



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

Annex 6  
**Radiation Medical Surge Plan**

April 2025



Northeast Wisconsin Healthcare Emergency Readiness Coalition – Region 3  
Radiation Plan

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

### Introduction

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#### Purpose

The Northeast Wisconsin Hospital Emergency Readiness Coalition (NEW HERC) provides these guidelines to the region for responding to a radiation exposure medical surge incident. NEW HERC has developed this annex to support regional capabilities of health care agencies and facilities and to increase the capabilities of the region and the state. Actions described here are intended to support, not replace, any existing facility or agency policy or plan.

#### Scope

This annex provides support and guidance to supplement the NEW HERC Preparedness and Response Plans. Specifically, it is designed to address the process for which surge patients reach definitive care, as well as communication methods. This annex also works to address relevant capabilities listed in the Hospital Preparedness Program (HPP) and Public Health and Emergency Preparedness (PHEP) grants, of which are listed in the state Emergency Operations Plan (EOP).

#### Background

A radiological event is defined by the release of radioactive material that people could be exposed to. These incidents may occur through the mechanisms listed below. The mechanisms vary in the intent of the mechanism, the release capabilities, and the potential to cause traumatic injuries. Persons who are involved in a radiological incident may experience illness from radiation exposure and/or traumatic injuries.

**Terminology:** For the purposes of this annex, severe illness from radiation exposure is referred to as *radiation injury* to avoid limiting a hospital's ability to transfer patients or receive support for patients based on a diagnosis.

**Diagnosis:** While we refer to severe radiation illness as radiation injury, the official diagnosis is *Acute Radiation Syndrome* (ARS). ARS is defined as an acute illness caused by irradiation of a significant portion of the body by a high dose of penetrating radiation in a short period of time.

**Symptoms:** The classic symptoms for the first stage of ARS are

- Nausea
- Vomiting
- Anorexia, or
- Diarrhea

These symptoms may last for minutes (episodically) up to several days.

**Other exposure considerations:** Not all people exposed to radioactive materials experience radiation injury, but they will still need to be considered as a contamination exposure for decontamination and monitoring needs.

**Triage sequence:** Triage decision-making for patients is conducted at the emergency medical services (EMS) and hospital level based on patient needs. In general:



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- **Life-threatening** traumatic injuries are prioritized above radiation injury.
- **Radiation injury** is prioritized above non-life-threatening traumatic injuries.
- **Contamination exposure** without injuries is considered lowest priority.

### Planning assumptions

The assumptions granted for this annex are as follows:

- **Protocols:** This annex does not replace the need for protocols at each hospital and EMS agency.
- **Policies and procedures:** The roles and responsibilities of agencies and organizations will change depending on the severity and scale of the incident and the respective level of activation of impacted jurisdictions. It is the responsibility of first responders and hospitals to have policies and procedures for handling radiation surge patients.
- **Protection readiness:** Contamination assessments, proper personal protective equipment utilization, and decontamination efforts will be essential in protecting coalition partners, staff, and the public.
- **Well surges:** Fear from the incident will cause a worried well surge to the emergency departments and pharmacies.
- **Exposure sources:** A medical surge due to radiation may occur from a variety of events, including but not limited to transportation collisions, isotope mishandling, nuclear plant incidents, or man-made attacks.



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### Concept of operations

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#### Management of the radiation incident by EMS and the local hospital

A radiation event may occur from any of the incidents listed in the background section of this plan, however, not all radiation surge incidents may be cause for a medical surge. Prior to activation of surge activities, the following may occur:

- **Patient arrival:** Patients may present to medical facilities by either of the following:
  - EMS services
  - Walk-in
- **Patient presentation:** Patients may seek out medical care for:
  - Illness or exposure due to a radiation event.
  - Injury to a radiation event.
  - Illness or injury not related to a radiation event.
- **Triage—EMS:** EMS performs triage and stabilization care of patients following normal trauma guidelines:
  - **Destination:** EMS determines the transportation destination of patients based on the chief complaint and local hospital capabilities.
  - **Radiation exposures:** EMS or incident command on behalf of EMS may contact the state radiological coordinator (SRC), HERC, or local and Tribal health department (LTHD) if there are concerns of radiation exposure.
  - **Decontamination:**
    - Documents are available for local use through the Department of Public Health Radiation Protection Section on decontamination and cleaning recommendations.
- **Triage—hospitals:**  
The local hospital:
  - Performs triage and stabilization of walk-in and EMS transported patients.
  - Determines if there is concern for radiation contamination.
  - Decontamination:
    - Hospitals utilize internal decontamination procedures for incoming patients who have been exposed.
    - Documents are available for local use through the DPH Radiation Protection Section on decontamination and cleaning recommendations.
  - Contacts the SRC, HERC, or LTHD for situational awareness and subject matter expert support. The SRC, HERC, or LTHD:
    - Receives a report of a radiation event.
    - Conducts normal operations including conducting information sharing with relevant partners.

