



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

Annex 9

**Information Sharing Plan**  
April 2025



## Northeast Wisconsin Healthcare Emergency Readiness Coalition – Region 3 Information Sharing Plan

### Purpose

The NEW HERC Information Sharing Plan is intended to address how the NEW HERC shares information with HERC Members, other HERC Coalitions in Wisconsin, OPEHC, and Wisconsin DHS.

### Creating a Common Operating Picture

**Membership** NEW HERC is exemplified by the structure of our Board of Directors representing regional: Hospitals, Public Health agencies, Long Term Care organizations, EMS agencies, Emergency Management agencies, Fire departments, Law Enforcement agencies, and the Oneida Nation. We have maintained ongoing membership participation from our ESF-8 lead agency coordinating health care response incident management – Brown County Health and Human Services – Public Health Division. Brown County Public Health has held positions on our Board throughout the years as Vice President, Class B Membership and Class C Membership. In addition, our current EMS Board Member is a regional EMS Medical Advisor.

**Additional Members** In addition to Hospitals, Public Health, Emergency Management and EMS, our Board of Directors include Long Term Care representation, Fire Department representation, Law Enforcement representation, Educational Institutional representation, and Tribal representation. In addition, we have intentionally included Class C membership which have provided us input from organizations such as the Green Bay Packers, the KI Center, Green Bay Falls Prevention, NEW Municipal Water, Willow Creek Behavioral Health, Libertas, NEW Community Clinic, Green Bay ER and Hospital, and others to strategically provide a broader prospective of healthcare needs of the underserved and those most in need historically during disasters in Northeast Wisconsin.

**Strategic Membership** The NEW HERC strives to make strategic membership decisions based upon the diverse expertise and viewpoints of the Board. Each Board Member represents the viewpoints of the category of the organization they represent, not of their specific organization, thereby providing the collaborative expertise needed carry out our core functions. Based upon that generalized view and collaboration we can address readiness gaps identified through our after-action assessments, HVAs, and other sources to meet the needs of the communities our HCC serves, including those of the communities most impacted by disasters.

In addition, as stated above, we have intentionally included Class C membership which have provided us input from organizations such as the Green Bay Packers, the KI Center, Green Bay Falls Prevention, NEW Municipal Water, Willow Creek Behavioral Health, Libertas Adolescent Treatment Center, NEW Community Clinic, Green Bay ER and Hospital, and others to strategically provide a broader prospective of healthcare needs of the underserved and those most in need historically during disasters in Northeast Wisconsin.



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Routinely our Board also meets to reflect on the work our HCC has completed in the past few years. We look at what was completed by our HCC, and what opportunities we may have missed. We then take a closer look at the expected Work Plan Activities in relation to our Mission Vision and Values. As a group we then look at our strengths, weaknesses, and vulnerabilities as a community, including taking a close look at the communities most impacted by prior disasters. Then, as a coalition we create a strategic vision for the upcoming years. It is this Strategic Vision that created our Class C membership which broadened our viewpoint and our scope of capabilities.

Based upon the above nature of the makeup and structure of the NEW HERC we provide and maintain an email list of healthcare providers to quickly provide and disseminate information, training opportunities, and other information. We offer exercise opportunities, educational opportunities, planning opportunities, networking opportunities, and so much more.

In addition to Dissemination of Information via email to create situational awareness, on a daily basis the NEW HERC utilizes electronic systems including but not limited to:

- EmResources: for hospital staffing, bed availability, facility statuses, etc.
- Wiscom: for direct facility to facility communication
- eICS: for situational awareness and event management
- EMTrack: for event management
- EMPower & SVI: for communities most impacted by disaster
- Monthly meetings rotating at EOCs, PH, and partner facilities

**Communities Most Impacted By Disasters** Over 3 million Medicare beneficiaries rely on electricity-dependent durable medical and assistive equipment and devices, such as ventilators, to live independently in their homes. Severe weather and other emergencies, especially those with prolonged power outages, can be life-threatening for these individuals. Wisconsin has 1,309,171 Medicare Beneficiaries with 47,336 being at-risk electricity dependent. Region 3 has 118,518 Medicare Beneficiaries, with 3,795 being at-risk electricity dependent. The New HERC researches this and shares this information along with all Social Vulnerability Index Information specific to each county in Northeast Wisconsin biannually.

