September 12, 2006

Presentation by the Department of Health and Family Services to the Special Legislative Council Committee on Disaster Preparedness Planning

Good morning. My name is Patrick Cooper, and I am the Deputy Administrator of the Division of Management and Technology in the Department of Health and Family Services, and the department's Agency Continuity Manager. I will be providing an overview of the department's main disaster preparedness planning responsibilities and activities. I also will be coordinating the department's responses to this committee's information requests.

I am joined here today by three department employees who have years of experience in coordinating development of emergency response and contingency plans, and who are actively involved in preparing plans that directly address areas of interest to this committee. Here with me today are:

- Tom Anderson from the Division of Public Health, who will present information on the department's base Public Health Emergency Plan, as well as on the department's role and progress in coordinating the state's efforts to prepare plans for fulfilling Emergency Services Function (ESF) #8, which is for Health and Medical Services.

- Dennis Tomczyk, also from DPH, will present information on the department's extensive Hospital Disaster Preparedness planning and coordination efforts, which are designed to enhance the Wisconsin health care system's capabilities to respond to terrorism incident or public health emergency. The key goals of this initiative are to develop surge capacity in the Wisconsin health care system, enhance the statewide mutual aid plan to deploy EMS units to jurisdictions they do not normally cover, promote linkages to Local Public Health Departments, and expand education and preparedness training, including conducting exercises.

- Oren Hammes from the Division of Disability and Elder Services is here today to speak to the department's role and progress in coordinating state efforts to create plans to respond to Emergency Support Function #6, which pertains to Mass Care, Housing, and Human Services needs in the event of a catastrophic event. Oren also has been extensively involved in the Disaster Human Services Project. This is a partnership with other state, regional, and local agencies designed to enhance the preparedness and response capacity of county human service agencies to respond to and meet the psycho-social needs of the populace affected by a wide range of disasters.

Before presenting our information, on behalf of the department, I would like to express our appreciation and welcome the Legislative Council's involvement in the very important issue of disaster preparedness planning. Being prepared for and effectively responding to emergencies has always been a vital government function. Public expectations about being prepared have greatly escalated in the last few years in the wake of the 9/11 terrorist attacks, anthrax, Katrina, and the potential for an influenza pandemic. These events highlight the need to increase preparedness levels at all levels of government, as well as in the private sector, and to plan for larger scale events. The Legislative Council's involvement can bring valuable attention to this issue and highlight key initiatives and priorities we all should focus on as we move forward and improve preparedness efforts.

A Context for DHFS Preparedness Planning Efforts

I want to make several general points as background and to create a context for DHFS' role and involvement in planning to prepare for and respond to emergencies.

First, today we will be focusing on the department's role as an emergency responder, in planning for and coordinating the provision of services in response to disasters. In this role, the department mainly develops plans, coordinates, and provides guidance and support, with most direct services being provided by affected local governments, the Red Cross, and other private sector agencies.

However, it is useful to note that the department also develops and tests emergency evacuation and contingency plans to ensure that as an agency we can continue to operate effectively and provide needed services. In particular:

- Each of the department's seven institutions has developed and tested emergency "all-hazards" plans that will assist managers and staff to respond to a wide range of incidences to assure the safety and well-being of the residents or patients of the institutions. The five institutions that are federally licensed to serve people with developmental disabilities and mental health patients must, as condition of licensure and to remain eligible for federal funding, have emergency plans that are tested twice a year. All necessary planning and testing is being done to assure that institution staff are prepared and that residents, patients, and staff will be safe in an emergency.

- In addition, like all state agencies, in response to an executive order, DHFS has developed a Continuity of Operations Plan, or COOP plan, that is designed to ensure the timely restoration and continued functioning of essential functions and services. The DHFS COOP plan built upon an Emergency Master Plan that DHFS has had in place for years.

But the Committee's interest is in learning greater details on disaster response activities and plans that pertain to the DHFS role as a responder. As you will see, our department is heavily involved in a wide range of emergency response and recovery planning efforts.

A second important overarching point is the challenge of coordinating the planning and response efforts of all of the levels of governments and agencies that need to work together. In order to create effective state-wide emergency response and recovery plans, the department works with many state agencies and with local government entities – human and social service agencies and emergency management agencies in each of the state's 72 counties, over 90 local public health agencies, tribal governments, municipalities, and more. We also work closely with untold hundreds of service providers throughout the state – hospitals, primary care clinics, nursing homes, assisted living facilities, emergency medical services, the Red Cross, and many more.

