1. Incident Name	2. Operational Period (# 22 )				
	DATE: FROM: 12/18/24 TO: 12/18/24				
NCW HERC Public Health Caucus	TIME: FROM: 1300 TO: 1430				
3. Situation Summary	HICS 201 —				
Location: Virtual					
Brittany Mews, Kristin Bath, Chris Weisgrar	nael Cornelius, Dan Mueller, Makala Williams, Brittany Fry, n, Daniel Gellert, Jessa Bokhoven, James Briseno, Langlade Co., ndau, Morgan Seidl, Sandra Supinski, Sara Luchini, Shelley Cohrs,				
Melissa Geach, Laura Scudiere	idau, Morgan Selui, Sandra Supinski, Sara Luchini, Sheney Coms,				
Discussion Topics:					
Introductions and welcome					
<ul> <li>HVA</li> <li>Review regional HVA data</li> </ul>	(20 min )				
_	e top 20 threats that came from the regional HVA survey				
<ul> <li>Determine top 5 public heat</li> </ul>					
	e some of the similar threats				
<ul> <li>Top 5 PH threats as</li> <li>Extreme w</li> </ul>	s determined by the group include:				
	ation/network disruption				
Infectious	•				
Cyber attac	ck				
Active atta	cker/civil unrest				
	/vulnerabilities of the risk (20 min.)				
<ul> <li>Through group disc and resources for e</li> </ul>	cussion, a table was created that included vulnerabilities, tools,				
<ul> <li>Identify expertise/tools/pla</li> </ul>					
	up the table and will send it to all partners for you to use for your				
deliverable					
	top 5 PH threats in the final regional HVA report as well				
<ul> <li>Group agrees these</li> </ul>	e materials will satisfy the PH deliverable				
If extra time:					
HERC Coordinator updates					
o MRSE					
<ul> <li>FAC planning/famil</li> </ul>					
• Ty will hav 19 <sup>th</sup>	e the first planning meeting with the MRSE contractor on Dec.				
-	; like the exercise may now be in early May to provide enough anning and training				
-	vith other HERC Coordinators and they feel it would be great to their capacity to find family members in EMTrack to reunite (as a				

piece of family reunification). For example, an injured family gets

transported to various hospitals and the hospitals don't have time to search where everyone went – PH would be tasked to go into EMTrack and figure it out. Additionally, PH would get injects to begin internal discussions on how they would set up a family assistance center.

- There will be training on EMTrack prior to the exercise, and it's understood this may not go smoothly, but will be a good place to start testing the system
- More to come as planning begins; if you have suggestions or comments, don't hesitate to reach out to Ty
- CHEMPACK Drill Tabled
- School field trip "Go Bag" supply list Tabled
- Northern Region Infection Prevention update
  - The Long-Term Care Education Series is evolving. Since 2021, the HAI Prevention Program has hosted the Long-Term Care Education Series. This monthly call series provides education primarily to long-term care staff and partners on infection prevention and control topics. Starting in 2025, this call series will expand to include all health care setting types and cover a wider array of topics. The series will continue to take place on the fourth Thursday of each month from 10:30–11:30 a.m. Please stay tuned for more information in the new year.
  - DHS Encourages Long-Term Care and Other Health Care Facilities to Be Proactive in Planning For and Preventing Outbreaks
    - https://content.govdelivery.com/accounts/WIDHS/bulletins/3c308a5
  - The <u>Respiratory Illness Data</u> landing webpage provides links to other important respiratory illness data you may be interested in seeing. It is updated with a new and improved summary dashboard that now has additional features. Be sure to bookmark it to easily access all the respiratory disease data pages!
    - https://content.govdelivery.com/accounts/WIDHS/bulletins/3c64fbe
- Current responses -Tabled
  - Pertussis
    - o H5N1
    - Marburg virus disease (<u>CDC</u>)
    - o Others
- Open discussion Tabled
  - Trainings:
    - ICS 300 January 28-30 and ICS 400 April 1-2 at Lakeview Conference Center, Wausau
  - Interest in potential other trainings:
    - Community Mass Care Management
    - Medical Countermeasures: Point of Dispensing, Planning and Response
- Next meeting
  - January 15, 2025: 1300-1400



4. Current H 203 —	lospital Incid	ent Manag	ement Tea	am (fill	in additional pos	sitions as ap	propriate)				_	HICS 201,
	Public Inf	Public Information Officer		Incident Commander Unified LPH Command		_	Medical-Technical Specialists NCW HERC					
	Liais	aison Officer								NCW HERC		
	Safe	Safety Officer										
	Operations Planni Section Chief Section HERC Coord				Chief	Logistics F Section Chief			Fi	inance / Administration Section Chief		
provide pers	<ul> <li>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.</li> <li>HICS 202, 215A —</li> </ul>											
	Readiness Sharing and S Safety and Hea		wareness									
6. Incident 202, 204 —	Objectives										_	HICS
6a. OB.	ECTIVES	6b. STRATEGIES / TACTICS				6c. RESOURCES REQUIRED 6d. ASSIGN			SNED TO			
Introduct Welcome		Group Roll Call				Zoom, Discussion		on	Robbie Deede			
HVA Disc	cussion	Group Discussion					Zoom, Discussion Robbie Dee Ty Zastava					



HERC Coordinator Updates	Group Discussion	Zoom, Discussion	Ty Zastava
Northern Region Infection Prevention Update	Share Current Information	Zoom, Discussion	Anna Marciniak
Current Responses	Share Current Response Status/Findings	Zoom, Discussion	HERC Partners
Open Discussion	Group Discussion	Zoom, Discussion	HERC Partners



7. Prepared by	PRINT NAME:Ty Zastava	SIGNATURE:
	DATE/TIME: 12/16/2024 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 peeded for any form page, use a blank HICS IAD Quick Start and

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.			

