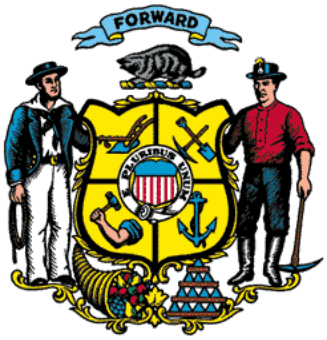

PROTECTING WISCONSIN'S HEALTH: PUBLIC HEALTH EMERGENCY PREPAREDNESS

2015

A REPORT TO GOVERNOR SCOTT WALKER AND THE WISCONSIN STATE LEGISLATURE

OFFICE OF PREPAREDNESS AND EMERGENCY HEALTH CARE
DIVISION OF PUBLIC HEALTH
WISCONSIN DEPARTMENT OF HEALTH SERVICES
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EXECUTIVE SUMMARY

The Wisconsin Department of Health Services (DHS) and its primary health emergency partners in local public health agencies and hospitals understand that effective emergency planning and response depends upon advance work in planning, training, exercising, and coordinating. Faced with possible threats ranging from outbreaks of novel infectious diseases to natural disasters to potential terrorist attacks, DHS is dedicated to continuing to expand its ability to prepare for, and respond to, whatever challenges may arise.

Preparedness efforts within DHS are led by the Office of Preparedness and Emergency Health Care (OPEHC) in the Division of Public Health and guided by the Division's mission to protect and promote "the health and safety of the people of Wisconsin." OPEHC houses Wisconsin's Public Health Emergency Preparedness (PHEP) Program, the Wisconsin Healthcare Emergency Preparedness Program (WHEPP), and a range of connected preparedness and response functions (see Appendix A). Funding for these programs is provided through cooperative agreements with the Centers for Disease Control and Prevention and the United States Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Emergency Response.

In 2015 we saw the formal introduction of seven regional healthcare emergency preparedness coalitions covering the state (see Appendix B). Over time, these coalitions—with hospitals, public health, emergency management, emergency medical services, and long-term care facilities at their core—will ensure a better coordinated health response to emergencies in Wisconsin. Each coalition benefits from the technical assistance provided by three state-contracted employees: a healthcare coalition coordinator, a medical advisor, and a regional trauma coalition council coordinator. In fiscal year 2015, in addition to building membership and setting up the organizational structure, each coalition will be tackling key initiatives, such as crisis standards of care, regional hazard vulnerability assessments, and exercises testing regional partners' response to an outbreak of Ebola or other novel infectious disease.

A variety of other preparedness efforts bolster Wisconsin's readiness to respond to any hazard that may threaten its citizens. These efforts are organized under the umbrella of preparedness capabilities: 15 focused on public health preparedness and 8 focused on healthcare system preparedness (see Appendix C) and include activities ranging from emergency operations coordination, to emergency public information and warning, to fatality management. In addition, in recognition of the importance of relationships in emergency response, DHS continues to strengthen partnerships with other state agencies including Wisconsin Emergency Management (WEM); the Department of Agriculture, Trade and Consumer Protection (DATCP); the Wisconsin Department of Natural Resources; as well as organizations such as the Wisconsin Poison Control Center, the Wisconsin Volunteer Organizations Active in Disasters, Wisconsin 2-1-1 and many other partners to continue efforts to enhance the health sector response to emergencies and disasters.

AN INTRODUCTION TO HEALTH PREPAREDNESS IN WISCONSIN

When federal Public Health Emergency Preparedness (PHEP) funding first became available in 2002, public health agencies in Wisconsin had yet to embark upon formal emergency planning. Since that time, remarkable strides have been made in readiness across the state. Local public health agencies have used the plans and relationships they have developed to respond to real world emergencies—sometimes in lead roles, and sometimes supporting their partners. They have responded in natural disasters such as tornados, floods, and ice storms. They have taken the lead in handling disease outbreaks—oftentimes primarily in a preventive posture, doing all they can to prevent the population from becoming ill and then monitoring those that do. Finally, they have trained and exercised with their partners on a range of terrorism scenarios from the release of aerosolized anthrax to a complex coordinated attack on a community using explosive devices.

