Northeast Wisconsin
Healthcare Emergency Readiness Coalition
Region 3

Annex 10

Resource Management Plan

April 2025

Purpose

The NEW HERC Resource Management Plan is intended to address how the NEW HERC could acquire, store, and manage supplies, including using procurement, distribution, and resource sharing structures to provide supplies that meet health care needs.

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 resource management plan are intended to serve and provide assistance to partners in an expanding event.

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

There are many factors that may affect the availability of resources for healthcare. Drugs, masks, saline, sterile supplies, and so much more expire and have relatively short shelve lives; therefore healthcare facilities maintain low inventory levels. The disposal costs associated with the destruction of these items also necessitate facilities to have levels to prevent those fees. In some cases specialty items are simply not stocked and only ordered when needed. In addition, complex software and delivery systems allow for just in time deliveries and low par levels.

That said, naturally occurring events such as hurricanes, fires and floods, affect factories and distributions centers which have a direct impact on the delivery of items to healthcare facilities that are now dependent upon just in time delivers. Mass casualty events also quickly drain the low level of supplies that hospitals, EMS and other healthcare facilities do maintain.

Whether an event is slow in progression or quickly overwhelms an organization there are steps that can be taken to assist in resource management; however, the NEW HERC recommends all organizations follow their own plans in relation to supply chain management.

It should be noted that the NEW HERC maintains no stockpile of supplies.

Conservation:

The implementation of conservation and optimization strategies of PPE and other medical supplies to a slow disease spread will result in the decrease of demand, resulting in the reduction of resources needed. Examples of public health interventions may include:

- Limiting or closure of large gatherings (may include school closures)
- Face covering orders
- Physical distancing recommendations
- Hand hygiene and respiratory etiquette
- Cleaning and disinfecting guidance

The NEW HERC will play an active role in assisting any Public Health agency in implementing any intervention they deem necessary to meet the needs of their community, including but not limited to mass communication via email, EMResources notification, HERC Meeting Discussion, Special Meeting, Wiscom Radio, or by other means.

Crisis Standards of Care

Response to these types of events may include crisis standards of care, which results in a substantial change in typical healthcare operations and the level of care is altered in an effort to save as many lives as possible. The Centers for Disease Control and Prevention (CDC) outlines three main levels of care in relation to PPE to include:

1. **Conventional** – strategies that should already be in place as part of general infection prevention and control plans in healthcare settings
2. **Contingency** – strategies that can be used during periods of anticipated PPE shortages
3. **Crisis** – strategies that can be used when supplies cannot meet the facility's current or anticipated PPE utilization rate

Contingency and crisis capacity measures are meant to be considered and implemented sequentially, and only for as long as absolutely necessary. Decisions on when to implement contingency and crisis strategies are based on these assumptions:

- Facilities understand their current PPE inventory and supply chain
- Facilities understand their PPE utilization rate
- Facilities are in communication with local healthcare coalitions, state, and local health partners to identify additional supplies
- Facilities have already implemented conventional capacity measures
- Facilities have provided HCP with required education and training, including having them demonstrate competency with donning and doffing, with any PPE ensemble that is used to perform job responsibilities (CDC)

PPE Conservation and Optimization Planning Strategies

Planning efforts should include the three pillars of Personal Protective Equipment (PPE) preservation:

1. Reduce – study and change your environment to avoid or reduce PPE usage
2. Reuse – implement ways to safely decontaminate and reuse PPE
3. Repurpose – use alternative types or sources for PPE (FEMA)

Some of these strategies may be employed at the discretion and clearance of regulating federal and state agencies and internal leadership.

1. Pre-identify staff who have very high or high-risk exposures
    a. Staff who perform aerosolize-generating procedures on known or suspect patients of pathogen of concern
    b. Healthcare delivery and support personnel who are more likely to be exposed
2. Conduct facility-wide training on multiple facepiece respirators

a. Having staff fit-tested to multiple types/brands of respirators allows for versatility and flexibility of use when supply options are limited
b. Have in stock "fits most" respirators

3. Develop extended use and reuse PPE protocols
    a. Conserving Supply of PPE in Healthcare Facilities during Shortages
    b. PPE Burn Rate Calculator
4. Identify decontamination options
    a. UV Decontamination
    b. Battelle Decontamination (vapor phase hydrogen peroxide process)
    c. Industrial or facility-based moist heat decontamination systems (not autoclaves) with demonstrated safety and efficacy
5. Investigate alternatives to standard PPE
    a. Alternatives to N95 respirators
        i. There are six other grades of products that satisfy the minimum level of protection when a N95 is required
        ii. The Respiratory Protection Information Trusted Source
        iii. Strategies for Conserving the Supply of N95 Filtering Facepiece Respirators
    b. Alternatives to isolation gowns
        i. Cloth gowns, surgical gowns, coveralls
        ii. Ponchos, garbage bags
        iii. Strategies for Conserving the Supply of Isolation Gowns
    c. Alternatives to eye protection
        i. Shift from disposable to re-usable goggles and face shields, PAPRS (have built in face protection); consider safety glasses (e.g. trauma glasses) that have extensions
        ii. Strategies for Conserving the Supply of Eye Protection
    d. Alternatives to facemasks
        i. Utilize cloth face coverings for patients or nonmedical personnel
    e. Alternatives to gloves
        i. Consider non-healthcare glove alternatives (e.g. food service or industrial industries)
        ii. Prioritize the use of non-sterile disposable gloves
        iii. Strategies for Conserving the Supply of Disposable Medical Gloves
6. Develop a scaling model for limiting elective procedures to conserve PPE and medical supplies
7. Consider the sharing of supplies
    a. Share supplies within health systems where hard-hit sister facilities can be provided excess supplies from those of milder affected facilities
    b. Swap supplies with other facilities to acquire products your staff have been trained on or fit-tested to
    c. Collaborate with local partners and nonconventional partners who may have excess supplies (construction, hospitality, dental, and veterinary industries, etc.) for purchase
    d. Seek community donations
8. Establish a well-designed supply stockpile

a. Consider product
b. Quantity (6 – 12-month supply is recommended)
c. Storage space
d. Shelf life
e. Product rotation

