



**PennState Health**

# **INTEGRATED PREPAREDNESS PLAN**

**FISCAL YEAR 2025-2027**



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## Security Statement

The Penn State Health Integrated Preparedness Plan (IPP) is a critical framework designed to guide emergency preparedness, response, recovery, and mitigation efforts across the organization. To maintain its effectiveness and safeguard the confidentiality, integrity, and availability of the information contained within, the following security measures are implemented:

1. **Access Control:** Access to the IPP is restricted to authorized personnel only. Distribution is limited to individuals with a legitimate need to know, ensuring the plan remains secure and accessible only to key stakeholders.
2. **Confidentiality:** The IPP may contain sensitive operational details, including emergency response protocols, contact information, and resource allocation plans. These elements are protected in accordance with Penn State Health's information security policies and applicable regulatory standards.
3. **Data Integrity:** The IPP is maintained as a living document, with updates and revisions controlled to ensure accuracy and alignment with current organizational priorities, risks, and regulatory requirements. Version control is strictly enforced.
4. **Incident Response:** Security incidents involving the IPP, such as unauthorized access or distribution, are subject to immediate investigation and corrective action in accordance with Penn State Health's incident response protocols.
5. **Storage and Distribution:** The IPP is stored in secure systems and distributed electronically via encrypted channels or in hard copy under secure conditions. Unauthorized reproduction or dissemination is strictly prohibited.

By adhering to these principles, Penn State Health ensures that the Integrated Preparedness Plan remains a secure, reliable, and effective tool for organizational preparedness and resilience.

## Version Control

Version Number	Change	Author	Date
1.0	Initial Draft	Robert Peña	11/19/24
1.1	Added Para. 5.3	Robert Peña	1/21/25
1.2	Added Para. 4.3 and renumbered remaining	Robert Peña	2/4/25
1.3	Separated Calendar into a stand-alone doc	Robert Pena	2/18/25
1.4	Aligned dates to new fiscal calendar	Robert Pena	4/24/25

Table 1 Version Control

## Program Contact

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## **Integrated Preparedness Plan (IPP)**

### **Executive Summary**

The Penn State Health Integrated Preparedness Plan (IPP) outlines a commitment to strengthening our capacity to prepare for, respond to, recover from, and mitigate the impacts of emergencies and disasters.

In accordance with The Joint Commission standards, including HR.01.05.03, this IPP incorporates comprehensive training and education plans for staff to ensure they possess the necessary knowledge, skills, and competencies to respond effectively to emergencies. The standard underscores the critical role of ongoing training and education in emergency management, ensuring all personnel are prepared to execute their responsibilities during a crisis. By prioritizing this standard, Penn State Health demonstrates its commitment to maintaining operational readiness and the safety of patients, staff, and the communities we serve.

In addition, this plan aligns with FEMA's Homeland Security Exercise and Evaluation Program (HSEEP) as well as the National Preparedness Goal to ensure our organization achieves optimal resilience while maintaining the highest standard of care.

Our healthcare system serves a diverse population across multiple facilities and counties, making preparedness a critical component of our operational readiness. This IPP will establish a framework for a unified approach to preparedness, integrating training, exercises, and partnerships to build and sustain our core capabilities.

## **1. Purpose and Scope**

### **1.1 Purpose**

The purpose of this IPP is to enhance Penn State Health's readiness to manage all-hazard emergencies effectively while ensuring continuous patient care and safety. The plan emphasizes the importance of ongoing training, exercises, and competency assessments to prepare all levels of staff for their roles during emergencies. By integrating lessons learned from real-world events and exercises, the IPP fosters a culture of continuous improvement and readiness.

Recognizing that healthcare resilience depends on collaboration, the IPP facilitates strong partnerships with local and state emergency management agencies, regional healthcare coalitions, regional counter-terrorism task forces, local fire and police departments, and other healthcare systems. These relationships enable coordinated responses to regional or large-scale emergencies.

