



**WWHERC COVID-19
After-Action Report /
Improvement Plan**

DEVELOPED IN PARTNERSHIP WITH HSS

TABLE OF CONTENTS

Overview.....1
Executive Summary.....2
Analysis of Capabilities.....3
 Operational Coordination3
 Intelligence and Information Sharing6
 Communications.....8
 Health and Safety.....8
 Planning.....12
Improvement Plan.....15

DRAFT

OVERVIEW

Incident Name	COVID-19 Response
Incident Date	This version of the AAR/IP reflects Western Wisconsin Healthcare Emergency Response Coalition (WWHERC) operational response from February 3, 2020 through August 24, 2020.
Threat or Hazard	Global Pandemic
Situation	The COVID-19 pandemic is an ongoing global pandemic of coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The outbreak was first identified in Wuhan, China, in December 2019. The World Health Organization declared the outbreak a Public Health Emergency of International Concern on January 30, 2020 and a pandemic on March 11. As of October 8, 2020, more than 36 million cases of COVID-19 have been reported in more than 188 countries and territories, resulting in more than one million deaths, and more than 25 million people have recovered.
Capabilities	Operational Coordination Intelligence and Information Sharing Communications Employee Health & Safety Planning
Point of Contact	<p>Loren W. Klemp Coalition Coordinator Wisconsin Region 4 Healthcare Emergency Readiness Coalition loren.klemp@gmail.com 608-751-0698</p> <p>Elisa Stott Manager of Client Programs Emergency Management HSS Inc. Elisa.Stott@hss-us.com 317-937-0572</p> <p>Stephen Weiler EM Specialist Emergency Management HSS, Inc. Stephen.Weiler@hss-us.com 630-601-8012</p>

EXECUTIVE SUMMARY

In December of 2019, the world noticed a rapid rise in a novel coronavirus, COVID-19. First identified within China, global efforts to contain the spread failed and it rapidly grew internationally. In February of 2020, the Western Wisconsin Healthcare Emergency Response Coalition Board (WWHERC) began sharing pertinent COVID-19 information regionally with all response partners through phone calls, email messaging, and other means as deemed necessary as emergency information arose. The coalition, in partnership with the State of Wisconsin, collected information from response partners to assist with developing response priorities. The coalition also assisted with resource acquisition from local stockpiles and through the Strategic National Stockpile. While the world and WWHERC alike continue to respond to COVID-19, WWHERC initiated a review of internal processes in responding to the incident. To gain insight and appropriately analyze the region's response efforts, WWHERC partnered with HSS to author this report by utilizing surveys and interviews with key stakeholders across the health system. This report examines the strengths and areas for improvement for five capabilities as defined by the Federal Emergency Management Agency:

- Operational Coordination
- Intelligence and Information Sharing
- Communications
- Health & Safety
- Planning

Overall, Western Wisconsin HERC effectively responded to the demands of the global pandemic. Identified strengths of the coalition included:

- The coalition's use of the Incident Command System to direct and control organizational activities.
- The establishment of weekly regional phone call provided a foundation for information sharing.
- Pre-established relationships across the region prior to the incident helped improve operational coordination.

Several areas of opportunity were identified to improve WWHERC planning and response efforts in the future. The primary areas for improvement were:

- Formalization of procurement plans for critical resource to ensure alternate supply sources (inclusive of PPE, medical beds, and supplies, etc.)
- Continued improvement of internal and external communications to ensure streamlined and effective response capabilities as a region.
- Ensure WWHERC matures the coalition's emergency plans to reflect updated practices for current and future operations.