I mention this largely to underscore the magnitude of the challenge and to highlight the critical importance of clarity and frequency of communication, having roles and responsibilities clearly understood before disaster strikes, and being able to promptly communicate with our partners during an emergency to ensure adequate response and coordination. In discussing DHFS preparedness planning efforts, I think you will see a significant effort to reach out and successfully work with a wide range of partners.

Third, planning efforts have focused on multiple audiences and depending on the audience, has included different messages and goals. Much of our planning efforts involve coordinating responses by various government entities and service providers – for example, the roles of local public health agencies, hospitals, EMTs, labs, and many more in response to a suspected bio-terrorism incident. However, we also have worked with others to develop and share preparedness planning guidance and information that focuses on the individual, that can help a person get her or his family ready for an emergency. As just one example, the public can find on our internet site the 12 page document, "Public Health Emergencies: Your Preparedness Guide". This document educates our citizenry on the types of emergencies we need to plan for, how people can plan to protect themselves, and where to go for additional information. We also have published a version of this document in Spanish.

We have made available to our partners and the public at large a wide range of information on disaster preparedness and emergency response. Our home page for preparedness information can be found at: http://dhfs.wisconsin.gov/preparedness/index.htm. I would urge Committee members to review this web-site to gain a more complete understanding of the range of preparedness efforts the department has engaged in. The Department has other information the Committee might find useful. For instance, DHFS is required by state statutes to submit to the Governor and the Legislature a biennial report "on the preparedness of the public health system to address public health emergencies." Our last biennial report was issued November, 2005 includes a summary of the wide range of preparedness initiatives the department has completed and continues to be involved in.

Finally, federal funding has played a vital role in assisting department efforts to increase preparedness levels at the local, regional, and state level. However, federal funding has started to decline and its future remains uncertain.

- DHFS received $12.7 million from the federal Centers for Disease Control and Prevention (CDC) for the 2006-07 grant period, which is $2.3 million (or 15 percent) less than the previous year and $6.3 million (or 33 percent) less than peak funding levels three years ago.

- DHFS received $8.6 million from the federal Health Resources and Services Administration (HSRA) for the 2006-07 grant period, which is $200,000 (or 2.3 percent) less than last year, and $800,000 (or 8.5 percent) less than peak levels two years ago.

The department appreciates the continued federal support, and DHFS will continue to make wise decisions to invest the available funds in activities that will best service state preparedness efforts. However, a loss of over $7 million in annual funding has made a difference, and continued erosion can only restrict even further our ability to make continuous improvements in preparedness levels.

With that as a backdrop, let's turn to department staff who can provide the Committee with further details on preparedness planning efforts of interest to you. Many of the plans that will be discussed are noted in a brief summary in Attachment A of DHFS preparedness plans and other resources.

<u>Public Health Planning Activities and ESF #8</u> – Tom Anderson

The Department of Health and Family Services (DHFS) is one of six state core planning agencies that work with Wisconsin Emergency Management to review and revise the Basic State Emergency Plan and also the functional plan annexes, or emergency support functions, which complement the basic plan.

DHFS is the lead state agency for the review and revision for two specific annexes. One of these, Emergency Support Function #6 - Mass Care, Housing and Human Services, is currently under review and revision through the departments' Emergency Human Services Coordinator, Oren Hammes, in the Division of Disability and Elder Services, who is with us today. Oren will speak to the status of planning for ESF #6 in his comments.

The other, Emergency Support Function #8, Health and Medical Services, is scheduled for review and revision by staff in the Division of Public Health after ESF #6 has been completed. Both of these plans describe how DHFS and other state agencies and organizations will support local operations in these respective areas. After both state ESF's are finalized, templates will be developed and provided to counties to assist them in the development of similar plans at the county level.

In 2005, staff in the Division of Public Health worked with Wisconsin's Local Public Health Departments, Tribal Health Centers, Regional Consortia and associated organizations to complete the Wisconsin Public Health Emergency Plan. The purpose of this plan is to enable participating providers and agencies to meet local, regional and state needs in a collaborative and organized manner in the event of bioterrorism, other infectious disease outbreaks and other public health threats and outbreaks, such as chemical, radiological, nuclear or explosive incidents or in effect - an "all hazards" public health plan emergency plan. This plan is exercised regularly at the local, regional and state levels to test public health preparedness. This plan is a supporting plan to the State Health and Medical Plan mentioned earlier.

Similarly in 2005, the Wisconsin Hospital Emergency Preparedness Plan was also developed. The purpose of this plan was to establish the structure and process necessary to enable the participating institutions in the State of Wisconsin to meet community, county and regional needs in a collaborative and organized manner. Dennis Tomczyk, our Hospital Preparedness Program Director in DPH is here with us today. This plan is also exercised at the local, regional and state levels to test hospital preparedness.

