

November 20, 2002

TO: Hospital and Health Care System Executives

FROM: Bill Bazan, Vice President, Metro Milwaukee

RE: Executive Summary of Wisconsin's Bioterrorism Preparedness Program

The purpose of this communication is to share with you the current activities in implementing the Wisconsin Hospital Bioterrorism Preparedness Program. This summary was put together in a format that more easily allows you to share this information with your respective Boards of Directors and other interested parties. As point person for WHA, I have been working with the state and the program's director, Dennis Tomczyk, since its inception at the beginning of this year. Each hospital has been asked to designate a person to represent the hospital/health care system on regional planning councils. In order to complete the state plan for hospital bioterrorism preparedness, it is essential that **all** hospitals participate on these regional planning teams.

Federal dollars will begin to come into each of the regions to assist in implementing the state plan. Each region, as it gets organized, will receive dollars to assist in hiring a regional director. Next year, significant dollars will be available to each region to assist in purchasing equipment, providing training, and implementing various aspects of the program. It is vital that all hospitals comply with this voluntary program. Regions will create their plans based on what is needed in that region. This is not a centralized process where regions are dictated to. Regional planning literally creates the state plan.

Please call me at 414/431-0105 or e-mail bbazan@mailbag.com if you have any questions. Thank you.

Attachment

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STATE OF WISCONSIN HOSPITAL BIOTERRORISM PREPAREDNESS PROGRAM

EXECUTIVE SUMMARY

The Need to Build Surge Capacity

The events of September 11, 2001 have made it clear that, as a country, our emergency response system is not adequately prepared for mass casualty events. This is especially true on the local level where a biological, chemical or radiological event can easily overwhelm the capacity of hospitals, EMS and their other emergency response partners to care for large numbers of victims.

Funding to Build Surge Capacity

Recognizing this gap, various agencies of the federal government have appropriated funding to help build this surge capacity. There are two grants that are of particular interest to hospitals – the Health Resources and Services Administration (HRSA) for enhancing the capacity of hospitals and their key partners, and the Centers for Disease Control and Injury Prevention (CDC) for enhancing the capacity of public health.

BOIDDOOPHTE

Although the impetus of these funding efforts is due to the events of 9/11 and the fear of a bioterrorist event, the emergency management plans that are being enhanced will prepare your hospital and your partners for BOIDDOOPHTE, that is, “Bioterrorism, Other Infectious Disease Outbreaks and Other Public Health Threats and Emergencies.”

Emphasis on Preparation for a Biological Event

Our greatest weakness as a country is our lack of preparedness for a biological event. Thus, although we will take an all hazards approach as we build our surge capacity, there will be an emphasis on building surge capacity for a biological event.

Enhancing Public Health Capacity

The CDC grant has funded six major focus areas to enhance the capacity of public health to deal with mass casualty events. Much of what is being done to enhance the public health infrastructure will also benefit hospitals:

Focus Area A: Preparedness Planning – Public Health must have a plan to deal with a mass casualty event just as hospitals. In the case of a biological event, Public Health will be the lead agency since this event will grow over time due to the incubation period of the biological agent used.

Focus Area B: Surveillance and Epidemiology – The present system to identify the occurrence of communicable diseases is not adequate. This focus area is investigating systems that will allow for the real-time identification of syndromes and clusters of unusual cases. The more rapidly we can detect outbreaks of disease, the more effective we will be in containing the outbreak.

Focus Area C: Laboratory Capacity for Biological Agents – Our laboratory capacity in the nation and in the state needs to be enhanced to test for various biological agents.

Focus Area D: Laboratory Capacity for Chemical Agents – Funding was provided for only five states because of the high cost for testing equipment. Wisconsin was not funded; however, Michigan will act as our "referral" state.

Focus Area E: Communications – The Hospital Bioterrorism Preparedness Needs Assessment pointed out the fragmentation of our communications systems. There is a need for all emergency responders to be able to communicate with one another during a mass casualty event. This communication system also must include redundant systems.

Focus Area G: Risk Communication – There is a need for communications with clinicians, health care staff, the media, our patients and the general public during a mass casualty event. These communications must be coordinated and integrated across the state and easily and rapidly accessible.

Focus Area H: Training and Education – There is a need for integrated training and education for all who will respond to a mass casualty event. There is urgency to have all our clinicians and healthcare staff know the symptomology and treatment protocols for smallpox and all the 7 CDC Category A diseases, those diseases that are most likely to be used in a biological terrorist attack.

The CDC has funded the State of Wisconsin with \$16.3 million to achieve these goals.

Enhancing Hospital Surge Capacity

The Health Research and Services Administration (HRSA) has funded the State of Wisconsin with \$2.3 million for FFY 2002. The grant will be renewed annually at least through March of 2004. The key objective to be accomplished is to build the capacity of hospitals in our state to deal with a mass casualty event. For the first year of this grant, there are two sets of objectives to be accomplished:

First Priority Planning Areas to be accomplished by June 30, 2003:

1. Medications and Vaccines: In an emergency, the State will receive supplies from the National Pharmaceutical Stockpile (NPS). These supplies from the NPS are expected to arrive in the State within 12 hours. It will take another 4–6 hours to

repackage and transport these supplies. Thus, there is a need for an interim stockpile of medications and vaccines to be used immediately in a mass casualty event.

