

HICS INCIDENT ACTION PLAN (IAP) QUICK START

COMBINED HICS 201—202—203—204—215A

1. Incident Name NCW HERC Public Health Update Call	2. Operational Period (# 19) DATE: FROM: 08/21/24 TO: 08/21/24 TIME: FROM: 1300 TO: 1400
3. Situation Summary HICS 201 — Location: Virtual 75674453 Attendees: Ty Zastava, Robbie Deede, Michelle Edwards, Morgan Seidl, Sue Smith, Chris Weisgram, Laura Scudiere, Brittany Fry, Kristin Bath, Gary Garske, Sara Luchini, Megan Lindau, Anna Marciniak, Annette Seibold, Joyce Knowlton, Dan Mueller, Brittany Mews Discussion Topics: <ul style="list-style-type: none"> • Introductions and Welcome • CHEMPACK <ul style="list-style-type: none"> ○ Discussed CHEMPACK fact sheet and template process map and how local conversations are going <ul style="list-style-type: none"> ▪ Not many have had a chance to meet with local partners, but some have shared the materials and plan to meet in the future ○ Ty will talk with Michael Fraley with NC RTAC about further education on this resource • HERC Coordinator Updates <ul style="list-style-type: none"> ○ Trainings: <ul style="list-style-type: none"> ▪ MGT 403: Underserved populations preparedness planning for rural responders and volunteers <ul style="list-style-type: none"> • Was held yesterday – positive feedback ▪ ICS 300 will be held Oct. 23-25 In Rhinelander • Current Responses <ul style="list-style-type: none"> ○ Pertussis ○ Avian Influenza ○ Mpox CDC Health Alert ○ Increased Oropouche Virus Activity CDC Health Alert ○ Parvo-B19 virus CDC Health Alert • Local Capability Work Group (LCWG) Update <ul style="list-style-type: none"> ○ Need to ensure current staff are up to date on ICS 100, 200, 700 and 800 • Public Health Emergency Preparedness Advisory Council (PHEPAC) Update <ul style="list-style-type: none"> ○ What are gaps in preparedness funding; what is it tied to? <ul style="list-style-type: none"> ▪ Used to get funding, and then training grants/scholarships would follow ▪ Often hear from partners to do collaborative trainings, but cost/staff time is an identified barrier ▪ It's not just the staff time, it's the training cost, hotel, mileage, per diems, etc. ▪ Don't know about trainings far enough in advance to budget for them ▪ There is a desire to exercise certain plans, but just don't have the funding to do so ▪ Not enough funding for national conferences, preparedness supplies, and additional outreach and planning on topics not already in the PHEP 	



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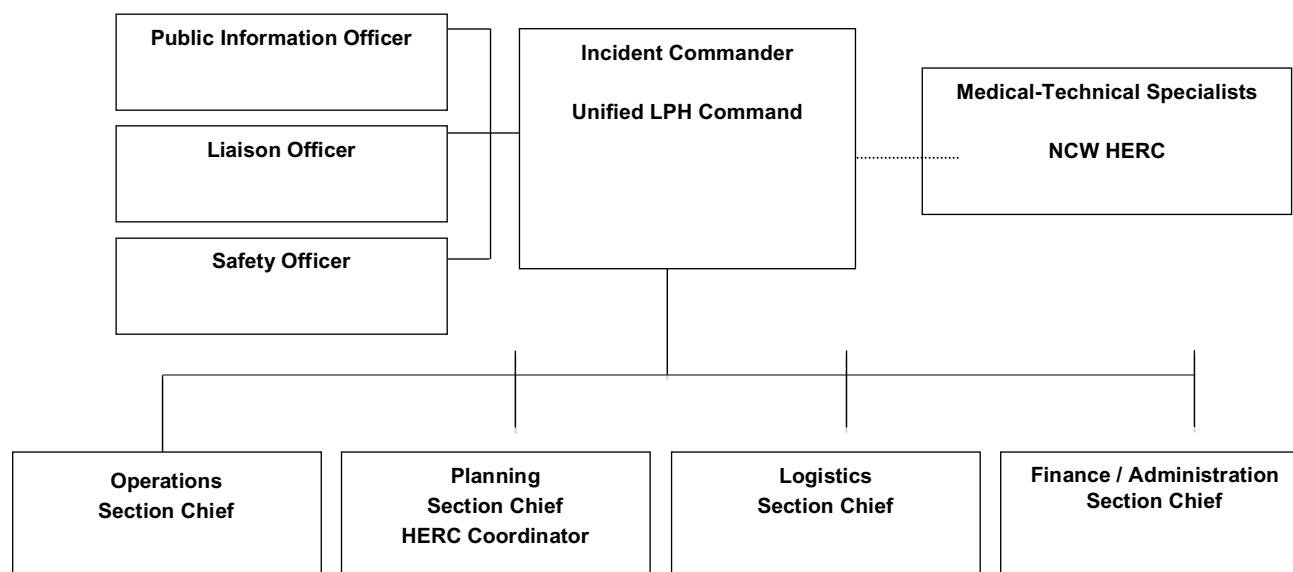
- Grant funds about 1-2 days a week of staff time; there is not enough time to do all that needs to be done
 - Committee is gathering feedback and meeting again in September
- PHEP Update Review: Medical Surge
 - Robbie reviewed the updated Medical Surge capability in the PHEP
- Preparedness Summit Follow-Up
 - Creation of a drug and toxicology database for surveillance
 - Identifying the age and demographics in individual communities
 - Identifying the drugs of choice in individual communities
 - Oneida Co. is working towards creating this – in the planning stage
 - Sawyer Co. meets on a quarterly basis with community partners to review overdose data and cases; PH has created a database to track this to share with the committee to show where the trends are
 - They also are starting an Overdose Fatality Review Committee
 - Law enforcement can enter into an OD map, but data isn't there unless they enter it
- Open Discussion
 - Sawyer County Health and Human Services and the Medical Reserve Corps is conducting a full-scale sheltering exercise.
 - 09/11/2024
 - Wesleyan Church
 - 10655 Nyman Ave, Hayward, WI
 - 10:00 am – noon or noon – 2:00 p.m.
 - They are looking for volunteers to participate as survivors. You will be given a scenario sheet and then be registered and given supplies.
 - Free hot lunch will be provided to all participants.
 - If you are able, please pre-register so we can estimate the number of participants.
 - <https://sawycountypublichealth.volunteerlocal.com/volunteer/>
 - Grant for recovery housing is out, and due in early September
 - Oneida Co. is looking into the gap of services in regards to employee assistance services post traumatic incident (critical incident stress debriefing)
 - Idea would involve champions in the different sectors to become trained in critical incident stress debriefing to then meet with personnel after a traumatic incident and provide the debriefing
- Next Meeting
 - September 18, 2024: 1300-1400

