**Wisconsin Department of Health Services**

**Fox Valley HERC**

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**Wisconsin High Consequence Infectious Disease (HCID) Health Care Surge Incident Plan**

**Version: 2022**

**Record of Revisions and Maintenance**

This plan will be maintained by the Health Emergency Preparedness Planner- Office of Preparedness and Emergency Health Care, Division of Public Health, Department of Health Services.

*Original Document Approved: 2022*

*Record of Change:*

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| --- | --- | --- |
| **Date** | **Record of Changes** | **Name/Title** |
| May 2021 | Creation of New Plan | Amanda Hauser, OPEHC |
| May 2022 | Updated information | Tracey Froiland, FVHERC |
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**Training, Exercise, and Engagement Activity**

OPEHC is committed to the ongoing training and exercising of this plan and related activities to validate public health and health care capabilities.

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| --- | --- |
| **Date** | **Involved Partners** |
| 5/17/2022 | FVHERC members |
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**Table of Contents**

[1. Introduction 5](#_Toc95813453)

[1.1 Purpose 5](#_Toc95813454)

[1.2 Scope 5](#_Toc95813455)

[1.3 Background 5](#_Toc95813456)

[1.4 Planning Assumptions 7](#_Toc95813457)

[2. Concept of Operations 8](#_Toc95813458)

[2.1 Activation and Notifications 8](#_Toc95813459)

[2.2 Roles and Responsibilities 11](#_Toc95813460)

[2.3 Operational Mission Areas 15](#_Toc95813461)

[2.3.1 Surveillance 15](#_Toc95813462)

[2.3.2 Safety and Infection Control and Prevention 15](#_Toc95813463)

[2.3.3 Non-Pharmaceutical Interventions 16](#_Toc95813464)

[2.3.4 Surge Staffing 16](#_Toc95813465)

[2.3.5 Supply Chain, Supplies, Personal Protective Equipment 17](#_Toc95813466)

[2.3.6 Support Services 18](#_Toc95813467)

[2.3.7 Laboratory 18](#_Toc95813468)

[2.3.8 Waste Management, Decontamination 18](#_Toc95813469)

[2.3.9 Patient Care and Management 19](#_Toc95813470)

[2.3.10 Medical Countermeasures 19](#_Toc95813471)

[2.3.12 Patient Transport 20](#_Toc95813472)

[2.3.13 Fatality Management 20](#_Toc95813473)

[2.4 Training 21](#_Toc95813474)

[2.5 Special Considerations 21](#_Toc95813475)

[2.5.1 Mental and Behavioral Health 21](#_Toc95813476)

[2.5.2 Special Populations 21](#_Toc95813477)

[2.5.3 Situational Awareness 22](#_Toc95813478)

[2.6 Tracking and Reunification 22](#_Toc95813479)

[2.7 Rehabilitation and Outpatient Follow-up Services 22](#_Toc95813480)

[2.8 Deactivation and Recovery 23](#_Toc95813481)

[3. Appendices 23](#_Toc95813482)

[Appendix A: Additional Resources 23](#_Toc95813483)

[Appendix B: Acronym List 25](#_Toc95813484)

# 1. Introduction

## 1.1 Purpose

The Wisconsin High Consequence Infectious Disease (HCID) Health Care Surge Incident plan has been developed for local jurisdictions, regional Healthcare Emergency Readiness Coalitions (HERCs), first responders, and health care organizations in an effort to increase preparedness and response procedures when dealing with an HCID health care surge in Wisconsin. This plan is meant to supplement and support any agencies’ existing HCID plans. Guidance given in this plan supports a range of known and emerging infectious diseases and is tailored to response needs and severity of various infectious disease agent and scenarios.

## 1.2 Scope

The Wisconsin HCID Health Care Surge plan provides support and guidance to state partners involved in an emergency response within the state of Wisconsin and/or adjacent states. This plan guides the state level response and provides guidance to regional partners. Specifically, this plan is designed to address resources, communications, and special considerations.

The Hospital Preparedness Program (HPP) Capabilities in this plan include, but are not limited to:

* Capability 1: Foundation for Health Care and Medical Readiness
* Capability 2: Health Care and Medical Response Coordination
* Capability 4: Medical Surge

The Public Health and Emergency Preparedness (PHEP) capabilities in this plan include, but are not limited to:

* Capability 1: Community Preparedness
* Capability 3: Emergency Operations Coordination
* Capability 10: Medical Surge

**Plan Scope**

The scope of this plan includes infectious disease incidents that have potential to cause a health care surge of infectious patients. The activation of this plan can be requested by the Wisconsin Department of Health Services Bureau of Communicable Diseases (BCD), Local and Tribal Health Departments (LTHDs), or Healthcare Emergency Readiness Coalition (HERCs) on the behalf of health care facilities. This plan identifies the capabilities of Wisconsin medical facilities, general guidance for several HCIDs, and high level descriptions of infectious disease operational mission areas. This plan may be activated along with the Pandemic Plan and other response plans as a means to address incident command and operational mission area needs.

## 1.3 Background

A high consequence infectious disease (HCID) is defined by the Minnesota HCID Collaborative\* as a disease that:

* All forms of medical waste are classified as Category A infectious substances (UN2814) by the U.S. Department of Transportation

OR

* Has potential to cause a high mortality among otherwise healthy people and
  + No routine vaccine exists and
    - Some types of clinical specimens pose generalized risks to laboratory personnel

OR

* + - Risk of secondary airborne spread or unknown mode of transmission

*\*MN HCID Collaborative: MD Department of Health, Mayo Clinic, University of Minnesota Medical Center, Minnesota Hospital Association, Minnesota Health Care Coalitions, Minnesota HCDI-Ready EMS services*

HCIDs are broken down into two categories based on their means of transmission. The definitions of these categories and associated examples are listed below:

* Contact HCIDs: spread by direct contact with an infected patient or infected fluids, tissues, and other materials, or by indirect contact with contaminated materials.
  + Viral Hemorrhagic Fever (VHF) including, but not limited to:
    - Argentine Hemorrhagic Fever (Junin Virus)
    - Bolivian Hemorrhagic Fever (Machupo Virus)
    - Crimean Congo Hemorrhagic Fever (CCHF)
    - Ebola Virus Disease (EVD)
    - Lassa Fever
    - Lujo Virus Disease
    - Marburg Virus Disease (MVD)
    - Severe Fever with Thrombocytopenia Syndrome (SFTS)
  + Novel, emerging diseases that meet the contact criteria
* Airborne HCIDs: spread by respiratory droplets or aerosol transmission, in addition to contact routes of transmission.
  + Antrax
  + Hantavirus Infection
  + Monkeypox
  + Nipha Virus (NiV)
  + Novel Coronavirus
    - Middle East Respiratory Syndrome (MERS)
    - Severe Acute Respiratory Syndrome (SARS)
  + Novel Influenza A
  + Pneumonic Plague (Yersinia Pestis)
  + Smallpox
  + Novel, emerging diseases that meet the airborne criteria

**Authorities**

The authorities granted by the State of Wisconsin for the development and maintenance of this plan and related regional annex template are granted in State Statute, Chapter 25: Health; Administration and Supervision.