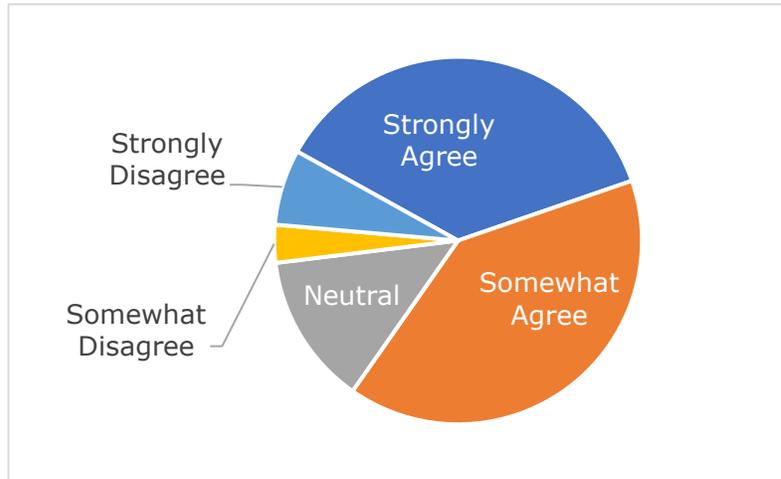
ANALYSIS OF CAPABILITIES

OPERATIONAL COORDINATION

Establish and maintain a unified and coordinated structure and process that appropriately integrates all critical stakeholders and supports the execution of the coalition's objectives.

Survey Poll: WWHERC was effective for coordinating response to COVID-19.

Response	Count
Strongly Agree	11
Somewhat Agree	12
Neutral	4
Somewhat Disagree	1
Strongly Disagree	2



STRENGTHS

Strength 1: WWHERC established and maintained coordinated operational structures to direct and control incident activities by using the Incident Command System (ICS) consistent with the National Incident Management System (NIMS).

Strength 2: WWHERC facilitated weekly telephone calls to provide an effective coordination point for regional organizations.

Strength 3: Relationship building before the incident facilitated emergency coordination and partnership throughout the incident.

AREAS FOR IMPROVEMENT

AREA FOR IMPROVEMENT 1: FAMILIARITY WITH ICS ROLES AND POSITIONS

The Incident Command System (ICS) is a standardized approach to incident management. It can be used by various organizations for both planned events and unplanned incidents. It enables a coordinated response among various jurisdictions and agencies, establishes common processes for incident planning and allows for the integration of resources. Its use enables effective, efficient, and collaborative incident management.

For personnel to function effectively in the NIMS framework, they should receive regular and consistent training, and application of that training, through exercises. While most entities used ICS to organize their COVID-19 response activities, many organizations found staff members unfamiliar with aspects of ICS and operated outside of their functional position.

Training and exercises help identify and assess how well an organization or region is prepared to respond to an emergency. These activities also develop the necessary knowledge, skills, and abilities of the workforce.

CORRECTIVE ACTION 1: ICS TRAINING PROGRAM

Ensure all staff identified to serve in Incident Management Team (IMT) roles participate in regular training to understand their role and responsibilities, key functions, and coordination amongst the entire ICS structure. The WWHERC should develop a training program with a multi-year training plan to create depth of position and prepare for diverse hazards.

CORRECTIVE ACTION 2: EXERCISE PROGRAM

Enhance exercise offerings for organizations' Incident Management Team (IMT) members and responding employees. Explore mechanisms to partner with various groups to provide diverse exercise experiences. Consider having secondary staff observe exercises or have secondary staff act as primary roles with the traditional primary staff act as observers. Practice various functional aspects for both short and long-term incident responses. Develop a multi-year exercise program in collaboration with WWHERC organizations.

CORRECTIVE ACTION 3: POSITION REDUNDANCY

Identify a process where specific organizational positions are aligned with like management functions in the Incident Management Team (IMT). Once those positions are identified, participants would regularly participate in training and exercises related to their role to develop and maintain the skillset required of the IMT position. The process should also identify redundancies in the system that allows for secondary and tertiary staffing of key IMT positions. For those organizations with limited personnel resources, explore the use of regional or external support.

AREA FOR IMPROVEMENT 2: OPERATIONAL COMMUNICATIONS

Effective response coordination relies on information sharing to establish a common operating picture. Information sharing is the ability to share real-time information related to the emergency, and situational awareness across the various response organizations and levels of government.

Throughout the response, there has been a torrent of information from countless sources. Often, people would share, and reshare, the same information. Identified issues included: information not vetted, no prioritization of messaging, overwhelming influx of information. Consequently, many ignored the information due to the inability to sort messaging and keep up with the amount of incoming information.