### **1.2 Scope**

This plan applies to all Penn State Health facilities, including Penn State Health Milton S. Hershey Medical Center, Penn State Health St. Joseph, Penn State Health Holy Spirit Hospital, Penn State Health Lancaster Medical Center, Penn State Health Hampden Medical Center, the Pennsylvania Psychiatric Institute, and other affiliated locations. It includes participation from clinical and non-clinical staff, community partners, and external stakeholders such as public health and county emergency management agencies.



### **1.3 Living Document**

This Integrated Preparedness Plan (IPP) is a living document and is designed to evolve and adapt to the dynamic nature of emergency management. It reflects the current priorities, risks, and best practices of Penn State Health while remaining flexible to accommodate changes in organizational needs, regulatory requirements, and emerging threats.

This IPP may be modified at any time to integrate lessons learned from real-world events, exercises, or new developments in emergency preparedness and response. Updates to the plan will ensure that it remains relevant, actionable, and aligned with the mission of providing safe, effective, and continuous care during emergencies.

The Emergency Management and Business Continuity department of Penn State Health is committed to maintaining this plan as an up-to-date and effective resource, empowering the organization to respond proactively and efficiently to any challenges that may arise. Any revisions will be documented and communicated to stakeholders to ensure consistency and shared understanding.

### **1.4 Implementation**

The Integrated Preparedness Plan (IPP) for Fiscal Year 2025 will commence after Quarter 1 due to a temporary vacancy in the Training and Exercise Coordinator position. This delay ensures that the plan's implementation aligns with the availability of dedicated personnel to oversee and manage training, exercises, and related preparedness activities effectively.

The IPP's scheduled activities for subsequent years will proceed as planned, incorporating any necessary adjustments to address the delayed start. Stakeholders will be updated as new timelines and schedules are finalized.

### **1.5 Fiscal Year Definition**

The fiscal year for the Penn State Health Integrated Preparedness Plan (IPP) aligns with the organization's operational calendar, beginning on **July 1** and concluding on **June 30** of the following year. This timeline provides a structured framework for planning, implementing, and evaluating training, exercises, and preparedness activities.

<b>Fiscal Year</b>	<b>Applicable Dates</b>
Fiscal Year 2025	July 1, 2024 to June 30, 2025
Fiscal Year 2026	July 1, 2025 to June 30, 2026
Fiscal Year 2027	July 1, 2026 to June 30, 2027
Fiscal Year 2028	July 1, 2027 to June 30, 2028

*Table 2 Fiscal Year and Dates*

## **2. Preparedness Strategy**

### **2.1 Strategic Goals**

The strategic goals of the Integrated Preparedness Plan (IPP) are designed to build resilience, enhance coordination, and ensure the readiness of Penn State Health to respond effectively to a wide range of emergencies. These goals will align with federal, state, and local emergency



management standards and aim to protect patients, staff, and resources while maintaining the highest level of care. The key strategic goals include:

- 🐾 Enhance resilience through comprehensive training and preparedness initiatives.
- 🐾 Improve communication and coordination across all facilities and with external partners.
- 🐾 Ensure compliance with federal and state regulations, including the National Incident Management System (NIMS) and HSEEP standards.
- 🐾 Ensure compliance with The Joint Commission, the Centers for Medicare & Medicaid Services, Pennsylvania Department of Health, and other regulatory bodies, by developing and implementing system-wide training modules ensuring all staff understand their roles in emergency preparedness and response.

## **2.2 Alignment with National Preparedness System**

This IPP aligns with the National Preparedness Goal by addressing the five mission areas:

- 🐾 **Prevention:** Implementing policies to prevent the spread of infectious diseases and addressing potential threats.
- 🐾 **Protection:** Safeguarding patients, staff, and assets through enhanced security measures.
- 🐾 **Mitigation:** Reducing the impact of potential hazards through risk-informed planning.
- 🐾 **Response:** Coordinating timely and effective emergency response efforts.
- 🐾 **Recovery:** Ensuring rapid restoration of services and continuity of operations.

