

GENERAL MEMO 7-02**May 17, 2002****TO: Packet Recipient****FROM: Bill Bazan, V.P., Metro Milwaukee, WHA****SUBJECT: Hospital Bioterrorism Preparedness Program****(Please direct this memo to the operations person in charge of hospital bioterrorism preparedness.)**

Attached is a response to some of the most frequently asked questions regarding hospital bioterrorism preparedness. The Division of Public Health has contracted with WHA to facilitate communications with hospitals for the Bioterrorism Preparedness Program. The purpose of the program is to develop regional and statewide planning in the event of a bioterrorist disaster.

It is important the person at your hospital who has responsibility for coordinating disaster planning receive this and subsequent communications. WHA will send a letter in June asking for the name of the operations person so information can be sent directly to him/her.

This memo is the first of several pieces of information designed to assist hospitals, not only with their own preparedness activities and protocols, but also in developing regional response plans.

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

[Attachment -- Frequently Asked Questions on Hospital Bioterrorism Preparedness](#)

Frequently Asked Questions on Hospital Bioterrorism Preparedness

1. Does a Bioterrorist event seem likely in Wisconsin?

This is a question impossible to answer. The terrorist mind is neither reasonable nor logical. Wisconsin contains many tourist attractions (Wisconsin Dells, Door County, as examples) and is a key food-producing state. Even if the likelihood of such an event is rare, the preparedness efforts expended for a bioterrorist event will prepare the state, its hospitals and emergency responders for any large-scale outbreak of disease such as an influenza epidemic. Both rural and urban areas are equally susceptible to a Bioterrorist event.

2. What is the State of Wisconsin requesting hospitals to do?

Wisconsin hospitals are being asked to work collaboratively with other hospitals and emergency responders in their region to develop a response to a bioterrorist event. Dennis Tomczyk, Director of the Hospital Disaster Preparedness Program would like to speak at all WHA regional meetings over the summer and into the fall to answer specific questions and to present an overview of the planning process.

3. In which region will my hospital be involved?

Presently, there is an initiative through the State Trauma Advisory Council (STAC) to develop trauma regions. The current plan is that the hospital preparedness regional planning process will use these regions as a start, as a "footprint." This grouping is both logical for hospital services coordination and provides a manageable number of planning groups.

It is very possible that a particular hospital will need to decide in which regional grouping it belongs. Or, it is possible for a hospital to be involved in more than one region. For a number of hospitals, they will also need to be involved in border state regional planning efforts. The end result of the regional planning process is for any one hospital to be able to call upon others in the region for mutual aid or to be called upon by other hospitals to respond to an event involving many casualties. **Decisions on how the financial resources from the grant will be used will occur on this regional level.**

4. When will this regional planning occur?

Regional plan development will occur throughout years 2002 and 2003 and will build on individual hospital disaster plans and the community emergency response plans that are already in place. A Hospital Bioterrorism Preparedness Needs Assessment is scheduled to begin in late June and to be completed by August 15, 2002. Successful plan development will require both strengthening existing relationships and establishing new ones to facilitate management of incidents that would affect the citizens of a given region. The goal is to have the regional plans completed by December 2003.

5. What is involved in the regional plan?

The regional plans will comprise an integrated emergency response system, incorporating a full spectrum of healthcare providers and emergency responders into a resource-ready response team to identify, investigate, and mitigate incidents, resulting from bioterrorism or a large-scale disease outbreak.

6. Who created the objectives for the Hospital Preparedness Plan?

The objectives to be achieved in the regional planning process are based on the grant guidelines of the Health Resources and Services Administration (HRSA). This grant is available to Departments of Public Health across the country. In Wisconsin, a grant writing team, which included representatives from hospitals throughout the state, wrote the grant and these objectives. The grant is available on-line at www.dhfs.state.wi.us/dph_bcd/Bioterrorism.

7. What are the specific objectives of the regional plan?

To a certain extent, the objectives of the plan are an enhancement and coordination of existing hospital disaster plans with other hospitals and emergency responders in your region. The following are specific objectives, contained in the grant, and their targeted completion dates:

By **August 2002** hospitals will have reviewed and updated their plans for independently increasing their bed capacity.

By **October 2002** there will be an established set of written procedures for conducting biological disaster drills within the regions.

By **December 2002** the responses to the Hospital Needs Assessment will be analyzed for the adequacy of the collective ability to provide for personal protective equipment (PPE), isolation and decontamination.