CORRECTIVE ACTION 1: DEVELOP INFORMATION SHARING PROCEDURES

Develop and document in the WWHERC response plan, information sharing procedures to include and define communication methods, frequency of information sharing, and communication systems and platforms available to share information during an emergency response and normal operations. This single point of information could include a coordinated information vetting process where information is interpreted and turned into intelligence. Information could be shared through an intelligence email, bulletin, or website.

AREA FOR IMPROVEMENT 3: POSITION REDUNDANCY

The COVID-19 response required organizations to pivot to emergency response in lieu of daily operations. Some of these organizations operate with one or two staff members or volunteers. While certain activities can be temporarily postponed addressing the immediate crisis, some organizations struggle with the ability to balance emergency and normal operational requirements. Without appropriate continuity of operations planning, mandatory activities and appropriate staffing are not resolved.

CORRECTIVE ACTION 1: IMPROVE STAFFING REDUNDANCY

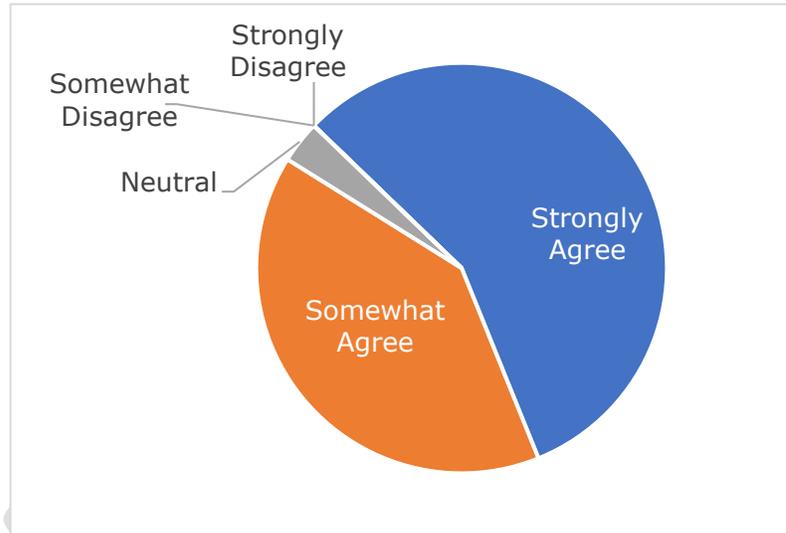
Each organization should engage in workforce planning to anticipate the numbers of workers with the appropriate skill sets and competencies, it should also anticipate how changes due to emergencies will affect those plans. This planning process should define resource allocations, including how employees may be deployed into other areas of the workforce should certain workgroups staffing shortfalls due to illness, death, or travel restrictions.

INTELLIGENCE AND INFORMATION SHARING

Provide timely, accurate, and actionable information resulting from the planning, direction, collection, exploitation, processing, analysis, production, dissemination, evaluation, and feedback of available information. Provide all decision makers with decision-relevant information regarding COVID-19, any cascading effects, and the status of the response.

Survey Poll: WWHERC provided timely, accurate, and actionable information.

Response	Count
Strongly Agree	17
Somewhat Agree	12
Neutral	1
Somewhat Disagree	0
Strongly Disagree	0



STRENGTHS

- Strength 1:** Regional members disseminated local, state, federal, and international information in a rapidly developing, fluid environment.
- Strength 2:** WWHERC organizations effectively incorporated rapidly changing federal and international guidance into various protocols to ensure the safety of employees and patients alike.
- Strength 3:** Providers effectively shared information related to the patient continuum of care.

AREAS FOR IMPROVEMENT

AREA FOR IMPROVEMENT 1: FIRST RESPONDER COLLABORATION

EMS played a vital role in responding to requests for assistance, triaging patients, and providing emergency medical treatment and transport for ill or injured persons. However, unlike patient care in the controlled environment of a healthcare facility, care and transports by EMS present unique challenges due to the nature of the setting, enclosed space during transport, frequent need for rapid medical decision-making, interventions with limited information, and a varying range of patient acuity and jurisdictional healthcare resources.

