

HICS INCIDENT ACTION PLAN (IAP) QUICK START

COMBINED HICS 201—202—203—204—215A

1. Incident Name NCW HERC Public Health Caucus	2. Operational Period (# 21) DATE: FROM: 11/20/24 TO: 11/20/24 TIME: FROM: 1300 TO: 1400
3. Situation Summary HICS 201 — Location: Virtual Attendees: Ty Zastava, Morgan Seidl, Michelle Cahoon, Robbie Deede, Michelle Edwards, Anna Marciniak, Melissa Geach, Hope Gilligan, Rachael Cornelius, Shelley Cohrs, Sandra Supinski, Sara Luchini, Daniel Gellert, Chris Weisgram, Jessa Bokhoven, Dan Mueller, Kristin Bath, Langlade County, Megan Lindau, Brittany Mews, Kathleen Kautz, James Briseno, Angela, Meghan Williams, Brittany Fry Discussion Topics: <ul style="list-style-type: none"> • Introductions and Welcome • HERC Coordinator Updates <ul style="list-style-type: none"> ○ HVA <ul style="list-style-type: none"> ▪ Survey has closed and Ty is working on compiling data and developing the report ▪ All but one health department participated – thank you! ▪ Also had full representation from every county and tribe in our region (many with multiple partners responding)! ▪ If anyone wants their individual responses in a PDF, let Ty know and she can send them to you ○ MRSE <ul style="list-style-type: none"> ▪ Potential Disaster Reception Center/Family Assistance Center Exercise <ul style="list-style-type: none"> • Interest from the group to incorporate a DRC/FAC into the MRSE this year; Ty will be sure to let contractor know, once planning meetings begin • Current Responses <ul style="list-style-type: none"> ○ Pertussis <ul style="list-style-type: none"> ▪ Continue to see cases come in across the region ▪ Many cases are school-age, specifically 11-18 year olds ▪ There is a pdf document dated 10/3 or 10/4 that is still being revised – gray area on case contacts and follow-up ○ Walking Pneumonia <ul style="list-style-type: none"> ▪ Not seeing as much in our region; some cases in central WI ○ H5N1 <ul style="list-style-type: none"> ▪ GovD came out regarding conjunctivitis as a common symptom ○ Marburg virus disease (CDC) <ul style="list-style-type: none"> ▪ Hospitals are reviewing their Ebola and High Consequence Infectious Disease plans ▪ A DHS monthly provider call reviewed public health responsibilities – is recorded if you want to watch it ○ IV solution <ul style="list-style-type: none"> ▪ Baxter is still only giving 60% allocation; hope to be at 100% by the end of the year ▪ Everyone is still practicing conservation strategies ▪ Effects hospitals, EMS, clinics, LTC, etc. – essentially all sectors are feeling the strain ○ Others 	