Similarly, the Wisconsin Hospital Emergency Preparedness Program (WHEPP) began in 2002 and provided guidance and support to Wisconsin's healthcare facilities so that they could begin to systematically prepare for all hazards and emergencies. Among other achievements, this has enabled small community hospitals to better manage emergencies locally with their own resources, until resources from other hospitals and emergency responders become available. In 2015, WHEPP was redefined as the Wisconsin Healthcare Emergency Preparedness Program in order to extend its reach into preparing other critical healthcare system partners, such as emergency medical services, long-term care and rehabilitation facilities, etc.

During this initial period, DHS has supported its local partners' efforts through the provision of technical assistance, leadership and coordination, and investments in critical equipment and supplies to ensure that Wisconsin is ready to respond to a diversity of emergencies. These include:

- A medical cache to augment hospital inventories of key materiel that might be quickly drawn down in an emergency (e.g., portable cots and hospital room dividers).
- A stockpile of personal protective equipment that can be provided to either public health or health care staff in the event that local supplies run short (e.g., N-95 respirators, surgical masks, gloves, gowns).
- A cache of anti-viral medications to assist in quickly responding to influenza outbreaks, including pandemic influenza.
- An electronic registry called WEAVR (the Wisconsin Emergency Assistance Volunteer Registry) in which additional human resources can be called upon for a response (currently more than 3,000 health professional volunteers are registered).
- Alerting systems that allow secure communication to and among partners in an emergency, including WHEPP's Wisconsin Tracking, Resources, Alerts and Communication (WI Trac) and the Partner Communications and Alerting (PCA) Portal, which is primarily used by public health.

CAPABILITIES-BASED PLANNING: FIVE FEATURED AREAS

Health preparedness efforts in Wisconsin are organized through the 15 public health capabilities and 8 health care preparedness capabilities provided by the Centers for Disease Control and Prevention and the Office of the Assistant Secretary for Preparedness and Response in the Department of Health and Human Services. These capabilities are complementary and overlapping. A full list can be found in Appendix C. While progress is made in all 23 categories annually, details of 5 areas are featured below.

COMMUNITY PREPAREDNESS

Community preparedness is the ability of communities to prepare for, withstand, and recover—in both the short and long terms—from public health incidents.

For example, in the fall of 2015, LPHAs, hospitals, and other partners will conduct hazard vulnerability assessments first individually, then jointly at the local level and finally, for the first time, at the regional healthcare coalition level. Completion of the regional HVA will help provide the coalitions with a common understanding of their hazards and assist in prioritizing approaches and resources. Using the data gathered, the coalitions can better assess the demands a probable hazard could place on organizational and community resources, how to leverage regional strengths to respond, and when they may need to reach out to state partners for assistance.

An example of state and local agencies working together on community preparedness is in the development of new extreme weather protocols for dangerous periods of high or low temperatures that can threaten public health. Working with Wisconsin Emergency Management (WEM) and the National Weather Service, the Wisconsin Department of Health Services (DHS) is detailing a series of steps that will support local planning, weather alerting, information collection, and distribution of media alerts regarding local sites in the affected area of the state that are offering extended hours and/or programming to provide citizens relief from extreme temperatures.

In more severe events, such as tornados or floods, when Wisconsin residents are displaced from their homes during a disaster and find it necessary to stay in a community emergency shelter, it is essential that community officials, responders, and shelter managers are prepared to provide service and reasonable accommodations to all shelter residents, including those with disabilities or other circumstances that make it necessary to provide additional shelter support.

The Department of Health Services is leading a statewide initiative with many community partners to identify, recruit, and train state, regional, and local teams in support of local and tribal government in sheltering people who have been displaced from their homes during a disaster. Functional Assessment Service Teams provide a system for assessing people who have a need for shelter in an emergency but who may need additional support and services in order to stay safely in a shelter. Functional Assessment Service Teams are trained to assess people's needs upon entering a shelter or reception center to make sure they are sheltered safely during their

stay. Wisconsin has been a leader in this initiative and has been asked to share its expertise with other states' programs.

INFORMATION SHARING

Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.

