)
 - Nonpharmaceutical Interventions (PHEP 11)
 - Responder Safety and Health (PHEP 14)

Rationale:

- **Administrative preparedness exercise:** Discuss the various fiscal, legal, and administrative authorities and practices governing funding, procurement, contracting, and hiring. Discuss how these authorities can be modified, accelerated, and streamlined during an emergency to support public health preparedness, response, and recovery efforts at state, territorial, local, and tribal levels of government.
- **Biological incident (100) exercise:** Bring first responder partners together with public health and public health biological laboratories, emergency management, environmental health programs, and hospital preparedness staff to discuss potential public health roles, functions, and countermeasures when responding to a large-scale biological incident including pandemic influenza.

- **Biological (200) FE:** Validate and evaluate the various aspects of a public health response to a biological incident. Exercise dispensing, administration (throughput), distribution, partnerships, and biological laboratory participation.
- **Capstone (100) exercise:** Discuss the various aspects associated with conducting the capstone (full-scale) exercise. May focus on biological, chemical, radiological/nuclear, natural disasters, or other jurisdictional risks identified within the risk assessment.
- **Capstone (200) Drill:** Select and test one, specific operation or function critical to the success of the full-scale exercise.
- **Capstone (300) FE:** Validate and evaluate multiple response capabilities critical to the success of the capstone exercise.
- **Capstone (400) FSE:** Test local and state ability to fully operationalize response plans to the risk selected during the risk assessment process.

Planning Factors:

- **Administrative TTX:**
 - Update administrative preparedness plans based on COVID AAR and Vigilant Cardinal TTX's
 - Develop plans, processes, and procedures to recruit, hire and train and retain a highly qualified and diverse workforce.
 - Include critical response and recovery partners in plans.
- **Biological 100-200:**
 - Include critical response and recovery partners in plans.
 - Update Crisis and emergency risk communications and information dissemination plans.
 - Incorporate recovery operations.
 - Incorporate data systems and data source functionality and infrastructure into plans.
- **Capstone 100-400:**
 - Include critical response and recovery partners in plans.
 - Update Crisis and emergency risk communications and information dissemination plans.
 - Incorporate recovery operations.
 - Update plans to include people who are disproportionately impacted by public health emergencies.
 - Incorporate equity partners not preparedness plans.

Organization and Equipment Factors:

- None noted.

Supporting Training Courses:

- ICS 300 & 400
- TEEX MGT 319 Medical Countermeasures: Point of Dispensing (POD) Planning and Response.
- L 146-Homeland Security Exercise and Evaluation Program (HSEEP)
- G-386-Mass Fatality Planning

Supporting Exercises:

- Administrative Tabletop Exercise
- Biological 100-Tabletop (Continuation of Vigilant Cardinal -Highly Infectious Disease Exercise Series)
 - Scenario-Ebola Virus Disease
- Biological 200-Functional (Continuation of Vigilant Cardinal Highly- Infectious Disease Exercise Series)
 - Scenario-Ebola Virus Disease
- Capstone 100-400
 - Capstone 100-Tabletop
 - Capstone 200-Drill
 - Capstone 300-Functional
 - Capstone 400-Full Scale Exercise
 - Scenario-Pandemic/new and emerging influenza virus originating within the Commonwealth.
- Critical Contacts Drill
- Inventory Exchange Drill
- HPP Statewide Exercise (Capstone 400)
- Half-Moone Infectious Disease Exercise (Eastern Region/Cruise Ship Industry)

Cyber Attack/IT Failure/Power Failure

Cybersecurity is important because it protects organizational assets and services from malicious attacks and safeguards all types of data, including but not limited to sensitive data, protected health information (PHI), and personally identifiable information (PII) from theft and loss. With its focus on caring for people, the Healthcare and Public Health (HPH) sector touches lives in powerful ways.