## **2.3 Priorities based on current Hazard Vulnerability Analysis**

The most recent Hazard Vulnerability Analysis (HVA) identified the following high-priority risks:

- 🐾 IT System Outage
- 🐾 Mass Casualty Incident - Trauma
- 🐾 Communications – Telephony Failure

## **2.4 Required Training for Incident Management Team Members**

Employees of Penn State Health serving on an Incident Management Team or as a member of the Hospital Incident Command System (HICS) are required to complete the following courses. Most courses are available through FEMA's Independent Study program or via various in-person classroom sessions. However, ICS-300 and ICS-400 are exclusively offered as in-person classes.

<b>Position</b>	<b>IS-100</b>	<b>IS-200</b>	<b>ICS-300</b>	<b>ICS-400</b>	<b>IS-700</b>
System EM Council Member	✓	✓			✓
Senior System Official	✓	✓			✓
Liaison	✓	✓			✓
PIO/Communications	✓	✓			✓
Safety	✓	✓	✓	✓	✓
Advisor	✓	✓	✓	✓	✓
Technical Specialist	✓	✓			✓
Planning Chief	✓	✓			✓
Entity Command Staff	✓	✓			✓
Situational Status Unit Members	✓	✓	✓	✓	✓
Entity General Staff	✓	✓			✓



Resource Status Unit Members	✓	✓			✓
Entity and System EMBC	✓	✓	✓	✓	✓

Table 3 Required Training for Incident Management Team Members

Records of successful completion of all emergency preparedness training should be kept in the employee's personnel file, with copies forwarded to the Emergency Management Coordinator.

## 3. Capabilities-Based Planning

### 3.1 Core Capabilities

The following core capabilities will guide preparedness efforts:

- 🐾 Public Health and Medical Services: Maintaining continuity of care during emergencies.
- 🐾 Operational Coordination: Establishing clear incident command structures across facilities.
- 🐾 Cybersecurity: Protecting critical systems from potential cyber threats.

### 3.2 Planning Assumptions

Planning assumptions serve as the foundation for developing and executing the Integrated Preparedness Plan (IPP). They establish a realistic framework for emergency preparedness and response by identifying key conditions and expectations. The following assumptions guide the planning process for Penn State Health:

- 🐾 Emergency operations will follow the Penn State Health Emergency Operations Plan (EOP).
- 🐾 External partners, including local and state agencies, will provide support during large-scale emergencies.
- 🐾 External resource support, such as mutual aid agreements and vendor contracts, will be accessible when internal resources are insufficient.
- 🐾 Essential healthcare services must continue during emergencies, requiring robust continuity of operations planning (COOP).

## 4. Integrated Preparedness Activities

### 4.1 Training and Exercises

At the core of Penn State Health's preparedness strategy is a robust schedule of training and exercises. These sessions are tailored to equip staff and leaders with the essential skills and knowledge required to manage emergencies confidently and effectively. Training and exercises are developed using the Homeland Security Exercise and Evaluation Program (HSEEP) framework to promote consistency, realism, and continuous improvement.

The training program focuses on building individual and team competencies across all roles and responsibilities within the health system as they pertain to emergency management. It is designed to meet regulatory requirements, including those set by The Joint Commission, and address identified gaps from After-Action Reports (AARs).



The multi-year schedule (Appendices A-C) includes:

- 🐾 Year 1: Multiple Tabletop exercises on cyber security; functional exercises on mass casualty incident management.
- 🐾 Year 2: Full-scale exercise on mass casualty incident (MCI) management; training on CBRNE incident response.
- 🐾 Year 3: Functional exercise on CBRNE response; continuity of operations (COOP) training.

### 4.2 Library of Table-Top Exercises

To streamline preparedness activities and enhance staff readiness, Penn State Health maintains a library of pre-designed, or "canned," tabletop exercises. These exercises are scenario-based training tools designed to address a variety of potential emergencies, ranging from natural disasters to cybersecurity incidents.

