



**Northeast Wisconsin
Healthcare Emergency Readiness Coalition
Region 3**

**Annex 2
Continuity Of Operations Plan
April 2025**



Northeast Wisconsin Healthcare Emergency Readiness Coalition – Region 3 COOP

1. Introduction

1.1 Purpose

This Continuity of Operations Plan (COOP) establishes guidance to ensure the essential functions of the NEW HERC are continued in the event that an emergency disrupts or threatens to disrupt normal operations.

The COOP ensures that the NEW HERC is prepared to do the following:

- Respond to, recover from, and mitigate against emergencies
- Provide essential services in a threatened, diminished, or incapacitated environment
- Provide timely direction, control, and coordination to staff and healthcare partners

1.2 Scope

This COOP Plan applies to the functions, operations, and resources necessary to restore and resume normal operations and to assist regional partners during events that have caused significant disruption to normal operations.

The COOP Plan applies to the NEW HERC and all other persons associated with coalition's regional operations center as identified by its membership. Each member is responsible for ensuring a COOP plan is in place for their organization. However, the NEW HERC COOP could support members of the coalition with requested support. Some requests are outside the scope and capabilities of the coalition and therefore will be assessed upon receipt of such requests.

The NEW HERC's Contingency Plan does not apply to the following situations:

- Overall recovery and continuity of community business operations.
- The Business Resumption Plan (BRP) for coalition members and Community Continuity of Operations Plan (CCOP)
- Emergency evacuation of personnel
- Short-term incidents where services can be restored within a short period of time
- Any additional constraints not directly controlled by the HCC

The NEW HERC Team includes the NEW HERC Coordinator, President, Vice President, Secretary, Treasurer, Public Health Representative, Hospital Representative, Long-Term Care Representative, EMS Representative, EM Representative, Fire Representative, Law Enforcement Representative, and Oneida Representative. All team members are required to be familiar with the information in this plan regardless of their assigned role. However, this plan only addresses the operations of the NEW HERC Coordinator. The other NEW HERC team members are expected to follow the COOP plans of their primary organization first, and this COOP if they are available.

The NEW HERC Coordinator will maintain and update this COOP and provide the plan to critical partners as necessary.



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1.3 System Description

Healthcare Emergency Readiness Coalitions (HERCs) are a network of individual healthcare and first responder organizations that have come together to coordinate and prepare for emergencies and disaster events. Membership is based by region and include hospitals, emergency medical services (EMS), emergency management, public health, long-term care, behavioral health, and other ancillary healthcare providers. The strength of HERCs is that they reflect the unique needs and characteristics of each local jurisdiction.

The NEW HERC operates with only one full-time member, the coordinator, with the remaining members working on a volunteer basis. The NEW HERC is governed by an Executive Board with the best interest of the NEW HERC when it comes to direction and decisions when a full membership meeting is not feasible. The NEW HERC meets on a monthly basis and varies location for general membership attendance.

Relocation of Operations

NEW HERC operations do not have to be conducted at a fixed location or alternate relocation point. If the NEW HERC Coordinator needs to evacuate from their regular facility, operations may be conducted in any location where there is proper IT infrastructure to conduct work, including a complete virtual operation.

Operational Hours

NEW HERC normal operating hours are Monday through Friday 7am to 7pm; however, the Coordinator is available 24/7 for emergencies and does make alternate arrangements as needed.

1.4 Vulnerability and Risk Assessment

The Hazard Vulnerability Risk Assessment (HVA) is an exploratory planning tool used to understand vulnerabilities and outline steps needed to mitigate the impact of the perceived risks.

An HVA is conducted by NEW HERC every year in collaboration with partners. The NEW HERC uses this information to identify gaps in planning, equipment, training, and exercises. The HVA can be requested through the Coordinator. The top identified risks include: Natural Gas Disruption / Supply Chain Shortage – Failure / Communication Failure / Communication Failure / Air Quality Issur / Temperature Extremes / Cyber Attack / Chemical Spill / Patient Surge.