It was identified that EMS transports which later tested positive for COVID-19, there was little/no information sharing with EMS regarding potential exposure. Hospitals provided contract tracing with their own staff but did not incorporate EMS into those processes. Without proper notification and awareness of the potential exposure, small and volunteer agencies' operations would experience significant impact by extended quarantine measures.

CORRECTIVE ACTION 1: FIRST RESPONDER NOTIFICATION

Healthcare organizations and first responders should collaboratively develop information sharing procedures, in accordance with applicable laws, when patients present positive indications of an infectious disease during hospital care. These processes should be formalized into plans and encompass a range of infectious diseases beyond COVID-19.

AREA FOR IMPROVEMENT 2: HERC PARTICIPATION

Many people credited the WWHERC for facilitating information sharing at weekly meetings. While these meetings provided an opportunity for many organizations to exchange information, attendance at these meetings was sporadic with recent meetings having only ten (10) attendees from the seventy-two (72) partners invited.

CORRECTIVE ACTION 1: INCENTIVIZE PARTICIPANTS

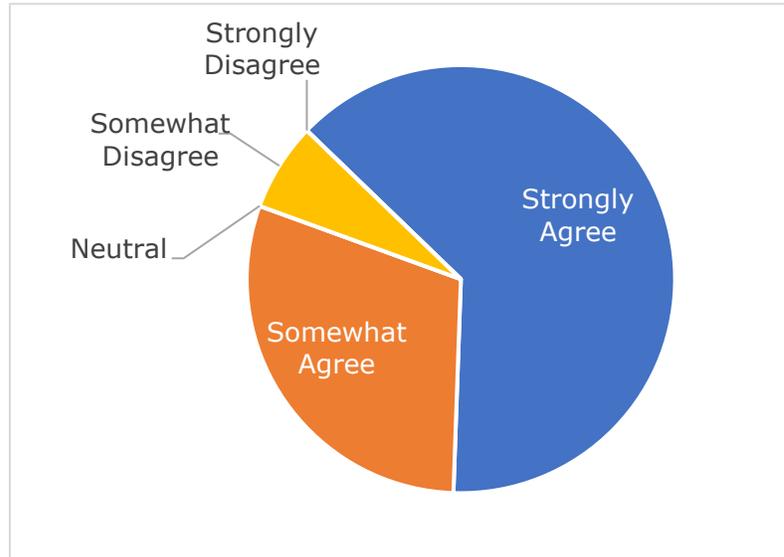
Explore ways to promote attendance and participation at coalition meetings. These meetings provide an opportunity for WWHERC to highlight their ability to coordinate response strategies, track resource availability and needs, and promote collaboration. Meetings also reinforce the strong relationships built in advance of the COVID-19, or any crisis.

COMMUNICATIONS

Deliver coordinated, prompt, reliable, and actionable information to the whole coalition through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding COVID-19, as well as the actions being taken and the assistance being made available, as appropriate.

Survey Poll: WWHERC effectively delivered coordinated, prompt, reliable, and actionable information to the coalition throughout the COVID-19 response.

Response	Count
Strongly Agree	19
Somewhat Agree	9
Neutral	0
Somewhat Disagree	2
Strongly Disagree	0



STRENGTHS

Strength 1: WWHERC consistently provided beneficial intelligence to members through weekly regional calls.

Strength 2: Use of EMResource Immediate Bed Availability (IBA) numbers provided necessary situational awareness for regional partners.

Strength 3: The regional coordinator was responsive to member’s questions and facilitated appropriate resolution.

