

# HICS INCIDENT ACTION PLAN (IAP) QUICK START

## COMBINED HICS 201—202—203—204—215A

<b>1. Incident Name</b>  <b>NCW HERC Public Health Caucus</b>	<b>2. Operational Period (# 20 )</b>  DATE: FROM: 10/16/24 TO: 10/16/24  TIME: FROM: 1300 TO: 1400
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<b>3. Situation Summary</b> <b>Location:</b> Virtual  <b>Attendees:</b> Ty Zastava, Robbie Deede, Dr. Vayder, Laura Scudiere, Sara Luchini, Ellie Seehafer, Sue Smith, Anna Marciniak, Courtney Tvedten, Hope Gilligan, Jessa Bokhoven, Kathleen Kautz, Kristin Bath, Langlade Co. Melissa Geach, Chris Weisgram, Shelley Hersil, Donna Wiegert, Brittany Fry, Joyce Knowlton, Morgan Seidl, Rachel Cornelius, Becky, Sandra Supinski, Taylor County  <b>Discussion Topics:</b> <ul style="list-style-type: none"> <li>• Introductions and Welcome</li> <li>• HERC Coordinator Updates           <ul style="list-style-type: none"> <li>○ HVA               <ul style="list-style-type: none"> <li>▪ HVA data training webinar was this morning; it was recorded and link will be emailed</li> <li>▪ Survey was tweaked this year per partner recommendations</li> <li>▪ Survey will be emailed out to partners by end of the week, and due back mid-November to meet deliverable deadlines</li> <li>▪ December PH Caucus meeting will be used to take top risks and determine what most applies to PH (per your deliverable language)</li> </ul> </li> <li>○ Medical Response Surge Exercise (MRSE)               <ul style="list-style-type: none"> <li>▪ Hoping to hold exercise mid-April; still working on signing a contractor</li> <li>▪ PH involvement could involve:                   <ul style="list-style-type: none"> <li>• Expanding testing capability</li> <li>• Perhaps include injects related to the standing up of a FAC                       <ul style="list-style-type: none"> <li>○ Activation threshold</li> <li>○ Level of activation</li> <li>○ Communication for FAC</li> </ul> </li> </ul> </li> </ul> </li> <li>○ Communities most impacted by disaster and their healthcare needs               <ul style="list-style-type: none"> <li>▪ How can we best identify these populations for plans/deliverables?                   <ul style="list-style-type: none"> <li>• emPOWER</li> <li>• RAPT: Disaster Recovery Index metric</li> <li>• Places: <a href="#">Local Data for Better Health</a></li> <li>• Partners that work with access and functional needs populations                       <ul style="list-style-type: none"> <li>○ ADRC</li> <li>○ Food access issues</li> </ul> </li> </ul> </li> </ul> </li> </ul> </li> <li>• Current Responses           <ul style="list-style-type: none"> <li>○ Pertussis               <ul style="list-style-type: none"> <li>▪ Wood County (26 cases, more in schools), Oneida County (5-6 cases), Marathon County and Portage County are hot spots, Price County (3 cases), Vilas County (5-6 cases)</li> <li>▪ Seems to be statewide</li> </ul> </li> </ul> </li> </ul>	<b>HICS 201</b> —
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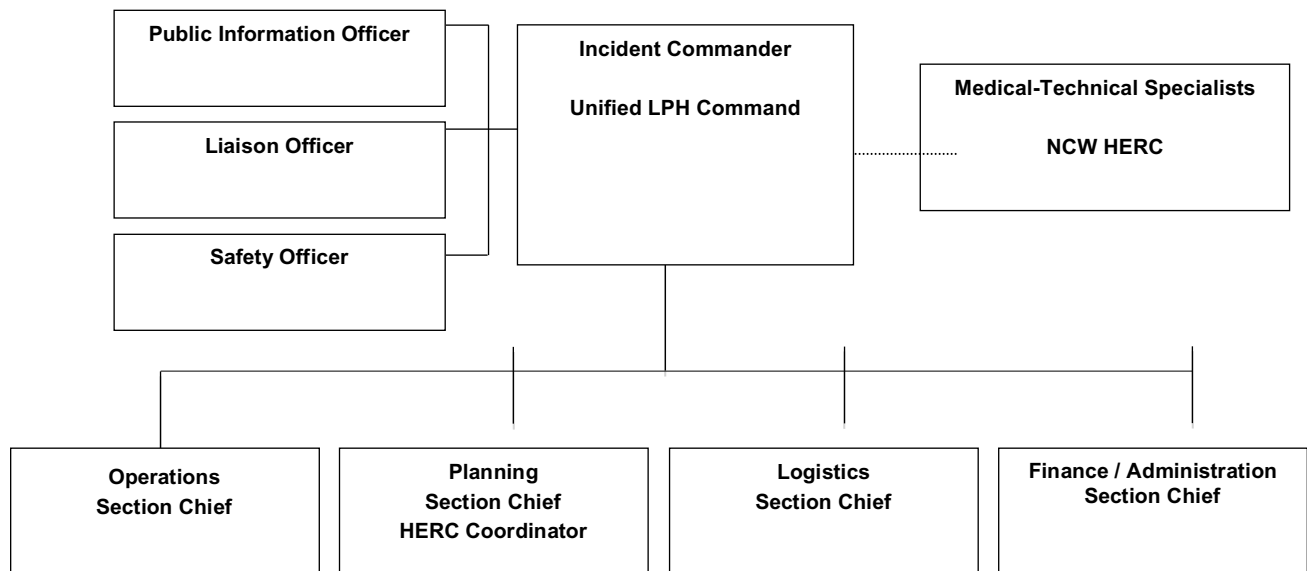
- Many kids infected have been vaccinated
- Encouraging healthcare employee health policies are up to date to stay home when sick
- State is doing Monday briefings
- Marburg virus disease ([CDC](#))
  - Traveler guidance: <https://www.cdc.gov/marburg/situation-summary/travel-to-the-us.html>
  - Children's in Milwaukee and UW Hospital in Madison are two hospitals in WI that will treat; all hospitals are required to be able to accept a symptomatic patient and isolate until a transfer is made to a treatment facility
  - HERC has isopods that are strategically located throughout Region 2
- IV solution concerns
  - Concern seems to be decreasing; supplies are leveling out
  - Conservation strategies seemed to help quite a bit
- Election Planning
  - White powdered substances are threat of concern
    - If there was exposure, need to start a line list, work with state lab for testing, after hazmat has cleared space, will be a joint decision for re-entry
    - HERC has distributed dry decon kits to ambulance services that have requested them; working to get an even distribution across the region
    - If you know of EMS that didn't receive a kit, let Ty know and she can work to arrange they do
- Flu/COVID vaccine update
  - Vaccine rates seem to be lower
  - Seems as though many people think they no longer need the COVID vaccine
- Public Health Emergency Preparedness Advisory Council (PHEPAC) Update
  - Working on funding – specifically to PH staffing funding
    - Still working through this
  - Looking into state AARs (when they need to be completed)
  - Addressing HSEEP training needs
  - Fostering connection between DHS and WEM
  - DHS is working on a crosswalk to align priorities with PH, HERCs, hospitals WEM, health systems, RTACs, etc.
  - DHS communication rep is going to come to upcoming meeting to explain flow of communication to PH and general public
  - Seems to be an absence of consistency in training, tools, etc. across the state
    - Example would be the Risk Assessment – no consistent recommended tool that links specific data to use
- PHEP Update Review:
  - HERC Family Assistance Plan – tabled to November meeting
  - Community Recovery – tabled to November meeting
- Northern Region Infection Prevention Update - tabled
- Open Discussion
- Next Meetings
  - November 20, 2024: 1300-1400
  - December 18, 2024: 1300-1430 (extended for HVA discussion)