**Note:** The SRC may provide subject matter expertise and support as needed.



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- The local hospital determines if:
  - They are capable of handling patient needs without causing stress on their resource.
  - Patients can be sent to a higher level of care following normal transfer procedures.
- **Surge event:** If neither of the above hospital scenarios can be met, a surge event is indicated.
  - **Request:** Request for surge support can be made from hospitals, the SRC, HERCs, or LTHDs.
  - **Activation:** Surge plans may be activated at the local, regional, or state level.

### Activation of this annex

Through conversations with NEW HERC Members the following “Activation” principals have been identified:

- Any member may activate the plan if the member is experiencing any of the previous mentioned scenarios or deems activation appropriate.
  - **All Activations should be made by contacting NEW HERC Coordinator at 920-609-7910.**
  - **Other points of contact are listed in Appendix 1.**
- NEW HERC staff will initiate a situational awareness activation to better ready for response should a member request support. This may include an EMResources alert or an alert via Wiscom.
- NEW HERC may contact a member’s EOC or Healthcare Command Center (HCC) if a crucial element is noted as possibly missed and ask if assistance is needed.

### Activation of the state plan

The Wisconsin DHS EOP Medical Surge Annex is activated when involved organizations have determined that resources and support are needed to respond to a health care surge.

**Definition:** A health care surge is determined by either of the following:

- Current and forecasted capabilities (such as bed availability, staffing, and supplies)
- A hospital’s capacity to safely conduct patient care.

### Activation priorities:

- Local and regional resources must be utilized prior to the activation of state and federal resources.
- The HERCs may activate their regional radiation medical surge plans as needed.
- The **Radiation Incident Annex** of the DHS EOP may be activated along with a response from Wisconsin Emergency Management.

The annex includes additional information used to support a radiation incident response, including equipment that may be requested for local use, such as:

- High and low range exposure meters



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- Radioactive contamination probes
- Portal monitors for detecting contamination on people
- Radiological Isotope Identification Devices (RIID) to identify the type of radiological material
- Dosimetry to determine the dose of radiation received by individuals
- Potassium Iodide (KI), a prophylactic drug which can significantly reduce radiation dose uptakes from specific types of radioactive material in the environment

### Pediatric considerations

Pediatric patients should be transferred to one of the following:

- American Family Children's Hospital (level 1 trauma center) in Madison
- Children's Hospital of Wisconsin (level 1 trauma center) in Milwaukee
- Marshfield Medical Center (level 2 trauma center) in Marshfield for severe traumatic and/or radiation injuries.

**Note:** Pediatric patients may need additional follow-up care following a radiation incident as younger persons are more at risk for negative long-term effects of radiation exposure.

### Communication mechanisms

There are several communication methods used in the notification process of this plan:

- **EMResource:** EMResource is a tool that health care facilities use to alert and communicate with each other and with their emergency response partners in both an emergency and on a day-to-day basis. The alert is usually initiated by the local facility to alert others of a mass casualty incident. EMResource also allows for polling of facilities to conduct bed capacity counts. Any member of EMResource can register an event, and alerts can be sent to specific facilities, partners in a region, or all state partners.
- **WISCOM:** The Wisconsin Interoperable System for Communications (WISCOM) radio system is a statewide wireless radio-frequency network primarily used for emergency communication between facilities.
- **Additional radio channels:** EMS may use a variety of radio channels to conduct transfer operations on a local or regional basis.
- **Phone:** Traditional phone use (text, email, or call) is used for communication between organizations involved in the response (such as pediatric trauma center, EMS agency, dispatch center, hospital, local and tribal public health, HERCs).
- **Secure fax:** Secure fax allows the sharing of medical records between BCD and medical facilities.
- **Secure communication platforms:** Communication platforms, such as Zoom or Microsoft Teams, allows for communication between any involved organization.
- **EMTrack:** EMTrack is a tool that facilitates patient tracking in a variety of patient movement situations. It can be initiated during a prehospital encounter or at a health care facility. It can be used for tracking daily EMS transports, mass casualty incident victims, and facility



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evacuations, and it supports situational awareness, resource allocation, and family reunification.

- **eICS:** eICS is an electronic incident command system that allows organizations to plan for, respond to, and recover from an incident. The platform allows for streamlined incident management, standardized communication, and automated workflows.

### Deactivation and recovery

The deactivation of this annex occurs when the incident de-escalates to a point when hospitals are no longer experiencing or forecasting radiation related medical surge.

- **Responsible party:** The official deactivation is conducted by OPEHC leadership or incident command with consultation from the SRC, the LTHD, and the HERC.
- **After action operations:** Upon deactivation, the incident may still continue at what is considered a normal operational level.
- **After action review:** Following deactivation, a review of the incident is conducted to inform future planning and training needs.





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### **HERC roles and responsibilities**

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#### **Preparedness**

- Provide and support regional training and exercises.
- Communicate with hospitals to verify their involvement in the radiation surge response and discuss potential resource needs.
- Provide resources to support the creation of local/individual radiation surge plans (EMS, local public health, hospitals). The state medical surge plan may also serve as a planning resource.
- Relay information from hospitals and LTHD to OPEHC to update statewide plans.