The canned tabletop exercises are:

- 🐾 **Ready-to-use:** Pre-prepared scenarios that require minimal customization, allowing for quick deployment during training sessions.
- 🐾 **Adaptable:** Flexible enough to be tailored to specific departments, facilities, or incident types.
- 🐾 **Comprehensive:** Focused on critical response areas, including communications, resource management, staffing, patient care, utilities, and safety and security.

These exercises are available to all Penn State Health facilities and can be used independently or in conjunction with other training initiatives. They are particularly useful for engaging staff in discussions about emergency response protocols, identifying potential gaps in plans, and fostering interdisciplinary collaboration.

By leveraging canned tabletop exercises, the organization ensures consistency in training while reducing the administrative burden of exercise preparation, enabling more frequent and effective preparedness activities across the health system.

### 4.3 Exercise Request Process

Entities seeking to conduct an emergency preparedness exercise must follow the procedure outlined below to ensure proper coordination, resource allocation, and compliance with the Homeland Security Exercise and Evaluation Program (HSEEP) and The Joint Commission requirements.

#### Step 1: Submission of Exercise Request Form

A requesting entity must complete the Penn State Health Exercise Request Form and submit it to the System Emergency Management and Business Continuity (EMBC) department at least 60 days before the proposed exercise date. The form must be completed in full and include the requested details. The Exercise Request Form can be accessed through the Penn State Health Emergency Management SharePoint or by contacting the System EMBC Office.





### **Step 2: Review and Approval Process**

Upon receiving the completed request form, the EMBC department will:

- 🐾 **Review the Request:** Assess the request for feasibility, alignment with preparedness priorities, and availability of resources.
- 🐾 **Coordinate with Key Stakeholders:** Consult with relevant department heads, facility leadership, and external partners (if applicable) to ensure exercise objectives align with strategic goals.
- 🐾 **Approval or Modification:** Provide approval, request modifications, or reschedule the exercise as necessary. Approval decisions will be communicated within 14 business days of submission.

### **Step 3: Exercise Planning and Execution**

Approved exercises will be scheduled and integrated into the Annual Training and Exercise Calendar maintained by the EMBC department. The requesting entity is responsible for collaborating with EMBC to develop objectives, scenarios, and logistics for the exercise.

EMBC will assign an Exercise Coordinator to assist in planning and execution, ensuring adherence to HSEEP guidelines.

### **Step 4: After-Action Reporting and Improvement Planning**

In compliance with Section 5 of this document, an After-Action Report (AAR) will be developed within 30 days to document the strengths, weaknesses, and recommendations identified during the exercise. The requesting entity must participate in the Improvement Planning Process, ensuring corrective actions are implemented within 60 days post-exercise.

All AARs will be reviewed by the Hospital Emergency Management Committee and incorporated into the Integrated Preparedness Plan (IPP).

The personnel involved in the exercise development should refer to Section 5 of this policy for detailed guidance on developing, reviewing, and implementing After-Action Reports and Improvement Plans.

Failure to follow this policy may result in exercise denial or rescheduling. All exercises must comply with Penn State Health policies and procedures, The Joint Commission's emergency preparedness standards, and applicable federal and state regulations.

## **4.4 Testing the Emergency Operations Plan (EOP)**

The Emergency Operations Plan (EOP) will be tested at least two (2) times per year, either in response to an actual emergency or a planned emergency response exercise at each Penn State Health hospital. These exercises serve to validate the hospital's emergency response capabilities and ensure readiness for real-world incidents.

Exercises are conducted using discussion-based or operations-based formats and are designed to be comprehensive enough to test the EOP and the hospital's response capabilities to failure.



Each exercise will incorporate the six critical areas of emergency response identified in section 4.6.

Hospitals are encouraged to collaborate with community partners during such exercises to establish common goals, enhance coordination, and improve collective response efforts. These partnerships may include resource sharing and identifying alternative care sites to ensure continuity of care during emergencies or disasters.

#### 4.5 Real-World Events

Real-world events provide invaluable opportunities for the Penn State Health to evaluate and refine its emergency preparedness capabilities. Lessons learned from these events help identify strengths, gaps, and areas for improvement in the system's preparedness plans, training programs, and response procedures. By integrating insights from actual incidents, the organization enhances its resilience and readiness for future challenges.