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

— HICS 201,  
203 —



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<b>5. Health and Safety Briefing</b> 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. — <b>HICS 202, 215A</b> —			
Responder Readiness Information Sharing and Situational Awareness Responder Safety and Health			
<b>6. Incident Objectives</b> — <span style="float: right;">— HICS</span> <b>202, 204</b> —			
6a. OBJECTIVES	6b. STRATEGIES / TACTICS	6c. RESOURCES REQUIRED	6d. ASSIGNED TO
<b>Introductions and Welcome</b>	<b>Group Roll Call</b>	<b>Zoom, Discussion</b>	<b>Robbie Deede</b>
<b>HERC Coordinator Updates</b>	<b>Group Discussion</b>	<b>Zoom, Discussion</b>	<b>Ty Zastava</b>
<b>Current Responses</b>	<b>Share Current Response Status/Findings</b>	<b>Zoom, Discussion</b>	<b>HERC Partners</b>
<b>PHEPAC Update</b>	<b>Share Workgroup Highlights</b>	<b>Zoom, Discussion</b>	<b>Brittany Fry/Ty Zastava</b>
<b>PHEP Update Review: FAC and Community Recovery</b>	<b>Facilitated Discussion</b>	<b>Zoom, Discussion</b>	<b>Robbie Deede/Ty Zastava</b>
<b>Open Discussion</b>	<b>Group Discussion</b>	<b>Zoom, Discussion</b>	<b>HERC Partners</b>



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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	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	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	<b>Situation Summary</b>	Enter brief situation summary.
4	<b>Current Hospital Incident Management Team</b>	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	<b>Health and Safety Briefing</b>	Summary of health and safety issues and instructions.
6	<b>Incident Objectives</b>	
	<b>6a. Objectives</b>	Enter each objective separately. Adjust objectives for each operational period as needed.
	<b>6b. Strategies / Tactics</b>	For each objective, document the strategy/tactic to accomplish that objective.
	<b>6c. Resources Required</b>	For each strategy/tactic, document the resources required to accomplish that objective.
	<b>6d. Assigned to</b>	For each strategy/tactic, document the Branch or Unit assigned to that strategy/tactic.
7	<b>Prepared by</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.