2. Personal Protective Equipment, Quarantine and Decontamination: High-risk staff in our hospitals will need personal protective equipment (PPE) to protect them from biological agents. In addition, contagious patients will need to be isolated and quarantined. To accomplish this, there must be significant coordination with Public Health. Hospital personnel will care for those contagious patients, who need both isolation and treatment, while those who have had contact with contagious patients will need to be quarantined and cared for in their homes. An expert panel will be making a recommendation on where and how best to care for those patients needing isolation. Another state expert panel will make a recommendation for options for decontamination.
3. Communications: As mentioned previously, there is a need for the enhancement and redundancy of our communication systems. Your hospital not only needs to be able to communicate with EMS, but also with Public Health and Emergency Management and others. There is also the need to report available inpatient and outpatient treatment capacity and other key indicators such as inventory of critical supplies. This is anticipated to be accomplished throughout the Wisconsin Health Alert Network (HAN).
4. Biological Disaster Drills: Your hospital will not only enhance your existing disaster plan, but also your hospital will be part of a regional response team. The first draft of this plan is expected to be completed by June 30, 2003. Your hospital and other hospitals in your region, along with other emergency response partners, will test this plan in exercises planned for the summer of 2003.

Second Priority Planning Areas to be accomplished by December 31, 2003.

1. Personnel: It is anticipated that hospitals will identify not only space on their hospital campus to be used as alternative treatment sites but also offsite facilities that will be necessary to house and treat patients during a mass casualty event. Not only will you need to call upon all your employees to respond to a mass casualty event, you will also need to be able to deploy a volunteer responder workforce. Various task forces are addressing the multitude of issues connected with this responder workforce such as liability, credentialing, reimbursement and much more.
2. Training: As mentioned previously, all levels of your hospital staff will require education and training in preparation for a biological event, involving mass casualties.
3. Patient Transfer: Hospitals will need to enhance their plans for patient triage, transfer and evacuation. This plan will also need to include how this inpatient and

outpatient capacity can be communicated to other hospitals and other emergency responders in real time during a mass casualty event.

What Does This Mean for Your Hospital?

The goal of the Hospital Bioterrorism Preparedness Program is that each hospital, no matter how big or how small, rural or metropolitan, is prepared to implement the State of Wisconsin Hospital Bioterrorism Preparedness Plan. It is very possible that your hospital could be the base hospital if a mass casualty event were to occur in your community.

There are seven (7) Hospital Bioterrorism Preparedness Planning Regions. Your facility is requested to choose which regional team you believe is your “primary” team, those partners with whom you regularly work together in a disaster situation. You may also choose an “affiliate” team because you are geographically located near another team with whom you must work in order to protect the patients and communities your facility serves. If you are near a border state, you may decide to choose that border state planning team as your primary team.

Will Our Hospital Need to Change Our Emergency Management Plan?

Your community expects your hospital to be prepared for any eventuality. The Environment of Care standards of JCAHO also require that your planning be done on a regional basis.

There are three actions that your facility will need to implement as a result of this State Bioterrorism Preparedness Initiative:

1. Your facility will not need to rewrite your emergency management plan. You will, however, need to adapt your existing plan to reflect how your facility will respond in a mass casualty event, using the State of Wisconsin Hospital Bioterrorism Preparedness Plan template.
2. You will need to train your staff in the implementation of this state plan should there be a mass casualty event in your region or elsewhere that requires the assistance of your facility.
3. Your facility will need to choose a primary and, if appropriate, affiliate team.

You may also want to be involved in this preparedness initiative through participation in the work of your Regional Planning Team. There are a number of sub-committees both at the regional and state level that can benefit from the expertise of you and your staff.

How will the State Plan be Written and Implemented?

All regional teams were provided with a template of the state plan. Sections 1 through 18 were written by the Central Wisconsin Disaster Management Group, a multi-county

group of emergency responders, who developed a plan to respond to a disaster that would require the assistance of other hospitals.

Sections 19 through 30 include the bioterrorism objectives required by the HRSA grant such as isolation, decontamination, medications and vaccines. These sections will be written by state and regional expert panels.

The first draft of the plan is scheduled for completion by June 30, 2003. An exercise is scheduled for the summer of 2003 to test this first draft.

What Resources are Available to the Regional Teams?

In FFY 2002, HRSA made available to the State of Wisconsin \$2.3 million to help build the infrastructure of hospitals to deal with increasing their surge capacity. Each regional team will have \$209,593 this year to begin this infrastructure enhancement. Other funds are available to help those hospitals without T1 lines. There also will be limited dollars available for each hospital to cover some of the legal costs that may be associated with updating bylaws and rules and regulations to deal with emergency credentialing.

Regional teams may also use some of the funds to hire a staff person to help with the implementation of the plan.

It is expected that funding from HRSA in FFY 2003 will increase substantially to help continue to build the infrastructure of hospitals to deal with surge capacity. All decisions regarding use of these funds will be made by the regional team.

How Can I be Informed of What is Happening with the Hospital Bioterrorism Preparedness Program?

The Wisconsin Health Alert Network (HAN) is the key way of communicating all that is happening with the implementation of both the CDC and the HRSA grants. It will also be the key communication methodology that the State of Wisconsin will use during a disaster or other health alert.

You and your staff are encouraged to go to www.han.wisc.edu and register. Your emergency department, emergency management, infection control and laboratory staff are key persons who should have access to information on the HAN.

To find information on the Hospital Bioterrorism Preparedness Program, go to the HAN, click on the tab entitled "Libraries," click on "Bioterrorism," and then click on "Hospitals (HRSA)." There you will find a multitude of information on all the regional teams, membership and minutes of their meetings along with numerous resources and links to other important sites.

What if I Have Other Questions About the Hospital Bioterrorism Preparedness Program?

Please feel free to call with your questions or refer your staff to:

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