AREAS FOR IMPROVEMENT

AREA FOR IMPROVEMENT 1: UTILIZE A JOINT INFORMATION SYSTEM

NIMS promotes the use of a Joint Information System (JIS). A JIS integrates incident information and public affairs into a unified organization that provides consistent, coordinated, accurate, accessible, timely, and complete information to the public and stakeholders during incident operations. JIS activities include:

- Developing and delivering coordinated interagency messages
- Developing, recommending, and executing public information plans and strategies
- Advising on public affairs issues that could affect the incident management effort
- Addressing and managing rumors and inaccurate information that could undermine public confidence

Guidance from various parts of the federal and state government was often conflicting resulting in confusion at the local level. Rumors and misinformation also contributed to the ambiguity. Initially, hospitals and other health care organizations looked to the local health departments (LHD) for response guidance. As the response matured, hospitals began incorporating their anecdotal experiences into their response processes which often conflicted with public health guidance as it continued to evolve. Also, various LHDs developed guidance independent of neighboring LHDs which caused confusion and uncertainty for the affected communities who were aware of divergent information from adjacent government agencies. Challenges in determining trustworthy information sources resulted in confusion and an erosion of confidence and credibility in the LHDs and government alike.

CORRECTIVE ACTION 1: PUBLIC HEALTH INFORMATION SHARING

WWHERC should engage members in productive discussions about recommended courses of action for its communities as it relates to COVID-19 protection, treatment, and recovery guidance. When differing opinions occur, each organization will be aware of the differing guidance and can incorporate a narrative to explain the disparate information.

Enhanced coordination and improved situational awareness can be achieved when there is active participation and collaboration amongst hospitals, EMS, emergency management organizations, and public health agencies by documenting roles, responsibilities, and authorities before, during, and after an emergency.

CORRECTIVE ACTION 2: ESTABLISH A JOINT INFORMATION CENTER (JIC)

To ensure coordination of this information, WWHERC members should consider the use of a Joint Information Center (JIC). This JIC can be at an actual location or virtual and facilitates the operation of the JIS.

AREA FOR IMPROVEMENT 3: STATE INFORMATION COORDINATION

Information and communication materials were primarily driven by the State of Wisconsin with little input from local jurisdictions or the state. With little insight into the processes of the state, information was at times rescinded, delayed, or non-existent.

CORRECTIVE ACTION 1: INFORMATION MANAGEMENT SYSTEM

The WWHERC should work with the State of Wisconsin to develop an information management system (IMS) that can be standardized across all of the HERCs. The IMS should provide a repository of past and present situational awareness for verified partners. Through this system, WWHERC could share, post, and update the most recent information without concern the information would get lost in e-mail. Members could transition from reactive reception of information to proactive searching from an authoritative source.

CORRECTIVE ACTION 2: REGIONAL COMMUNICATIONS

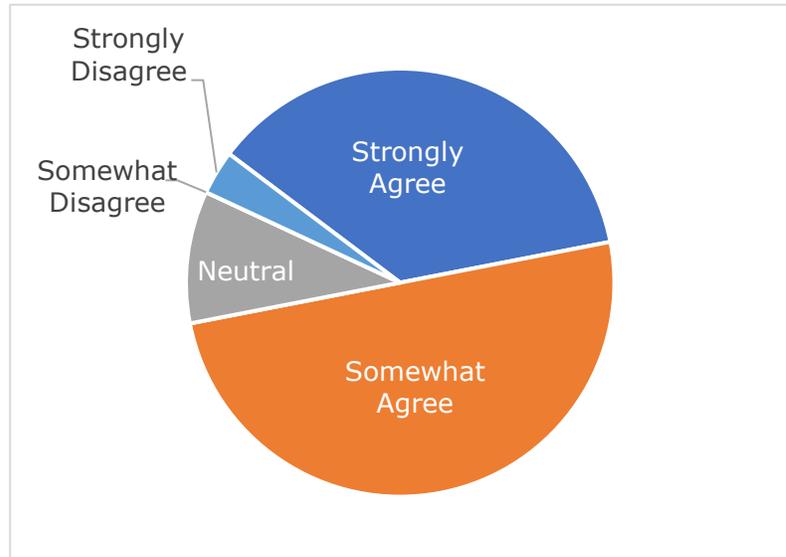
The WWHERC can facilitate an opportunity to enhance regional communications. While the area commonly works together, a collaborative environment extending outside of that group would be advantageous for future wide-scale events. WWHERC could assist as an overarching entity to drive the maturation of regional communications especially county-to-county through hosting a workshop or review/improvement process of communication procedures.