Corresponding Capabilities:

- Primary
 - Community Recovery (PHEP Capability 2)
 - Information Sharing (PHEP Capability 6)
 - Continuity of Healthcare Service Delivery (HPP Capability 3)
 - Public Health Laboratory Testing (PHEP Capability 12)
- Secondary
 - Emergency Operations Coordination (PHEP Capability 3)
 - Healthcare and Medical Response Coordination (HPP Capability 2)
- Tertiary
 - Medical Countermeasure Dispensing and Administration (PHEP Capability 8)
 - Medical Material Management and Distribution (PHEP Capability 9)

Rationale:

Much of the work the HPH sector carries out is based in the digital world, leveraging technology to store patient and medical information, carrying out medical procedures, communicating with patients, and more. Any disruptions to the HPH digital ecosystem can impact patient safety, create openings for identity theft, and expose intellectual property among other damaging effects. This threat/hazard also impacts operational systems, reporting and information sharing, receipt of decedents information operational controls, distribution and laboratory testing and impacts the legal sharing of PHI, suppl of medications and equipment and the legal sharing of information.

Planning Factors:

- VDH Emergency Response Plan
- VDH Continuity of Operations Plans
- Coalition Emergency Operations Plans
- Local Healthcare Facility Emergency Operations Plans
- Commonwealth of Virginia Emergency Operations Plan

Organization and Equipment Factors:

- None Noted

Supporting Training Courses:

- Statewide Cyber Security Training
- MGT 341-Disaster Preparedness for Healthcare Organizations within the Community Infrastructure

Supporting Exercises:

- Annual VDH Continuity of Operations Exercise
- Virginia Emergency Support Team Exercise
- HPP 4.4-Cyberscruity Exercise (between BP 3-5)
- NVERS IT Outage Exercise (2027)

Hurricane/Flooding/Severe Storm

Virginia being a coastal state is always under threat from Hurricanes and their associated impacts as well as historical inland impacts from Tropical Storm remnants and unpredictable spring and summer weather coupled with the impacts of climate change and changing weather patterns this combined threat is of constant concern and increasing impacts in the Commonwealth.

Corresponding Capabilities:

- Primary:
 - Community Preparedness (PHEP Capability 1)
 - Emergency Public Information and Warning (PHEP Capability 4)
 - HPP Capabilities 1-4
- Secondary:
 - Emergency Operations Coordination (PHEP Capability 3)
 - Information Sharing (PHEP Capability 6)
- Tertiary:
 - Fatality Management (PHEP Capability 5)
 - Mass Care (PHEP Capability 7)
 - Medical Countermeasure Distribution and Administration (PHEP Capability 8)
 - Medical Surge (PHEP Capability 10)
 - Public Health Laboratory Testing (PHEP Capability 12)
 - Public Health Surveillance and Epidemiological Investigation (PHEP Capability 13)
 - Responder Safety and Health (PHEP Capability 14)
 - Volunteer Management (PHEP Capability 15)

Rationale:

- Impacts to/loss of physical facilities
- Weather related disease outbreaks
- Loss of evidence/fatality review
- Long term power loss
- Affected water near facility intakes, need for flushing lines, restarting of water facilities and water treatment modifications.

- Need for short, medium, and long-term sheltering and housing of survivors.

Planning Factors:

- VDH Emergency Response Plan
- VDH Continuity of Operations Plans
- Coalition Emergency Operations Plans
- Local Healthcare Facility Emergency Operations Plans
- Commonwealth of Virginia Emergency Operations Plan

Organization and Equipment Factors:

- None Noted

Supporting Training Courses:

- ICS 300/400
- MGT 386 Mass Fatality Management
- MGT 312-Senior Officials Workshop for All-Hazards Preparedness
- MGT-341-Disaster Preparedness for Healthcare Organizations within the Community Infrastructure
- NDLSF-Advanced Disaster Life Support Course
- Certified healthcare Emergency Coordinator Course (basic)
- NDLSF- Certified HealthCare Emergency Coordinator Course Advanced
- Healthcare Emergency Response Team Course