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4. Current Hospital Incident Management Team (fill in additional positions as appropriate)
203 —

— HICS 201,



5. Health and Safety Briefing Identify potential incident health and safety hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.
HICS 202, 215A —

Responder Readiness
Information Sharing and Situational Awareness
Responder Safety and Health

6. Incident Objectives
202, 204 —

— HICS

6a. OBJECTIVES	6b. STRATEGIES / TACTICS	6c. RESOURCES REQUIRED	6d. ASSIGNED TO
Introductions and Welcome	Group Roll Call	Zoom, Discussion	Robbie Deede
CHEMPACK Planning Update	Group Discussion	Zoom, Discussion	Ty Zastava and HERC Partners



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HERC Coordinator Updates	Group Discussion	Zoom, Discussion	Ty Zastava
Current Responses	Share Current Response Status/Findings	Zoom, Discussion	HERC Partners
Local Capability Workgroup Update	Share Workgroup Highlights	Zoom, Discussion	Brittany Fry
PHEPAC Update	Share Workgroup Highlights	Zoom, Discussion	Brittany Fry
PHEP Update Review: Medical Surge	Facilitated Discussion	Zoom, Discussion	Robbie Deede
Preparedness Summit Follow-Up	Group Discussion	Zoom, Discussion	Robbie Deede and Rachel Cornelius
Open Discussion	Group Discussion	Zoom, Discussion	HERC Partners



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7. Prepared by	PRINT NAME: <u> Ty Zastava </u>	SIGNATURE: _____
	DATE/TIME: 08/15/2024 1100	FACILITY: NCW HERC

PURPOSE: The Incident Action Plan (IAP) Quick Start is a short form combining HICS Forms 201, 202, 203, 204 and 215A. It can be used in place of the full forms to document initial actions taken or during a short incident. Incident management can expand to the full forms as needed.

ORIGINATION: Prepared by the Incident Commander or Planning Section Chief.

COPIES TO: Duplicated and distributed to Command and General staff positions activated. All completed original forms must be given to the Documentation Unit Leader.

NOTES: If additional pages are needed for any form page, use a blank HICS IAP Quick Start and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Situation Summary	Enter brief situation summary.
4	Current Hospital Incident Management Team	Enter the names of the individuals assigned to each position on the Hospital Incident Management Team (HIMT) chart. Modify the chart as necessary and add any lines/spaces needed for Command staff assistants, agency representatives, and the organization of each of the General staff sections.
5	Health and Safety Briefing	Summary of health and safety issues and instructions.
6	Incident Objectives	
	6a. Objectives	Enter each objective separately. Adjust objectives for each operational period as needed.
	6b. Strategies / Tactics	For each objective, document the strategy/tactic to accomplish that objective.
	6c. Resources Required	For each strategy/tactic, document the resources required to accomplish that objective.
	6d. Assigned to	For each strategy/tactic, document the Branch or Unit assigned to that strategy/tactic.
7	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.