The NEW HERC Maintains a Response Plan, a Continuity of Operations Plan, and many more plans all with sections detailing out information sharing sections on how we would share information with partners outside of our jurisdiction. An example is the fact that within EMResources we can monitor Michigan Region 8, and they monitor us. In addition, the Wisconsin Department of Health Services maintains a 24-hour emergency hotline (608)258-0099 to provide advice or assistance for emergencies which involves public health and human services concerns. The operator assists with contacts for chemical incidents, spills, natural disasters, communicable disease outbreaks, emergency human services, radiological or nuclear incidents.



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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-



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based approach. In this way, the HERC is assisting vulnerable populations with needed resources both pre and post disaster/incident.

### Coordination Role

The overall role of the NEW HERC in a disaster and emergency, as identified by ASPR and WI Office of Preparedness and Emergency Healthcare, includes but is not limited to:

- Promote a common operating picture through shared information
- Assist the local EOC and serve as the intermediary for healthcare and information sharing
- Assist partners to expedite response
- Support Shelter-in-Place/Evacuation activities
- Assist with resource management between partner entities, particularly within the healthcare and public health sector for healthcare resources
- Support Patient Tracking

Participation as a NEW HERC Member is voluntary. No additional roles or responsibilities are asked of NEW HERC Members other than the regulatory expectations of each organization's respective governing body. Ultimately, every member must answer to its patients, patient families, staff, and community. Events requiring activation of the Response Plan would require participation and collaboration with partners to ensure a successful response.

In a response event, members may seek to engage the NEW HERC to assure all potential assets and considerations are accounted for. This team would be at a minimum one, or any number of the following, based upon event, need, or request:

- NEW HERC Coordinator
- NEW HERC President
- NEW HERC Vice President
- NEW HERC Medical Adviser
- EOC NEW HERC designated representatives
- NEW HERC Subject Matter Experts (per request/need)

In a response NEW HERC will follow the National Incident Management Structure (NIMS), providing consultation and assistance to Incident Command (IC), the Emergency Operations Center (EOC), or lead agency to assist in a successful response and recovery. The NEW HERC will not replace the agency's internal processes or "Liason", but rather serve as an additional activatable resource to bolster the existing positions.

To address the response and recovery actions of the NEW HERC, the incident response has been broken down into the following subsections:

- Incident Recognition
- Activation
- Notifications
- Mobilization



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- Incident Operations
- Initial & Ongoing Actions
- Demobilization
- Recovery/ Return to Pre-disaster State

The Response Plan will be initiated any time an individual NEW HERC member has a need in an expanding incident in the tiered response system that will require additional partners and resources including:

- An event where resource needs will exceed the responding facility's capacity, and internal facility plans cannot address the problem adequately
- Number of expected patients from an incident exceed normal local response (example: outside of the County MCI Plan)
- Healthcare facility's ability to care for patients has been compromised
- Multi-jurisdictional infectious disease event
- An event that overwhelms resources of a local county or area
- Any other event where a member requires assistance.

Incidents where NEW HERC may be activated include, but are not limited to:

- Medical Surge
- Mass Casualty
- Mass Fatality
- Facility Loss of Utility or Communications
- Facility Evacuations
- Shelter Activations
- Infectious Outbreak
- Open or Closed Point of Dispensing (POD)
- Resource Shortage

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 activation are made by following the points of contact in the NEW HERC Response Plan
- NEW HERC staff may initiate a situational awareness activation to better ready for response should a member request support
- 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.



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### Notifications:

Rapid widespread notification is a key goal for NEW HERC in a response. It is imperative that essential core partners are brought in quickly.

- Primary NEW HERC notification systems are EMResource (WI Trac) and WISCOM. Other current and pending communications systems in Region 3 include, eICS, and telephone calling trees.
- In an event, any NEW HERC member that is an activating facility with access to these resources may utilize them, without activating the full plan. However, the activating facility may contact NEW HERC to assist in utilization of these tools.
- NEW HERC members with access to these tools will receive notifications. In some cases, the member may be notified for awareness purposes only, and is not expected to respond.

NEW HERC leadership can be requested for mobilization by any of the NEW HERC members in need of assistance in an expanding incident. NEW HERC has three levels of mobilization depending on the scale of the event or need. The leadership will provide several tasks based on requesting member's/agency's needs. NEW HERC will not provide a service that is not requested or desired. NEW HERC staff will operate remotely unless requested or the situational need requires physical presence in response.