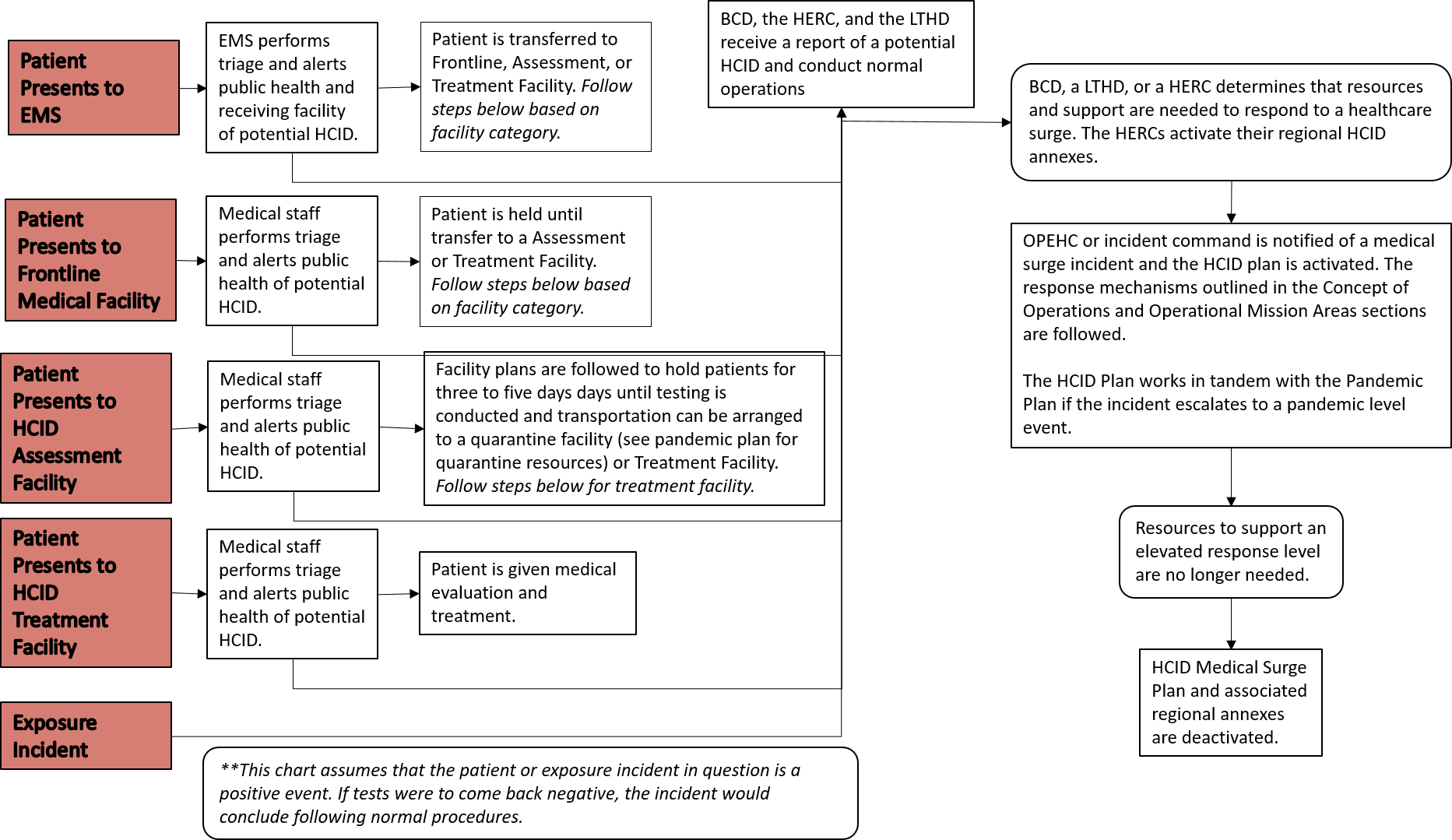
## 1.4 Planning Assumptions

The State of Wisconsin HCID plan assumes:

* The state and regional response plans have been activated and efforts are being conducted to support communication and incident command operations.
* Staffing at health care facilities may be challenged by staff members becoming ill, fear of illness, or family obligations (e.g., child/family care if schools are out). Health care workers are a high-risk population during most infectious disease incidents.
  + The implementation of effective infection prevention measures and associated training are necessary for workforce health and safety.
  + Large-scale infectious disease outbreaks may require the recruitment of volunteers, retirees, and trainees to support and relieve health care workers.
* Health care facilities and vendors may become overwhelmed with the treatment and disposal of biohazard material. Waste management guidance may be modified, as necessary, to support the health and medical system while maintaining safe handling and transport.
* Supply chain and delivery issues may occur and may have dramatic effects on clinical care.
* Roles and responsibilities of agencies and organizations may change depending on the severity and spread of the infectious disease incident and the respective level of activation by impacted jurisdictions.
* Frontline, treatment, and assessment hospitals are defined in Section 2.2 Roles and Responsibilities of this plan and in the Wisconsin Ebola Concept of Operations plan. This information may be referenced during an incident as a guideline for transportation decision making. However, communication must be conducted with the hospitals to understand their current capabilities for accepting HCID patients.
* Understanding of the pathogen, infection control, risk factors, clinical care, and patient outcomes will be in rapid evolution.
* Cases will require laboratory confirmation unless authorities no longer require testing to meet the case definition.
* During some infectious disease incidents, individual health care facilities may face fatality management challenges.