2. Concept of Operations

2.1 Objectives

The objective of this COOP is to ensure that the essential functions of the NEW HERC are maintained during a wide range of potential emergencies. The objectives of this plan include:

- Ensure the performance of the NEW HERC's essential functions and operations during an emergency;
- Protect records and other assets;
- Reduce or mitigate disruptions to operations;



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- Help facilitate decision-making for the execution of emergency operation plans and the subsequent conduction of operations;
- Help achieve a timely and orderly recovery from the emergency and resumption of full services.

2.2 Planning assumptions and considerations

This COOP is capable of implementation with and without warning, is operational no later than 3 hours after activation, remains sustainable for an extended period of time, and takes advantage of existing governmental infrastructure.

The COOP is based on the following assumptions and considerations:

- Emergencies or threats may impact NEW HERC's ability to provide essential services and provide support to other agencies.
- Board Members, Contractors and other staff resources from NEW HERC will be made available to continue essential services.
- Emergencies and threats will be prioritized based upon their perceived impact on operations and the public.
- Staff levels may be significantly reduced and there is potential for staff loss due to personal consequences of the event.
- The remaining staff may be psychologically affected by disaster, disease, family concerns, and concerns about economic loss or fear.
- Information and communication systems that support essential functions during normal day-to-day operations may not be available.
- An effective response to a community-wide event will require a coordinated effort from public and private entities, including public health, emergency management, healthcare and critical infrastructure providers.
- Key personnel have been identified and trained in their emergency response and recovery roles and are available to activate the COOP.
- Preventive controls (e.g. phone, computers & internet, WISCOM, EMResource, and other means of communication) are operational at the time of the disaster.
- The equipment, connections, and capabilities required to conduct operations at any appropriate location are available.
- Department of Health Services agrees to maintain software with communications providers to support the emergency system recovery. Examples of these software programs include but are not limited to EMTrack, EMResource, WEAVR, RAVE, and eICS.
- Communication occurs in a reciprocal manner between the NEW HERC and partners. This information sharing is a key essential function.
- Contracts and expectations for work may be reviewed and revised based on the incident and the needs of the COOP. There may be additional expenses during an incident due to changes in work.
- Individual partners and member organizations maintain their own COOPs.
- The NEW HERC maintains no resources or inventory of supplies.



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2.3 Essential functions

The essential functions of the NEW HERC is broken down into three overarching objectives as described by general tasks. These functions shall be prioritized by the NEW HERC in an emergency. However, the NEW HERC Coordinator and/or designated appointee shall conduct further prioritization of the objectives based on the type, scale, and timeline of the emergency.

Non-Profit

- Ensure appropriate paperwork to maintain non-profit status annually
- Ensure grant deliverables outside of Hospital Preparedness Program (HPP) grant are being completed in a timely manner
- Ensure maintenance of policies and contracts

HPP Deliverables

- Ensure the readiness assessment documents are updated and submitted accordingly
- Ensure maintenance of plans, annexes, and contracts
- Ensure all key grant deliverables are completed and submitted per the timeline document

Response

- Ensure components of Regional Response plan are met by leveraging identified staff, regional partners, other HERC's, and OPEHC

2.4 Order of Succession and Delegation of Authority

The order of succession and delegation of authority for the NEW HERC Coordinator is broken down into two time periods based on the expected timeline of the emergency or absence. A short-term and prolonged event or absence are delineated at the discretion of the NEW HERC Coordinator or their successor as defined below and under the general guideline that a prolonged incident has the potential to impact overall deliverables or work plan objectives of the NEW HERC. Additional information and references for the COOP plan can be found in the NEW HERC Response Plan and in the NEW HERC Bylaws.

It is the responsibility of the NEW HERC Coordinator, NEW HERC Board, and designated persons to ensure that successors are properly trained and supported. Some successions cannot be anticipated in advance and may change based on the context of each emergency situation. Any modification to successions or new delegations of authority needed in a given emergent situation will be authorized as needed during an emergency. It is possible that in certain extreme conditions, the delegation of authority and order of succession may need to be assumed if communication with the normal point of authority is disrupted for significant amounts of time and waiting would result in direct harm to individuals and services. In this instance, the authority may be exercised and the appropriate persons notified once communication is re-established. Additionally, ad-hoc or just-in-time individuals may be identified and leveraged in order to engage subject matter experts in an incident.

