



North East Wisconsin Healthcare Emergency Readiness  
Coalition  
Region 3

Preparedness Plan  
June 2022



# Northeast Wisconsin Healthcare Emergency Readiness Coalition – Region 3 Preparedness Plan

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### **Annex 1 – Response Plan**

### **Annex 2 – Continuity of Operations Plan (In Development)**

### **Annex 3 – Pediatric Surge Plan**

### **Annex 4 – Burn Surge Plan (In Development)**



## Northeast Wisconsin Healthcare Emergency Readiness Coalition – Region 3 Preparedness Plan

### Introduction

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) leads the country in preparing for, responding to, and recovering from the adverse health effects of emergencies and disasters. ASPR's Hospital Preparedness Program (HPP) enables the health care delivery system to save lives during emergencies and disaster events that exceed the day-to-day capacity and capability of existing health and emergency response systems.

As the result of findings from recent notable disasters, ASPR has shifted HPP funding to reflect the need for readiness of partners in the healthcare sector and improving regional readiness, response, and recovery. HPP is the only source of federal funding for health care delivery system readiness intended to improve patient outcomes, minimize the need for federal and supplemental state resources during emergencies, and enable rapid recovery. HPP prepares the health care delivery system to save lives through the development of health care coalitions (HCCs) that incentivize diverse and often competitive health care organizations with differing priorities and objectives to work together.

In the state of Wisconsin HCCs are recognized as "Healthcare Emergency Readiness Coalitions" or HERCs. The state is split into seven geographic regions. To clearly define the HERCs, a Preparedness Plan has been created, cataloging each of the HERC's plan of work. The plan includes the HERC's mission, objectives, purpose and multiple citations and documents to define the HERC.

The Preparedness Plan below is for the "North East Wisconsin Healthcare Emergency Readiness Coalition" or "NEW HERC."

#### 1.1 Purpose

The NEW HERC Preparedness Plan is intended to serve as a document, outlining the organization and process of the coalition detailing how it prioritizes and works collectively to develop and test operational capabilities. The NEW HERC Preparedness Plan is completed to satisfy Capability 1, Objective 3: "Develop a Health Care Coalition Preparedness Plan," as outlined in ASPR's 3017-3033 Health Care Preparedness and Response Capabilities.

Overarching project objectives of the NEW HERC include:

- Prevent the loss of life, property, and undue suffering in an emergent event
- Improve patient outcomes in an emergent event
- Enable rapid recovery from an emergent event
- Develop a regional system of readiness
- Minimize need for federal and supplemental state resources during emergencies

The four Health Care Preparedness and Response Capabilities, for NEW HERC, identified by ASPR are:

- Capability 1: Foundation for Health Care and Medical Readiness
  - Goal of Capability 1: The community's health care organizations and other stakeholders—coordinated through a sustainable NEW HERC—have strong



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relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

- **Capability 3: Health Care and Medical Response Coordination**
  - Goal of Capability 3: Health care organizations, the NEW HERC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.
- **Capability 3: Continuity of Health Care Service Delivery**
  - Goal of Capability 3: Health care organizations, with support from the NEW HERC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.
- **Capability 4: Medical Surge**
  - Goal of Capability 4: Health care organizations—including hospitals, EMS, and out-of-hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The NEW HERC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the NEW HERC’s collective resources, the NEW HERC supports the health care delivery system’s transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

### **1.2 Scope**

The NEW HERC’s intent is to define the partnerships of healthcare and emergency agencies/organizations in the region. These partnerships are intended to help prepare for, respond to and recover from a catastrophic event. In the tiered response system, NEW HERC and this preparedness plan are intended to serve and provide assistance to partners in an expanding event.

The NEW HERC Preparedness Plan is intended to serve as a guide on improving regional preparation for an emergent event and readying for a true event. The preparedness plan does not replace the disaster policies, procedures, or protocols of any regional member agencies or organizations. Utilization of the NEW HERC or any of the NEW HERC’s Preparedness Plan is voluntary and not required by any agency.

### **1.3 Administrative Support**

The NEW HERC Preparedness Plan will be available for review and comment for all coalition members. The plan will be formally approved by NEW HERC Board vote and approval will be noted in coalition meeting minutes. The plan will be reviewed annually and amended as needed. Review and amendment is intended to close identified gaps with strategies to close the gaps.