# 2. Concept of Operations

## 2.1 Activation and Notifications



**Prior to Activation of the State HCID Plan**

1. There are five distinct situations in which an HCID incident could occur. These situations occur when a patient presents to a medical professional with a potential HCID or an exposure incident occurs where there has been a possibility for transmission of an HCID. The steps followed for each scenario are as listed:
   1. A patient presents to emergency medical services in the field for reasons related to the HCID illness or due to another illness or injury:
      1. EMS performs triage, patient care, and transport based on the presentation of the patient and guidance given by medical control.
      2. The EMS professionals, medical control, or 911—if able—contacts the LTHD, HERC, and/or BCD if there is a suspected HCID based on the history and presentation of the patient.
      3. The patient is transferred to the closest appropriate facility based on their immediate medical needs. For the purposes of this plan, receiving medical facilities are split into three types based on their capabilities as described in Section 2.2 Roles and Responsibilities. The designation of these facilities may factor into the immediate transfer of patients if there are no other immediate medical concerns.
   2. A patient presents to a Frontline Medical Facility as a walk-in or via EMS transport:
      1. Admission and medical staff perform triage and appropriate patient care based on the presentation of the patient.
      2. If there is suspicion of an HCID, the medical staff isolates the patient via their internal procedures and contacts the LTHD, HERC, and/or BCD.
      3. The patient is transferred to the closest HCID Assessment or Treatment Facility based on availability of the receiving facility and the patient’s medical needs.
   3. A patient presents to a HCID Assessment Facility as a walk-in or via EMS transport from the primary EMS scene or a Frontline Medical Facility:
      1. Admission and medical staff perform triage and appropriate patient care based on the presentation of the patient.
      2. If there is suspicion of an HCID, the medical staff isolates the patient via their internal procedures and contacts the LTHD, HERC, and/or BCD.
      3. The medical staff collect, package, and prepare for transfer the patient specimens to send to a testing facility.
      4. If there is a confirmed HCID diagnosis, the patient is transferred to the closest HCID Treatment Facility or designated quarantine facility based on availability of the receiving facility and the patient’s medical needs.
   4. A patient present to an HCID Treatment Facility as a walk-in or via EMS transport from an EMS scene, Frontline Medical Facility, or HCID Assessment Facility:
      1. Admission and medical staff perform triage and appropriate patient care based on the presentation of the patient.
      2. If there is suspicion of an HCID, the medical staff isolates the patient via their internal procedures and contacts the LTHD, HERC, and/or BCD.
      3. If HCID has not yet been confirmed, the medical staff collect, package, and prepare for transfer patient specimens to send to a testing facility.
      4. If an HCID has been confirmed, medical staff care for patient until all medical and infection control needs are met.
   5. An exposure incident occurs in which persons were potentially infected with an HCID:
      1. The LTHD, HERC, and/or BCD are contacted when a potential exposure incident occurs.
      2. Persons involved in the exposure are isolated until testing is conducted and results are confirmed. This testing may occur at an HCID Assessment or Treatment Facility, or ad-hoc locations for test collection as appropriate.
      3. Persons with confirmed infections are transferred to an HCID Treatment Facility or designated quarantine location as needed based on testing, medical, or quarantine needs.
2. The BCD, HERC, and LTHD receive a report of a potential HCID and conduct their normal operations to support disease investigation and health care operations. Communication is conducted between the agencies to ensure proper notifications and information sharing.
   1. Upon confirmation of an HCID, all personnel involved in the care of the patient should be notified by their organization and provided guidance for monitoring illness. Guidelines from the Occupations Safety and Health Administration (OSHA) may be used by organizations as reference material.
   2. The HERC may activate their regional HCID medical surge annex to support regional response activities.

**Upon state plan activation**

The state HCID Plan is activated when BCD, a LTHD, or a HERC determines that resources and support are needed to respond to a health care surge. A health care surge is determined by current and forecasted capabilities (e.g., bed availability, staffing, and supplies) of a hospital to be able to safely conduct patient care. Local and regional resources must be utilized prior to the activation of state and federal resources. The HERCs may activate their regional HCID plans as needed.

1. Upon activation, resources and support as described in Section 2.3 Operational Mission Areas are evaluated for use and mobilized as needed.
   1. Each operational mission area describes resources that may be used to support a health care surge of infectious disease patients. Each mission area and the corresponding resources are addressed and utilized on an individual basis based upon the needs of the response.
   2. OPEHC leadership or incident command will determine what resources may be necessary based on communication with BCD, LTHDs, HERCs, hospitals, EMS, and other partner agencies. The need to activate resources will be communicated by OPEHC leadership or incident command to the lead of the resource who will initiate and perform operations of the resource.
   3. The pandemic plan may be activated simultaneously to address the operational areas and resources that are not directly supportive of health care surge as well as any expansive coordination needs for a pandemic level event.

**Deactivation of the state plan**

1. The deactivation of the HCID Plan occurs when the incident de-escalates to a point when hospitals no longer and experiencing or forecasting infectious disease related medical surge.
   1. The official deactivation is conducted by OPEHC leadership or incident command with consultation from BCD, the LTHD, and the HERC.
   2. Upon deactivation, the incident may still continue at what is considered a normal operational level.
   3. Following deactivation, a review of the incident is conducted to inform future planning and training needs.

**Communication Methods**

There are several forms of communication that may be used in the notification and coordination of an incident response. WISCOM and EMResource are state platforms that should be uniformly used to support statewide coordination. However, other communication methods are used to support regional and local responses based on the resources and needs of the area. Principles of trauma informed messaging may be used to support communications for pediatric surge events.