HEALTH AND SAFETY

Conduct appropriate measures to ensure the protection of the health and safety of the patients, visitors, staff, the public, and other stakeholders.

Survey Poll: WWHERC effectively provided information to assist organizations with education in appropriate measures to aid in the protection of the health and safety of employees.

Response	Count
Strongly Agree	11
Somewhat Agree	15
Neutral	3
Somewhat Disagree	0
Strongly Disagree	1



STRENGTHS

- Strength 1:** Regional partners engaged in conversations about the immediate and future need for additional PPE and are working on maintaining a PPE stockpile for future needs.
- Strength 2:** WWHERC’s resource planning efforts were realized in the initial response. Previously purchased PAPRs were utilized until additional N95 respirators arrived.
- Strength 3:** Organizations discovered creative workarounds in the face of limited PPE. For example, one organization repurposed their orthotics department to make face shields.

AREAS FOR IMPROVEMENT

AREA FOR IMPROVEMENT 1: STOCKPILE UTILIZATION PROCESSES AND PROCEDURES

Entities within the WWHERC experienced continuous updates to the guidance for Personal Protective Equipment (PPE) protocols they were being required to follow, creating confusion and improper utilization of PPE within the response. Additionally, in the initial stages of response, it was identified that individual organizations maintained routine processes for PPE utilization rather than implementing conservation strategies to ensure sufficient PPE availability over the extended response. Entities’ PPE use varied depending on need and availability requiring them to seek additional resources from the WWHERC stockpile. The regional strategy for WWHERC PPE prioritization, usage, or acquisition should result in an equitable distribution of PPE.

CORRECTIVE ACTION 1: REVIEW INVENTORY

Establish a system to continually review PPE and equipment inventories. Proactively resupply as resources allow and prepare for the possibility of another surge. If possible, create or resupply any emergency preparedness inventories that may have been depleted.

CORRECTIVE ACTION 2: SUPPLY CHAIN INTEGRITY

Collaborate with WWHERC members to develop a joint understanding of supply chain vulnerabilities and strategies to address them. Explore opportunities to formalize ad hoc work arounds and processes. Ensure an effective inventory management system to effectively monitor and track the current inventory.

AREA FOR IMPROVEMENT 2: REGIONAL TESTING AND ISOLATION

The State of Wisconsin delegated COVID-19 testing and isolation planning and conduct to the individual counties throughout the state with varying levels of support provided by the National Guard. It was also noted that, organizations at the local level had leeway to develop COVID-19 testing models that aligned with the resources and infrastructure available. For example, some facilities required people to stay in the car, others screened persons before they entered the facility. Many sites will require an appointment. Often county public health agencies are staffed with a single person and conducting testing operations overburdens them.

CORRECTIVE ACTION 1: DEVELOP LONG-TERM REGIONAL TESTING AND ISOLATION STRATEGY

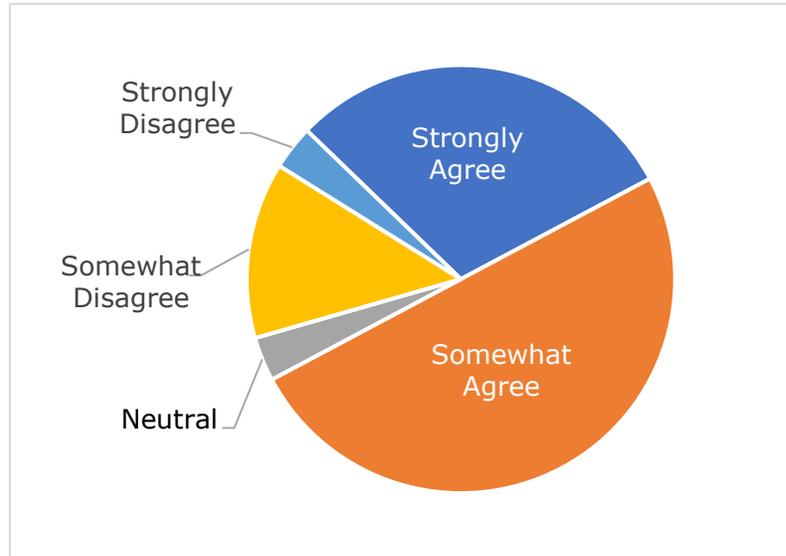
The region should explore a regional approach to testing and isolation not reliant on the National Guard. This collaborative approach would incorporate resource sharing for operations, planning, and information sharing. As Wisconsin transitions into autumn and winter, current operations will not be sustainable. With impacts on supplies, equipment, and personnel, plans need to begin immediately to effectively prepare for extended operations through next year.