NEW HERC's primary objective in mobilization is to advise activating members/agencies in:

- Bringing essential members and partners into the response
- Situational awareness- accurate factual information
- Ensuring essential scaling elements, common operations and emerging threats are accounted for
- Identifying health resources to be requested
- Serving as a central information collection point for sharing on WebEOC & eICS
- Supporting virtual communications: EMResource, Zoom,

### NEW HERC Incident Operations:

- a. In mobilization, the NEW HERC Leadership will assist the activating member in walking through essential steps in response. These steps include incident action planning, resource coordination, information sharing, and supporting coalition wide patient tracking.
- b. HICS Forms

Upon activation, NEW HERC will conduct these initial steps:

- Information gathering, sharing and situation awareness
  - Gather initial information and share with responding NEW HERC members
  - Establish a point of contact (with requesting member/agency)
  - Onboard other essential team members
  - Identify entities effected
  - Set or Confirm Operational Period





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- Fall into an existing Incident Command Structure (ICS) local, county, region, state, or hospital or other
  - Provide intel, identify resources, and resource management
- Assist in Planning Process
  - Activate pre-scripted IAP or develop IAP for consideration
  - Identify strategies to complete IAP
  - Utilize assistance of an existing Incident Management Team (IMT)

NEW HERC will continue this process in repeating cycles until demobilized by the activating facility.

The NEW HERC along with ESF-8 and the local EOC may be able to support medical and public health resources needs during emergency and non-emergency events by any of the following:

- Coordinating MOU's to support healthcare organizations for:
  - Mobile Medical Assets including patient decontamination equipment, Highly Infectious PPE for staff
  - Personnel
- Coordinating the movement of CHEMPACK assets to affected areas in coordination with EMS and hospitals participating in the CHEMPACK Program
- Coordinating healthcare requests for Medical Countermeasures through the Strategic National Stockpile (SNS) and other federal medical assets in partnership with local ESF-8
- Providing tertiary support (after vendors, mutual aid partners and local EOC's) to healthcare organizations for:
  - Fuel
  - Food
  - Water
  - Other

In the development of each Incident Action Plan (IAP) the NEW HERC will assess its continued need with the activating member/agency. A mutual decision for the NEW HERC demobilization phase will be made when the activating agency no longer desires assistance, or services are no longer required. Mechanisms of demobilization include:

- Stand down from active incident response
- De-escalate to monitoring status
- Replenish supplies, breakdown temp facilities and return to pre-event status
- Collect information and gather feedback for the After-action process

Planning for recovery should be initiated at the beginning of a response in order to facilitate an effective and efficient return to normal or, ideally, improved operations for the provision of health care delivery to the community. All healthcare organizations should have Recovery as part of their Emergency Operations Plan. A Continuity of Operations Plan (COOP) should also be written into each facilities' EOP as a separate plan. NEW HERC staff through a Healthcare Command Center or jurisdictional EOC may connect a healthcare entity with a community's Local Disaster Recovery Manager (LDRM), or a State Disaster Recovery Coordinator.





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NEW HERC staff, or Healthcare Incident Command Staff Subject Matter Experts may also be able to assist a healthcare entity with short- and long-term recovery.

NEW HERC assist's healthcare organizations with an assessment of emergency-related structural, functional, and operational impacts to health care organizations by:

- Identifying immediate needs for the delivery of essential health care services.
- Identifying long-term health care recovery priorities, and.
- Communicating short- and long-term priorities to the jurisdiction's ESF-8 and ESF-6 structures.

Individual healthcare organizations should ensure that the planning and finance administration sections of the ICS structure are initiating the recovery process by

- Arranging clean-up service;
- Restoring infrastructure to functional status;
- Restoring impacted patient care services;
- Supporting the physical and behavioral health needs of affected patients, staff, and families;
- Connecting patients, staff, and families in need with case management, financial, and insurance services;
- Tracking expenditures;
- Beginning documentation necessary for state and federal assistance, and;
- Beginning the after-action learning and improvement process.

NEW HERC supports effected healthcare organizations in the post-emergency recovery process by assisting the health care delivery system to restore operations and repatriate patients. The NEW HERC, along with its government partners (local, state, and federal), may assist its members with the state and/or federal process for reimbursement, reconstitution, and resupply.

The NEW HERC may also assist with re-stocking and replacement of any Mobile Medical Assets that are damaged or used during disaster operations.

The final recovery activity, coordinated by the RMCC Director, will be the Corrective Action Planning process. The three steps in this process are:

- Conducting a formal debriefing or "hot wash," involving all RMCC personnel and key ICS personnel from a healthcare organization. The goal of this session will be to hear what happened during the disaster, share opinions on what aspects of the disaster response worked well, and what aspects need to change.
- The collective guidance will be aggregated and formally recorded in an After-Action Report (AAR). The AAR will provide a timeline of the incident response, key actions taken, major obstacles or difficulties encountered and key recommendations for what must be changed before the next disaster.