In the absence of a statewide coordinator, OPEHC leadership will determine order of succession based on the incident. If the SEOC is activated, the statewide coordinator shall act as a liaison. During regional events, the coordinator may act a resource or subject matter expert in order to provide support to the Regional Coordinator or designee.



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In the absence of the NEW HERC Coordinator, order of succession will depend upon the anticipated timeline for absence.

- A short-term absence will follow the recommended depth chart based on availability or deferred to OPEHC leadership for support. The expectations of the NEW HERC Coordinator designee will be to fill normal day-to-day operations as outlined by the NEW HERC Coordinator contract.
- A prolonged absence will be deferred to OPEHC leadership and the NEW HERC Board in determining filling the position as needed.

In the absence of a NEW HERC Board member, outreach will be conducted by the NEW HERC Coordinator or designee as outlined in the NEW HERC Regional Bylaws.

3. Activation

3.1 Notification and Communication

The NEW HERC notification process of COOP activation should allow for a smooth transition of operations to continue the execution of essential functions across a wide range of potential emergencies. Contact information for key personnel is located in Appendix A. The notification sequence is listed below:

COOP activation during a planned event or normal day-to-day operations

1. If the Coordinator is simply not available, they may designate authority to any Board Member that is available.
 - a. NEW HERC Coordinator designates a designee and communicates information to OPEHC.
 - b. The NEW HERC Coordinator or designee is to notify partners of COOP activation by establishing an out-of-office reply for emails detailing who is designated.
2. The NEW HERC Coordinator or designee is to contact the President and/or Vice President and inform them of COOP activation.
 - a. Depending upon the nature of the event and activation, the entire Board of Directors may be notified.
 - b. Depending upon the nature of the event and activation, the entire Membership of the NEW HERC may be notified.

COOP activation during an incident

1. Notify NEW HERC Coordinator or Designee of an incident
2. The NEW HERC Coordinator or designee is to contact the President and/or Vice President and inform them of COOP activation.
 - a. Depending upon the nature of the event and activation, the entire Board of Directors may be notified.
3. The NEW HERC Coordinator or designee is to notify partners of COOP activation as outlined in the partner contact information section below.

Partner Contact Information



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- The NEW HERC Coordinator or the designated successor will utilize EMResource, eICS, and email to record partner contact information which can be accessed from any location with Internet access. Additional backup contact information will be maintained on WISCOM. All systems are password protected and all partners have access to at least one of these platforms.
- During an emergency situation, the team will utilize EMResource, eICS, WISCOM, email, and telephone (call and text message) to notify the partners of the situation and resumption of operations.
- Social media platforms may be used by NEW HERC as a resource to gain and communicate information regarding an incident or change to NEW HERC operations.

3.2 Transition to Alternate Operations

In the event of an emergency where the coalition office is no longer operational, the NEW HERC coordinator will communicate the location of their temporary workspace with NEW HERC leadership. This location may be any facility that can properly support the infrastructure needed to perform operations (for example, electrical outlets for charging computers) and includes work-from-home operations.

Note, the NEW HERC has permission from all hospitals in Northeast Wisconsin to utilize office space at their facilities during disaster situations, as well as from the Brown County Emergency Operations Center and the Manitowoc Emergency Operations Center. Each of these facilities has generator power and is capable of ongoing WiFi and telephone capabilities. In addition, the NEW HERC backs up all files to the cloud and bimonthly on portable hard-drives for easy mobility during emergent situations.

Event cancellation or postponements

In the event of an incident that affects an event or meeting location, partners will be notified of the cancellation or postponement via direct contact to the participant (e.g., phone calls and emails), posted signage at the event or meeting location, and social media postings, as appropriate. Cancellations may be determined by the NEW HERC Coordinator, NEW HERC Board, or OPEHC leadership.

