



Northeast Wisconsin
Healthcare Emergency Readiness Coalition
Region 3

Preparedness Plan
April 2025



Northeast Wisconsin Healthcare Emergency Readiness Coalition – Region 3 Preparedness Plan

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Introduction

The U.S. Department of Health and Human Services (HHS) Administration for Strategic Preparedness & Response (ASPR) leads the nation's medical and public health preparedness for, response to, and recovery from disasters and public health emergencies. 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 notable disasters, ASPR has shifted HPP funding to improve regional readiness, response, and recovery through inclusion of all partners in healthcare and emergency response. 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.

In the state of Wisconsin HCCs are recognized as "Healthcare Emergency Readiness Coalitions" or HERCs. The state is split into seven geographic regions. The overall goal of the HERC is to help Wisconsin communities prepare for, respond to, and recover from a disaster as quickly as possible. Through coordinated preparation, response, and recovery efforts, HERC members work to create a more resilient Wisconsin.

The Preparedness Plan below is for the "Northeast 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 in detailing how it prioritizes and works collectively to develop and test operational capabilities. The NEW HERC Preparedness Plan is completed to satisfy the Hospital Preparedness Program Cooperative Agreement from the Administration for Strategic Preparedness and Response as outlined in ASPR's Opportunity number: EP-U3R-24-001.

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

- Capability 1: Incident Management and Coordination.
 - Desired Outcome: A health care delivery system with incident management practices and structures that integrate health care into the jurisdictional response and use clinical expertise to inform the delivery and continuity of patient care and clinical operations at all levels.
- Capability 2: Information Management



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- Desired Outcome A health care delivery system where all partners can access, analyze, use, and report essential incidents and health care system capability and capacity in a timely and consistent manner.
- Capability 3: Patient Movement and Distribution
 - Desired Outcome: Patients are efficiently and equitably transported, transferred, and distributed across a region to best support patient care needs and optimal use of available resources.
- Capability 4: Workforce
 - Desired Outcome: A resilient, adequately resourced, protected, trained, and supported health care workforce that is fully staffed for daily needs and is ready to deploy during a response to provide safe patient care.
- Capability 5: Resources
 - Desired Outcome: A health care delivery system that has scaled plans to maintain and use the necessary resources (e.g., space, staff, supplies) to provide the highest quality, most consistent, and equitable patient care possible during disasters.
- Capability 6: Operational Continuity
 - Desired Outcome: Health care organizations have resilient and interoperable systems, structures, and business operations to maintain continuity of patient care despite physical, support system (including utilities), and digital infrastructure compromise or failure.
- Capability 7: Specialty Care
 - Desired Outcome: A health care delivery system that coordinates and communicates with partners to effectively deliver, expand, and prioritize specialized medical and surgical care in response to a disaster.
- Capability 8: Community Integration
 - Desired Outcome: Desired Outcome: A health care delivery system that takes a whole community approach²³, coordinating across the continuum of care to meet the health needs of its residents in an equitable way before, during, and after disasters.

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 catastrophic events. 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 preparing 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 Preparedness Plan or any of the NEW HERC's annexes is voluntary and not required by any agency.

1.3 Administrative Support



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The NEW HERC Preparedness Plan will be available at all times for review and comment by all coalition members. 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 opportunities to provide input into continual updates. This plan is reviewed annually and following major incidents or large-scale exercises to ensure accuracy and completeness of the plan. This plan is posted on the NEW HERC Website and is distributed to its entire membership annually. Biannually the Board discusses, reviews, recommends changes, and signs off on the policy.

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

- 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
 - NEW HERC Readiness Assessment
 - NEW HERC Cybersecurity Assessment
 - NEW HERC Extended Downtime Healthcare Delivery Impact Assessment
 - NEW HERC Member Database
 - NEW HERC Bylaws
- Emerging evidence or best practices
- Change in federal or state guidance



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Coalition Overview

2.1 Introduction/Purpose of Coalition

The NEW HERC is made up of the seven counties of: Brown, Door, Florence, Kewaunee, Manitowoc, Marinette, Oconto, and the Oneida Nation.

NEW HERC's Mission:

Through coordinated preparation, response, and recovery efforts, NEW HERC members work to create a more resilient Northeast Wisconsin.

NEW HERC's Vision:

To ensure healthcare organizations and public / private sector partners coordinate their mitigation efforts, preparation for, response to, and recover from disasters as quickly as possible.

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

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

The Northeast Wisconsin Healthcare Emergency Readiness Coalition (NEW HERC) is made up of three classes of members:

1. Class A Members: Executive Board consisting of the President, Vice President, Secretary, and Treasurer.



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2. Class B Members: Board Members representing regional: Hospitals, Public Health agencies, Long Term Care organizations, EMS agencies, Emergency Management agencies, Fire departments, Law Enforcement agencies, and the Oneida Nation.
3. Class C Members: Community and other Healthcare entities.

Class A and Class B members constitute the Board of Directors and are the voting membership of the NEW HERC.

Operational Roles In addition to the representation from the Board of Directors and input from the Class C members, the NEW HERC utilizes a Medical Advisor, a Subject Matter Expert, a Readiness and Response Coordinator, an Operations Manager, and has subcommittees as needed that include, but has not been limited to: training and exercise, MRSE, Chempack, Rescue Task Force, COVID, Pediatric, Chemical, EBOLA, Special Pathogens, Burn Surge, Infectious Disease, Radiation Surge, and others. These are utilized as needed to complete plans, training, education, drills and implement change in our mitigation, preparedness, response, and recovery efforts.