**Considerations for updating the plan include, but not limited to:**



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- Exercises resulting in a gap identification
- Planned and real-world incidents
- After Action Reviews/Reports
- Annual updates of supporting documents
  - Hazard Vulnerability Assessment (HVA)
  - ASPR TRACIE Coalition Assessment Tool (CAT)
  - NEW HERC Workplan
  - NEW HERC Member Database
  - NEW HERC Bylaws
- Emerging evidence or best practice
- Change in federal or state guidance



## Northeast Wisconsin Healthcare Emergency Readiness Coalition – Region 3 Preparedness Plan

### Coalition Overview

#### 2.1 Introduction/Purpose of Coalition (Capability 1, Objective 5, Activity 1)

The NEW HERC is made up of the seven counties of: Brown, Door, Florence, Kewaunee, Manitowoc, Marinette, Oconto, and two tribes the Oneida Nation and Menominee Indian Tribe of Wisconsin.

##### NEW HERC's Mission:

To ensure that the collaboration of healthcare organizations and public / private sector partners coordinate their preparation for, and response to a mass casualty incident or catastrophic health event.

##### NEW HERC's Vision:

To synchronize public health, tribal health, healthcare organizations, first responder agencies and emergency management in their efforts to enact a uniform and unified response to mass casualty incidents or catastrophic health event.

##### NEW HERC's Objectives:

- Prevent the loss of life, property, and undue suffering in Region 3.
- Facilitate increased collaboration and communication of partners in Region 3.
- Identify common gaps in education and knowledge of partners in Region 3.
- Identify emerging change in practice related to preparedness for partners in Region 3.
- Coordinate identified trainings needs for partners in Region 3.
- Disseminate emerging information and guidance to partners in Region 3
- Identify new resources for partners in region 3.

#### 2.2 Coalition Boundaries (Capability 1, Objective 1, Activity 1)

NEW HERC is identified by geographical boundaries within the state of Wisconsin. The coalition works directly to serve and prepare members in:

- Florence County
- Marinette County
- Oconto County
- Door County
- Brown County
- Manitowoc County
- Kewaunee County

The coalition identifies that a growing incident may require involvement of partners from outside the geographic region, related to normal referral patterns.

#### 2.3 Coalition Members (Capability 1, Objective 1, Activity 3)

NEW HERC attempts to include diverse membership to assure a successful whole community response. The coalition understands that segments of the community that are unprepared or not engaged will create a greater risk that the healthcare delivery system will be overwhelmed during an event.



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NEW HERC maintains the following as a Board of Directors

Officers of the Board	President
	Vice President
	Secretary
	Treasurer
Board Members	Hospital Rep
	Public Health Rep
	LTC Rep
	EMS Rep
	EM Rep
	Fire Rep
	Oneida Rep
	Menominee Rep
	Law Enforcement
Advisor	Medical Advisor
State Liaison	Coordinator

All healthcare, emergency management, and any organization is welcome to participate including but not limited to:

- Behavioral health services and organizations
- Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)
- Dialysis centers and regional Centers for Medicare & Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks
- Federal facilities (e.g., U.S. Department of Veterans Affairs (VA) Medical Centers, Indian Health Service facilities, military treatment facilities)
- Home health agencies (including home and community-based services)
- Infrastructure companies (e.g., utility and communication companies)
- Jurisdictional partners, including cities, counties, and tribes
- Local chapters of health care professional organizations (e.g., medical society, professional society, hospital association)
- Local public safety agencies (e.g., law enforcement and fire services)
- Medical and device manufacturers and distributors Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in disasters, amateur radio operators, etc.)
- Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers (FQHCs), urgent care centers, freestanding emergency rooms, stand-alone surgery centers)
- Primary care providers, including pediatric and women's health care providers
- Schools and universities, including academic medical centers
- Skilled nursing, nursing, and long-term care facilities



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- Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers)
- Other (e.g., child care services, dental clinics, social work services, faith-based organizations)
- Medical examiners/ coroners and funeral homes
- Agency/facility public information specialists

### **2.4 Organizational Structure/ Governance (Capability 1, Objective 1, Activity 3)**

To ensure the fulfillment of NEW HERC mission, vision, objectives, and capabilities, the coalition has implemented structured bylaws, articles of incorporation and has formalized into a 501C3 Corporation.