3.3 Execution of Essential Functions

The execution of essential functions—as described in Section 2.3 *Essential Functions*—will be conducted based on the categories listed below. The categories were identified as critical work items that may impact several essential functions.

Essential Resources

- EMResource ~ Login (juvare.com)
- https://www.uchcoalition.org/wp-content/uploads/COOP_ANEX.pdf
- Activity Log (ca.gov)

Continuity of Communications: Data protection, redundancy, and recovery

The Coalition will take steps to preserve critical electronic files and equipment.

- The NEW HERC saves everything locally, on One Drive on the Cloud, and monthly on a portable hard drive.
- Shared networks are continually backed up as well as tested on site and off site regularly.



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- All desktop computers, laptops, are protected with surge suppression.
- Coalition computers all contain anti-virus software updated in real time.
- WISCOM radios (area-wide hospital) are maintained and tested regularly.
- All documentation of resources is stored in cloud storage and hard drive storage.

Records Management: Document Preservation

- In addition to electronic files addressed in the previous section, the Coalition will identify and take precautions to preserve critical paper documents.
- All documentation of resources will be stored in distinct locations for redundancy including cloud storage and hard drive storage.

Essential Business Functions: Risk Management, Insurance, and Liability

- The NEW HERC maintains Directors and Officers Insurance. Current policies are through the Cincinnati Insurance Companies.
- Trend Micro is the Cyber Security software of choice and is utilized on all NEW HERC computers.
- Records, plans, and all documents are maintained on the cloud with passwords shared with the Executive Officers, on the HERC's main PC and Laptop and backed up monthly on disconnected portable hard drive.

Assistive Plans

The NEW HERC maintains the following plans to support and work in conjunction with the COOP:

- Preparedness Plan
 - Annex 1 Response Plan – Medical Surge Support
 - Annex 2 COOP
 - Annex 3 Pediatric Surge Plan
 - Annex 4 Burn Surge Plan
 - Annex 5 Infectious Disease Plan
 - Annex 6 Radiation Surge Plan
 - Annex 7 Wi Crisis Standards of Care Plan
 - Annex 8 Chemical HAZMAT Plan
 - Annex 9 Information Sharing Plan
 - Annex 10 Resource Management Plan
 - Healthcare Delivery Impact Assessment
 - Cybersecurity Assessment

4. Deactivation

The decision to deactivate and demobilize the NEW HERC COOP plan will be determined by the NEW HERC Coordinator and NEW HERC Board. This process will include a regular assessment of ability for the NEW HERC to return to a normal operational state. The cadence of the review should be scalable to the incident and response needs. A partial deactivation may be utilized for long-term incidents where the cadence of COOP activities is slowly de-escalated with the potential to re-escalate as necessary.



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Once the decision has been made to deactivate, members of the NEW HERC will develop and finalize close out reports, conduct final briefings based on input gained from all liaison staff and their final reports, and conduct a hot wash for the event to capture all critical learning points.

Notification of COOP deactivation will be sent to key partners. Any reports or requests for information (RFI) will be sent to the NEW HERC Coordinator via normal channels.

5. Recovery

5.1 Recovery Operations

As soon as reasonably possible following COOP activation, the NEW HERC Coordinator or designee will initiate operations to assess, salvage, restore, and recover impacted operations. This will include the continuation of the NEW HERC essential functions in addition the re-assessment, re-prioritization, and re-starting of paused projects in the readiness plan. Discussion surrounding recovery options will be conducted prior to the deactivation of the COOP and will include all relevant partners (for example, DHS). The NEW HERC Recovery plan serves (will serve) as a resource for the actions needed to be taken to recover NEW HERC infrastructure of space, staff, systems, and resources.

Short-term recovery of operations will focus on the replacement of staff, physical resources, and facilities. Long-term recovery will focus on addressing persistent challenges such as recovering and improving systems, building resilience, and supporting staff with mental health resources.

5.2 Review of COOP Operations

A review of COOP operations will be conducted following the deactivation of the COOP and used to identify lessons learned to improve policy, planning, and training. An official after-action report of the incident may also include an evaluation of COOP operations as necessary.