One of public health's current concerns involves the possibility of pandemic influenza. The pandemic of 1918-19 was responsible for more than 20 million deaths worldwide. Smaller pandemics occurred in 1957 and 1968. Health experts agree that an influenza pandemic is likely to occur at some time in our life, but there is no indication that an influenza pandemic is imminent.

The State of Wisconsin has had an influenza preparedness plan since 2001. This plan was revised in 2004. It is a continual work in progress. In fact, as part of our efforts to identify how the plan could be improved, the department performed a gap analysis and compared the state's influenza preparedness plan with a model plan developed by the federal Department of Health and Human Services (HHS). Based on this analysis, DHFS will be collaborating with others to further develop Vaccine and Antiviral distribution plans and community disease control strategies and decision rules.

Many local public health agencies have exercised their preparedness with other agencies and organizations in local exercises. In March of this year, Governor Doyle convened a Pandemic Summit in Madison to discuss preparedness efforts. Just last week, on September 8, as part of Wisconsin's Preparedness Month activities, a state agency pandemic influenza tabletop exercise was held at the State Emergency Operations Center. State and federal agency staff were present to ensure that their roles and responsibilities would be coordinated to ensure that Wisconsin could respond should we experience pandemic influenza. This exercise will be used to review and revise our plan. An after-action report of this exercise will become available by September 29 and shared with those who participated.

In addition to our plans, DHFS maintains a 24X7 Emergency Telephone Hotline to receive notifications of public health and human service emergencies. DHFS staff assist local agencies and personnel in four different areas:

1. Chemical spills and Natural Disasters (such as tornadoes, floods, heat waves, etc);
2. Communicable Diseases;
3. Nuclear and Radiological; and
4. Human Service (sheltering, congregate care, healthcare facilities and special populations).

DHFS also works very closely with the Wisconsin Emergency Management Duty Officer system to ensure that we are involved when their 24 hour emergency number is notified.

Hospital Preparedness – Dennis Tomczyk

On January 18, 2006, at Governor Doyle's invitation, a group, representing many types of health care facilities and responders, gathered to discuss Wisconsin's preparedness activities. The Summit included planning and response issues to be addressed, as well as a review of a variety of scenarios that would include evacuations of hospitals, nursing homes, and special care facilities.

To accomplish this task, three State Expert Panels were formed to achieve the desired outcome of a template policy on the evacuation of healthcare facilities that would be voluntarily adopted state-wide by all healthcare facilities (hospitals, nursing homes, assisted living facilities, etc.)

The rationale for such a state-wide policy is that the Emergency Operations Center, Fire Departments, Law Enforcement, EMS, and other emergency responders, who will assist these healthcare facilities, will be better prepared in their response, since all healthcare facilities will have the same protocols for shelter-in-place or evacuation.

The State Expert Panel on Hospital Evacuation met and drafted a template policy for hospital evacuation and/or shelter-in-place. Then, the State Expert Panel on Healthcare Facilities met to adapt this policy for other non-hospital healthcare facilities such as nursing homes and assisted living facilities.

Finally, the State Expert Panel on Evacuation of Health Care Facilities met. This was a multi-disciplinary panel of hospitals, healthcare facilities, law enforcement, fire department, emergency management, public health, the military and others, whose mission was to review the policy so that emergency responders, who would be assisting these facilities, would be comfortable with these protocols.

The following is a summary of the policy that has been distributed to all health care facilities in the state. It is believed that Wisconsin is the only state in the union that has one consistent policy adopted by all healthcare facilities and emergency responders.

The decision of a healthcare facility to evacuate and/or shelter-in-place facility is a very complex task. The catastrophic circumstances creating the need to confront this decision almost certainly create a high risk situation for patients no matter what decision is made. Regrettably, even with a well-defined plan and trained staff, it is likely that, during the implementation of the decision to evacuate or shelter-in-place, there unfortunately will be some patient injuries and even deaths, staff injuries, and exacerbation of existing patient illnesses and injuries.

The policy recommends that the healthcare facility is to plan to shelter-in-place and to evacuate with its own resources and not depend upon the assistance of resources outside the facility. It is critical that the healthcare facility have emergency operations plans and resources that allow it to function on its own for up to 72 hours. Other emergency response organizations may not be able to respond to the needs of the healthcare facility due to other competing demands for resources, caused by the hazard.

There are three recommendations offered to healthcare facilities:

Recommendation #1: It is recommended that all healthcare facilities in the State of Wisconsin adopt one common and consistent policy and procedure for the evacuation and or shelter-in-place of the facility.