Information sharing between partners is another critical aspect of any successful emergency response. The (WI Trac) system is a secure, password-protected, database-driven web application designed specifically to track hospital bed and pharmaceutical resource availability for Wisconsin hospitals. It also provides a system which allows state leaders to coordinate closely with hospitals to manage patients in large-scale mass casualty incidents.

The WI Trac system provides real-time tracking of:

- Hospital bed diversion status
- Availability of other hospital and pharmaceutical resources
- Emergency alert notifications and contingency planning

The system is an integral and active part of emergency response in Wisconsin, and hospitals routinely utilize the system in drills and exercises.

Wisconsin also maintains a secure, web-based platform that contains a public health directory, document storage, and alerting capacity called the Partner Communications and Alerting Portal, using Microsoft's SharePoint platform. This secure site is used regularly by locals for basic tasks such as accessing tools and templates or submitting budgets and progress reports. This familiarity makes it easy for those same staff to use during an emergency.

Finally, while it is clear that effective communication among hospitals, law enforcement, firefighters, emergency medical services, and other response organizations is a vital part of an effective emergency response, in a number of high-profile disasters responders have been hampered by a lack of interoperability between systems, especially in the field. The Wisconsin Interoperable System for Communications (WISCOM) is a statewide radio system designed to support public safety communications across all sectors. WHEPP program has installed a WISCOM radio in every hospital in Wisconsin. WISCOM has significantly enhanced the range of communication for hospitals and is particularly useful for rural access hospitals and air ambulance services. Regular tests of the system are done statewide.

MEDICAL COUNTERMEASURE DISPENSING

The ability to provide medical countermeasures in support of treatment or prophylaxis to the identified population in accordance with public health guidelines and/or recommendations.

CDC's Strategic National Stockpile (SNS) has large quantities of medicine and medical supplies to protect the American public in case of a public health emergency severe enough to cause local supplies to run out (e.g., a terrorist attack, a flu outbreak, or a natural disaster). Once federal and local authorities agree that the SNS is needed, medicines will be delivered to any state in the U.S. within 12 hours. Each state has plans to receive and distribute SNS medicine and medical supplies to local communities as quickly as possible. All Wisconsin local health departments and tribes have identified dispensing sites and continue to exercise plans for receiving and distributing pharmaceuticals and supplies from the SNS. The state has also developed distribution plans and identified and trained employees to staff the distribution sites. In the fall of 2015, Wisconsin was the first state to be evaluated by CDC personnel using the agency's new Medical Countermeasure (MCM) Operational Readiness Review (ORR) tool and received preliminary high marks across the elements measured.

The Cities Readiness Initiative (CRI) is funded by the CDC through the PHEP cooperative agreement. The purpose of the funding is to prepare major U.S. cities and metropolitan areas to effectively respond to a large-scale bioterrorist event by dispensing antibiotics to their entire identified population within 48 hours. Wisconsin has eight counties that are part of a CRI Metropolitan Statistical Area (MSA). Pierce and St. Croix counties are part of the Minneapolis CRI and work closely with the Minnesota Health Department and the Minnesota border counties. Kenosha County is part of the Chicago, IL, CRI and is engaged in planning with their border counties in Illinois. The Milwaukee CRI consists of Milwaukee, Ozaukee, Racine, Washington and Waukesha counties.

The CRI planning goals include alternate medication dispensing methods such as drive-through clinics or "closed" Points of Dispensing (PODs) where a business dispenses medication internally to their employees. This innovative approach was exercised in the Milwaukee CRI jurisdiction with two private sector entities in May 2015. Annual exercises and drills test each jurisdiction's ability to meet the CRI goal of dispensing to 100 percent of their population within 48 hours. In the spring of 2016, the Milwaukee CRI jurisdiction will be conducting a full-scale operational exercise of this effort.

Finally, the CDC also established a related SNS project called CHEMPACK to augment the nation's ability to respond to a nerve agent terrorist attack by placing caches of specific pharmaceutical antidotes at the community level. The PHEP program has established 31 CHEMPACK cache sites throughout Wisconsin. The pharmaceutical caches are federal assets in place and ready to be used locally or regionally in the event of a nerve agent terrorist attack. The toxic effects of nerve agents require immediate pharmaceutical intervention followed by long-term hospital care.

MASS FATALITY MANAGEMENT

Mass fatality management is the ability to coordinate with other organizations to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects;

certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident.