* [EMResource](https://www.dhs.wisconsin.gov/preparedness/systems/emresource.htm): EMResource is a tool that health care facilities use to alert and communicate with each other and with their emergency response partners, but in an emergency and on a day-to-day basis. The alert is usually initiated by the local facility to alert others of an MCI. EMResource also allows for polling of facilities to conduct bed capacity counts. Any member of EMResource can register an event, and alerts can be sent to specific facilities, partners in a region, or all state partners.
* [WISCOM](https://oec.wi.gov/wiscom/): The Wisconsin Interoperable System for Communications (WISCOM) radio system is a statewide wireless radio-frequency network primarily used for emergency communication between facilities.
* Additional radio channels: EMS may use a variety of radio channels to conduct transfer operations on a local or regional basis.
* Phone: Traditional phone use (text, email, or call) is used for communication between organizations involved in the response (e.g., pediatric trauma center, EMS agency, dispatch center, hospital, local and tribal public health, HERCs).
* Secure Fax: Sharing medical records between BCD and medical facilities.
* Secure Communication platforms (e.g., ZOOM or TEAMS): Communications between any involved organization.
* [EMTrack](https://www.dhs.wisconsin.gov/preparedness/systems/emtrack.htm): EMTrack is a tool that facilitates patient tracking in a variety of patient movement situations. It can be initiated during a prehospital encounter or at a health care facility. It can be used for tracking daily EMS transports, mass casualty incident victims, and facility evacuations, and it supports situational awareness, resource allocation, and family reunification.
* [eICS](https://www.dhs.wisconsin.gov/publications/p03141.pdf): eICS is an electronic incident command system that allows organizations to plan for, respond to, and recovery from incident. The platform allows for streamlined incident management, standardized communication, and automated workflows.

## 2.2 Roles and Responsibilities

The below organizations have been identified as organizations who are directly involved in the response to a health care surge caused by an HCID incident. This is not an exhaustive list of organizations who might be involved in the overall response to an HCID incident.

**Emergency Medical Services (EMS)**

EMS agencies provide two services during an HCID incident: emergency response for a 911-related incident and transportation between health care facilities. This section describes the basic expectations for EMS during an HCID incident, however, emergency orders given by the governor may allow for flexibility to capabilities and rules.

*Emergency Response*

EMS may be called to an incident scene for reasons related to an HCID or due to another illness or injury. EMS will triage patients following normal procedures with support from medical control and transport to the closest appropriate facility. If the patient suspected of being having an HCID, the EMS provider may—if able—contact the LTHD or BCD for awareness and support. EMS must share their findings with the receiving hospital so they may properly prepare for patient arrival and contact the LTHD or BCD in a timely manner.

*Inter-Facility Transportation*

EMS may be called by a medical facility to transfer a suspected or confirmed HCID patient to another facility for testing or treatment purposes. These transfer cannot interrupt EMS coverage of 911 emergency calls per DHS 110, therefore hospitals may have to wait for transport services or call upon another EMS service. However, an emergency order may be used to supersede this rule.

All EMS agencies that have been approved by the state to conduct inter-facility transfers have basic capabilities to transfer HCID patients. However, some agencies may be better equipped to handle confirmed HCID cases as there may be specific requirements for PPE use, ambulance preparation, and disinfection. EMS agencies who are unable to provide HCID transfers due to resource limitations must communicate their transfer capabilities to their local hospitals.

Roles and responsibilities for EMS include, but are not limited to:

* Providers participate in training courses as recommended in this plan and outlined by their organization.
* Agencies develop plans, policies, and educational materials to support communication and transportation. Per DHS 110, agencies must have an MCI plan.
* Agencies provide and participate in trainings and exercises provided at a local, regional, and state level.
* Establish communication with receiving health care facility through normal communication methods and/or establish an on-scene incident command.
* Conduct interfacility transfers through normal procedures.
* Provide mutual aid support through normal procedures.
* Provide a debriefing discussion for EMS personnel.
* Conduct or support an after action review.

**Frontline Medical Facility**

A frontline medical facility is any medical facility that is unable to conduct collect specimens or support testing for potential HCIDs. These facilities are able to identify potential HCIDs, isolate a suspected HCID patient, and inform public health of a potential HCID infection. Further definition of these facilities can be found in the Wisconsin Ebola Concept of Operations under Outpatient clinics and Category 3 hospitals. Roles and responsibilities for Frontline Medical Facilities include, but are not limited to:

* Support procedures and education for staff to identify potential HCIDs.
* Provide PPE to staff and patients to support infection control measures.
* Activate internal procedures to inform LTHD and BCD of a potential HCID.
* Activate Public Information Office for situational awareness and conduct communication efforts.
* Support procedures to safely isolate and stabilize patients for a limited time until they can be transported to another facility for testing.
* Support procedures to safely transfer patient to an Assessment or Treatment facility.
* Provide a debriefing for personnel following an HCID incident.
* Conduct or support an after action review.

**HCID Assessment Facilities**

An HCID Assessment Facility is a regional or designated facility within a health care system that has the appropriate medical capabilities, PPE, and infection control measures to collect specimens for testing. These facilities are able isolate and care for a suspected HCID patient for three to five days while testing is performed. Further definition of these facilities can be found in the Wisconsin Ebola Concept of Operations under Category 2 (assessment hospitals). Roles and responsibilities for HCID Assessment Facilities include, but are not limited to:

* Support procedures and education for staff to identify potential HCIDs.
* Activate internal procedures to inform LTHD and BCD of a potential HCID.
* Provide PPE to staff and patients to support infection control measures.
* Support procedures to safely isolate and stabilize patients for three to five days until testing results with allow for the safe discharge of the patient or determine the need for ongoing medical care at a HCID treatment facility.
* Activate Public Information Office for situational awareness and conduct communication efforts.
* Conduct training and education for medical, infection control, laboratory, and health information/medical records staff in order to safety collect, handle, package, transfer samples.
  + Samples may be tested in capable facilities or sent to the Wisconsin State Lab of Hygiene (WSLH) or another reference lab. The means of transportation of samples to a testing location will be communicated to the Assessment Facility by BCD or LTHD.
* Support procedures to safely transfer patient to an HCID Treatment Facility.
* Provide a debriefing for personnel following an HCID incident.
* Conduct or support an after action review.

**HCID Treatment Facilities**

HCID Treatment Facilities are medical facilities with the capability to support testing for HCIDs and provide definitive care of patients with a confirmed HCID for a sustained period of time. Further definition of these facilities can be found in the Wisconsin Ebola Concept of Operations under Category 1 (treatment hospitals). Roles and responsibilities for HCID Treatment Facilities include, but are not limited to:

* Support procedures and education for staff to identify potential HCIDs.
* Activate internal procedures to inform LTHD and BCD of a potential HCID.
* Provide PPE to staff and patients to support infection control measures.
* Support procedures to safely isolate and care for patients both awaiting testing and needing definitive care.
* Activate Public Information Office for situational awareness and conduct communication efforts.
* Conduct training and education for medical, infection control, laboratory, and health information/medical records, pharmacy, and supply chain staff in order to safety conduct testing efforts and provide sustained care for confirmed HCID patients.
  + Samples may be tested in capable facilities or sent to the Wisconsin State Lab of Hygiene (WSLH) or another reference lab. The means of transportation of samples to a testing location will be communicated to the Assessment Facility by BCD or LTHD.
* Provide a debriefing for personnel following an HCID incident.
* Conduct or support an after action review.