#### **2.4.1 Role of Leadership within Member Organizations**

As stated in the bylaws, the coalition has a Board of Directors consisting of Officers of the Board and Board Members who represent all organizations within their caucus within the boundaries of the NEW HERC. The President and Vice President also sit as voting members of the Wisconsin Healthcare Emergency Readiness Coalition State Advisory Group.

NEW HERC seeks out healthcare executives to endorse our organization and participate as appropriate.

### **2.5 Risk (Capability 1, Objective 3, Activity 1)**

To identify risks, the coalition reviews and updates a regional “Hazard Vulnerability Assessment” (HVA). Additionally, NEW HERC cross-references its HVA with the Wisconsin Emergency Management (WEM) “Threat Hazard Identification and Risk Assessment” (THIRA). A general review of the HVA is conducted annually by the NEW HERC Board.

NEW HERC’s top threats include:

1. Infectious Disease Outbreak
2. Tornado
3. Flood
4. Small Casualty Trauma Incident
5. Temperature Extremes
6. Workplace Violence
7. Hazmat Release
8. Computer Failure / Cyber Threat
9. Communications Failure
10. Multiple House / Building Fire

From these pre-identified threats, NEW HERC can identify learning, training, and exercise needs in the community.





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Link to WEM THIRA:

[http://dma.wi.gov/DMA/divisions/wem/mitigation/docs/HazardMitigationPlan/Appendix\\_A-Threat\\_Hazard\\_Identif\\_Risk\\_Asse.pdf](http://dma.wi.gov/DMA/divisions/wem/mitigation/docs/HazardMitigationPlan/Appendix_A-Threat_Hazard_Identif_Risk_Asse.pdf)

### **2.6 Gaps (Capability 1, Objective 3, Activity 3)**

To identify gaps in NEW HERC planning, a Coalition Assessment Tool (CAT) is conducted annually to review coalition activities inside of identified ASPR capabilities and objectives. The CAT tool is meant to assist the coalition, in conjunction with the HVA to guide activities. This also serves as a direct mechanism of reporting, from the region to the federal government.

### **2.7 Compliance Requirements/ Legal Authorities (Capability 1, Objective 3, Activity 5)**

NEW HERC collaborates with ESF-8 EOC and other lead agencies and state authorities to assess and identify regulatory compliance requirements that are applicable to day-to-day operations and may play a role in planning for, responding to, and recovering from emergencies.

Federal statutory, regulatory, and national accreditation requirements that impact emergency care include, but are not limited to:

- Centers for Medicare & Medicaid Services (CMS) conditions of participation. (Including CMS-3178-F Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers)
- Clinical Laboratory Improvement Amendments (CLIA)
- Health Insurance Portability and Accountability Act (HIPAA)
- Emergency Medical Treatment & Labor Act (EMTALA) requirements
- Licensing and accrediting agencies (I.e. Joint Commission)
- Federal disaster declaration process
- Public Health Emergency Declaration Authority
- Available federal liability protections for responders (I.e. Public Readiness and Emergency Preparedness (PREP) Act.
- Environmental Protection Agency (EPA) requirements
- Occupational Safety and Health Administration (OSHA) requirements

NEW HERC also understands the importance of understanding state and local regulations that impact emergency medical care:

- Scope and breadth of emergency declarations
- Regulations for health care practitioner licensure, practices standards, reciprocity, scope of practice limitations, and staff-to-patient ratios
- Legal authorization to allocate personnel, resources, equipment, and supplies among health care organizations
- Laws governing the conditions under which an individual can be isolated or quarantined
- Available state liability protections to responders

NEW HERC understands that its members must understand the process and information required to request necessary waivers and suspension of regulations:



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- Processes for emergency resource acquisition (may require federal, state, or local coordination)
- Special waiver processes (I.e. section 1135 of the Social Security Act waivers)
- Process and implications for Food and Drug Administration (FDA) issuance of emergency use and authorizations for use of non-approved drugs and devices or use of approved drugs or devices for unapproved uses
- Legal resources related to hospital legal preparedness, such as deployment and use of volunteer health practitioners
- Legal and regulatory issues related to alternate care sites and practices
- Legal issues regarding population-based interventions, such as prophylaxis and vaccination
- Process for emergency decision making for state and local legislature

Finally, NEW HERC understands the importance that its members:

- support crisis standards of care planning, including the identification of appropriate legal authorities and protections necessary when crisis standards of care are implemented
- maintain awareness of standing contacts of resource support during emergencies



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### Coalition Objectives

Per Capability 1, Objective 3, strategic and operational priorities for the NEW HERC and each member discipline should be based on risk and gap information. NEW HERC has multiple elements to consider when developing its objectives. Some considerations include:

- Define the priorities for the plan and how they address gaps (focus on how the strategies promote communications, information sharing, resource coordination, and operational response).
- Short-term and long-term objectives that support the priorities- these can be supporting objectives associated with each overarching coalition objective.
- Support for the objectives (e.g., staffing and material, financial).
- Foster effective information sharing with NEW HERC members and timely and effective messaging to the public.

As referenced in 2.1 Introduction/Purpose of Coalition, NEW HERC has a clear and focused mission, vision and objectives that support provision of services to its members.

### 3.1 Maintenance and Sustainability (Capability 1, Objective 5, Activity 5)

NEW HERC understands the importance of maintaining the value and stability of preparedness work conducted at the coalition level. To fulfill NEW HERC's mission, vision, and objectives, methods and strategies must be implemented to assure that quality work is maintained, regardless of shifts in funding or staff turnover, with a stable financial plan.

Strategies to ensure financial stability include:

- Becoming a 501C3 to accept donations
- Member in-kind donations of:
  - Staff time (participation)
  - Equipment resources (telephone & internet)
  - Meeting space (board rooms & conference rooms)
  - Support (expert panels and work groups, engagement with other coalition members and the community.)
- Offer technical assistance and consultative services in meeting for emergency readiness requirements for Medicare and Medicaid providers.
- Identify means of tax exemption for members in preparedness planning
- Analyze critical functions to preserve, and identify financial opportunities beyond federal funds (I.e. foundation, and private funding, dues, and training fees to support or expand NEW HERC functions)
- Develop financing structure documented that supports NEW HERC activities.
- Cost Sharing coordinate with PH agencies, EM agencies, fulfill similar requirements.
- Leadership succession plan and governance structure
- Leverage group buying power to obtain equipment across the region and allow for sharing or emergency allocation. (Obtaining regional assets that would be useful, but not bought otherwise.)



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If at any time maintenance or sustainability of NEW HERC’s mission, vision, objectives, or plan of work is threatened (I.e., loss of a contractor in the middle of a budget period), the NEW HERC board will seek advisement from OPEHC to address the threat.

### **3.2 Engagement of Partners and Stakeholders (Capability 1, Objective 5, Activity 1)**

NEW HERC, with its members, continuously seeks to promote its mission, vision and objectives, direct and indirect. NEW HERC collaborates in planning for a wide range of emergencies for planned and unplanned events that could affect the community. NEW HERC has identified and continues to seek “Active Members” to promote regional community preparedness and response needs. To increase awareness, buy-in and active member engagement of NEW HERC the following strategies are regularly utilized:

- Shares information outlining the benefits of collaboration
- Utilizes champions among its members to enhance and support preparedness efforts (I.e. NEW HERC Board members and local trainers of tools supplied to the region)
- NEW HERC offers and conducts presentations to increase awareness of the coalition and promote membership
- Holds routine meetings with members to brief them on current coalition plan of work and progress
- Utilizes a website to share vital information: news, resources, minutes, upcoming events and trainings
- Actively surveys for need of, and coordinates, trainings and exercises identified by partners
- Utilize hardware and programs to increase interconnectivity (WISCOM, EMResource)

#### **3.2.1 Health Care Executives (Capability 1, Objective 5, Activity 3)**

It is important for NEW HERC to communicate direct and indirect benefits of coalition preparedness and response planning to member facility/ organization executives. NEW HERC regularly communicates to following to healthcare executives:

Day-to-day benefits of being a member of NEW HERC include:

- Meeting regulatory and accreditation requirements
- Enhancing purchasing power
- Accessing clinical and non-clinical expertise
- Peer networking
- Sharing leading practice
- Interdependent/ mutual gain relationships
- Reducing risks and promoting resilience

Through collaboration inside of the NEW HERC plans, exercises, and other preparation efforts are completed that otherwise would not be attainable.