#### 4.6 Alignment with The Joint Commission's Six Critical Areas

All training and exercises conducted under the Integrated Preparedness Plan (IPP) will comprehensively address the six critical areas required by The Joint Commission. These areas ensure a holistic approach to emergency preparedness and response, emphasizing the organization's ability to effectively manage all aspects of an emergency. The six critical areas are:

**Communications:** Ensuring reliable, interoperable communication systems within the organization and with external partners during an emergency.

**Resources and Assets:** Evaluating the ability to acquire and manage essential resources such as medical supplies, equipment, and personnel.

**Staffing:** Assessing the adequacy of staffing levels and the ability to manage staff roles, responsibilities, and safety during an emergency.

**Patient Care Activities:** Testing the organization's capacity to provide consistent and effective care during emergencies, including patient triage, treatment, and evacuation protocols.

**Utilities:** Ensuring the continuity of essential utilities such as power, water, and medical gas systems under emergency conditions.

**Safety and Security:** Evaluating procedures to maintain the safety and security of patients, staff, visitors, and facilities during emergencies.

Each exercise, whether discussion-based (e.g., tabletop exercises) or operations-based (e.g., drills and functional exercises), will integrate these critical areas into its objectives and evaluation criteria. This ensures that Penn State Health is prepared to meet the rigorous standards of The Joint Commission while enhancing overall emergency response capabilities.

#### 4.7 Special Training Considerations - Crane Clean Energy Power Station Operations

With the Crane Clean Energy Power Station (formerly Three Mile Island) scheduled to become operational again, Penn State Health recognizes the heightened importance of preparedness for potential radiological and nuclear incidents. As a critical component of the Integrated



Preparedness Plan (IPP), targeted training will be conducted to equip staff with the necessary knowledge, skills, and competencies to respond effectively to radiological and nuclear emergencies impacting area hospitals.

The training will be conducted in collaboration with subject matter experts from various external organizations, including the Pennsylvania Emergency Management Agency and Constellation Energy, and adhere to best practices outlined in the Homeland Security Exercise and Evaluation Program (HSEEP). By proactively addressing these risks, Penn State Health reaffirms its commitment to maintaining operational readiness and the safety of its community in proximity to the power station.

### 4.8 Stakeholder Engagement

Internal stakeholders include clinical leadership, security teams, and IT departments. External partners include the Pennsylvania Department of Health, local emergency management agencies, and neighboring healthcare systems.

### 4.9 Partnership with Healthcare Coalition and Task Force

Penn State Health recognizes the value of collaboration with external partners to strengthen regional preparedness efforts. To enhance the effectiveness and reach of training and exercises, the organization actively partners with various Healthcare Systems, Healthcare Coalitions, and Counterterrorism Task Forces.

These partnerships enable Penn State Health to:

**Leverage Regional Expertise:** Collaborate with subject matter experts to develop and deliver comprehensive training scenarios tailored to the healthcare sector.

**Enhance Resource Sharing:** Facilitate access to shared resources such as equipment, facilities, and personnel for large-scale exercises.

**Promote Interoperability:** Test and refine joint response protocols to ensure seamless communication and coordination across agencies during emergencies.

**Expand Exercise Scope:** Participate in regional, multi-agency drills and functional exercises that simulate real-world scenarios, such as mass casualty incidents, chemical spills, and cybersecurity events.

**Strengthen Community Resilience:** Work collectively to identify gaps, align objectives, and prepare for coordinated responses to regional hazards.

By integrating these partnerships into its training and exercise programs, Penn State Health ensures alignment with regional emergency management strategies and reinforces its commitment to preparedness and resilience.



## **5. Evaluation and Improvement**

### **5.1 After-Action Reporting**

After any exercise or real-world event, Penn State Health will prepare an After-Action Report (AAR) to evaluate the response, highlight successes, and identify areas for improvement. These reports will include stakeholder feedback, key lessons learned, and actionable recommendations to enhance plans, training, and future exercises.