9. Develop plans on how to implement administrative control measures, which may include:
   a. Reducing the number of patients going to the hospital or outpatient settings
   b. Excluding Health Care Personnel (HCP) not directly involved in patient care
   c. Reducing face-to-face encounters with patients
   d. Excluding visitors
   e. Cohort patients and HCPs
   f. Maximize use of telemedicine
   g. Implement selective use of airborne infection isolation rooms
   h. Temporarily suspend annual fit testing
   i. Decrease length of hospital stay for medically stable patients
   j. Limit aerosol generating procedures
   k. Batch cares to limit room visits
   l. Consider self-administration of medications
   m. Implement "no-contact" meal delivery to patients
10. Develop plans on how to implement engineering control measures, which may include:
   a. Properly maintain ventilation systems
   b. Install ventilated headboards
   c. Use of physical barriers
   d. Use curtains between patients and shared areas
   e. Rearrange waiting rooms, break rooms, and other congregate settings to allow for physical distancing
   f. Add negative pressure patient rooms
   g. Use closed suctioning systems for airway suctioning for intubated patients
   h. When appropriate, place infusion monitors, vitals monitors, and ventilators outside of patient rooms, and utilize FDA authorized devices for remote monitoring to allow monitoring and management without entering the room
11. Develop policies and procedures to ensure PPE use is rational and appropriate
   a. Use should be based on risk of exposure and level of PPE is consistent with level of care provided
12. Consider utilizing domestic healthcare supply chains
   a. Should a global event, such as a pandemic occur, domestic products may be more accessible
   b. Domestic products must meet federal safety regulations; past experiences of foreign products not meeting appropriate safety standards during crisis events have occurred
13. Closely review medical supply distributor contracts to identify:
   a. Clearly defined service-level clauses for major demand surges
   b. Distributor's preparedness plans

c. Geographic diversity in production base

14. Consider requesting supplies from the Strategic National Stockpile via the state.

Strategic National Stockpile

The Center for the Strategic National Stockpile (SNS) is part of the federal medical response infrastructure and can supplement medical countermeasures needed by states, tribal nations, territories and the largest metropolitan areas during public health emergencies. The supplies, medicines, and devices for lifesaving care contained in the stockpile can be used as a short-term, stopgap buffer when the immediate supply of these materials may not be available or sufficient. The SNS team works every day to prepare and respond to emergencies, support state and local preparedness activities, and ensure availability of critical medical assets to protect the health of Americans.

- Wisconsin DHS SNS at 608-332-1068
- HHS Secretary's Operations Center at 202-619-7800
- CDC Emergency Operations Center at 770-488-7100

WEAVR

WEAVR is part of a nationwide effort to ensure that volunteer professionals are registered prior to an emergency so that they may be properly and quickly utilized. WEAVR is a partnership that integrates local, regional, and statewide volunteer programs such as the Medical Reserve Corps (MRC) and Disaster Medical Assistance Team (DMAT) to assist our public health and health care systems during a disaster.

It allows medical, behavioral health, and animal health professionals, emergency medical responders, and health professional students and retirees to self-register their interest to volunteer as part of an official public health emergency response. Others with skills to help support a public health emergency response are invited to register in WEAVR and indicate their related training and/or skill. WEAVR members are contacted in the event of an emergency and can be deployed quickly and efficiently.

CHEMPACK

Chempacks are the repositories of nerve agent antidotes and other necessary supporting equipment to care for individuals exposed to nerve agents, including but not limited to auto-injectors, bulk symptomatic treatment supplies, and self-monitoring storage containers. Region 3 has three EMS chempacks containing these antidotes. The NEW HERC does not have access to the Chempacks, the deploy and release process is built into each county's Emergency Management All Hazard Plan. Information can also be found in Wisconsin EMS Protocols as well as in the Field Version.

Communities Most Impacted by Disasters

Certain individuals and areas may require additional resources 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
- Community geographic areas with unique needs

To assure special considerations are met, the 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

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

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 resource 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 with needed resources both pre and post disaster/incident.

Again, the NEW HERC does not maintain a stockpile of supplies but maintains a network of relationships and maintains itself as a conduit of information pathways to assist healthcare partners in Northeast Wisconsin. Partnerships with ESF-6 and ESF-8 are key in the case of Resource Management during which the NEW HERC will play an active role in assisting any

agency in implementing any intervention, or finding and assistance needed to meet the needs of their patients or community, including but not limited to mass communication via email, EMResources notification, specialty outreach, HERC Meeting Discussion or Special Meeting, Wiscom Radio, or by other means.

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	Signed by:	4/30/2025
Vice President	Signed by:	4/27/2025
Secretary	Signed by:	4/28/2025
Treasurer	Signed by:	4/26/2025