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### **3.2.3 Clinicians (Capability 1, Objective 5, Activity 3)**

NEW HERC enhances engagement in the health care delivery system. In planning, regional clinical leaders are engaged requesting input, acknowledgement, and approval in planning. Participation of regional clinicians is engaged through:

- Use of contracted Medical Advisor
- Routine board meetings
- Trainings & exercises
- Education sessions
- Member Data bases
- Survey

### **3.2.3 Community Leaders (Capability 1, Objective 5, Activity 4)**

NEW HERC, at its core, is for promotion of a whole community approach to preparedness. NEW HERC is constantly in a state of assessing for new members, businesses, charitable organizations, and media in health care preparedness planning to promote resilience for the entire community.

### **3.2.4 Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs (Capability 1, Objective 3, Capability 4)**

Certain individuals may require additional assistance before, during, and after an emergency. NEW HERC conducts inclusive planning for the whole community, including but not limited to:

- Children
- Pregnant Women
- Seniors
- Community members with functional needs
- Community members with disabilities
- Community members with other unique needs

To assure special considerations are met, NEW HERC:

- Promotes situational awareness via IT tools, such as the Social Vulnerability Index (SVI) and Department of Health and Human Services emPOWER map
- Assist public health in augmenting existing response plans, including family reunification (American Red Cross' "Safe and Well")
- Identify potential health care delivery system to support vulnerable populations pre and post event to reduce the stress of a hospital during and emergency
- Contribute to medical planning that enables individuals to remain in their homes or support public health's mass care capabilities
- Coordinate with U.S. Department of Veterans Affairs (VA) Medical Center to identify veterans in NEW HERC's coverage area



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### Workplan

To assure fulfillment of the capabilities, objectives and activities outlined by ASPR, the Office of Preparedness and Emergency Health Care (OPEHC) has developed a "Coalition Workplan", outlining activities to be completed and projected deadlines for their completion. NEW HERC updates and submits a Workplan every six months.

#### **4.1 Roles and Responsibilities (Capability 1, Objective 4, Activity 3)**

NEW HERC is an exemplification of team work, for the coalition to function, minimal expectations of roles and responsibilities are needed from partners:

##### **OPEHC**

- Serves as primary grant recipient of federal funding
- Develops work plan for the coalition and advisory group, outlining scope of work
- Assures minimal expectations are completed by coalitions in accordance with ASPR requirements
- Assures quality communication between regions for common operational picture
- Identifies areas for coalition collaboration to prevent duplication of services

##### **State Advisory Group**

- Serve as an advisory body for both the regional healthcare coalitions and the state program
- Liaison between the Department of Health Services and Regional Healthcare coalitions
- NEW HERC President and Vice President are on the State Advisory Group

##### **NEW HERC Board**

- Ensures completion of the Coalition workplan outlined by OPEHC
- Ensures fulfillment of coalition mission, vision and objectives
  - Facilitate increased collaboration and communication of partners
  - Identify common gaps in education and knowledge of partners
  - Identify emerging change in practice related to preparedness for partners
  - Coordinate identified trainings needs for partners
  - Disseminate emerging information and guidance to partners
  - Identify new resources for partners
- Identify work groups for plan development, exercise and training coordination

##### **NEW HERC Coordinator**

- HERC Coordinator has a Scope of Work with expectations from the Department of Health Services
- Works with Board on policy development and process implementation
- Coordinates committee and work groups
- Assists in the creation of educational material and educational offerings

##### **RTAC Coordinator**



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- Develops, implements, and monitors regional trauma system plans to facilitate trauma systems within our region.

### **Medical Advisor**

- The Medical Advisor role in NEW HERC is advisory and under contract. The Medical advisor actively participates and remains available to assist as needed with the organization to guide members and provide a general resource.

### **NEW HERC Members**

- Assist to ensure coalition and membership sustainability
- Participate in NEW HERC related meetings, exercises, and plan development
- Identify representation for NEW HERC Board
- Identify staff and representation for work group and sub-committees to develop plans, trainings, exercises, etc.
- Identify resources available related to individual plans
- Share gaps in knowledge, training & exercise needs, and emerging practice with NEW HERC
- Assist NEW HERC in alignment of trainings, exercises, and plans related to individual requirements, objectives and grant deliverables



## Northeast Wisconsin Healthcare Emergency Readiness Coalition – Region 3 Preparedness Plan

### Appendices

#### Guidance Documents:

- [2017-3033 Hospital Preparedness Program Performance Measure Implementation guide \(with Acronyms, page iv\)](#)
- [ASPR Health Care Capabilities and Term Glossary \(page 56\)](#)