**Bureau of Communicable Diseases (BCD)**

BCD and its staff are most often the first to be alerted by a LTHD, health care provider, laboratory, or external entity that a HCID is suspected. The primary responsibilities of BCD include developing and maintaining infectious disease surveillance; providing guidance and support for the public health investigation of cases and outbreaks; and promoting the prevention and awareness of communicable diseases and other conditions of public health concern. Roles and responsibilities for BCD include, but are not limited to:

* Assign and train the DHS Communicable Diseases (CD) 24/7 on-call duty officer personnel.
* Triage incoming calls notifying DHS of a potential HCID.
* Determine when an HCID notification warrants elevating response level beyond BCD.
* Follows communication alert plan.
* Provides subject matter expertise for disease recognition, transmission, clinical assessment, and mitigation.
* Liaise with health care providers, CDC, laboratories and LTHDs.

**Local and Tribal Health Departments (LTHD)**

Description LTHDs have the responsibility and authority to respond to HCID occurrences and threats within their jurisdiction. They conduct infectious disease investigations; distribute or deploy disease mitigation resources; conduct community health assessments; and promote the prevention and awareness of communicable diseases and other conditions of public health concern. Roles and responsibilities for LTHDs include, but are not limited to:

* Develop and maintain a jurisdictional HCID response plan.
* Participate in HCID training opportunities relevant to their jurisdiction.
* Contact BCD or DHS 24/7 CD duty officer to notify DHS of a potential HCID.
* Roles and Responsibilities

**Office of Preparedness and Emergency Health Care, Wisconsin Department of Health Services**

OPEHC is notified at the activation of the state HCID plan via communications from BCD, HERC, or LTHD. The main function of OPEHC is to support and enhance the capacity of the state, local public health departments and tribes, and the health care system to prepare for public health threats and emergencies through planning, exercising, responding, and training. Roles and responsibilities for OPEHC include, but are not limited to:

* Maintain the state HCID plan and regional annex template.
* Support regional and local efforts to develop HCID plans and conduct trainings and exercises.
* Contact the Wisconsin Emergency Management Duty Officer for situational awareness.
* Assist in the coordination of ESF #8 medical response needs as requested by the health care system in the event an HCID may result in the opening of the SEOC.
* Support any review efforts conducted by regional and local partners (for example, after action reports).
* Review and coordinate reimbursement needs.
* Update the state HCID plan and regional annex following review findings.

**Healthcare Emergency Readiness Coalition (HERC)**

The HERC coordinators may be notified by emergency response agencies, LTHDs, hospitals, or OPEHC. When requested, seven HERC regions support coordination with local public health, health care institutions, and first responder agencies (police, fire, and EMS) to have a uniform and unified response to an emergency. The HERCs support communities before, during, and after an HCID incident. Roles and responsibilities for the HERCs include, but are not limited to:

* Support training efforts of health care organizations.
* Establish and distribute regional plans.
* Communicate with health care systems to understand regional resources and the need for training and resource stockpiles.
* Support communication and coordination efforts of EMS and hospitals as needed.
* Support of the local community by understanding mental health resources for first responders.
* Support or conduct review efforts of the incident and update plans with lessons learned.
* Support the coordination of reimbursement needs.

## 2.3 Operational Mission Areas

These operational mission areas have been identified as critical components to an infectious disease response. This plan reviews each section in high level and how it relates to or supports a health care surge of infectious patients. The resources listed under each section outline capabilities of Wisconsin DHS to support a health care surge. However, additional resources are available and may be utilized through partner organizations such as the LTHDs, HERCs, and Wisconsin Emergency Management (WEM).

### 2.3.1 Surveillance

Surveillance is the act of identifying and reporting cases and essential elements of information to monitor and evaluate response outcomes. This information includes but is not limited to laboratory reporting, electronic death reporting, staff absenteeism rates, and syndromic surveillance.

*BCD may reassign staff to support surveillance efforts*. This effort can be supplemented by requesting an epidemiology aide from the CDC to assist with surveillance efforts. Additionally, BCD may work with the state health office or state epidemiologist to send GovDs to health care providers for situational awareness.

The *Wisconsin Electronic Disease Surveillance System (WEDSS)* is used by hospitals, laboratories, health care providers, and LTHDs for documentation of individual case and contact investigations. During an infectious disease outbreak BCD and the Office of Health Informatics (OHI) can create electronic reporting forms in WEDSS by either choosing a preexisting form from another disease outbreak, creating a new form, or using a generic unusual disease form.

The *Wisconsin State Lab of Hygiene (WSLH)* operates a clinical lab network that offers training for the handling of select agents and supports reporting efforts by laboratories. During the activation of this plan, the WSLH is able to send alerts to the clinical laboratory network for situational awareness.

Syndromic Surveillance is conducted to collect data on cases once a disease has been officially reported. The Wisconsin Health Information System and EMResource collect information from hospitals regarding reportable patient information and bed availability, respectively.

Data specialists from within DHS, such as the Office of Health Informatics, may be used to create projections or maps from data to support database decisions.

### 2.3.2 Safety and Infection Control and Prevention

Safety and infection control and prevention measures are put in place during an infectious disease outbreak to reduce the exposure and subsequent spread of the disease.

The *Healthcare Associated Infection (HAI) Prevention Program* has regional infection preventionists, resident infection preventionists, public health educators, and training resources to support infection control efforts.

Guidelines from *Occupational Safety and Health Association (OSHA)* may be used to support guidance and recommendations for infection control and prevention.

*Federal guidance* may be provided to through resources such as the onsite Centers for Disease Control (CDC) infection control specialist.