PLANNING

Conduct a systematic process in the development of executable strategic, operational, and/or tactical-level approaches to meet defined objectives.

Survey Poll: WWHERC plans, policies, and procedures were effective at providing executable strategic, operational, and/or tactical-level approaches to meet defined objectives.

Response	Count
Strongly Agree	9
Somewhat Agree	15
Neutral	1
Somewhat Disagree	4
Strongly Disagree	1



STRENGTHS

Strength 1: Previously developed plans and processes were flexible, and capable of rapid updates as federal, state, and local guidance changed.

Strength 2: Throughout the response, the HERC provided recommendations to individual organizations on conduct for their planning activities highlighting best practice models.

AREAS FOR IMPROVEMENT

AREA FOR IMPROVEMENT 1: REGIONAL RESPONSE PLANS

Prior to COVID-19, many organizations had previously developed infectious disease response plans in place, many resulting from lessons learned from the H1N1 pandemic. Throughout this response, it was clear these original plans were not sufficient to address the new challenges presented by COVID-19. As such, organizations were required to adjust their plans just-in-time for the new variables presenting with this pandemic, and continuously adjust as new information was presented.

CORRECTIVE ACTION 1: MATURE RESPONSE PLANS

The WWHERC should review previously developed emergency response plans and incorporate lessons learned from the initial COVID-19 response and formalize newly developed processes, procedures, and tactics to include surge strategies, PPE guidance, staffing, and telehealth. The plans can be further refined as WWHERC continues to respond to the COVID-19 pandemic and updated as needed.

AREA FOR IMPROVEMENT 2: AWARENESS OF HERC ROLE & CAPABILITES

Healthcare Emergency Response Coalitions (HERC) play a critical role in developing health care delivery systems preparedness and response capabilities across the State of Wisconsin. HERCs are designed to coordinate activities among health care organizations and other stakeholders in their communities. It was identified that many WWHERC members were not clear on the HERC's role, objectives, or capabilities throughout this pandemic response.

CORRECTIVE ACTION 1: HERC INCIDENT RESPONSE ROLE

Ensure all organizations understand the nature and role of the HERC. This can be accomplished through informal meetings, training sessions, or exercises where HERC roles and functions are clarified and reinforced through scenario-based training and exercise opportunities. Develop a list of achievable objectives/expectations for the HERC during major incidents. Design a process to ensure each member has what it needs to respond to emergencies and planned events. This includes medical equipment and supplies, real-time information, communication systems, and educated/trained personnel.

CORRECTIVE ACTION 2: RESOURCE MANAGEMENT

Identify and develop a list of resources maintained by the HERC. These resources may include personnel, equipment, teams, supplies, and facilities. Ensure a process is in place to maintain the minimum capability, interoperability, and sharing of these resources during an incident. Ensure all WWHERC members are aware of these resources, and the process for requesting and returning them during an incident or planned event.

AREA FOR IMPROVEMENT 3: CONTINUITY OF OPERATIONS

The COVID-19 response required organizations to pivot to emergency response, at times in lieu of daily operations. Many of the organizations within WWHERC operate with one or two staff members or volunteers. While certain activities can be temporarily postponed addressing the immediate crisis, many struggled with the ability to balance emergency and normal operations requirements. Without appropriate continuity of operations planning, mandatory activities and appropriate staffing may be impacted or missed entirely.

CORRECTIVE ACTION 1: DEVELOP COOP/BCP

Organizations should review current plans, or develop new Continuity of Operations Plans (COOP), also known as Business Continuity Plans (BCP), by identifying the critical functions of the organization, and supporting resources including personnel responsible for performing those critical functions, the equipment or supplies necessary to perform the function, and the place at which they will perform those functions. This information should be formalized into a documented Continuity of Operations Plan. Organizations without internal capabilities should explore the use of external resources to support development of continuity plans and programs. Current plans should be updated to reflect lessons learned and processes developed during response operations.