During the last year, many local agencies in Wisconsin pulled together workgroups comprised of key partners involved in mass fatality responses (e.g., emergency management, health care facilities, medical examiners/coroners, emergency human services) and worked on formalizing their jurisdictional plans. Ebola prevented some jurisdictions from completing these activities by the conclusion of 2014, but continued progress will be made in 2015-2016.

A state mass fatality plan has also been drafted and edited within DHS. The document has now been shared with WEM and other partnering agencies and organizations that also have a role in this type of response. Work will continue throughout the coming year to further detail the roles that different stakeholders will play and to integrate processes with other parts of the state's larger emergency response plans.

A fatality incident response team with statewide reach would supplement the capabilities of local jurisdictions in Wisconsin when the local resources are overwhelmed. Dane County currently has such a team (Dane Fatality Incident Response Support Team, or D-FIRST) and is willing to deploy the team and its unique resources (such as two 16-foot enclosed mobile morgue trailers) statewide. However, D-FIRST currently has no liability or workers' compensation coverage if requested to operate outside of its' jurisdictional boundary. A very similar liability issue has been solved in the past for similar teams such as HAZMAT.

VOLUNTEER MANAGEMENT

Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance.

OPEHC is responsible for the overall management of the state's emergency system for advanced registration of volunteer health professionals (ESAR-VHP) system—the Wisconsin Emergency Assistance Volunteer Registry (WEAVR)—to allow volunteers and others with skills to respond to a public health emergency when preregistered. Ongoing training is provided for state and local administrators and promotion and recruitment efforts are focused on professional associations including the Wisconsin Nurses Association; the Pharmacy Society of Wisconsin; the Wisconsin Public Health Association; and the Wisconsin Emergency Medical Services Association.

Wisconsin had the opportunity to exercise aspects of this capability multiple times during Budget Period 3 (year 3 of the 5-year federal cooperative grant). In the fall of 2014, the program hosted a webinar to brief WEAVR registrants about the vendor-hosted, Homeland Security Education and Exercise Program (HSEEP)-compliant exercise called Autumn Charge 5, which the state also participated in, to test use of the electronic registry. In May 2015, the Wisconsin Disaster Medical Response Team—a Medical Reserve Corps unit—hosted a full scale exercise that tested the full set-up of their mobile medical care facility. This included the staging of an integrated system of Western Shelter tents that included lighting, water, and a heating, ventilating, and air conditioning

(HVAC) system. A state-level Functional Assessment Service Team (FAST) participated in the exercise and WEAVR was used for recruitment, registration, license-verification, and communication. Finally, WEAVR was also used during the May 2015 CRI exercise to gauge the number of volunteers who could report under the scenario: 25 percent of volunteers responded positively within 24 hours of notification.

Wisconsin has several initiatives planned for the next year for volunteer management:

- OPEHC will be working with Wisconsin Emergency Management to make the mobile medical care facility a state asset, including the development of its mission-ready package.
- OPEHC will also be collaborating with Wisconsin Emergency Management to use a new system to provide badges for state response staff and volunteers at the time of deployment. Qualifications for badges for public health and emergency medical services will be finalized.
- All local jurisdictions in the state have been tasked with designating at least one local WEAVR administrator. This includes tribes, as well as county and municipal health departments. Training for these individuals will begin in October.
- A Volunteer Management Work Group will be formed that includes WEAVR Advisory Group members to review and suggest improvements for WEAVR written plans.
- OPEHC will be developing guidance for how entities may request liability coverage from DHS for training and exercises under state statute and finalizing this with department leadership.
- OPEHC will be coordinating Volunteer Reception Center training for state and local public health professionals.

PREPAREDNESS IN APPLICATION: EBOLA 2014-2015

The ongoing Ebola outbreak has been the largest in history, affecting multiple countries in West Africa with over 28,000 total cases and over 11,000 deaths (CDC.gov). Efforts to stop the spread of this disease were undertaken worldwide as countries, including the United States, saw the return of travelers and healthcare workers from the affected areas. The actions Wisconsin took during this time provide an example of how the many capabilities that guide preparedness planning come to play in an actual response. A high level description of activities is provided below with related capabilities listed in parenthesis.

