



**Northeast Wisconsin
Healthcare Emergency Readiness Coalition
Region 3**

Annex 5

**High Consequence Infectious Disease (HCID)
Health Care Surge
April 2025**



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Introduction

Purpose

The Northeast Wisconsin Hospital Emergency Readiness Coalition (NEW HERC) provides these guidelines to the region for the response to a High Consequence Infectious Disease (HCID) Healthcare Surge Incident. This annex includes resources for first responders, public health organizations, and health care facilities. The intent of the annex is to identify resources to support first responders, public health organizations, and health care facilities in preparedness and response activities. This annex 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.

Scope

The HCID health care surge annex provides support and guidance to regional partners involved in an emergency response within the HERC region and other portions of the State of Wisconsin and/or adjacent states. This annex guides the regional level response and provides guidance to partners. Specifically, this annex is designed to address resources, communications, operational mission area resources, and other special considerations. This annex may be activated along with pandemic related annexes and departmental response plans as a means to address large-scale or complicated events.

It should be understood that this plan does not supersede a jurisdictional or organizational plan, and use or reference to this plan is completely voluntary. This plan is intended to support ESF8 and to strengthen collaboration and coordination among public health, environmental health and medical stakeholders that have the legal authority, resources and capabilities to support local jurisdictions during emergencies that affect public health, environmental health and/or medical services, and by so doing, save lives, protect health and safety, and preserve the environment.

This plan is titled “High Consequence Infectious Disease” which does not relate to one specific disease, release, or other event. It can pertain to outbreaks or events such as Ebola, COVID-19, anthrax, or any pandemic or outbreak. The NEW HERC understands that healthcare organizations and response agencies will have specialized plans for these, as each may require specific responses and equipment; however, this regional plan does not go into that granular detail.

Background

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

- Produces medical waste that is 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



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- 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 HCDA-Ready EMS services*

HCIDs are broken down into two categories based on their means of transmission: contact and airborne. Definitions of these modes of transmission and examples of each are listed in the Wisconsin High Consequence Infectious Disease Health Care Surge Incident Plan.

Planning Assumptions

The NEW HERC HCID Regional Annex assumes:

- Staffing at health care facilities (HCF) may be challenged by 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 will 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 the *Partners* section 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.



Concept of Operations

Activation and Notifications

Prior to Activation of the Regional HCID Annex

- There are two general scenarios for which an HCID event may begin. Additional detail on these activation scenarios can be found in the Wisconsin HCID Health Care Surge Incident Plan.
 - A person presents either to a medical facility or to emergency medical services (EMS) with a potential HCID. This person receives medical evaluation at an appropriate facility and disease investigation occurs.
 - An incident occurs in which there is a threat of infection for an HCID. For example, a bat is discovered in an airplane. Disease investigation occurs and any potential exposures are evaluated at an appropriate medical facility.
- 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.
 - 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.

Upon regional annex activation

The regional HCID medical surge annex is activated by the HERC Coordinator in collaboration with local and state officials. The activation may be requested by hospitals, LTHDs, or BCD in the event of a suspect, probable, or confirm HCID case.

- Command and coordination and information sharing efforts are conducted based on the scale and scope of the response.
- Incident size and scope are determined in coordination with local and state officials. Other plans (e.g., pandemic plans) may be activated based on the needs of the incident.
- Resources and support, as described in the Operational Mission Areas section, are evaluated for use and mobilized as needed.
 - 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.

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 response 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. The state plan outlines state level resources to support the operational mission areas.

Deactivation of the regional annex

The deactivation of the regional HCID annex occurs when the incident de-escalates to a point when hospitals no longer and experiencing or forecasting infectious disease related medical surge.

- The official deactivation is conducted by the HERC coordination in consultation with local partners.



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- Upon deactivation, the incident may still continue at what is considered a normal operational level. This includes ongoing medical care and mental health and family support services.
- 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. The communications section of the regional response plans should be referenced for regional specific information. The Wisconsin HCID Health care Surge Incident Plan contains definitions for EMResource, WISCOM, EMTrack, eICS, Radio channels, Phone (text, email, or call), Secure Fax, and Secure Communication platforms (e.g., ZOOM or TEAMS).



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HERC Roles and Responsibilities

The HERC coordinators may be notified by emergency response agencies, LTHDs, hospitals, or OPEHC. When requested, the 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.

The NEW HERC works with the Wisconsin Department of Health Services Syndromic Surveillance Data Analyst to ensure partners are aware of the data sets that are available through ESSENCE. ESSENCE is a key tool used in syndromic surveillance to analyze data that allows public health and other professionals in our region to collaborate, investigate trends and visualize data effectively. It is part of the National Syndromic Surveillance Program and plays a crucial role in early detection of abnormal disease patterns, enhancing situational awareness, and supporting public health responses. One hundred percent of the hospitals in our region currently report data into the ESSENCE system.



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Partners

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 and inter-facility transportation. EMS may be called to an incident scene for reasons related to an HCID or due to another illness or injury for emergency response services. EMS may be called by a medical facility to transfer a suspected or confirmed HCID patient to another facility for testing or treatment purposes.

Medical Facilities: There are three types of medical facilities that are categorized by their capabilities to collect testing samples and providing treatment: Frontline (no testing or treatment), HCID Assessment (test collection capabilities), and HCID Treatment (test collection and treatment capabilities). These designations are determined in real-time by assessing the current capacity and capabilities of the facility.

Bureau of Communicable Diseases (BCD): 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.

Local and Tribal Health Departments (LTHD): LTHDs have the responsibility and authority to 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.