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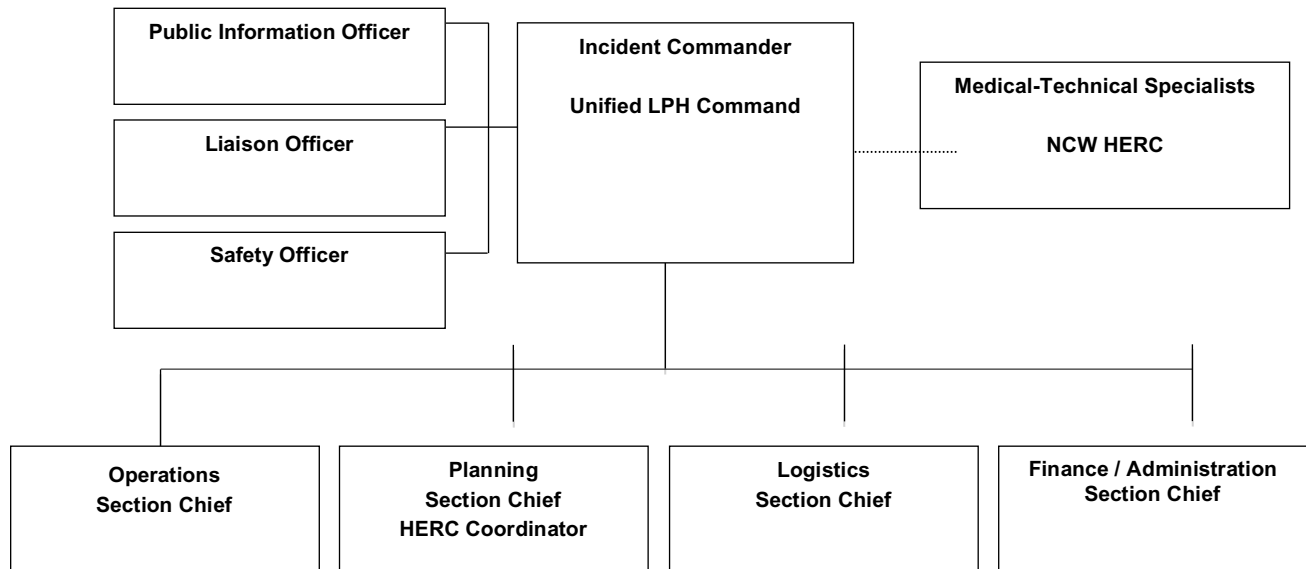
- None
- Public Health Emergency Preparedness Advisory Council (PHEPAC) Update
 - Committee did not meet last month
 - If you have any topics you want shared with the Committee, let Brittany or Ty know
- Northern Region Infection Prevention Update
 - Marburg Preparedness
 - Hospitals continue to review their High Consequence Infectious Disease (HCID) plans which include plans for Viral Hemorrhagic Fever (VHFs).
 - Respiratory Illness:
 - [Respiratory Illness Data | Wisconsin Department of Health Services](#)
 - From 10/18/2024: [Wisconsin DHS Health Alert #62: Increase in Mycoplasma Pneumoniae Cases in Wisconsin](#)
 - As of 11/8/2024: Wisconsin has 1,596 confirmed Pertussis cases statewide. Just under half (48%) of the cases are in individuals aged 11–18 years. Memo [BCD 2024-04](#) states that confirmed pertussis cases to local public health departments by telephone is no longer required in Wisconsin.
 - From 11/8/2024: From [Bureau of Communicable Diseases](#) GovD titled, Conjunctivitis as a Potential Indicator of H5N1. People with conjunctivitis and/or ARI symptoms who have exposure to birds or dairy cattle [should be tested for influenza A](#) with the Wisconsin State Laboratory of Hygiene (WSLH) by PCR.
 - GovD Communications from HAI Prevention Program:
 - Coming soon: Outbreak prevention and IPC best practice reminders for LTCFs and other health care facilities (covers both respiratory and gastroenteritis guidance)
 - Currently being published: Materials for Wisconsin Antibiotic Awareness Week for Partners and Health Care Professionals include- The Governor’s Office approved proclamation for Wisconsin Antibiotic Awareness Week. The messages will also share a tool kit that LTHDs can use to plan and promote antimicrobial stewardship and safe antibiotic use in their jurisdictions during the awareness week.
 - Previously Published 10/24/2024: Prevent infection control breaches associated with reusable medical equipment reprocessing. The Wisconsin Healthcare-Associated Infections (HAI) Prevention Program has been made aware of infection control breaches due to improper reprocessing of reusable equipment. To request assistance, contact an [infection preventionist](#) or the HAI Prevention Program by emailing DHSWIHAIPreventionProgram@dhs.wisconsin.gov or calling 608-267-7711
 - Previously Published 10/10/2024: [Pertussis in Wisconsin: Key Points and Resources for Infection Preventionists GovD](#): This message was sent to our infection preventionist listserv in response to increasing cases of pertussis in the state and across the nation. The message expands on [DHS Health Alert #61](#) and provides additional points and resources for infection preventionists.
 - PHEP Update Review:
 - HERC Family Assistance Plan
 - Reviewed what is included in the regional plan; critical to localize to your counties
 - May want to review/prep your local plans prior to April, if we are able to include that portion into the MRSE
 - A link to the NCW HERC FAC Plan is [here](#)
 - Community Recovery

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- Oneida County has worked with county partners on what the triggers are to notify PH; included triggers on MABAS cards
 - Sara Luchini walked through the Recovery plan template and explained what's in it
- Open Discussion
 - CHEMPACK – may want to reference CHEMPACK plan on PCA Portal to see roles and responsibilities – new plan that came out in 2024
 - Administration – there was a question on who can administer the CHEMPACK drugs and Dr. Clark provided the following response:
 - The WI EMS scope of practice includes "Auto-injector antidotes for chemical and hazardous material exposures." It is technically optional at all levels but essentially allows for any EMS practitioner to administer autoinjectors if the CHEMPACK is deployed.
- Next Meetings
 - December 18, 2024: 1300-1430 (extended for HVA discussion)
 - Future meeting schedule
 - Continue to meet monthly on the third Wednesday of the month at 1300

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

— HICS 201,



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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			
6. Incident Objectives — — HICS 202, 204 —			
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
Current Responses	Share Current Response Status/Findings	Zoom, Discussion	HERC Partners
PHEPAC Update	Share Workgroup Highlights	Zoom, Discussion	Brittany Fry/Ty Zastava
Northern Region Infection Prevention Update	Share Current Information	Zoom, Discussion	Anna Marciniak
PHEP Update Review: FAC and Community Recovery	Facilitated Discussion	Zoom, Discussion	Robbie Deede/Ty Zastava
Open Discussion	Group Discussion	Zoom, Discussion	HERC Partners



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7. Prepared by

PRINT NAME: ____Ty Zastava____

SIGNATURE: _____

DATE/TIME: 11/15/2024 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.