Supporting Exercises:

- Local Health District Shelter Operations Tabletop Exercise Series
- Virginia Emergency Support Team Exercise (annual)
- CMS Exercise Series (Annual)
- PHEP Natural Disaster Exercise
- HPP 4.2-Patient Movement Exercise

Hazardous Materials Incident(s) (Accidental/Intentional)

This threat is a daily one in Virginia via the numerous rail, road, and waterway transportation routes through the commonwealth the probability of accidents and incidents is always heightened. Additionally, with two Nuclear Power Stations along with other radiologically based facilities in the state this adds to the hazardous materials threat and the Chemical, Biological, Radiological, Nuclear and Explosive threat that can constitute major impacts on the Public Health and Healthcare System.

Corresponding Capabilities:

- Primary
 - Emergency Operations Coordination (PHEP Capability 3)
 - Healthcare and Medical Response Coordination (HPP Capability 2)
 - Fatality Management (PHEP Capability 5)
 - Medical Countermeasure Dispensing and Administration (PHEP Capability 8)
 - Responder Safety and Health (PHEP Capability 14)
- Secondary:
 - Emergency Public Information and Warning (PHEP Capability 4)
 - Information Sharing (PHEP Capability 6)
 - Public Health Laboratory Testing (PHEP Capability 12)
- Tertiary:
 - Medical Surge (PHEP Capability 10, HPP Capability 4)
 - Public Health Surveillance and Epidemiological Investigation (PHEP Capability 13)

Rationale:

- Impacts to all areas of the public
- Mass casualties
- Mass fatalities
- Business and economic impacts
- Effect on air, water, soil, dairy and other agriculture sectors

Planning Factors:

- VDH Emergency Response Plan
- VDH Continuity of Operations Plans

- Regional Coalition Emergency Operations Plans
- Local Healthcare Facility Emergency Operations Plans
- Commonwealth of Virginia Emergency Operations Plan

Organization and Equipment Factors:

- None Noted

Supporting Training Courses:

- ICS 300/400
- MGT 386 Mass Fatality Management
- MGT 312-Senior Officials Workshop for All-Hazards Preparedness
- MGT-341-Disaster Preparedness for Healthcare Organizations within the Community Infrastructure
- NDLSF-Advanced Disaster Life Support Course
- Certified healthcare Emergency Coordinator Course (basic)
- NDLSF- Certified HealthCare Emergency Coordinator Course Advanced
- Healthcare Emergency Response Team Course

Supporting Exercises:

- Virginia Operations Plan Exercise (VOPEX)-Nuclear Power Station Exercise(s)
- Chemical Incident TTX (PHEP)
- Radiological Nuclear Incident TTX (PHEP)

PROGRAM REPORTING

By continuously monitoring improvement actions, jurisdictions/organizations can periodically examine capabilities to ensure they are sufficient, accurate, and effective to handle the threats, hazards, and risks facing the jurisdiction/organization and can inform future Integrated Preparedness Cycle activities.

Program reporting should address:

- All areas For Improvement from exercises and real-world responses will be compiled through the conduct of Hotwashes, After Action Meeting(s), Feedback forms, Interviews, and surveys.
- Determining actions and linking capabilities needed to address identified areas for improvement and associated corrective actions will take place through the development of an Improvement Plan (IP) consistent with the HSEEP/CIP (**Appendix B**) process which will also include:
 - Prioritizing, assigning, tracking, reporting, and updating corrective action progress; and Incorporating changes, completed corrective actions, identified potential best practices, and lessons learned into future iterations of the Integrated Preparedness Cycle and Integrated Preparedness Plan.