CORRECTIVE ACTION 2: LONG TERM STAFFING STRATEGY

Identify supplemental staffing opportunities throughout the region. Explore the use of mutual aid agreements or other regional assets. Explore opportunities to recruit community members to create a long-term volunteer workforce.

AREA FOR IMPROVEMENT 4: VACCINE ADMINISTRATION PLANNING

The United States Government (USG) anticipates the successful completion of COVID-19 vaccination trials before the end of calendar 2020 resulting from Operation Warp Speed (OWS). In a recent USG guidance document, "From the Factory to the Frontlines," the US Department of Health and Human Services (HHS) indicated receipt, storage, and administration of the COVID-19 vaccine will require specific logistical, technical, and administration protocols. Additionally, the USG anticipates vaccine delivery will occur in three potential phases. Phase-1 will involve initial limited vaccine availability, directed towards high risk groups, and administered in closed settings. Towards the end of Phase-1 and into Phase-2, there will be increased vaccine access, expanded targeted groups, and a move towards broad administration throughout various sites. Phase-3 will migrate to a continued vaccination program applying a routine strategy model. While many of the current pandemic plans may have been built on false assumptions, they often have sound functional elements which still apply despite the unforeseen nature of the current crisis.

CORRECTIVE ACTION 1: REVIEW VACCINE ADMINISTRATION PLANS

Organizations should review their current vaccine administration plans, including ability to provide mass vaccinations. Operational and support elements should be reviewed against the recent guidance developed by the federal government. These plans should consider regional public messaging to promote vaccine confidence, countering misinformation, and target outreach to vulnerable and high-risk populations.

CORRECTIVE ACTION 2: PROVIDE VACCINE ADMINISTRATION TRAINING

Organizations should implement a vaccine training program for all leadership, personnel, and volunteers. Even if current mass vaccination plans do not require updating, refresher training is likely required. Ensure all staff participate and understand their role and responsibilities, key functions, and coordination amongst the entire structure. Provide a regional training to WWHERC personnel to increase understanding of the regional vaccination campaign.

CORRECTIVE ACTION 3: CONDUCT VACCINE ADMINISTRATION EXERCISE PROGRAM

To ensure developed vaccine administration plans and training can be implemented effectively, an exercise program should be implemented to test the workability of plans and protocols. Explore mechanisms to partner with various groups to provide diverse exercise experiences. To provide additional exposure, consider inviting secondary staff to observe exercises or have secondary staff act as primary roles with the traditional primary staff act as observers. Practice various functional aspects for both short and long-term incident responses. Incorporate these into a multi-year regional exercise program in collaboration with WWHERC organizations.

IMPROVEMENT PLAN					
Capability	Area for Improvement	Corrective Action	Primary Responsible Department	Start Date	Completion Date
Operational Coordination	Familiarity with ICS Roles and Positions	Develop ICS Training Program			
		Create Exercise Program			
		Ensure Position Redundancy			
	Operational Communications	Develop Information Sharing Procedures			
	Position Redundancy	Improve Staffing Redundancy			
Intelligence and Information Sharing	First Responder Collaboration	First Responder Notification			
	HERC Participation	Incentivize Participants			
Communications	Utilize a Joint Information System	Public Health Information Sharing			
		Establish Joint Information Center			
	State Communication Coordination	Information Management System			
		Regional Communications			

Capability	Area for Improvement	Corrective Action	Primary Responsible Department	Start Date	Completion Date
Employee Health and Safety	Stockpile Utilization Processes and Procedures	Review Inventory			
		Supply Chain Integrity			
	Regional Testing and Isolation	Develop Long-Term Regional Testing and Isolation Strategy			
Planning	Response Plans	Mature Response Plans			
	Awareness of HERC Role & Capabilities	HERC Incident Response Role			
		Resource Management			
	Continuity of Operations	Develop BCP/COOP			