

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: 09/18/24 TO: 09/18/24 TIME: FROM: 1300 TO: 1400
3. Situation Summary HICS 201 — Location: Virtual <p>Attendees: Ty Zastava, Dr. Vayder, Robbie Deede, Melissa Geach, Makala Williams, Rachael Cornelius, Hope Gilligan, Tiffany Palecek, Meghan Williams, Kristin Bath, Ellen Teeters, Megan Lindau, Shelley Hersil, Michelle Edwards, Jessa Bokhaven, Tammi Boers, Annetee Seibold, Sara Luchini, Dan Mueller, Laura Scudiere, Brittany Mews, Brittany Fry</p> <p>Discussion Topics:</p> <ul style="list-style-type: none"> • Introductions and Welcome • HERC Coordinator Updates <ul style="list-style-type: none"> ○ Upcoming Trainings: <ul style="list-style-type: none"> ▪ Nothing sponsored by the HERC at this time ▪ There are some ICS trainings coming to the region that will be listed in the HERC newsletter ○ CHEMPACK: <ul style="list-style-type: none"> ▪ 4 cache locations – Marshfield, Stevens Point, Wausau and Rhinelander ▪ At a minimum, let your local dispatch and EM know these locations ▪ Education to EMS went out in RTAC newsletter, discussed at RTAC meeting, and is included in the HERC newsletter ▪ To simplify activation, you can advise your local EMS to contact the NCW HERC 24/7 call center which is Aspirus MedEvac at 800-888-8056, and they can give you/or call the contact number and locations to open cache ▪ The path to CHEMPACK in the PCA portal: PH Preparedness – Strategic National Stockpile – then scroll down to “Topic: CHEMPACK” – click on that and there are four documents ○ Prescription med loss in disaster <ul style="list-style-type: none"> ▪ Red Cross will provide up to \$500 per family to replace lost prescription meds and/or cover counseling costs in a disaster ○ Whole community engagement <ul style="list-style-type: none"> ▪ Ty is looking for ways the HERC may be able to collaborate with PH for whole community engagement planning • Current Responses <ul style="list-style-type: none"> ○ Chippewa Falls apple orchard accident – just under 30 4k/5k children were transported after two tractors pulling wagons of children collided at an apple orchard field trip; PH helped with the family reunification ○ Wood County is up to 16-18 pertussis cases since July ○ Florence County is having a TTX to practice family reunification <ul style="list-style-type: none"> ▪ Would be helpful to review Family Assistance Center plans at this meeting ▪ Invite Aimee from Region 1 to discuss the Chippewa Falls incident to a future meeting 	



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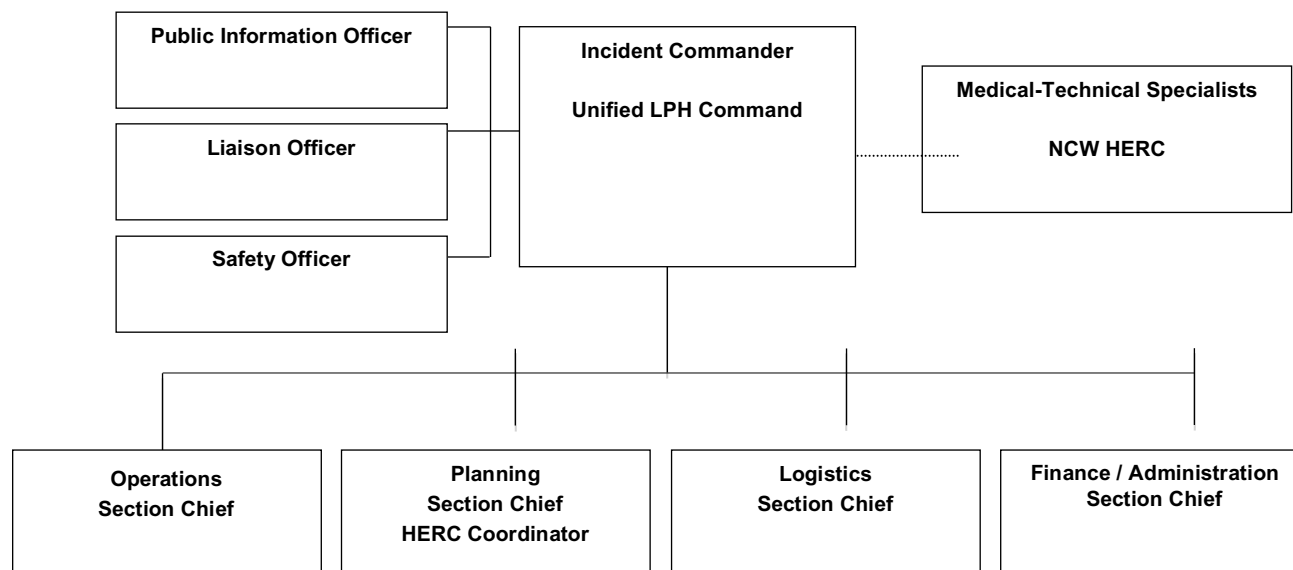
- Local Capability Work Group (LCWG) Update
 - Group is dissolving – purpose was to help with the contract, and now that the contract is 5 years, it doesn't make sense
 - Sounds like ICS 100, 200, 700 and 800 needs to be updated for your preparedness staff by the end of the 5 years
 - There is a 15-minute preparedness training [video](#) Brittany put together for PH staff
- Public Health Emergency Preparedness Advisory Council (PHEPAC) Update
 - Funding for staff is number one goal at this time
 - Resolution was released in February and OPHEC followed up
 - Identified strategies to all items in resolution
- PHEP Update Review: Tabled this month
 - Will review HERC Family Assistance Plan next month
 - Community Recovery is next month as well
- Open Discussion
 - PHEP Deliverable Discussion:
 - Risk Assessment: may make most sense to conduct a risk assessment and then build out over the five years – do before Jan.31 if you choose this method
 - Responder Safety and Health matrix addresses a lot of the risk assessment
 - Makes sense to complete the HERC HVA and PH RA together as a region
 - Resources used to conduct the risk assessments, such as CDC's Social Vulnerability Index, CDC PLACES, or HHS emPOWER data (new)
- Next Meeting
 - October 16, 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
HERC Coordinator Updates	Group Discussion	Zoom, Discussion	Ty Zastava



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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:	Facilitated Discussion	Zoom, Discussion	Robbie Deede
Open Discussion	Group Discussion	Zoom, Discussion	HERC Partners



Purpose: Short form combining HICS Forms 201, 202, 203, 204, and 215A
Origination: Incident Commander or Planning Section Chief
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

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7. Prepared by

PRINT NAME: ____Ty Zastava____

SIGNATURE: _____

DATE/TIME: 09/15/2024 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.