The response actually began at the national level. Working with international public health organizations, other federal agencies, and the travel industry, the Centers for Disease Control and Prevention set up a system to identify travelers arriving in the United States from affected countries and assist them with monitoring their health until the time period when they might become sick had passed. Passengers from affected countries were routed through three airports in the United States to be screened before heading to their final destination. Information collected from travelers coming to Wisconsin was forwarded from the CDC to DHS, who then passed it along to the local public health agencies where the travelers were headed (information sharing). These agencies then arranged for confirmation screening and monitoring for those individuals (public health surveillance and epidemiological investigation). As of September 2015, nearly 200 individuals had undergone some sort of monitoring upon returning to Wisconsin.

In October of 2014, DHS activated an incident command structure (ICS) to coordinate Wisconsin's preparedness and response activities for Ebola in the department's operations center (emergency operations coordination). DHS coordinated with EMS, hospital, and public health partners on planning for what would happen should a monitored traveler develop symptoms or require medical care (healthcare system preparedness, community preparedness). A tiered system was developed in which three hospitals—Froedtert Hospital (Milwaukee), Children's Hospital (Wauwatosa), and UW Hospital (Madison)—assumed the role of Ebola treatment centers (ETC) where confirmed Ebola patients could be treated. Another group of hospitals around the state took roles as assessment hospitals, where possible Ebola patients could be isolated until tests could confirm their status (public health laboratory testing). Finally, other hospitals in the state committed to asking screening questions to identify possible sick individuals and making sure they were transported to either an assessment hospital or ETC where they could be treated safely (medical surge). This structure was in place to ensure that if an individual(s) became ill potentially with Ebola, they could be successfully treated without disrupting other critical health care services in the state, and without endangering the lives of their caregivers (responder health and safety).

DHS also continued to work with its partners to develop plans, guidance, tools, and templates that provided an approach to necessary actions if an outbreak were to occur in our state. Examples of these materials include:

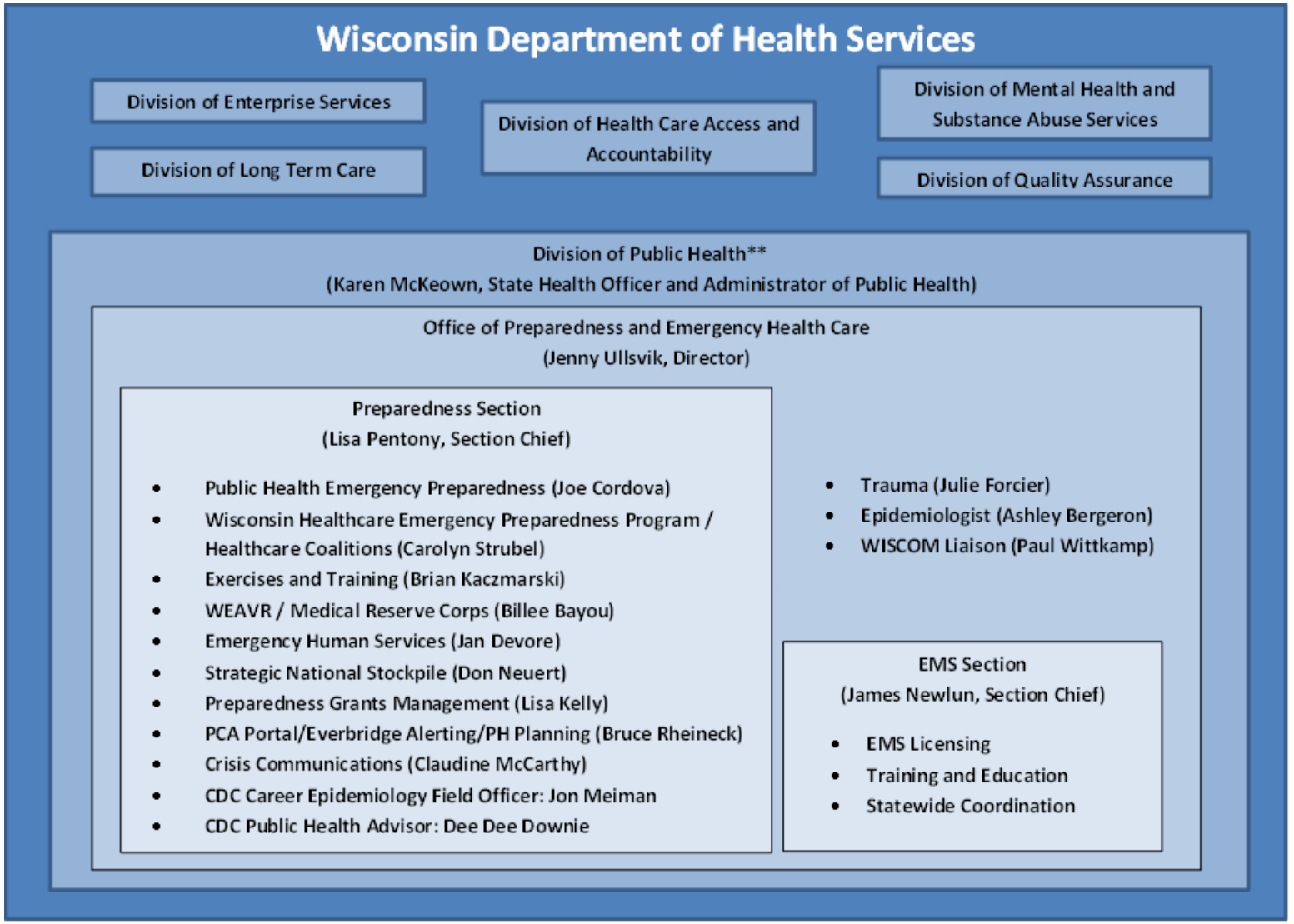
- Ebola waste management guidance for both hospital and non-hospital settings (healthcare system recovery/community recovery)
- Legal toolkit for monitoring and quarantine (non-pharmaceutical interventions)