> Rationale: This is recommended so that emergency responders, who come to the aid of the healthcare facility, will be better prepared in their response, knowing that all healthcare facilities follow essentially the same procedures in the implementation of the decision to evacuate or shelter-in-place. This is especially true when the response is multi-jurisdictional in nature.

Recommendation #2: It is recommended that any changes to this policy and its procedures be only "site-specific" changes or enhancements so as not to materially change the protocols of this policy. (Note that "Enhancements" are defined as going into further detail about a particular procedure with no material change to the procedures.)

> Rationale: This is recommended so that emergency responders, who come to the aid of the healthcare facility, will be better prepared in their responses, knowing that all healthcare facilities follow essentially the same procedures in the implementation of the decision to evacuate or shelter-in-place. This is especially true when the response is multi-jurisdictional in nature. Material deviations from this policy and its procedures may jeopardize patient and staff safety, since it is likely that emergency responders, especially those who come from other jurisdictions, will not be aware of any material changes, made by the facility.

Recommendation #3: It is recommended that the health care facility review its policy with local authorities during the planning stages and identify any site-specific changes and enhancements.

> Rationale: The evacuation and/or shelter-in-place of a healthcare facility has a major impact upon the community. It is critical that local authorities be involved in the development of the plan and be aware of any site-specific changes and enhancements. No healthcare facility can successfully evacuate or shelter-in-place without the assistance of local authorities and will require their expertise in their respective fields to review and adapt the plan to the unique local environment, both of the healthcare facility and the geographic area.

I would also like to mention that the Public Health Council, which is formed under Chapter 15 of the Wisconsin Statutes to advise the DHFS Secretary on important public health priorities, has created a special Emergency Preparedness Committee. The Committee, which meets quarterly, provides oversight of public health and hospital preparedness initiatives. The Committee has made one recommendation to the full Public Health Council, and this recommendation has been

approved. This resolution deals with the redistribution of vaccines to ensure that target populations have priority access to vaccines.

In addition, at its June 14, 2005 meeting, the Council's Emergency Preparedness Committee identified key emergency preparedness issues that need special attention. These issues include:

- **Sustainability of Preparedness**: Federal and state funding is necessary to sustain preparedness if major funding from the current two main funding sources -- CDC and HRSA – continues to decline.

- **Pandemic Flu**: All emergency responders need to be planning their response to a pandemic flu, which will require adequate funding.

- **Measures of Preparedness**: There needs to be a "dashboard" of key indicators to measure the preparedness of the state emergency responders. This is also necessary to assist with integration of planning and response efforts.

- **Interoperable Communications**: The state has not yet completed a communications plan, and some responders cannot communicate effectively with other responders.

- **Special Populations**: It is not clear how well emergency responders are aware of the needs of special populations (e.g. people with physical or developmental disabilities, people who are blind or deaf, and others), and how to best communicate with these groups. Training must be provided to emergency responders on how to reach these groups.

- **Home Rule**: Home rule clarifies responsibility for initial response to an emergency, but because disasters can span jurisdictional boundaries, the most effective response needs to be well coordinated and involve multiple units of government.

- **Behavioral Health**: Behavioral health response needs to be further integrated into emergency preparedness planning efforts.

- **Funding for Tribes**: Funding strategies need to be carefully assessed, as the Tribes may not receive adequate funding under a risk-based funding approach.

- **Physician Offices**: There is limited funding for preparedness of physician offices, yet this is the place where patients will first present.

- **Public Awareness**: It is not well known how well the public is prepared or how much the public knows about preparedness efforts. Consistent, visible public support for effective preparedness measures is needed to sustain state and local efforts to continually improve.

- **Emergency Medical Services**: EMS is not always at the table because the majority of EMS is volunteer–based. EMS capacity should be one of the "dashboard" indicators.

The Committee has further prioritized these issues and is presently preparing a recommendation for the full Public Health Council on key strategic preparedness initiatives. It is expected that this resolution will be presented to the full Public Health Council at its meeting in February 2007.

Community Service and Mass Care and Evacuation Planning – Oren Hammes

Good morning. My name is Oren Hammes. I serve DHFS as its disaster mental health and emergency human services coordinator and work for the Division of Disability and Elder Services. The Division houses Bureaus and Offices that provide funding for services for individuals with a wide variety of disabilities. Those agencies include programs for individuals who are blind or visually impaired, deaf and hard of hearing, elderly, have a developmental disability, mental illness, substance abusers, or have a physical disability. The Division also operates major state institutions such as Mendota and Winnebago Mental Health Institutes and is home to the Bureau of Quality Assurance, which licenses or certifies hospitals, nursing homes, community-based residential facilities, home health and hospice agencies to name a few.

