

**HERC Region 1 High  
Consequence Infectious Disease  
(HCID) TTX and Facilitated  
Discussion  
AAR**

**Summary of Findings and Improvement Plan**



Northwest Wisconsin  
**Healthcare Emergency  
Readiness Coalition**

**Incident Date: June 3, 2022**

**Incident Date/Location:** June, 2022, somewhere in the NWWIHERC Region (15 Counties and four Tribes).

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

**Incident Summary:**

Monday, 8:00 a.m. A patient living in your jurisdiction calls 911 due to increasing difficulty breathing, diarrhea and fever. Your local ambulance is dispatched with information including the chief complaint. The patient arrives in the Emergency Department and is placed in a room for his visit. Due to his symptoms, the provider chooses to test for COVID and Influenza. When doing the medical history, you learn the patient has a backyard flock of chickens and has had recent physical contact with dead birds. The patient's test results come back and he is negative for COVID but positive for Influenza A.

The local Public Health Department receives a call from the local hospital stating that they have a patient who has tested positive for Influenza A and has had recent physical contact with dead birds from their back yard flock. The local Public Health Department asks about household contacts and finds out that the patient's spouse just completed treatment for breast cancer. The patient is sick enough to need admission to the hospital. A specimen is sent to the Wisconsin State Lab of Hygiene and the patient tests positive for High Pathogenic Avian Influenza.

Thursday, 10:00 a.m. The spouse of the sick individual reports to the Public Health department that she is feeling "ill" today and is worried she may have contracted Avian Influenza as well. She insists she never had any physical contact with the dead birds.

Thursday, 4:00 p.m. The teenaged son of the sick individual reports to the Public Health department that he too is feeling "ill". He also insists he has never had any physical contact with the dead birds. He admits (reluctantly) that he defied Public Health guidance and attended the Baseball Banquet at his high school because "he didn't think this could pass from person to person".

**After Action Debriefing and Report:** The purpose of this document is to provide an analysis of the operational coordination and communications provided by NWWIHERC Region 1.

## **Exercise Participants via Zoom (Virtual only)**

NWWIHERC-Aimee Wollman Nesseth-Program Coordinator

Statewide HERC Coordinator: Brian Kaczmariski-Exercise  
Controller

### **Emergency Management:**

- Burnett County-Aaron Bentley
- Douglas County-Adam Olson

### **EMS/Air Medical**

- North Air Care-Mike Zolik
- North Memorial-Mike Morelock

### **Home Care/Hospice:**

- Aurora Community Services-Candace Kapperman-Wolf
- Aveanna (Recover Health)- Angela Kjellberg
- Heartland Hospice-Laurice Hillman
- Mayo Clinic Home Health and Hospice- Samantha  
McDonald, Jessica Wayne
- Regional Hospice-Pam Frost

### **Hospitals:**

- Advent Health-Amanda Brommer
- Amery Hospital-Alisa Lang
- Burnett Medical Center-Todd Snyder
- Hayward Area Memorial Hospital-Mark Manning
- Indianhead Medical Center-Parker Bandoli
- Marshfield Medical Center-Eau Claire-Ian Fisher
- Mayo Clinic Health System-Chippewa Valley-Travis Klukas
- Mayo Clinic Health System-Eau Claire- Bobby King and  
Alissa Hladilek (NWWI Infection Prevention and Control)
- Mayo Clinic Health System-Oakridge-Darrell Courtney
- Mayo Clinic Health System-Red Cedar-Tara Verdon

- Osceola Medical Center-Rich Haider
- River Falls Area Hospital-Ashley Greengard
- Sacred Heart/St. Joseph's- Tyler Bowe
- Spooner Health-Rebecca Wallin
- St. Croix Regional Medical Center-Matt Maxwell
- Western WI Health-Robb Paulson and Shonda Helgeson

**Local and Tribal Public Health:**

- Ashland County Public Health- Elizabeth Szot
- Barron County Public Health-Laura Sauve, Nicole Nelson and Karla Potts-Shufelt
- Bayfield County Public Health-Sara Wartman
- Chippewa County Public Health-Kristen Kelm, Allie Isaacson, Rachel Potaczek
- Douglas County Public Health-Cindy Freeberg and Kathy Ronchi
- Dunn County Public Health-KT Gallagher
- Eau Claire County Public Health-Joe Kalscheur and Allison Gosbin
- Pepin County Public Health-Alex Strand
- Polk County Public Health-Jean Schultz
- Sawyer County Public Health-Julia Lyons and Julie McCallum
- St. Croix County Public Health-Mary Wienke and Kelli Engen
- Western Region OPPA Office-Emily Wievel
- Western WI Public Health Readiness Consortium-Brittany Fry

**Skilled Nursing Facilities/Assisted Living /Adult Family Homes**

- Glenhaven-Sherry Goodman and Robin Merten
- Kinnic Health and Rehab-Melisa Pechacek
- Spring Valley Health and Rehab-Kevin Larson

- Water’s Edge-Candi McConnell

The Hotwash allowed an opportunity to solicit stakeholder feedback 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	P
Ratings Definitions	
<ul style="list-style-type: none"> <li>• <b>(P):</b> The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s).</li> <li>• <b>(S):</b> 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.</li> <li>• <b>(M):</b> 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.</li> </ul>	

#### Core Capability: Foundation for Health Care and Medical Readiness

**Description:** *Ensure the participation of all HERC 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:** This TTX and facilitated discussion took place via Zoom in a virtual platform as opposed to being in person. This limited free conversation, but participants utilized the chat feature to share their thoughts and actions throughout the simulated exercise. There was good participation from our Local Public Health Departments and Hospital partners. Locally and regionally, partners know each other well. There is less confidence in how well partners will work together once the

incident requires the participation of State, inter-state or National levels due to unfamiliarity of personnel and processes.