### 2.3.3 Non-Pharmaceutical Interventions

Non-pharmaceutical interventions include efforts including but not limited to public communication, promotion of personal protective actions, recommendations for quarantine operations and isolation protocols, adaptations of critical services to continue operations, restrictions on mass gatherings, and other social distancing measures. The purpose of these interventions is to promote consistent response strategies for the mitigation of disease spread. These interventions are commonly reserved for highly infectious and deadly diseases due to the legal and social challenges of enacting restrictions on the general public. Local health officers are able to enact interventions that are deemed reasonable and necessary and work with judges to enforce quarantine orders for small cases. A tool kit for non-pharmaceutical interventions can be found on the PCA portal under the Ebola resources.

### 2.3.4 Surge Staffing

Surge staffing pertains to general staffing contingencies, cross-training of staff, and engaging of volunteers. Most organizations rely on internal Continuity of Operations Plan for issues related to staffing. However, during the activation of this plan, surge staffing may need to be considered to respond to a health care surge.

The *Wisconsin Emergency Assistance Volunteer Registry (WEAVR)* program is a secure, password-protected, web-based volunteer registration system for health care and behavioral health professionals. Volunteers are identified by public health officials based on the positions requested by a health care facility and, upon accepting the role, are sent to the facilities where they receive training. The WEAVR platform best supports short-term staffing solutions for missions such as operating points of dispensing (PODs) or supporting field hospital triage. Volunteers are covered under a state statue for liability coverage for which an emergency has to be declared. There are some limitations of WEAVR during infectious disease surges as most volunteers would have to be pulled from already impacted health systems.

The *Medical Reserve Corps (MRC)*is a national network of volunteers that are locally organized to support the improvement of health and safety within their communities. The La Crosse County MRC has a strong network of volunteers. However, the resource is not well-utilized in other areas of the state. The MRCs are also a limited resource as many volunteers would have to be pulled from already impacted health systems.

The *Disaster Medical Assistance Teams (DMAT)*are federal teams used to deploy to disaster sites to support public health and medical needs. These teams are designed to deploy to states not located near their own in order to avoid pulling from local medical resources.

*DHS Staff*in BCD and OPEHC may be re-assigned to support response efforts such as surveillance or warehousing. Additional staffing may be pulled from other DHS departments or close partners such as the CDC, Department of Agricultural Consumer Protection, and the Department of Natural Resources to support Department of Health response operations.

DHS has the capabilities to use *contractual and federal staff* as supplemental staff to health care workers depending on the needs of the incident.

### 2.3.5 Supply Chain, Supplies, Personal Protective Equipment

An infectious disease medical surge puts strain on PPE supplies and the supply chain due to increased need for elevated infection prevention. This operational mission area looks at guidance, procurement, storage, training, and dissemination of PPE during surge.

The *Health Care Associated Infections (HAI) Prevention Program*helps to define and provide guidance and training for use of PPE. This guidance is disseminated to health care organizations during an incident to ensure the proper precautions are being taken for the specific disease as well as any conservation needs due to supply chain issues.

The *DHS Warehouse*provides stockpiling capabilities for PPE and other medical supplies. DHS has a contract with a private warehouse for the storage of supplies and the transportation of materials statewide. The warehouse is part of the Strategic National Stockpile (SNS) program and acts as a landing place in Wisconsin for any SNS and medical countermeasure materials sent from the federal government. The warehouse keeps a state stockpile of ventilators and medical grade PPE to support health care systems through an estimated 90-days of surge. The below table describes the supply goal for each category of PPE in the stockpile. Partners can request supplies from the stockpile during any type of surge event when normal supplies are limited through the DHS website: [dhsstockpile@dhs.wisconsin.gov](mailto:dhsstockpile@dhs.wisconsin.gov).

|  |  |
| --- | --- |
| **Item** | **90-Day Supply Goal** |
| N95 Respirators | 1,008,750 |
| Non-Surgical Face Masks | 5,406,840 |
| Non-Surgical Gowns | 2,611,050 |
| Nitrile Gloves | 11,539,150 |
| Face Shield and Goggles | 559,170 |
| Non-Surgical Coveralls | 271,650 |
| Ventilators | 1,500 |

The *Ventilator Stewardship Program*is a stockpile of 1542 ventilators maintained through a contract with the manufacturer. Health care partners can request ventilators by emailing the [DHSventilator@dhs.wisconsin.gov](mailto:DHSventilator@dhs.wisconsin.gov).

### 2.3.6 Support Services

Support services pertain the services that support the care of infectious disease patients, including but not limited to: respiratory care, dialysis, blood banks/ blood product providers, laboratory (see section 2.3.7 Laboratory), waste and material management (see section 2.3.8 Waste Management, Decontamination), food and dietary services, pharmacy, radiology, and environmental services.

DHS has the capabilities to use *contractual and federal resources* to supplement support services provided at the regional and local levels.

The *DHS Stockpile* provides PPE, ventilators, testing, and other various care items (e.g., cots) that hospitals can request to support patient care. More information for the DHS stockpile can be found in section 2.3.5 Supply Chain, Supplies, Personal Protective Equipment and section 2.3.11 Community-Based Interventions.

### 2.3.7 Laboratory

Laboratory pertains to the process of submitting samples to public health laboratories and conducting reporting.

The *Wisconsin State Lab of Hygiene (WSLH)* operates a clinical lab network that offers training for the handling of select agents and supports reporting efforts by laboratories. During the activation of this plan, the WSLH is able to send alerts to the clinical laboratory network for situational awareness and operational and developmental components. The Wisconsin Clinical Lab Network operates at a hospital level to support situational awareness.

There are *contracts with the Wisconsin State Police and Gold Cross Carriers* for the transportation of specimens from health care facilities to laboratories.

### 2.3.8 Waste Management, Decontamination

Waste management and decontamination pertains to the plans for inspections and management of facility capabilities to handling Category A waste (see Appendix A for link to full definition) as well as guidance and resources to assist in the disinfection and decontamination of health care facilities and transport organizations.

Hospitals and EMS agencies follow internal procedures for the decontamination of their workspace and equipment and disposal of waste. Organizations may work with BCD and the Bureau of Environmental and Occupational Health (BEOH) for guidance and technical support. Guidance from OSHA may also be used to support waste management and decontamination efforts.

DHS has the capabilities to enter into *contractual relationships with decontamination businesses* to support waste management and decontamination efforts at the regional and local levels.