Wisconsin was one of the first states in the country to dedicate a portion of its increased 2002 Centers for Disease Control Bioterrorism and Public Health Preparedness funds to behavioral health and disaster human services planning.

Through a partnership with the Division of Public Health, DDES receives CDC funds, which we have used to manage the Disaster Human Services Project. We provide technical assistance and training at the county level for emergency management, human services, public health and community based agencies. The goal is to enhance the local capacity to prepare for and respond to all-hazards primarily as it relates to individuals with special needs. To date, all of us involved in the project have worked with 26 volunteer counties.

The importance of focusing on planning for individuals with special needs not only has been vividly portrayed in the Hurricane Katrina media coverage, but is also highlighted by the U.S. Census Reports. According to the 2000 Census Report, 20 percent of adults between the ages of 18 to 65 and 42 percent of adults over 65 who are non-institutionalized, have some degree of disability. By the Census Bureau's definition of institutions, these are residents living in our communities in addition to individuals in hospitals, nursing homes and community-based residential facilities. A conservative estimate is that approximately 1.1 million Wisconsin residents could be considered as having a special need in the event of an emergency or disaster.

In response to this, DHFS is addressing emergency preparedness for individuals with special needs in a number of different activities. In December 2004, DHFS distributed to all counties and tribes the department's first comprehensive Emergency Human Services Plan that was developed with input from a broad-based advisory committee. The intent in providing the plan to county and tribal human service departments was for them to use it as a template for enhancing their local plans. The plan includes a wealth of information, such as model standard operating procedures for use in the mobilization, response and recovery phases, strategies for addressing likely communications issues, and checklists to document staff activities to meet their responsibilities.

In December of 2005, DHFS distributed to county emergency managers, human service and local public health departments disaster preparedness checklists for both individuals with special needs and the agencies that serve them. These checklists were developed with input from the Community Coalition Committee, which is made up of members representing numerous disability, ethnic and cultural communities. The checklists are based on the premise that we need to plan with -- not for -- individuals with special needs and that individual personal preparedness is a cornerstone of community preparedness.

In the October 7, 2005 "Review of Wisconsin's Emergency Preparedness Plans" submitted to the Governor by the Wisconsin Department of Military Affairs, enhanced emergency planning to address the special needs of individuals was highlighted throughout. In that report, the Governor directed DHFS to coordinate with county and tribal human service agencies, public health agencies and county emergency management offices to identify and maintain lists of special needs populations throughout the state.

DHFS, through the Disaster Human Services Project, in partnership with the Community Coalition Committee addressed this complex issue by developing a set of strategies that can be used by local, county and tribal human services, health and emergency management agencies to identify special needs populations and engage them in emergency planning activities. Those strategies are in the process of being distributed locally as we speak.

In closing I would like to provide you with an overview of the department's activities in partnership with Wisconsin Emergency Management as it relates to Wisconsin adopting the federal Department of Homeland Security's National Response Plan. As Tom Anderson noted, I am the lead person in coordinating the department's planning for Emergency Support Function #6 - Mass Care, Housing and Human Services. DHFS and our counterparts in county human service departments are lead agencies for ESF #6, which was created in the new National Response plan with the merger of the previous planning annexes, Annex E (Evacuation and Sheltering) and Annex F (Human Services).

DHFS has collaborated with Wisconsin Emergency Management in drafting the state ESF #6 and is presently drafting an ESF #6 template to be used by counties and tribes as they convert their plans to coincide with the National Response Plan.

Addressing the needs of special needs populations are a large responsibility for lead agencies both at the state and local level in Annex E & F presently and the new ESF #6. The continued planning with special needs populations is critical to maintaining their safety in response to all-hazards disasters, public health threats and emergencies.

Other Issues of Interest to the Committee

Before closing, I would like to speak briefly to two other issues the Committee has expressed an interest in.

Communications. The first is the issue of communications and disseminating information to the public if regular modes of communication are unavailable. Johnnie Smith already briefed you on some of the Interoperability issues that are being addressed. I want to add just a few additional points related to communication.

First, I would like to note the vital role that the Health Alert Network plays in facilitating rapid communication among hundreds of health professionals throughout the state. The Health Alert Network, or HAN is part of Wisconsin's broader Public Health Information Network. Over 5,000 individuals and 1,600 organizations including hospitals, health care providers, law enforcement, and public health at all levels are registered to use the HAN. HAN provides secure Internet communication. We have the ability to immediately issue alerts at any time of day to a subset or all users through multiple means such as email, phone, fax, and pagers.