6. Review, Testing, Exercising, and Evaluation of the COOP

The COOP plan will be reviewed annually by the NEW HERC Coordinator and the NEW HERC Board. Changes to the COOP may also be made throughout the year to reflect lessons learned and updates to contact information.

The Statewide NEW HERC Coordinator will assist in the coordination and sharing of regional COOP best practices and lessons learned to ensure consistency of COOPs across NEW HERC regions.

The NEW HERC Coordinator will train designees on the key aspects of the plan. The training will be conducted at new member orientations, in Board Meetings, and in training sessions as applicable.

The NEW HERC Coordinator will conduct review sessions of the COOP with key partners in regional meetings for situational awareness. The cadence of these meetings will be determined by the NEW HERC coordinator.



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The COOP plan will be reviewed and revised with lessons learned following real events or training events. Additional COOP specific exercises may be conducted if deemed necessary by the NEW HERC Coordinator and NEW HERC Board.



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COOP**

Appendix A

 Northeast Wisconsin Healthcare Emergency Readiness Coalition Region 3		
Coordinator	Steve Pelch	920-609-7910

Region 3 Executive Board		
President	Dave Kobielak	920-246-4557
Vice President	Bill Manis	920-374-0432
Secretary	Stephanie Smith	920-590-0570
Treasurer	Kevin Siehr	920-901-7899

Region 3 Board Members		
Hospital Rep	Debbie Holschbach	920-323-0497
Public Health Rep	Sarah Lornson	920-339-4054
LTC Rep	Nancy Bohrman	920-743-5566
EMS Rep	Sarah DiMezza	920-794-5000
EM Rep	Tracy Nollenberg	920-255-1085
Fire Rep	Chris Hohol	920-427-6920
Oneida Rep	Michelle Tipple	920-869-2711
Law Enforcement	Jerod Konen	920-973-2870

Region 3 Non-Voting Members		
Response/Business Operations	Steve Pelch	920-609-7910
Wiscom SME	Mike Tedeschi	920-676-1660
Medical Advisor	Chris Painter	920-569-9202



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Wisconsin HERC Advisory Group Org Chart (June 2024)

