

FVHERC Region 6 High Consequence Infectious Disease (HCID) TTX/Discussion AAR

Summary of Findings and Improvement Plan



FV-HERC

Fox Valley Healthcare Emergency Readiness Coalition

Exercise/Discussion Date: May 17, 2022

Incident Date/Location: May 17th, 2022

Incident Hazard or Threat: Highly Infectious Disease, Responder Safety and Health, NPI

Incident Summary: Notification was received from the state health department through the Health Alert Network (HAN) that there was an apparent inhalational anthrax case in a hospital about an hour away in the area served by a neighboring HERC region. A terrorist organization claimed responsibility for releasing aerosolized anthrax at a major sporting event Friday afternoon. This event was widely attended by residents of the state. The Governor then declared this a disaster.

After Action Debriefing and Report: The purpose of this document is to provide an analysis of the operational coordination and communications provided by HERC Region 6.

Participants included:

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Bernie Sorenson, Calumet Emergency	Sarah Jensen, Marquette Co. Health Dept.
Bonnie Kolbe, Calumet County Public Health	Shelly Brown-Giebel, Winnebago Co. Health Dept.
Carl Mohl, Ascension	Sonja Jensen, City of Appleton
Cassidy Walsh, City of Appleton	Teresa Erler, Regional EM WEM
Cathy Ellis, Calumet County Public Health	Tim Normington, ThedaCare Berlin
Christine Krisher, Fresenius Kidney Care	Tina Marchan, ThedaCare
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Claire Holzschuh, City of Menasha	Valerie Davis, City of Appleton Health Dept.
Cody Kivitto, Odd Fellows Home	Kitti Flood, WMHT
Debra Robbins, Aurora Oshkosh	Liz Parizo, FHLC
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Kim Olson, TCS	
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Kristine Hutter, City of Menasha Public Health	

This discussion allowed an opportunity to solicit stakeholder input and collect response data to validate processes that worked and identify areas of improvement for processes that were not effective and provide recommendations to enhance these areas. These identified strengths, areas for improvement and suggested corrective actions are captured in this After-Action Report (AAR) and associated Improvement Plan (IP) Matrix.

Analysis of Incident Core Capability Performance

Aligning incident objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual events to support preparedness reporting and trend analysis. Table 1 includes the incident core capabilities with associated overall performance ratings (P, S, M, or U) as evaluated in the event after action debriefing.

Table 1-Summary of Core Capability Performance

Core Capability Performance	Rating
Foundation for Health Care and Medical Readiness	S
Health Care and Medical Response Coordination	S
Medical Surge	S
Ratings Definitions	
<ul style="list-style-type: none"> • (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s). • (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. However, opportunities to enhance effectiveness and/or efficiency were identified. • (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance; contributed to additional health and/or safety risks; and/or was not conducted in accordance with applicable plans, policies or procedures. 	

Core Capability: Foundation for Health Care and Medical Readiness

Description: Ensure the participation of all HCC identified partners in meetings, planning, training, and exercising so that relationships and coordination exists prior to an incident to ensure an efficient response

Analysis and Key Observations: During the HCID exercise, it was apparent that there were existing relationships between partners prior to the exercise. At the beginning of the incident, public health was notified of the threat by the hospitals. This was made possible by existing relationships between emergency management at the hospitals and public health officers. This pre-existing relationship allowed information about antibiotic stockpiles, treatment centers, and patient census to be communicated between partners.

One of the bigger challenges was getting information from the state level on stockpiles and temporary treatment centers. In addition, it was difficult to identify where treatment locations were going to be implemented.

Strength(s):

- **Prior exercises and incidents made it possible for key partners to respond to the HCID incident.**
- **COVID a real-life emergency had similar situational needs, therefore messaging, Closed and And open pods, equipment and PPE were recently practiced.**

Recommendation(s):

- Implement a more streamlined ladder of communication from the state all the way to the local level. Many partners do not receive HAN alerts.
- Provide further training on setting up treatment sites regionally to maximize resources.

Core Capability: Health Care and Medical Response Coordination

Description: Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.

Analysis and Key Observations: In an incident like a HCID event, operational structure is critical to establish early on. In this exercise, stakeholders were able to put an EOC in place to ensure that there would be a coordinated response up the chain of command.

Strength(s):

- Due to a recent real event, regionally and locally the EOC's were activated. They would be activated again quickly and efficiently.
- Good communication of opening EOC's and providing briefings to partners.

Recommendation(s):

- Make a plan for a unified command with all HERC partners.
- Practice and implement a regional PIO strategy.

Core Capability: Medical Surge

Description: Rapidly expand the capacity of the existing healthcare system to provide appropriate medical care for victims, including pediatric patients.

Analysis and Key Observations:**Strength(s):**

- Health systems felt that they are capable of a large surge of patients, recently demonstrated by COVID.
- Healthcare felt PPE usage and availability is adequate.

Recommendation(s):

- Need education on treatment and pathology on ANTHRAX to staff and providers.
- Decontamination practice needed.

Appendix A-Improvement Plan (IP)

This IP has been developed specifically for HERC Region 6 based on the response to the High Consequence Infectious Disease Exercise/Discussion on May 17th, 2022.

Core Capability	Recommendations	Capability Element ¹	Primary Responsible Organization	Target Completion Date
Foundation for Health Care and Medical Readiness	Implement a more streamlined ladder of communication from the state all the way to the local level. Many partners do not receive HAN alerts.	Foundation for Health Care and Medical Readiness	FVHERC	December 2022
	Provide further training on setting up treatment sites regionally to maximize resources.	Foundation for Health Care and Medical Readiness	All partners	July 2023
Health Care and Medical Response Coordination	Make a plan for a unified command with all HERC partners.	Health Care and Medical Response Coordination	All partners DHS/OPEHX	July 2023
	Practice and implement a regional PIO strategy.	Health Care and Medical Response Coordination	FVHERC	July 2023
Medical Surge:	Need education on treatment and pathology on ANTHRAX to staff and providers.	Medical Surge	WHEPP group	July 2023
	Decontamination practice needed.	Medical Surge	WHEPP group	July 2023

¹ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.