Attachment B to this presentation provides additional information on the Public Health Information Network. Funding to develop and maintain the network and HAN has come almost exclusively from the CDC grant, which is one reason (of many) for concern if federal funding continues to decline.

Second, our Division of Public Health has developed a Crisis Communication Plan that defines internal communication channels and roles and responsibilities for public communication. The plan identifies several approaches that DHFS has taken and will take to provide essential communication during an emergency, some of which are summarized in Attachment C and available for your review. This attachment also notes two other issues that warrant highlighting:

- One is the specific challenge of communicating with special needs populations during an emergency. Failures in planning for and communicating with those with special needs during Katrina led to tragedy and devastating results that we want to avoid in Wisconsin. Much of the preparedness planning activities with human service agencies and community agencies that Oren described has included devising ways to reach and communicate with those with hearing impairments, mental health issues, developmental disabilities, and others with cognitive, emotional or physical challenges. Efforts to improve communications will continue in this area.

  In addition, with the availability of Pandemic Influenza grant money from the Centers for Disease Control and Prevention, DHFS will be working with a nationally recognized leader who specializes in the science of risk communication in a crisis to identify better ways to reach, communicate with, and motivate those with special needs.

- I also want to draw attention to the emerging role of 2-1-1 as a means of communication during and after an emergency. The Department of Health and Family Services has promoted development of the 211 system throughout the state, in part because we have recognized the unique role that the system can play in communicating with the public during and after a disaster. We used the 211 system to help refer evacuees to needed health, social, and other support services during the Hurricane Katrina and Rita events.

  211 Wisconsin, Inc. recently completed a business plan to expand and solidify the role it can play, both during an emergency and during times of recovery. We welcome 211 Wisconsin's efforts, as experience in other states during emergencies shows that 211 systems can

positively contribute in many ways to response and recovery efforts. 211 systems have acted as a complementary support by helping reduce the overwhelming number of telephone calls to 911, which has freed up emergency management and first-response organizations to allow them to focus on their primary work. During recovery periods following a crisis, 211 systems have served as a longer-term resource by coordinating information on the status of available health and human services, and by connecting victims with the help they need and disseminate information on the details of local recovery.

Health Care Volunteers. In addition, we understand the Committee has an interest in volunteer efforts and related liability issues. Johnnie Smith provided some information on various ways that individuals can volunteer to serve in response to a disaster, and on how the state coordinates volunteer activities. I want to add some information on WEAVR, a volunteer program for health care professionals run by the Division of Public Health.

WEAVR stands for Wisconsin Emergency Assistance Volunteer Registry. It is a secure database that houses the names of a wide variety of health care and behavioral health professionals who have expressed an interest in volunteer service following a catastrophic emergency incident. Volunteers need to indicate their expertise by noting the professional degree they earned, special skills they have, and relevant licensure or certification information.

The registry started in November, 2003. Currently, the registry has 1,724 individuals signed up covering 23 professional categories, including 638 Registered Nurses, 275 Emergency Medical Technicians (EMTs), 140 doctors, 67 social workers, and 60 psychologists, professional counselors and marriage and family therapists.

The department has information on its website on how the program works, as well as a link that allows someone to register on-line. (http://dhfs.wisconsin.gov/preparedness/WEAVR/) DPH has used a variety of means to inform professionals of this volunteer option and to urge them to register, such as envelope stuffers during professional license renewal time and information shared at conferences or through articles in professional journals.

In regard to liability concerns, with enactment of 2005 Wisconsin Act 96, qualified WEAVR volunteers are provided with liability and worker's compensation coverage when they are activated and designated as agents of the state during a public health emergency.

Finally, on the subject of liability, our department has been closely monitoring the activities of a national group, National Conference of Commissioners on Uniform State Laws (NCCUSL), which has been working on developing the Uniform Emergency Volunteer Healthcare Practitioners Act. This act addresses the important issue of registering, recognizing, and deploying healthcare volunteers during emergencies. The overall goal of the Act is to maximize the pool of skilled volunteer healthcare practitioners (VHPs) who have registered with a volunteer registration system in advance of an event.

States that adopt the uniform law will be able to quickly and efficiently share and deploy volunteer healthcare practitioners across state lines, because important issues such as credentialing will already have been dealt with. Public health and hospital preparedness leaders in Wisconsin consider the issues addressed in the Uniform Act key to the success of overall community and state readiness and response. Because of the benefits we see of enacting the uniform act, we think this would be a useful area of focus for your committee.

Conclusion

In closing, I would like to again express our department's appreciation for the Legislative Council's interest and involvement in disaster preparedness. This is truly a vital government function that we all need to work together to continually improve. At DHFS, we are proud of what we have accomplished so far in working with our many partners to enhance the state's level of preparedness, but we also know our collective work is not done. To whatever extent we can, we stand ready to work with you to answer questions and provide other assistance that will aid your efforts to find legislative solutions as needed to impediments to effective preparedness planning.