The hospital Emergency Management Committee will review all drills, tabletop exercises, and emergencies, updating the hospital Emergency Operations Plan (EOP) as needed. AARs will document the event overview, its impact on critical elements (communications, resources, staffing, patient care, utilities, and safety), and recommendations for improvement. This process ensures comprehensive analysis and continuous enhancement of preparedness and response capabilities.

### **5.2 Improvement Planning**

Lessons learned will be tracked, assigned to responsible departments, and integrated into future preparedness activities. Improvement planning will be tracked utilizing the Fusion product purchased by Penn State Health.

### **5.3 Report Timeline**

After any exercise or real-world event, Penn State Health will initiate the After-Action Report (AAR) process within 30 days to ensure a timely evaluation of the response. This process will include gathering stakeholder feedback, identifying key lessons learned, and developing actionable recommendations for improvement.

The Emergency Management Committee associated with the exercised entity will review the completed AAR, along with any associated drills, tabletop exercises, or emergencies, to update the Emergency Operations Plan (EOP) as needed. Recommendations from the AAR will be tracked in Fusion and assigned to responsible departments or individuals for implementation within 60 days of the report's completion.

This timeline ensures continuous improvement of preparedness and response capabilities while integrating lessons learned into future training, planning, and exercises.



## **6. Resource Allocation**

### **6.1 Budget and Funding**

Funding to support training and exercise activities include the Penn State Health operational budget, various grants from the U.S. Department of Health and Human Services (HHS), other federal funding sources, as well as state-level emergency management funds.

### **6.2 Equipment and Technology**

Key resources include:

- 🐾 Emergency communication systems, including FirstNet mobile phones and PSH Radio system.
- 🐾 Mobile patient monitoring kits and patient tracking equipment.
- 🐾 IT systems for cybersecurity and telemedicine capabilities.



## **7. Maintenance and Sustainability**

### **7.1 Plan Review and Update Process**

Regular review and updating of the Integrated Preparedness Plan (IPP) are critical to ensuring its relevance, accuracy, and alignment with evolving risks, organizational changes, and regulatory requirements. The review process ensures that Penn State Health remains prepared for a wide range of emergencies while incorporating lessons learned from exercises, real-world events, and new developments in emergency management.

This IPP will be the focus of a collaborative workshop, the IPPW, every May to ensure it aligns with the latest organizational priorities, regulatory changes, and updated risk assessments. Participants from key departments, including emergency management, clinical leadership, IT, security, and facilities management, will actively contribute to this process. Additionally, the workshop will provide an opportunity to update the IPP as needed to maintain compliance with new or revised standards from The Joint Commission, Centers for Medicare and Medicaid Services (CMS), or other relevant authorities.

By implementing a proactive review and update process, Penn State Health ensures that its Integrated Preparedness Plan remains a dynamic and effective tool for guiding preparedness and response efforts. This commitment to continuous improvement supports the organization's mission of providing safe, effective, and uninterrupted care during emergencies.

### **7.2 Documentation and Recordkeeping**

Effective documentation and recordkeeping are essential components of the Penn State Health's Integrated Preparedness Plan. Proper record management ensures that all emergency preparedness activities are accurately captured, accessible for review, and compliant with regulatory requirements. This process supports accountability, continuous improvement, and readiness for audits or inspections.

By maintaining meticulous documentation and recordkeeping practices, Penn State Health demonstrates its commitment to accountability, transparency, and continuous improvement. This ensures the organization is well-prepared for regulatory reviews and internal evaluations, while also fostering a culture of readiness and resilience.



## **8. Integrated Preparedness Plan (IPP) Approval**

### **8.1 Plan Approval Statement**

This Integrated Preparedness Plan (IPP) has been developed to strengthen our emergency preparedness, response, recovery, and mitigation capabilities. It reflects the organization's commitment to safeguarding the health and safety of our patients, staff, and communities while maintaining operational resilience during emergencies.

