HICS INCIDENT ACTION PLAN (IAP) QUICK START
COMBINED HICS 201—202—203—204—215A

1. Incident Name	2. Operational Period (# 1)
NCW HERC CMS Caucus Meeting	DATE: FROM: 11/13/24 TO: 11/13/24 TIME: FROM: 1300 TO: 1400

3. Situation Summary	—

<div align="center">

HICS 201 —

</div>

Location: Virtual

Attendees: Ty Zastava, Ian Fisher, Dr. Vayder, Wendy Freese, Kimberly Spurgeon, Cindy Lee Buchkowski-Hoffman, Francy Scheinbeck, Ernst

Discussion Topics:

- Welcome
- BP1 2024-2025

BP1 Activities	Submission Deadline
Governance Document	January 31, 2025
Jurisdiction Information	January 31, 2025
HVA	January 31, 2025
Readiness Assessment	January 31, 2025
Strategic Plan	March 31, 2025
Readiness Plan	March 31, 2025
Training and Exercise Plan	January 31, 2025
Cybersecurity Assessment	June 30, 2025
Extended Downtime Health Care Delivery Impact Assessment	June 30, 2025
Response Plan: Information Sharing Plan	June 30, 2025
Response Plan: Resource Management Plan	June 30, 2025
Response Plan: Medical Surge Support Plan	June 30, 2025
Continuity of Operations Plan (COOP)	June 30, 2025
Medical Response and Surge Exercise (MRSE)	June 30, 2025

- o HVA
  - ▪ Process
    - • Training was provided to partners on how to incorporate data metrics into survey answers
    - • Survey is currently out to partners until this Friday
    - • Ty will analyze data and create a report by early December
    - • Ty will review report with public health to identify top public health threats (required PH deliverable) in mid-December
    - • Report will be submitted in January
  - ▪ CMS requirements?
    - • Some CMS agencies need to submit an HVA, some do not

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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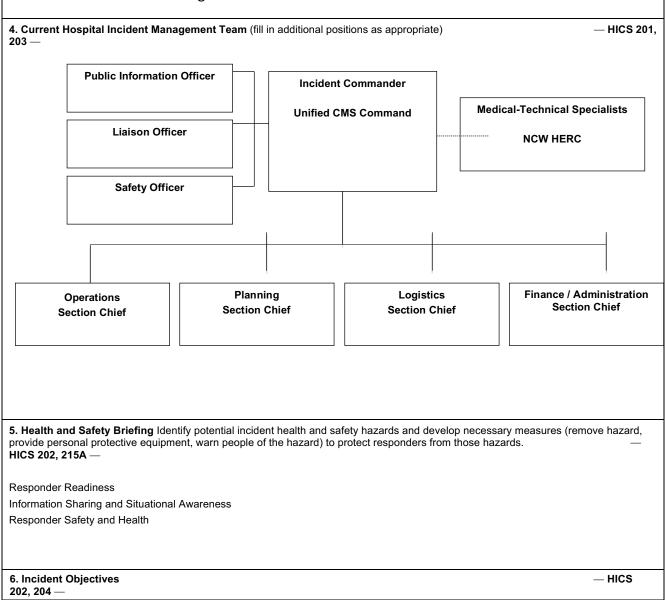
HOSPITAL INCIDENT COMMAND SYSTEM

- o MRSE
  - ▪ Contractor – working to get a contract signed with a contractor to coordinate the exercise (different contractor from last year)
  - ▪ This year we are required to use: eICS, EMTrack, EMResource, WISCOM
    - • Will need to get many accounts set up and trainings offered in these new platforms
  - ▪ Timeline
    - • Goal is to hold the exercise in April
  - ▪ CMS participation
    - • CMS partners don't feel they need to participate in this, will focus on the CMS exercise in June
- o CMS exercise
  - ▪ Scenario ideas
    - • Cyber incident – specific injects for those on Epic vs. those on other EHR's and who use paper
    - • Evacuation situation
    - • Could have a cyber-attack that would put everyone into darkness and require evacuation
    - •
  - ▪ Timeline
    - • Plan to hold exercise in June
- o Trainings:
  - ▪ [Training and exercise plan](#)
  - ▪ Upcoming trainings
    - • [Governor's conference](#)
- Current/Future Exercise/Responses
  - o [IV solution supply chain](#) concerns continue
    - ▪ At 60% allocation from Baxter currently – hoping to have 100% by the end of the year
    - ▪ Still utilizing conservation strategies
  - o [Marburg Virus Disease outbreak](#) in the Republic of Rwanda
    - ▪ Hospitals are brushing up on their Ebola plans
  - o Respiratory season
    - ▪ Influenza and COVID low right now
  - o Pertussis
    - ▪ Many cases of pertussis across the state; health departments struggling to keep up
    - ▪ New reporting change – still a category 1 disease, however, healthcare no longer needs to call in to report case, they just need to enter it into WEDSS for the health dept. to follow-up
    - ▪ Many cases they are seeing are up-to-date on vaccines, yet still getting the disease

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- o H5N1
  - ▪ Many cases are presenting with conjunctivitis; some only have conjunctivitis and some have both conjunctivitis and respiratory symptoms
  - ▪ Seeing increase in WI from cattle and farm cats
  - ▪ Concern with potential increase in wildlife and hunting season
  - o Mycoplasma Pneumoniae Cases (walking pneumonia) in Wisconsin
    - ▪ Higher cases in SE WI
- Open discussion
  - o Dry decontamination kits
    - ▪ Distributing dry decontamination kits to 100 ambulances in our region
  - o Needs HERC can support?
    - ▪ Nothing noted

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4. Current Hospital Incident Management Team (fill in additional positions as appropriate) — **HICS 201, 203** —

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┌─────────────────────────┐      ┌─────────────────────────┐
│ Public Information       │      │ Incident Commander      │
│ Officer                  │──────│                         │      ┌─────────────────────────┐
└─────────────────────────┘      │ Unified CMS Command     │      │ Medical-Technical       │
┌─────────────────────────┐      │                         │......│ Specialists             │
│ Liaison Officer          │──────│                         │      │                         │
│                          │      │                         │      │ NCW HERC                │
└─────────────────────────┘      │                         │      └─────────────────────────┘
┌─────────────────────────┐      │                         │
│ Safety Officer           │──────│                         │
└─────────────────────────┘      └─────────────────────────┘
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Operations Section Chief	Planning Section Chief	Logistics Section Chief	Finance / Administration Section Chief

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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

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6. Incident Objectives — **HICS 202, 204** —

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6a. OBJECTIVES	6b. STRATEGIES / TACTICS	6c. RESOURCES REQUIRED	6d. ASSIGNED TO
Participate in HERC Engagement Opportunities	Communicate Opportunities	Computer, internet, email	HERC Coordinator & CMS Partners
Understand current NCW HERC workplan	Share HERC updates	Computer, plans, internet, citations	HERC Coordinator & CMS Partners
Share training opportunities	CMS Caucus meeting, NCW HERC Newsletter	Computer, email, Zoom	HERC Coordinator & CMS Partners
Communicate current responses to aid in facility planning	Meeting and links	Computer, email, internet, Zoom	HERC Coordinator & CMS Partners

7. Prepared by

PRINT NAME: ____Ty Zastava_____   SIGNATURE: _____

DATE/TIME: 10/15/2024 @ 10:30   FACILITY: NCW HERC

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HICS INCIDENT ACTION PLAN (IAP) QUICK START
COMBINED HICS 201—202—203—204—215A

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.

HOSPITAL INCIDENT COMMAND SYSTEM

HICS 2014