Wisconsin Department of Health and Family Services
Emergency Planning

State Emergency Plans

Emergency Support Function #6 - Mass Care, Housing and Human Services
Emergency Support Function #8, Health and Medical Services,

DHFS Supporting Plans

Wisconsin Public Health Emergency Plan
Wisconsin Hospital Emergency Preparedness Plan
Wisconsin Emergency Human Services Response – A Disaster Mental Health, Substance Abuse, and Human Services Plan
Wisconsin Pandemic Influenza Plan
Wisconsin Pandemic Influenza Plan for Animals
Wisconsin Emergency Medical Services State Plan
Wisconsin Emergency Medical Services Communications Plan
Radiological Incident Response Plan

Other Planning and Technical Assistance Information

Disaster Preparedness Kit for Individuals with Special Needs
Public Health Emergencies: Your Preparedness Guide
Report from the Governor's Health Care Facilities Stakeholders Summit
Disaster Preparedness Checklists provided to Counties, a product of the Disaster Human Services Project

To find many of these and other emergency preparedness documents, please go to the DHFS website at: http://dhfs.wisconsin.gov/preparedness/index.htm

Summary Information on the Public Health Information Network (PHIN) and the Health Alert Network

The Public Health Information Network (PHIN) is Internet technology that connects local, state and national partners for emergency response such as Katrina and daily public health activities such as containing food borne illnesses. Using the Wisconsin PHIN, public health practitioners can securely contribute, retrieve, analyze and visualize public health information. PHIN supports the entire spectrum of public health through disease detection and monitoring, data analysis, secure network communications, emergency alert and response, and knowledge management. The federal government is promoting this vision of PHIN through grants and by setting standards to ensure the many parts of this national network fit well together. Compliance with these standards is a requirement for states to receive preparedness grants. Wisconsin, like all other states, is building our part of PHIN, customized for our strengths and needs.

Over 5,000 individuals and 1,600 organizations including hospitals, health care providers, law enforcement, and public health at all levels are registered to use the Health Alert Network (HAN). HAN is part of Wisconsin's Public Health Information Network. HAN provides secure Internet communication including the ability to issue alerts 24/7 through multiple means such as email, phone, fax, and pagers. It also provides a place to store and share documents and other information of common interest. HAN also securely supports surveys, a backup email system, event calendaring, and a learning management system.

Electronic reporting by health providers and labs allow public health officials to identify diseases and environmental events earlier. A new statewide Wisconsin Disease Surveillance System (WEDSS) will help diverse public and private partners more quickly identify and respond more effectively to a hazardous spill or an outbreak of contagious disease or a bioterrorist attack. In the next year, several larger labs will be reporting electronically and having their results available to public health officials in WEDSS. Notifiable conditions reported this way and through Internet screens in WEDSS will trigger alerts to public health officials when normal limits are exceeded. With the aid of electronic lab reporting and WEDSS, quick and well coordinated responses will save lives and reduce the impact of adverse events affecting Wisconsin's population.

WEDSS will be run in a secure Internet environment provided by PHIN. PHIN also hosts several other public health systems such as for maternal and child health, new-born screening, coroner reporting, West Nile Virus reporting, and a birth defects registry. These systems were developed and are maintained by PHIN programmers and accessed through a common statewide user ID.

A final piece of PHIN is of growing importance with the emergence of electronic health records as part of the Governor's and President's eHealth initiatives. This is a set of sophisticated web-based tools for authorized public, private, and academic partners to analyze notifiable condition and other public health data. PHIN provides state-of-the art Internet software from the SAS

Institute (the national standard for public health informatics) for conducting complex analysis of data at varying locations and to present, store and share easily accessible results. Powerful Geographic Information System (GIS) tools allow this information to be mapped and analyzed according to its relation to points on the earth. This ability to analyze and visualize based on location will be potent in identifying and managing environmental events and outbreaks. Within the limits of confidentiality, PHIN is working to make these powerful analytic tools and relevant data available in its reporting databases available to UW researchers and educators studying population health and clinical efficacy.

Communication Strategies Prior to, During, and After a Disaster

In a public health emergency in which there is a sustained power outage or other disruption of regular communication modes, every effort will be made to communicate critical information to the general public and partners via any means available.

Disease fact sheets, medicine dispensing and treatment site information, contact information and pre-scripted messages are drafted, translated, copied, stored, and updated in advance of an incident. Planning and resource documents are printed in hard copy and stored in an off-site location.