#### Frequently used Websites:

- [newherc.com](http://newherc.com)
- [What is WITRAC?](#)
- [EMResource \(WITRAC\) Login](#)
- [WI Train Login](#)
- [What is WISCOM?](#)
- [CDC Social Vulnerability Index \(SVI\)](#)
- [FEMA NIMS/ICS](#)
- [WebEOC Login](#)
- [HHS empower Map 3.0](#)
- [WI Trauma System Map](#)
- [\(GIS\) Geomapping](#)
- [PCA Portal](#)

#### 5.1 Detailed Information on HVA

Annually a regional Hazard Vulnerability Assessment (HVA) is conducted by the partners of the Northeast Wisconsin - Healthcare Emergency Readiness Coalition (NEW-HERC). NEW HERC utilizes the Kaiser Permanente model to provide a systematic approach to analyzing hazards that may affect demand for hospital services, or a facility's ability to provide those services, helping to prioritize planning, mitigation, response, and recovery activities.

All of the partner groups provide feedback for the completion of a HVA for NEW-HERC Region 3. All healthcare partners including: County Public Health Departments, County Emergency Management, Emergency Medical Services, Fire Services, Law Enforcement, Home Health, Dialysis, Behavioral Health, Hospice, Long Term Care, Hospitals as well as the Oneida Tribe of Indians and the Menominee Nation are represented. Concerns specific to each facility and all of their on-site and off-site campuses and specific care facilities including their individual Home Health & Hospice and Dialysis partners are discussed.

To create this Regional HVA the group not only shared their individual concerns, but the group also looked at historical data, current events, and our changing community. The resulting assessment is sent to all coalition partners and is available on file with the Program Coordinator.

#### 5.3 Commitment to Participate





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As an active member of the NEW HERC, organizations within agree to cooperate for the betterment of healthcare preparedness and response within our region. Including but not limited to, reviewing regional plans regularly, participating in exercises and drills, including NEW HERC and its structure in their organization's preparedness plans, and voting in the best interests of the region when called upon.

All members should include within their organizational plans a section laying out the purpose and functions of NEW HERC which includes contact information for NEW HERC. Members will also inform NEW HERC of changes to their organizational preparedness plans which will directly affect the regional preparedness plan.

Participation in NEW HERC funded activities, trainings and exercises will be considered informed consent.

### **5.3 Program Plan and Budget**

Budget is subject to request and review from the State Office of Preparedness and ASPR. Program Plan is a collaboration between the State of Wisconsin Office of Preparedness and the NEW HERC Advisory Group. Funding allocations from the Federal Government are not guaranteed in advance and are subject to Legislative and Presidential review.

Funding does not directly impact the preparedness agreements of this coalition. Members are expected to continue the functions of regional preparedness without external funding. Budgets are completed annually.



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All NEW HERC Member organizations are provided an opportunity to provide input into the creation of this plan. This plan is reviewed annually and following major incidents or large-scale exercises as a means to ensure the Board and NEW HERC membership has knowledge of all NEW HERC plans and processes.

Board Member Position	Signature	Date
President	DocuSigned by: <i>Genny Willemon</i>	6/26/2022
Vice President	DocuSigned by: <i>Bill Manis</i>	8/3/2022
Secretary	DocuSigned by: <i>Stephanie Smith</i>	6/30/2022
Treasurer	DocuSigned by: <i>[Signature]</i>	6/24/2022
Hospital Rep	DocuSigned by: <i>Dave Kobielak</i>	7/25/2022
Public Health Rep	DocuSigned by: <i>Sara Larson</i>	6/28/2022
LTC Rep	DocuSigned by: <i>Nancy Bohman</i>	6/27/2022
EMS Rep	DocuSigned by: <i>Deborah Holschbach</i>	6/29/2022
EM Rep	DocuSigned by: <i>Lauri Maki</i>	6/30/2022
Fire Rep	DocuSigned by: <i>Chris Holod</i>	6/27/2022
Oneida Rep	DocuSigned by: <i>Kaylynn Gresham</i>	6/30/2022
Menominee Rep	Open Position	N/A
Law Enforcement Rep	DocuSigned by: <i>Brian Kohlmeier</i>	6/27/2022