- Communication guidance/press release templates for local health departments (emergency public information and warning)

DHS also secured personal protective equipment and provided training for response groups (responder health and safety), hosted webcasts to answer questions from partners (information sharing), and began discussions regarding behavioral health needs for both monitored individuals and/or concerned caregivers (community preparedness). Finally, how Ebola affects fatality management processes was examined both in the hospital facility and community contexts (fatality management).

In June 2015, as the Ebola epidemic was waning, DHS deactivated ICS. Even after standing down its official response structure, the work went on. DHS continues to reflect on the response, improve plans, and build relationships with stakeholders in order to create a system ready to respond to any threat that Wisconsin may face.

APPENDIX A: WISCONSIN DEPARTMENT OF HEALTH SERVICES PREPAREDNESS DIAGRAM



APPENDIX B: WISCONSIN'S HEALTHCARE COALITIONS

WISCONSIN HEALTHCARE EMERGENCY PREPAREDNESS PROGRAM REGIONAL HEALTHCARE COALITIONS STAFF CONTACT LIST

Region 1

HCC Coordinator: Aimee Wollman-Nesseth
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Region 5

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Region 6

HCC Coordinator: Tracey Froiland
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RTAC Coordinator: Jason Selwitschka
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Medical Advisor: Dr. Michael Clark

WI Trac Coordinator: Deb Van Matre, debra.vanmatre@dhs.wisconsin.gov, 262-344-2119

APPENDIX C: PUBLIC HEALTH AND HEALTHCARE PREPAREDNESS CAPABILITIES

	Public Health Capabilities	Healthcare Preparedness Capabilities*
1	Community Preparedness	Healthcare System Preparedness
2	Community Recovery	Healthcare System Recovery
3	Emergency Operations Coordination	Emergency Operations Coordination
4	Emergency Public Information and Warning	
5	Fatality Management	Fatality Management
6	Information Sharing	Information Sharing
7	Mass Care	
8	Medical Countermeasure Dispensing	
9	Medical Materiel Management and Distribution	
10	Medical Surge	Medical Surge
11	Non-pharmaceutical Interventions	
12	Public Health Laboratory Testing	
13	Public Health Surveillance and Epidemiological Investigation	
14	Responder Safety and Health	Responder Safety and Health
15	Volunteer Management	Volunteer Management

*Sources: *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (CDC); and *Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness* (ASPR)