### 2.3.9 Patient Care and Management

Patient Care and Management refers to the ability of hospitals to maintain patient care during a surge for specialty patients by, for example, distributing patients within or across health care systems and understanding potential resource issues

The *Wisconsin Electronic Disease Surveillance System (WEDSS)* is used by hospitals, laboratories, health care providers, and LTHDs for documentation of individual case and contact investigations. During an infectious disease outbreak BCD and the Office of Health Informatics (OHI) can create electronic reporting forms in WEDSS by either choosing a preexisting form from another disease outbreak, creating a new form, or using a generic unusual disease form.

The *EMResource* platform is used by hospitals and regional and state administrators to track bed availability. This resource allows for patients to be distributed across hospitals with the intent to reduce surges on hospitals.

Hospitals may make the decision at the individual management level to provide crisis care ethics support to the treatment teams on patient care and prioritization. The purpose of this support is to relieve burden of decision making from the medical teams so they may focus on patient medical care. In specific instances, hospitals or HERC regions may request that the state activate the State Disaster Medical Advisory Committee (SDMAC) or other subject matter expert resources to provide guidance to hospitals.

Ebola specific guidance can be found in the PCA portal (see Appendix A for a link) or through an OPEHC representative. These documents can be used during an Ebola outbreak or may be reviewed and used a guidance for other disease incidents, as appropriate. These documents include, but are not limited to, guidance for public health officials, altering and communication plans, FEMA Region V Transportation plan, handling and decontamination procedures, and legal information.

See Section 2.3.12 Patient Transportation for information on EMS patient care.

### 2.3.10 Medical Countermeasures

Medical countermeasures include the procurement, storage, distribution, administration of medical resources such as pharmaceutical interventions. PPE medical countermeasure information can be found in Section 2.3.5 Supply Chain, Supplies, Personal Protective Equipment.

Pharmaceutical interventions can be requested through incident command as available based on the needs of the surge event.

DHS has the capabilities to use *contractual and federal resources* to supplement medical countermeasure efforts.

#### 2.3.11 Community-based Interventions

Community-based interventions are individual and community level strategies that aim to prevent spread of the disease as well as promote well-being amongst the population. This includes but is not limited to, school closures, social distancing orders, expanded community testing, and reducing elective programs.

### 2.3.12 Patient Transport

Patient transport includes the policies, plans, and procedures for ensuring safe patient transfer for patients, providers, and the general public.

EMS provide emergency response for a 9-11 related incident. The transportation of patients from an incident scene to a hospital is guided by the WI trauma field triage guidelines and based on patient need. EMS agencies utilize their own internal policies and procedures in conjunction with their medical direction to support this effort. *Mutual aid* agreements and *MABAS* may be used to support agencies experiencing a surge event.

EMS provide interfacility transfers of patients based on the clinical needs of the patient determined by the initial hospital. EMS use their own triage capabilities and internal guidelines in conjunction with their medical director to change hospital destination if the patient were to decompensate.

Every EMS agency must have an infectious disease contact and a general MCI plan per DHS 110.

The *FEMA Region V Ebola Transport Plan* provides guidance and assistance for the transportation of Ebola patients. This plan may be used as general guidance for other HCIDs.

### 2.3.13 Fatality Management

Fatality management is the ability to coordinate with partners to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains.

The *Wisconsin Mortuary Affairs**group* provides a means for communication and discussion surrounding fatality management needs with partners such as Wisconsin Emergency Management, DHS Vital Records, OPEHC, state Medical Examiners, state Coroners, and Wisconsin Funeral Homes Association.

The *DHS Fatality Management plan* outlines the state’s ability to provide fatality management related assets (state stockpile, volunteer response support, emergency management assistance compacts), technical assistance, and communication assistance. This plan is available through OPEHC.

The *Disaster Mortuary Operational Response Team (DMORT)* is a Federal resource part of the National Disaster Medical System (NDMS) that can be requested through incident command. The DMORT has full forensic capabilities and works to support local authorities and provide technical assistance, personnel, and temporary morgue facilities (as needed). DMORT aids in the recovery, identification, and processing of deceased victims and in setting up, assisting with and advising on family assistance best practices. A DMORT team can typically arrive and be operational within 48-72 hours following a request.

## 2.4 Training

**EMS, First Responders, and Hospital Staff**

Hospitals and EMS/first responder agencies should have plans and conduct trainings for the management of HCID incidents. Example plans and trainings include, but are not limited to:

* A Respirator Protection Plan from OSHA and Wisconsin State Lab of Hygiene for fit testing of personnel
* Infectious Disease Control Measures Training to include the donning and doffing of PPE
* Procedures to identify and respond to potential HCID incidents including the triage of patients to an appropriate medical facility and the communication with the receiving facility
* Behavioral health or psychological support trainings to build staff resiliency.

Additional information on the care of HCID patients can be found on the ASPR Tracie website and in the [Dane County EMS Primer on Infectious Disease](https://em.countyofdane.com/documents/pdfs/ems/Infection-Control-EMS-Primer-on-ID-7.11.19.pdf) document.

## 2.5 Special Considerations

### 2.5.1 Mental and Behavioral Health

* Partner agencies are in the process of creating a mental health support system for first responders in the state of Wisconsin.
* Patients with behavioral health and/or access and functional needs are supported by resources of EMS and hospitals as needed. EMS agencies and hospital facilities train and prepare independently to care for these patient populations.
* Family reception and reunification centers provide local mental and behavioral health services.
* Crisis counseling is available from the Samhsa Grant (<https://www.samhsa.gov/dtac/ccp>) following the declaration of a disaster as part of the Wisconsin Community Action Program (CAP). There are also trained permanent crisis counselors in CAP and other non-profit organizations that supplement social services and can be placed without the Samhsa grant.
* There are ongoing efforts to improve health care worker resiliency by offering mental health trainings and debriefing sessions.

### 2.5.2 Special Populations

Special populations are groups of people that are impacted by infectious disease events in a way that could potentially cause a surge on health care facilities. These special populations include, but are not limited to: persons with medical comorbidities, pediatric and geriatric populations, persons living in congregate care settings (e.g., long-term care or group home residents, homeless persons, and inmates), and persons with disabilities that may impact their ability to communicate, understand, or practice infection prevention measures. Mitigation of surges within these populations can be conducted through effective public health messaging and awareness and implementation of infection prevention measures. Additionally, decreasing surges of patients via discharge can be supported through the use of toolkits and tailored guidance to hospitals, skilled nursing facilities, congregate living settings and other impact organizations on the proper discharge and care of patients.