The IPP aligns with regulatory requirements, including those established by The Joint Commission and the Centers for Medicare & Medicaid Services (CMS), and incorporates lessons learned from exercises and real-world events. By adopting this plan, Penn State Health reaffirms its dedication to continuous improvement and readiness in the face of evolving risks.

The next IPP review and approval date will be scheduled for June 2025. This review will take place after the IPPW and will ensure the plan remains up to date and incorporates lessons learned, reflects any changes in risks, priorities, or regulatory requirements.

Robert Peña  
Program Manager, EMBC Training and  
Exercise

Scott Mickalonis  
Director, EMBC

Date: 4/24/2025



**Appendix A: Fiscal Year 2026 Schedule**

<b>Date</b>	<b>Entity</b>	<b>Training</b>	<b>Type</b>
Q1	MSHMC	HCID Patient Presentation Drill	Drill
July 2025	STJ	Infant Obduction Drill	Drill
July 2025	Medical Group	Cyber Security Exercise	TTX
July 2025	ALL	CBRNE Response	Drill
August 7, 2025	MSHMC	Monthly Leadership (Adult ED)	TTX
August 19, 2025	MSHMC	MCI Exercise (Adult ED)	FE
September 2025	LMC	MCI Leadership	TTX
September 4, 2025	MSHMC	Monthly Leadership (Adult ED)	TTX
Q2	MSHMC	HCID Patient Presentation Drill	Drill
October 2, 2025	MSHMC	Monthly Leadership (Adult ED)	TTX
October 2025	PSH	G-402 ICS for Executive Leadership	Class
October 2025	LMC	Mass Casualty Incident	FSE
October 2025	STJ	Infant Obduction Drill	Drill
November 6, 2025	MSHMC	Monthly Leadership (Adult ED)	TTX
November 18, 2025	MSHMC	MCI Exercise (Adult ED)	FE
December 4, 2025	MSHMC	Monthly Leadership (Adult ED)	TTX
Q3	MSHMC	HCID Patient Presentation Drill	Drill
January 2026	STJ	Infant Obduction Drill	Drill
Q4	MSHMC	HCID Patient Presentation Drill	Drill
April 2026	STJ	Infant Obduction Drill	Drill
May 2026	PSH	SCTF - Wide Vigilance Exercise	FSE
May 9, 2026	MSHMC	Adult ED – Lebanon County Exercise	FSE





**Appendix B: Fiscal Year 2027 Schedule**

<b>Date</b>	<b>Entity</b>	<b>Training</b>	<b>Type</b>
July 2026			
August 2026			
September 2026			
October 2026			
November 2026			
December 2026			
January 2027			
February 2027			
March 2027			
April 2027			
May 2027			
June 2027			



**Appendix C: Fiscal Year 2028 Schedule**

<b>Date</b>	<b>Entity</b>	<b>Training</b>	<b>Type</b>
July 2027			
August 2027			
September 2027			
October 2027			
November 2027			
December 2027			
January 2028			
February 2028			
March 2028			
April 2028			
May 2028			
June 2028			



## Appendix D: Acronyms and Glossary

Acronym	Meaning
AAR	After Action Report
BIA	Business Impact Analysis
CBCP	Certified Business Continuity Professional
CBRNE	Chemical, Biological, Radiological, Nuclear and Explosive
CEM	Certified Emergency Manager (International Association of Emergency Managers)
CHEP	Certified Healthcare Emergency Professional
CMS	Centers for Medicare and Medicaid Services
COOP	Continuity of Operations Plan
ECT	Electroconvulsive Therapy
ED	Emergency Department
EMA	Emergency Management Agency
EMBC	Emergency Management and Business Continuity
EMI	Emergency Management Institute (FEMA)
EOC	Emergency Operations Center Environment of Care
EOP	Emergency Operations Plan
FE	Functional Exercise
FEMA	Federal Emergency Management Agency
FSE	Full Scale Exercise
HCC	Hospital Command Center Health Care Coalition
HICS	Hospital Incident Command System
HR	Human Resources
HSEEP	Homeland Security Exercise and Evaluation Program
HVAC	Heating, Ventilation and Air Conditioning
ICS	Incident Command System
IP	Improvement Plan
IPP	Integrated Preparedness Plan
IPPW	Integrated Preparedness Plan Workshop
IT	Information Technology
KHCC	Keystone Health Care Coalition
MCI	Mass Casualty Incident
NIMS	National Incident Management System
OTP	Opioid Treatment Program
P25	Project 25 (Radio communications standard)
PEMA	Pennsylvania Emergency Management Agency
PSH	Penn State Health
SCTF	South Central Task Force
TTX	Tabletop Exercise