Office of Preparedness and Emergency Health Care, Wisconsin Department of Health Services: 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.

Regional Emerging Special Pathogen Treatment Centers(RESPTCs):

1. University of Minnesota Medical Center (612)273-3780
2. Corewell Health System Michigan (800)968-0115



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Operational Mission Areas

The HERC's primary responsibility during an HCID incident is to support local and state level responses. These activities are categorized into the operational mission areas listed below. Not all operational mission areas may be needed to support response activities.

- Safety and Infection Control and Prevention
 - Support information sharing of disease specific guidance given from local medical advisors or the state for disease specific.
 - Support PPE distribution from local, regional, state, and federal caches.
- Surge Staffing
 - Direct local organizations to resources that provide staffing support.
 - Support local organizations in resource request processes.
- Supply Chain, Supplies, Personal Protective Equipment
 - Support supply distribution from local, regional, state, and federal caches.
 - Support local organizations in resource request processes.
- Support Services
 - Support ventilator distribution from local, regional, state, and federal caches.
 - Support local organizations in their efforts to provide support services.
- Laboratory
 - Support testing efforts conducted at the local and state level, including but not limited to, laboratory efforts, community testing sites, and specimen transportation.
- Waste Management, Decontamination
 - Support efforts conducted at the local level to ensure proper disposal of waste and decontamination of persons.
 - Conduct information sharing on guidance provided at local, state, and federal levels.
- Patient Care and Management
 - Conduct information sharing on guidance provided at local, state, and federal levels.
- Medical Countermeasures
 - Support engagement of partners in the distribution and use of medical countermeasures.
- Patient Transport
 - Support local organizations in resource request processes.
 - Document and communicate transportation needs.
 - Support the distribution of supplies to support EMS agencies.
- Fatality Management
 - Support supply distribution of body bags and PPE from local, regional, state, and federal caches.
 - Ensure an awareness of available resources.
 - Support local family assistance center efforts.
- Surveillance
 - Support data reporting requirements in platforms like EMResource.
 - Supporting public health partners in local surveillance efforts.
- Non-Pharmaceutical Interventions
 - Disseminate information through communication networks.



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- Community-based Interventions
 - Support networking and relationship building amongst partners.



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Training

Hospitals and EMS/first responder agencies should have plans and conduct trainings for the management of HCID incidents. Examples of recommended plans and trainings are listed in the Wisconsin HCID Health Care Surge Incident plan and are available at: [HAI Infection Prevention Education | Wisconsin Department of Health Services](https://www.dhs.wisconsin.gov/2019-ncov/plan/annexes/annex-5-hcid.html)



Special Considerations

Mental and Behavioral Health

There are ongoing efforts to support the mental and behavioral health of responders, patients, and members of the public. The HERC supports operations conducted at the local and state levels. More information on these efforts can be found in the Wisconsin HCID Health Care Surge Incident Plan.

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.

Situational Awareness

The NEW HERC identifies communities that have the potential to be most impacted by disasters thereby having increased health care needs by sharing HHS emPOWER data, specific Social Vulnerability Data, and FEMA's National Risk Index for each county in Northeast Wisconsin. The NEW HERC completes this biannually.

In addition to the identified data sources, the NEW HERC utilizes a methodological, data-driven approach to identifying vulnerable populations, determining the most likely hazards, and thoughtfully anticipating the needs of those who are impacted by hazards. Hazards are identified through a comprehensive Hazard Vulnerability Assessment, including input from HERC partners at all levels and all disciplines.

Referring to the identification of vulnerable populations, our HERC utilizes other data sets such as County Health Rankings and collaborating with local public health, who has a responsibility to identify the vulnerable populations within their jurisdictions. Several public health agencies accomplish this by using the C-MIST model for identifying functional and access needs populations. Although this data is kept locally, the HERC can collect this information whenever appropriate.

Lastly, needs and resources for those identified vulnerable populations are captured using the Social Determinants of Health as a framework. These are not only the most likely needs post disaster, but also contribute to reducing the volume of vulnerable populations through a prevention-based approach. In this way, the HERC is assisting vulnerable populations both pre and post disaster/incident.



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.



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Deactivation and Recovery

The deactivation of the HERC HCID annex occurs when the incident de-escalates to a point when medical surge support is no longer needed for infectious disease patients. The official deactivation and recovery operations are outlined in the HERC regional response plan.



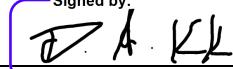
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Appendix A: Additional Resources



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All member organizations of the NEW HERC, including clinicians, community partners, and health care executives were offered an opportunity to provide input into the creation of this plan and are provided ongoing opportunities to provide input into updates. This plan is reviewed following major incidents, after large-scale exercises, and any time healthcare partner provide pertinent input to ensure accuracy and applicability. In addition, biannually the entire Board of Directors discusses, reviews, and recommends changes. Once all reviews are completed, recommendations are reviewed, updates are made, then the Executive Board signs off on the policy. The entire membership is notified of the updates, and the updated policy is then posted on the NEW HERC website where it is available to all partner organizations.

Board Member Position	Signature	Date
President	 <small>Signed by: 00000000000000000000000000000000</small>	4/30/2025
Vice President	 <small>Signed by: 00000000000000000000000000000000</small> <i>Bill Manis</i>	4/27/2025
Secretary	 <small>Signed by: 00000000000000000000000000000000</small>	4/28/2025
Treasurer	 <small>Signed by: 00000000000000000000000000000000</small>	4/26/2025