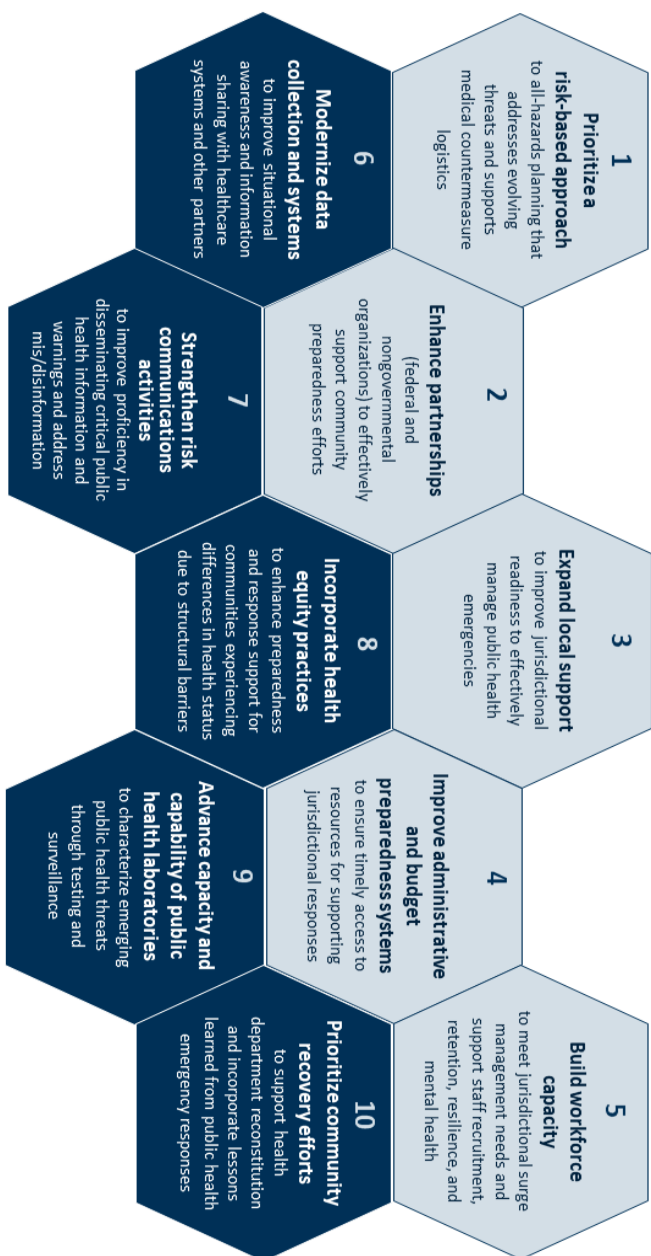
MULTI-YEAR SCHEDULE OF PREPAREDNESS ACTIVITIES

The Multi-Year Schedule of Preparedness Activities is published under separate cover as an addendum to the Integrated Preparedness Plan. The Multi-Year Schedule covers:

- BP 1: July 1, 2024-June 30, 2025
 - Bio 100 (TTX)
 - Chem
- BP 2: July 1, 2025-June 30, 2026
 - Natural TTX
 - Admin TTX
 - HID-State Level TTX (PHEP/HPP)
 - Bio 200 (OBX)
- BP 3: July 1, 2026-June 30, 2027
 - Rural, Tribal and Frontier Coordination TTX
 - Capstone 100
 - Capstone 200
- BP 4: July 1, 2027-June 20, 2028
 - Capstone 300
 - Rad/Nuc (VOPEX IPX)
- BP 5: July 1, 2028-June 30, 2029
 - Capstone 400 (PHEP/HPP)

APPENDIX A: PUBLIC HEALTH RESPONSE READINESS FRAMEWORK

Public Health Response Readiness Framework 2024-2028 PHEP Program Priorities - Defines Excellence in Response Operations



APPENDIX B: HOMELAND SECURITY EXERCISE AND EVALUATION PROGRAM/NATIONAL CONTINUOUS IMPROVEMENT PROGRAM