By **December 2002** each hospital will have reviewed, revised, or developed a security plan that anticipates a mass casualty scenario.

By **December 2002** each hospital will have reviewed, revised, or developed a plan for medical waste that accommodates a mass casualty scenario.

By **March 2003** establish an ongoing inventory of backup medical supplies and equipment in each region for use by participating hospitals, medical facilities, and pharmacies in an emergency.

By **April 2003** every region will have developed a plan to perform decontamination for persons and staff and have a plan for basic decontamination of transport vehicles and associated equipment, which may have been exposed.

By **April 2003** the hospitals in each region will have developed a plan for collectively reporting and managing available beds and for adding temporary bed space in the event of an emergency.

By **June 2003** all available patient and mass transport vehicles in each region will have been identified and plans for mobilizing and utilizing them in the event of an emergency will have been established.

By **June 2003** regional plans will be in place to identify and deploy a responder workforce sufficient to respond to a 500 patient incident (2000 patients in Milwaukee and Madison).

By **June 2003** regional plans will be in place that describe how hospitals will access and use pharmaceuticals and supplies from other hospitals or the state stockpile so that any hospital will have these supplies available within six hours and in sufficient amounts to respond to an incident involving 10,000 exposures statewide and 2,000 exposures regionally.

By **June 2003** hospitals will review, revise, or expand if necessary, their agreements for sharing life saving equipment.

By **June 2003** each hospital will have a memoranda of understanding necessary to provide food, water, electricity, and shelter sufficient to accommodate their portion of the 500 patients regionally (2,000 in the Milwaukee and Madison regions).

By **July 2003** non-hospital facilities will have been identified in each region sufficient to house and treat at least 1,000 patients within 36 hours of an emergency and plans will have been developed to medically equip and staff them within the same time frame.

By **August 2003** each regional group of hospitals will have developed a plan and:

- acquired the necessary personal protective equipment (PPE) for staff needed to treat at least 500 infectious patients (2000 infectious patients in the Milwaukee and Madison regions) for a period of

seven days;

- identified the necessary facilities to provide isolation/quarantine for at least 500 patients (2,000 in Milwaukee and Madison), and
- identified equipment and facilities to decontaminate at least 500 patients (2,000 in Milwaukee and Madison) within an eight hour period.

By **August 2003** regional and statewide plans will be developed that describe how patient triage, transportation, evacuation, and emergency housing (including patients with special needs) will be accomplished in response to a 1,000 casualty event.

By **August 2003** a communications system that links hospitals, EMS providers, and other ancillary care organizations together for the rapid dissemination of capacity data will be deployed.

By **December 2003** each hospital will review and update its system for diversions, including revising inter-hospital agreements when necessary.

By **December 2003** regional hospital plans to accommodate events/epidemics of at least 500 patients (2,000 in Milwaukee and Madison) will be in place, including provisions for additional bed capacity, isolation and quarantine, diversion of patients, sharing of equipment and staff, treating patients with special needs, essential goods and services, disposal of infectious waste, and security.

By **December 2003** every GMS hospital in Wisconsin will have in place a system to manually or electronically collect, record, and transmit data to the Department of Public Health (DPH) and/or the local emergency response command post in real time on the following operational indicators:

- number and status of available beds;
- inpatient, outpatient, and emergency department census, and general indicators of the medical status of the population of individuals being treated;
- number and status of operating emergency response and patient transport vehicles;
- inventory of key medications and disposable treatment and laboratory supplies on hand, and indicators of depletion.

8. Is there funding available for my hospital to help implement this bioterrorism program?

The total grant amount for this funding period involves approximately \$2.3 million. Most of the monies will be available to the hospitals in their regional groupings. Hospitals within their regional structure will decide on how best to use the financial resources to fill in the gaps on what is needed regionally. **Individual hospitals do not apply for the grant money.** Decisions will generally be made regionally.

9. Who will oversee the development of the regional plans?

The hospitals and emergency responders are responsible for developing their regional plans. There is, however, a governance structure that is also being established, which will provide guidance, information, and direction. This structure is called the Wisconsin Hospitals Bioterrorism Preparedness Advisory Committee. Its mission is to provide guidance and oversight for the implementation of all hospital preparedness initiatives regionally. 16 hospitals plus WHA and the Rural Wisconsin Health Cooperative will be represented on this advisory committee. The Department of Public Health has involved an equal number of rural and urban hospitals to be on this committee, as well as other collaborative partners in disaster preparedness.