**Strength(s):** The NWWIHERC has provided opportunities for local partners to get to know one another. The Western WI Public Health Readiness Consortia’s footprint covers the majority of the NWWIHERC footprint and is a tremendous asset for information sharing, support, and sharing of best practices between Local and Tribal Health Departments.

**Recommendation(s):** The NWWIHERC needs to continue to build partnerships with local EMS agencies to increase their knowledge of this HCID annex and their roles and responsibilities with any potential HCID. It was recommended that networking between local, regional and State agencies continue to enhance preparedness and confidence if or when a HCID incident takes place.

#### **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:** Local Hospitals described how they would make appropriate notifications to Local or Tribal Health Departments after reviewing the patient’s medical, travel, and recent exposure history. Likewise, Local Health Departments were able to articulate the process of notifying the WI Department of Ag Trade and Consumer Protection (DATCP), the WI State Lab of Hygiene (WSLH), the Bureau of Communicable Disease (BCD) and other leaders within the State response structure (Tom Haupt). One Local Public Health Officer raised the concern about the authority of the local or State jurisdiction when taking steps to protect the public or local community during a HCID incident. This question was based on her experience during COVID-19. It was hoped that the BCD’s authority to initiate a Public Health response would not be in jeopardy. However, where politics would take the response after plan initiation is up for debate depending on the type of disease and scope of the outbreak.

**Strength(s):** The NWWIHERC, Local and Tribal Health Departments, and State are relatively well-versed in following the Incident Command System and tiered response plan when responding to a local incident. The current experience within the region with High Pathogenic Avian Influenza (HPAI) that has been contained within the bird population has allowed local, regional and State partners to utilize processes that could be used in the event of animal to human or human to human transmission, including taking samples, sending samples to the WSLH, and holding conference calls with key partners.

**Recommendation(s):** It is acknowledged that many local partners continue to face staffing shortages which would be challenging if facing a HCID outbreak at this time. There was some concern that supply chain issues could be detrimental in the response to this type of event, particularly in handling biohazard waste. HERC Coordinators need to continue to build redundancy in the ability to “open” an event in the eICS system within Juvare to begin the documentation portion of a response quickly and efficiently. In the NWWIHERC two EMS agencies are identified as potential transporting agencies should a patient with a HCID need to be transferred to the Assessment Hospital or Treatment Hospital. Both of these agencies, Eau Claire Fire and Rescue (for transport within Eau Claire County) and Mayo Ambulance (for

all other transports throughout the region or into Minnesota) have expressed an ongoing interest in serving the Region for this purpose. However, a renewed understanding for financial support and ongoing training needs to take place (likely in conjunction with Region 4). There was also a request for a visual diagram to be created and shared with partners outlining the communication plan and “trigger points” for escalation to local, regional or State partners in the work flow process.

#### **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:** Throughout the discussion, it was assumed this event would be a cluster of a newly transmittable HCID as opposed to a pandemic-level event. The advantage to this is that additional resources to assist the impacted area or region would be more available vs. our experience of COVID-19 when all resources throughout the country and world were stretched.

**Strength(s):** The consensus among hospitals was that COVID-19 has taught us many things regarding Medical Surge and our capacity and capabilities when faced with an emerging disease. Local Public Health staff identified the need to rapidly interview close contacts of the infected individual, to recommend isolation and quarantine if warranted, and to provide anti-viral medication if appropriate. Hospital staff recognized the need to place the patient in a negative pressure room. Similarly, there was discussion about creating a Joint Information Center to collaborate on messaging from all key partners including the Local Tribal Health Department, Hospital, and State.

**Recommendation(s):** Ongoing training on all three platforms in Juvare (EMResource, EMTrack, and eICS) has been identified as a need due to staff turnover. Ongoing and refresher training for all partners regarding the proper use of PPE was identified as a need. Public Information and Crisis and Emergency Risk Communication training and how to create joint messaging is always a challenge.

### Appendix A-Improvement Plan (IP)

This IP has been developed specifically for NWWIHERC Region 1 based on the response to the High Consequence Infectious Disease Annex Facilitated Discussion. June 3, 2022.

Core Capability	Recommendations	Capability Element <sup>1</sup>	Primary Responsible Organization	Target Completion Date
<b>Foundation for Health Care and Medical Readiness</b>	Hold at least one NWWIHERC or RTAC membership meetings during the evening hours when the majority of volunteer EMS agency personnel MAY be available.	Organization	NWWIHERC Board of Directors and RTAC Executive Board	December 31 2022
	Attend three EMS Council meetings to share HCID annex	Training	HERC Program Coordinator and RTAC Coordinator	December 31. 2022
<b>Health Care and Medical Response Coordination</b>	Hold a meeting with Mayo Ambulance to discuss ongoing training and financial support needs for them to continue as an identified transport EMS agency for a HCID patient.	Planning	HERC Program Coordinator	June 30, 2022
	Create a visual diagram to be shared with partners explaining the communication plan and “trigger points” for escalation to local, regional, or State partners in the work flow process.	Planning	NWWIHERC Program Coordinator and Statewide HERC Coordinator	June 30, 2022
<b>Medical Surge:</b>	Provide partners with ongoing training on Juvare platforms, particularly eICS and EMResource	Training	NWWIHERC and Statewide Systems	June 30, 2022
	Encourage on-line CERC training for partners.	Training	HERC Program Coordinator	June 30 2022

<sup>1</sup> Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.