The NEW HERC maintains a contract with a Readiness and Response Coordinator (RRC), referred to as the Coordinator. The role of the Coordinator is to facilitate the planning, training, exercising, operational readiness, financial sustainability, evaluation, and ongoing development of the HCC as well as to lead, participate in, and support the response activities of the coalition according to our plans. The Coordinator coordinates with neighboring HCCs to improve planning and operational readiness, and lives within the geographic boundaries of Region 3 to strengthen our relationship with stakeholders and improve our ability to support HCC response activities. The Coordinator is responsible for ensuring that the HCC meets all HPP performance measures and benchmarks with special attention to the HCC response plans, roles, and operations.

In addition, the Coordinator leads communication and situational awareness during any incident and handles documentation during and after incidents, including the completion of any necessary improvement plans. The Coordinator acts as a representative of the NEW HERC on all assigned teams, meetings, and briefings and provides reports to the NEW HERC Board as appropriate.

The Medical Advisor provides medical, administrative, technical and policy leadership to the NEW HERC. They offer guidance from a physician's perspective to develop medical surge capacity, engage stakeholders in the region to develop medical surge capacity, and educate partners on the disaster tiers framework for health response. The Medical Advisor also ensures that planning and response to emergencies and disasters is based on sound ethical principles and evidence-based guidelines. Finally, the Medical Advisor works closely with the NEW HERC Coordinator and NEW HERC Board to complete activities contained in the healthcare coalition workplan.

2.4 Organizational Structure/ Governance

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. In addition, the NEW HERC holds public charity status under IRC S



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170(b)(1)(A)(vi), and is registered with the Wisconsin Department of Financial Institutions as a Charitable Organization.

2.4.1 Role of Leadership within Member Organizations

As reflected in the bylaws, the coalition has a Board of Directors consisting of an Executive 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

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 change, but currently include:

1. Natural Gas Disruption
2. Supply Chain Shortage
3. Communication Failure
4. Temperature Extremes
5. Air Quality Issue
6. Seasonal Influenza
7. Cyber Attack
8. Flood
9. Utility Failure
10. Power outage

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

[Appendix A THIRA.pdf](#)

2.6 Gaps

To identify gaps in NEW HERC planning, a Readiness Assessment document has been created to review coalition activities inside of identified ASPR capabilities and objectives. The tool is meant to assist the coalition with timelines, required tasks and checklists. This is a living document with ongoing due dates to OPEHC and ASPR.

2.7 Compliance Requirements/ Legal Authorities



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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:

- 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



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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

Strategic and operational priorities for the NEW HERC and each member discipline is 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.

The NEW HERC has a clear and focused mission, vision and objectives that support provision of services to its members.

3.1 Maintenance and Sustainability

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 and Charitable Organization
- 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 emergency readiness.
- 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 a financing structure that supports NEW HERC activities.
- Cost Sharing coordination with PH agencies and EM agencies in fulfilling similar requirements.
- Leadership succession planning 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

NEW HERC, with its members, continuously seeks to promote its mission, vision and objectives, direct and indirect. The NEW HERC collaborates in planning for a wide range of emergencies for planned and unplanned events that could affect the community. The 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 the 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 training opportunities
- Actively surveys for need of, and coordinates, trainings and exercises identified by partners
- Utilizes hardware and programs to increase interconnectivity (WISCOM, EMResources)

3.2.1 Health Care Executives

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 communicates when appropriate to healthcare executives the 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 of best practices
- 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.

3.2.3 Clinicians



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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 Databases
- Surveys

3.2.3 Community Leaders

NEW HERC, at its core, is for promotion of a whole community approach to preparedness. NEW HERC is constantly assessing 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

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 Sharepoint site with an accountability tracker. Following the due dates outlined in the Readiness Assessment, the NEW HERC submits all documents prior to the date due into the Sharepoint site.

4.1 Roles and Responsibilities

NEW HERC is an exemplification of teamwork, 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 expected to be members of the State Advisory Group

NEW HERC Board

- Ensures completion of the Coalition deliverables 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



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RTAC Coordinator

- Develops, implements, and monitors regional trauma system plans to facilitate trauma systems within our region.
- Provides training in trauma care
- Supports programs to reduce death and disability of the trauma patient

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



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Appendices

Guidance Documents:

- 3017-3033 Hospital Preparedness Program Performance Measure Implementation guide (with **Acronyms**, page iv)
- ASPR Health Care Capabilities and **Term Glossary** (page 56)

Frequently used Websites:

- NEW HERC – Northeast Wisconsin Healthcare Emergency Readiness Coalition
- EMResource ~ LoginWI Train Login
- CDC Social Vulnerability Index (SVI)
- FEMA NIMS/ICS
- WebEOC Login
- HHS empower Map 3.0
- WI Trauma System Map
- 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.

The partner groups provide feedback for the completion of a HVA for NEW HERC. 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 Nation are represented. Concerns specific to each jurisdiction, 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 typically represented.

To create this Regional HVA, NEW HERC members not only share their individual concerns, we look 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

As an active member of the NEW HERC, organizations agree to cooperate for the betterment of healthcare preparedness and response within our region. This includes reviewing regional plans regularly, participating in exercises and drills, reviewing NEW HERC's organization's preparedness plans, and voting in the best interests of the region when called upon.



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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, training 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 & Emergency Healthcare, 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 and audits are completed annually.



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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	<div>Signed by: [Signature]</div>	4/30/2025
Vice President	<div>Signed by: [Signature] Bill Manis</div>	4/27/2025
Secretary	<div>Signed by: [Signature]</div>	4/28/2025
Treasurer	<div>Signed by: [Signature]</div>	4/26/2025