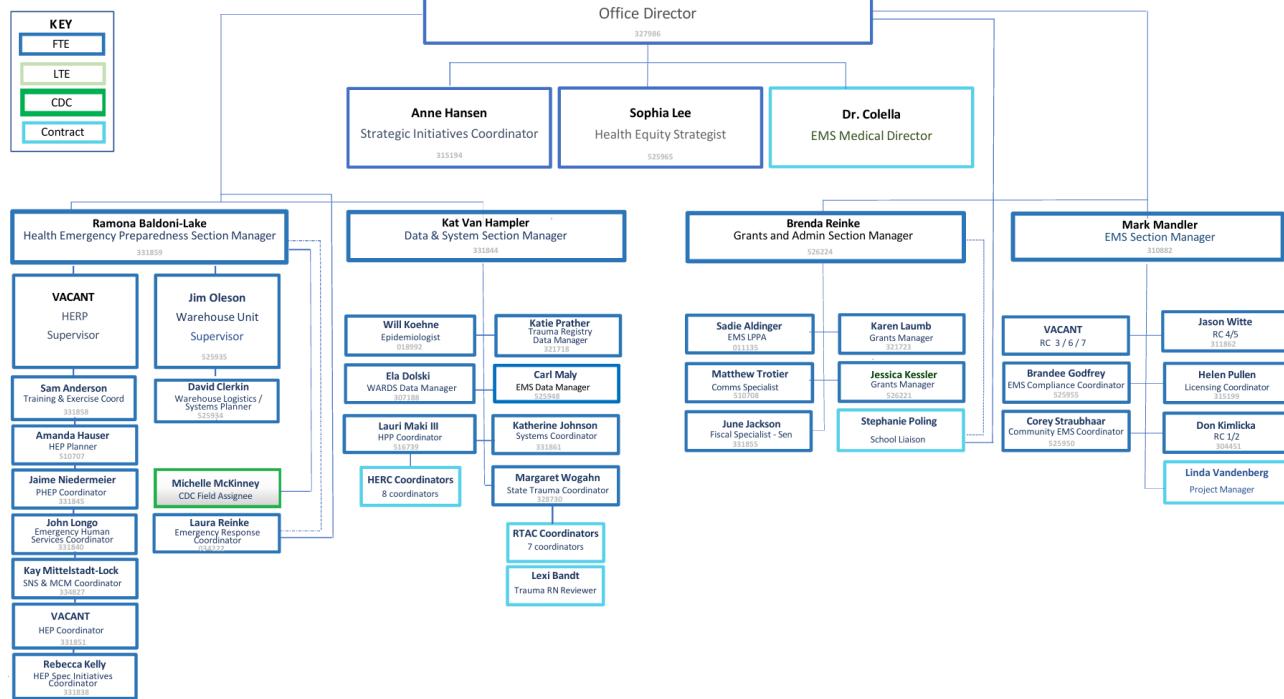
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Statewide
HERC Coordinator	Aimee Wollman coordinator@nwwherc.org 715-379-6664	Ty Zastava herc.coordinator@nwwherc.org 715-572-0816	Steve Pelch coordinator@nwwherc.com 920-609-7910	Bill Klemp loren.klemp@mail.com 608-751-0698	Jennifer Behnke jennifer.behnke@scwherc.org 920-277-7240	Vacant coordinator@fyherc.org	Kate Barrett coordinator@sewherc.org 262-388-4362	Brian Kaczmarski k3_consults_llc@mail.com 715-293-3492
Board Chair	Darren Van Blaricom* Daren.L.VanBlaricom@AmeriMedical.Com 715-268-0391 HealthPartners	Delmond Horn* prchutr@yahoo.com 715-563-7996 Greenwood Fire and EMS	Dave Kobiela* david.kobiela@bellingreen.org 920-246-4557 Bellin Health	James Newlin* (AG Chair) jnewlin@tomahealth.org 608-377-8218 Tomah Health	Aurielle Smith* ASmith@publichealthmdc.com 608-242-6508 Public Health Madison and Dane County	Jeff Grimm* jeff.grim@theicare.org 920-716-2450 ThedaStar air medical	Jean Aguayo-Navedo* chair@sewherc.org 414-600-3102 Gerald Ignace Indian Health Center	EMS Board Dr. Mike Clark (AG Vice Chair) Michael.Clark@aspirus.org 715-218-5774
Board Vice Chair	Brittany Fry* brittany.fry@coau-claire.wi.us 715-495-1102 Western WI Public Health Readiness Consortium	Ian Fisher* fisher.ian@marsfieldclinic.org 715-236-6211 Marshfield Clinic	Bill Manis* wmanis@bhmbealth.org 920-320-2011 Holy Family	Dan Henderson* henderson@bhmbealth.org 715-284-3469 Black River Memorial Hospital	Dave Kitkowski* dave.kitkowski@ssmhealth.com 608-355-1755 St. Clare Baraboo	Stephanie Spence* Stephanie.Spence@3@ahh.org 920-716-2450 Aurora Med Ctr Oshkosh	Jeff Crogan* jcrogan@carmalabs.com 414-659-6317 Carma Labs	STAC Jason Selwischka* Jason@foxstac.net 920-203-8791
WISCOM SME	John Kruk jikruk@gmail.com 715-410-2626	Travis Nixdorf tnixdorf@centralfireemsdistnc.com 715-465-0552	Mike Tedeschi communications@newherc.com 920-676-1660 Green Bay Fire	Mike Foster fostermd2013@gmail.com 608-386-7376 Arcadia Ambulance	Bill Tyler tylerw321@qmail.com 608-314-6265	Tim Stutzman jtimothy.stutzman@fhdacare.org 920-680-8069	Steve Hansen Steve.Hansen@cityofracine.org 262-635-7900 Racine Fire	WEM Gannon Gann* Gannon.Gann@widma.org 715-213-8493
RTAC Coordinator	Robert Goodland rjac@nwwherc.org 715-215-0733	Michael Fraley michael.fraley@nrtac-wi.org 715-892-3209 Maroon & White Specialty Services, LLP	Del Zuleger dzuleger@eagletransport.org 920-469-9777 County Rescue	Greg Breen ggreen@msn.com 608-792-3074	Dan Williams dan@ccrtac.org 608-576-1843 Madison Fire	Jason Selwischka Jason@foxflac.net 920-203-8791	Tom Thrash sertacwi@gmail.com 262-483-9862	WHA Jon Hoelter* jhoelter@wha.org 608-213-0589
Medical Advisor	Dr. Kari Haley kari.b.haley@thealthpartners.com 763-227-3454 Health Partners	Dr. Tim Vayder vayder.timothy@marshfieldclinic.org 715-340-7370 Consultant	Dr. Chris Painter cpainter@baycare.re.net Aurora Baycare	Dr. Chris Eberlein (MA) CM.Eberlein@grundersonhealth.org Gundersen Health System	Dr. Mike Lohmeler mlohmeler@medicine.wisc.edu 608-890-5936 UW Health	Dr. Kerry Ahrens KAhrens@baycare.net 608-279-3012 Aurora Baycare	Dr. Jason Liu jmliu@mcw.edu 414-955-1110 MCW	WORH Kevin Jacobson kjacobsen2@wisc.edu 608-261-1888
								WPCHA Beth Johnson Bjohnson@wpcha.org 608-535-6342