### 2.5.3 Situational Awareness

Situational awareness to the Emergency Support Function (ESF) 8 lead is conducted via communication methods listed under section 2.1 Activation and Notifications, Communication Methods*.* The ESF-8 lead supports processes to track resources and essential elements of information at any point during an HCID event. Bed tracking is conducting using the EMResource platform which may be accessed by persons other than the ESF-8 lead. The SEOC may be activated depending on the scale of the incident. The ESF-8 lead acts as a liaison between DHS and Wisconsin Emergency Management (WEM).

Situational Reports may be created and distributed during an incident to document response operations at the request of relevant partners and based on response needs.

Continued awareness of other incidents (e.g., mass casualty incident, natural disasters) will also be conducted as these incidents may require resources needed for an HCID event (e.g., hospital beds) or modifications to how the infectious disease incident is managed (e.g., social distancing measures during evacuations).

### 2.6 Tracking and Reunification

Tracking and reunification efforts are conducted by EMS, hospitals, and local officials. Due to the nature of an HCID incident, mass casualty tracking and reunification efforts may not be needed. However, the use of tracking platforms—such as EMTrack—may still be used.

**Tracking and reunification for a mass casualty incident:**

DHS 110 requires EMS agencies to have a mass casualty plan that includes a mechanism for patient tracking. The EMTrack platform is recommended for use, however, agencies may use any alternative means of tracking that includes real time situational awareness in order to assist other partners who are involved in reunification efforts.

EMTrack may be used by EMS, hospitals, and local officials for patient tracking. Patient information is entered into the system by providers and allows for approved administrators to track where patients are located during planned or unplanned events. A link to a full EMTrack description can be found in Appendix A Additional Resources.

Reunification can be conducted at a hospital or local reunification center. Hospitals and local and tribal health departments follow their own procedures for properly sharing patient information with loved ones.

## 2.7 Rehabilitation and Outpatient Follow-up Services

All Wisconsin hospitals will determine their capabilities for outpatient follow-up services and refer patients as needed.

Transferring of patients that were sent to facilities outside of Wisconsin follows normal procedures for communication and coordination of transport. Challenges with state aid should be directed to the Department of Health Services Division of Medicaid Services.

## 2.8 Deactivation and Recovery

The deactivation of the HCID Health Care Surge Plan occurs when the incident de-escalates to a point when medical surge support is no longer needed for infectious disease patients. The official deactivation is conducted by OPEHC leadership or incident command with consultation from BCD, the LTHD, and the HERC. Upon deactivation, the incident may still continue past the deactivation of this plan so long as the needs for the response within in a normal operational level.

Review and reimbursement actions will be conducted following the deactivation of the plan. After-action reviews may be conducted by any agency or facility involved in the response at the local, regional, or state level. It is expected that all members involved in an HCID incident participate in and support an after-action review of the event and response.

# 3. Appendices

## Appendix A: Additional Resources

|  |  |
| --- | --- |
| **Resource** | **Link** |
| ASPR Technical Resources, Assistance Center, and Information Exchange (Tracie) | https://asprtracie.hhs.gov/infectious-disease |
| Category A Waste Definition | https://www.phmsa.dot.gov/sites/phmsa.dot.gov/files/docs/transporting-infectious-substances/6821/cat-waste-planning-guidance-final-2019-08.pdf |
| DHS 110 | https://docs.legis.wisconsin.gov/code/admin\_code/dhs/110/110 |
| Wisconsin Ebola Concept of Operations | https://share.health.wisconsin.gov/ph/pca/SiteAssets/Lists/Announcements/EditForm/Wisconsin%20EVD%20Conops.pdf |
| eICS User Guide | https://www.dhs.wisconsin.gov/publications/p03141.pdf |
| EMResource | https://www.dhs.wisconsin.gov/preparedness/systems/emresource.htm |
| EMS Agencies | <https://www.dhs.wisconsin.gov/ems/provider/wicounties.htm> |
| EMTrack | <https://www.dhs.wisconsin.gov/preparedness/systems/emtrack.htm> |
| HERC Regions and Contact Information | https://www.dhs.wisconsin.gov/publications/p02587.pdf |
| Minnesota Department of Health HCID information | <https://www.health.state.mn.us/diseases/hcid/hcidspecifics.pptx> |
| PCA Portal Link to Ebola Documentation | https://share.health.wisconsin.gov/ph/pca/SitePages/Ebola.aspx |
| Wisconsin Statute Chapter 250 | https://docs.legis.wisconsin.gov/statutes/statutes/250 |
| Wisconsin EMS Mass Casualty Incident Response Planning Guide | https://www.dhs.wisconsin.gov/publications/p01098.pdf |

## Appendix B: Acronym List

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| --- | --- |
| **Abbreviation** | **Description** |
| BCD | Bureau of Communicable Disease |
| BEOH | Bureau of Environmental and Occupational Health |
| CAP | Community Action Program |
| CDC | Centers for Disease Control |
| DHS | Department of Health Services |
| DMAT | Disaster Medical Assistance Teams |
| DMORT | Disaster Mortuary Operational Response Team |
| EMS | Emergency Medical Services |
| ESF | Emergency Support Function |
| FEMA | Federal Emergency Management Agency |
| HAI | Healthcare Associated Infection |
| HCID | High Consequence Infectious Disease |
| HERC | Healthcare Emergency Readiness Coalition |
| HPP | Hospital Preparedness Program |
| LTHD | Local and Tribal Health Department |
| MABAS | Mutual Aid Box Alarm System |
| MRC | Medical Reserve Corps |
| NDMS | National Disaster Medical System |
| OHI | Office of Health Informatics |
| OSHA | Occupational Safety and Health Association |
| PHEP | Public Health and Emergency Preparedness |
| PPE | Personal Protective Equipment |
| PCA | Partner Communication and Alerting |
| SDMAC | State Disaster Medical Advisory Committee |
| SEOC | State Emergency Operations Center |
| SNS | Strategic National Stockpile |
| WEAVR | Wisconsin Emergency Assistance Volunteer Registry |
| WEDSS | Wisconsin Electronic Disease Surveillance System |
| WEM | Wisconsin Emergency Management |
| WSLH | Wisconsin State Lab of Hygiene |