## **Appendix E: Penn State Health Corporate Office and Hospital Facilities**

### **Penn State Health Corporate Offices**

100 Crystal A Drive  
Hershey, PA 17033  
717-531-0003

### **Penn State Health Milton S. Hershey Medical Center (HMC)**

*Includes: Children's Hospital, College of Medicine*

500 University Drive  
Hershey, PA 17033

### **Penn State Health St. Joseph Medical Center (STJ)**

2500 Bernville Road  
Reading, PA 19605

### **Penn State Health Holy Spirit Medical Center (HSMC)**

502 N. 21<sup>st</sup> Street  
Camp Hill, PA 17011

### **Penn State Health Hampden Medical Center (HAMC)**

2200 Good Hope Road  
Enola, PA 17025

### **Penn State Health Lancaster Medical Center (LMC)**

2160 State Road  
Lancaster, PA 17601

### **Pennsylvania Psychiatric Institute (PPI)**

2501 N. 3<sup>rd</sup> Street  
Harrisburg, PA 17110



## **Appendix F: Emergency Management and Business Continuity Staff**

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## **Appendix G: Summary of Hazard Vulnerability Analysis**

### **Milton S. Hershey Medical Center**

January 29, 2025

1. Supply Chain Shortage / Failure
2. Workplace Violence / Threat
3. IT System Outage
4. Inclement Weather
5. Acts of Intent
6. Cyber Security Attack
7. Fire, Internal
8. Explosion
9. Large Internal Spill
10. Tornado

### **Lancaster Medical Center**

August 23, 2022

1. IT System Outage
2. Communication / Telephony Failure
3. Utility Failure
4. Inclement Weather
5. Active Shooter
6. Pandemic
7. Tornado
8. Patient Surge
9. Flood, External
10. Mass Casualty Incident - Trauma

### **Hampden Medical Center**

July 20, 2023

1. IT System Outage
2. Pandemic
3. Trauma
4. Utility Failure
5. Mass Casualty Incident - Medical
6. Mass Casualty Incident - Trauma
7. Air Quality Issue
8. Epidemic
9. Flood, Internal
10. Inclement Weather

### **Penn State Health Corporate Offices**

November 12, 2022

1. IT System Outage
2. Mass Casualty Incident - Medical
3. Mass Casualty Incident - Trauma
4. Supply Chain Shortage / Failure
5. Fire, Internal
6. Workplace Violence / Threat
7. Utility Failure
8. Communication / Telephony Failure
9. Active Shooter
10. Flood, Internal

### **St. Joseph's Medical Center**

February 13, 2025

1. Power Outage
2. IT System Outage
3. Flood, Internal
4. Inclement Weather
5. Epidemic
6. HVAC Failure
7. Infectious Disease Outbreak
8. Chemical Exposure, External
9. Pandemic
10. Mass Casualty Incident - Trauma

### **Holy Spirit Medical Center**

May 13, 2022

1. IT System Outage
2. Pandemic
3. Trauma
4. Mass Casualty Incident - Medical
5. Mass Casualty Incident - Trauma
6. Air Quality Issue
7. Epidemic
8. Flood, Internal
9. Inclement Weather
10. Infectious Disease Outbreak

### **Pennsylvania Psychiatric Institute**

February 12, 2025

1. Workplace Violence / Threat
2. Fire, Internal
3. Weapons
4. IT System Outage
5. Fire, External
6. Inclement Weather
7. Flood, Internal
8. Temperature Extremes
9. Bomb Threat
10. Epidemic