*Indicates voting member



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OPEHC Organization chart
October 2024



Topic	Contact
Contact Tracing	DHSContactTracing@dhs.wisconsin.gov
Wisconsin Exposure Notification app questions	WIExposureNotification@wisconsin.gov
Vaccinations: General public	DHSCOVIDVaccinePublic@dhs.wisconsin.gov
Vaccinations: Providers	DHSCOVIDVaccinator@dhs.wisconsin.gov
K-12 Testing Program questions	DHSK12CovidTesting@dhs.wisconsin.gov
Testing results from community testing sites	WICovidResult@wisconsin.gov
Medicaid questions related to COVID	DHSMDSCOVID19@dhs.wisconsin.gov
Wastewater Surveillance Team	DHSCOVIDWastewater@dhs.wisconsin.gov
Business/Occupational health investigation	DHSCOVIDOccHealth@dhs.wisconsin.gov



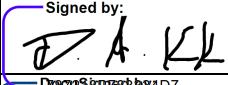
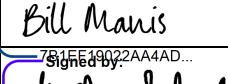
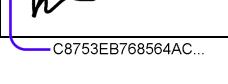
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Outreach Case Management or Travel Alerts	DHSCDESOutbreaks@dhs.wisconsin.gov
Clinical Lab Improvement Amendments (CLIA) inquiries, DQA CLIA inbox	DHSdqaclia@dhs.wisconsin.gov
Communicable disease (non-COVID) questions	DHSdpbcd@dhs.wisconsin.gov
Healthcare-Associated Infections (HAI) Prevention Program inbox	DHSWIHAIpreventionprogram@dhs.wisconsin.gov
Immunization program/COVID vaccine questions for LTHD and healthcare providers	DHSCOVIDVaccinator@dhs.wisconsin.gov
BCD Biweekly Webinar Questions	DHSdpbcd@dhs.wisconsin.gov
PCA Portal questions/access requests	DHSpcaportal@dhs.wisconsin.gov
ELC funding questions	DHSdpheLC@wi.gov
WEDSS	DHSwedss@dhs.wisconsin.gov
WEAVR Request	f02741.docx (live.com)
State Staffing Request	DHShealthstaffing@dhs.wisconsin.gov
FEMA Staffing Request	Joseph.Cordova@dhs.wisconsin.gov
DHS Media Requests	DHSmedia@dhs.wisconsin.gov



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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 partners 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	<p>Signed by:  </p>	4/30/2025
Vice President	<p>781EE19022AA4AD... Signed by:  </p>	4/27/2025
Secretary	<p>781EE19022AA4AD... Signed by:  </p>	4/28/2025
Treasurer	<p>ASignedID1EBD6481...  </p>	4/26/2025

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