#### **Response**

- Provide support consistent with the response role during any large-scale event, predominantly information sharing, facilitation of resource support if any is available, and liaise with state and federal resources, if needed. For example, the HERC will work with the Wisconsin DHS and Wisconsin Emergency Management as needed to determine available local, state, and interstate resources. This includes access to subject matter experts at the local, state, and national levels.
- When the HERC is notified of a radiation event, the member organization experiencing the surge (EMS or local hospital) may notify the HERC of any needs or requests. The HERC will then determine if such needs should be conveyed to the membership through information sharing channels (such as EMResource or eICS) or conveyed to state partners for wider dissemination.

#### **Recovery**

- Continue to support information sharing and resource request needs.
- Support mental health needs of first responders and other regional partners involved in the response.
- Provide or participate in after action reviews of the incident and response.



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### **Radiation training and resources**

Hospitals, EMS, and other first responder agencies should have plans and conduct trainings for the management of mass casualty incidents.

It is recommended that leadership of hospitals, EMS, and first responder agencies review their organization's need for radiation-specific training. The following course is an educational resource for radiation surge and disaster event: [Radiation Emergency Assistance Center/Training Site \(REAC/TS\)](#).

- Centers for Disease Control and Prevention (CDC)
  - [www.cdc.gov/nceh/radiation](http://www.cdc.gov/nceh/radiation)
- U.S. Environmental Protection Agency
  - [www.epa.gov/radiation](http://www.epa.gov/radiation)
- U.S. Nuclear Regulatory Commission
  - [www.nrc.gov](http://www.nrc.gov)



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# Appendix 1

## NEW HERC Contacts

Wisconsin HERC Regional Coordinators			
Region 1	Aimee Wollman Nesseth	715-379-6664	<a href="mailto:coordinator@nwwiherc.org">coordinator@nwwiherc.org</a>
Region 2	Ty Zastava	715-572-0816	<a href="mailto:baxterconsulting5@gmail.com">baxterconsulting5@gmail.com</a>
Region 3	Steve Pelch	920-609-7910	<a href="mailto:coordinator@NEW HERC.com">coordinator@NEW HERC.com</a>
Region 4	Loren Klemp	608-751-0698	<a href="mailto:loren.klemp@gmail.com">loren.klemp@gmail.com</a>
Region 5	Jennifer Behnke	608-215-6102	<a href="mailto:jennifer.behnke@scwiherc.org">jennifer.behnke@scwiherc.org</a>
Region 6	Ali Heiman	262-492-9495	<a href="mailto:Aliheiman11@gmail.com">Aliheiman11@gmail.com</a>
Region 7	Kate Barrett	262-388-4362	<a href="mailto:kbarrett@hercregion7.org">kbarrett@hercregion7.org</a>

Region 3 Executive Board			
President	Dave Kobiolak	920-246-4557	<a href="mailto:david.kobiolak@bellin.org">david.kobiolak@bellin.org</a>
Vice President	Bill Manis	920-374-0432	<a href="mailto:william.manis@froedtert.com">william.manis@froedtert.com</a>
Secretary	Stephanie Smith	920-590-0570	<a href="mailto:stephanie.smith@browncountywi.gov">stephanie.smith@browncountywi.gov</a>
Treasurer	Kevin Siehr	920-901-7899	<a href="mailto:Kevin.siehr@aah.org">Kevin.siehr@aah.org</a>

Region 3 Board			
Hospital Rep	Debbie Holschbach	920-323-0497	<a href="mailto:deborah.holschbach@froedtert.com">deborah.holschbach@froedtert.com</a>
Public Health Rep	Sarah Lornson	920-339-4054	<a href="mailto:slornson@deperewi.gov">slornson@deperewi.gov</a>
LTC Rep	Nancy Bohrman	920-743-5566	<a href="mailto:nancy.bohrman@dcmedical.org">nancy.bohrman@dcmedical.org</a>
EMS Rep	Sarah DiMezza	920-794-5000	<a href="mailto:skgray765@gmail.com">skgray765@gmail.com</a>
EM Rep	Tracy Nollenberg	920-255-1085	<a href="mailto:nollenberg.tracy@kewauneeco.org">nollenberg.tracy@kewauneeco.org</a>
Fire Rep	Chris Hohol	920-427-6920	<a href="mailto:christopher.hohol@wisconsin.gov">christopher.hohol@wisconsin.gov</a>
Oneida Rep	Michelle Tipple	920-869-2711	<a href="mailto:mtipple@oneidanation.org">mtipple@oneidanation.org</a>
Law Enforcement	Jarod Coonan	920-973-2870	<a href="mailto:jerrodkonen@gmail.com">jerrodkonen@gmail.com</a>

Medical Advisor	Chris Painter	920-288-8000	<a href="mailto:cpainter@baycare.net">cpainter@baycare.net</a>
Communications	Mike Tadeski	920-676-1660	<a href="mailto:mtedeschi@me.com">mtedeschi@me.com</a>



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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