DHFS coordinates closely with partner agencies, such as Wisconsin Emergency Management, state and local law enforcement, and hospitals to carefully utilize and coordinate all available resources. Resources include, but are not limited to:

- Utilizing locations functioning with back-up generators;
- Drawing on human resources for face-to-face, neighborhood-to-neighborhood communication;
- Utilizing 2-1-1 Wisconsin information and referral resources (see more on 2-1-1 below)
- Neighborhood Literature Drops;
- Two-way radio technology;
- Bullhorn communication;
- All resources available in unaffected geographic locations.

Identified Methods of Information Dissemination

The mechanisms for communicating in a crisis vary depending upon the nature of the crisis and the audience for communication. Tools used to communicate with the media, public, and partners include:

- Phone (including tele-briefings)
- Hotlines (including 2-1-1 Wisconsin)
- Fax (including broadcast pre-programmed fax)
- E-mail (including listserv)
- Webcast
- Wisconsin Health Alert Network (including Command Caller Alerting System)
- Partner emergency response vehicles (using radio or mailing list of others)
- Face-to-face (including town hall meetings and press briefings)
- DHFS and partner web sites
- Media (including print, radio, Web, TV)
- Door to door
- Leaflet drop
- Bullhorn

Communication with Persons with Special Needs

In the event of a public health emergency, one of the greatest challenges will be to communicate effectively with Wisconsin's special populations. Persons with special needs include but may not be limited to any individual, group, or community whose physical, mental, emotional, cognitive, cultural, ethnic, socio-economic status, language, or circumstance, creates barriers to understanding or the ability to communicate and act/react in the manner in which the general population has been requested to proceed.

Effective messages, materials and outreach strategies will depend on DHFS having a sound understanding of special population communication needs. Preparation in advance of a crisis is one of the most essential and effective strategies to assist in times of emergency when normal modes of communication may not be available or sufficient.

With the availability of Pandemic Influenza grant money from the Centers for Disease Control and Prevention, DHFS will be working with a nationally recognized leader who specializes in the science of risk communication in a crisis to identify:

- Audience perceptions and opinions;
- Trusted information sources;
- Gaps in knowledge;
- Barriers to information access;
- Factors to motivate information seeking behavior; and
- Effective messages and messengers.

The department will incorporate findings into our on-going planning for emergency communication with persons with special needs.

Emerging Role of the 2-1-1 System

The Department of Health and Family Services has promoted development of the 211 system throughout the state because of the unique role that the system can play in communicating with the public during and after a disaster.

In planning for Wisconsin's response to Katrina and the impending evacuation of hundreds of families from down South to our state, DHFS and WEM approached Impact, the agency in Milwaukee County that provides 2-1-1 services, to activate its extensive phone banks and staff resources and be a resource for evacuees, host families, local agencies and others to call to obtain referrals to needed human services.

211 Wisconsin, Inc. also recognizes the important role it can play as a means of communication in responding to and recovering from emergencies. The following is a brief excerpt from the recently published 211 Wisconsin Business Plan:

> During and immediately after emergencies throughout the country – health crises or blackouts, natural disasters such as tornados or floods or man-made crises – 211 systems have acted as a complementary support by helping reduce the overwhelming number of telephone calls to 911, emergency management and first-response organizations, thus freeing them to focus on their primary work. In some cases, 211 has served as the memorable, easy-to-access utility for residents of an entire county or state to call for critical information as a result of a crisis.
>
> During recovery periods following a crisis, 211 systems have served as a longer-term resource by coordinating information on the status of available health and human services, connecting victims with the help they need and helping disseminate information on the details of local recovery, and informing individuals where to send cash or in-kind donations or to volunteer to help.
>
> Perhaps the best example of 211s contribution was during the 2004 hurricane emergency in Florida. There, 211s conclusively demonstrated the value they can add to emergency management and disaster relief. Leaders in municipal, county and state governments, in private philanthropy, and in the first-responder community agreed that 211s there:

- expanded the capacity of Emergency Operations Centers (EOCs) by providing trained information and referral specialists and by offering the public an alternative access point for information;
- became critically needed clearinghouses of information about availability of services and the status of health and human service organizations and government agencies;
- were able to spot unmet and emerging needs, helping direct resources to high priority places;
- provided critically needed telephone crisis support for callers, complementing the work of the EOCs;
- helped mobilize and manage volunteers and cash and in-kind donations;
- served as intake points on behalf of government agencies and nonprofit organizations, increasing the efficiency of connecting people with needed help; and
- have continued to be a critical part of recovery efforts, providing a connection to help for people whose lives have been dramatically affected by the storm.