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- Based on the recommendations of the AAR this plan will be re-evaluated and modified as needed, based on coordination with all relevant healthcare, public health, and public safety agencies.

Optimal medical care relies on intact infrastructure, functioning information systems, and support services. The ability to deliver health care services is likely to be interrupted when internal or external systems such as utilities, electronic health records, and supply chains are compromised.

Disruptions may occur during a sudden or slow-onset emergency or in the context of daily operations. Continuity disruptions may range from an isolated cyberattack on a single healthcare organization's information technology system to a long-term widespread infrastructure disruption impacting the entire community and all its healthcare organizations.

Continuity of Operations (COOP) planning ensures health care operations and business continuity. The health care organization's COOP plans should be part of each organization's Emergency Operations Plan (EOP) and, during a response, should be addressed under healthcare incident command. NEW HERC encourages all entities to have and share their COOP with partner organizations.

### **Clinical Knowledge-Sharing**

The purpose of an HCC in the state of Wisconsin is to coordinate how public health, healthcare institutions, and first responder agencies, such as police, fire and emergency medical services will manage their efforts to enact a uniform and unified response to an emergency, including a mass casualty or other catastrophic event. In order to increase the efficiency and effectiveness of emergency response, Wisconsin has begun to shift from funding specific agencies/entities for preparedness to focusing on strengthening a regional response and recovery system using HCCs. In so doing, HCCs accomplish their goals by acting as conduits of knowledge sharing, and become hubs of networking for regional healthcare partners to collaborate and advance healthcare for their communities.

In an effort to share clinical knowledge, the NEW HERC subscribes to, and shares, GovD's and HAN alerts with HERC partners via our email distribution list; however, we encourage members to subscribe to the distribution list so they receive their own notification of these alerts. In addition, we contract with a Medical Advisor who provides medical, administrative, technical and policy leadership for our coalition and for the Wisconsin Department of Health Services (DHS). This individual assists by promoting multi-disciplinary collaboration of our partners. The medical advisor engages physicians in the region to build medical surge capacity and educates partners on the disaster tiers framework for health response. This individual also ensures that planning and response to emergencies and disasters is based on sound ethical principles and consensus guidelines. Finally, the Medical Advisor works closely with the NEW HERC Coordinator and DHS to complete activities contained in the Coalition Readiness Assessment. The Medical Advisor would also reach out via request to SDMAC, if needed, for support in a response to gain



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medical ethics support during a declared disaster or public health emergency that could then be shared with relevant partners.

The strength of the NEW HERC is in the fact that we are a network of individual healthcare and first responder organizations that have come together to coordinate and prepare for emergencies and disaster events by sharing information. Membership includes hospitals, emergency medical services (EMS), emergency management, public health, long-term care, behavioral health, and other ancillary healthcare providers. The true strength of the NEW HERC is that we reflect the unique needs and characteristics of our local jurisdictional needs. Although we operate with only one full-time member, the coordinator, with the remaining members working on a volunteer basis, we maintain a Preparedness Plan, a Response Plan, a Continuity of Operations Plan and multiple others. Contained within each are elements of information sharing.

### **Systems Protection**

The NEW HERC takes proactive steps to preserve critical electronic files and equipment.

- The NEW HERC saves everything locally, on a portable hard drive, and on One Drive on the Cloud.
- Shared networks are continually backed up as well as tested on site and off site regularly.
- All desktop computers, laptops, and servers 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 identifies and takes precautions to preserve critical paper documents.
- All documentation of resources are 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 and electronic devices.

In the event of a security breach on the Juvare platform, a security ‘Issue’ is opened and triaged by the Juvare security incident response team. If the issue is confirmed as an incident, the Juvare Incident Response protocol is triggered. Impacted clients, agencies, and/or persons are notified as a part of the response plans communication protocols and the issue is worked and mitigated. Upon resolution, all impacted parties are notified, and an RCA may be requested by affected parties.



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The Cybersecurity and Infrastructure Security Agency (CISA) administers and supports the HPP program and its stakeholder activity.

To learn more about SAFECOM, consider the following resources:

- [https://www.cisa.gov/sites/default/files/2024-09/24\\_0828\\_safecom\\_safecom\\_governance\\_operating\\_processes\\_procedures\\_2024\\_final\\_508.pdf](https://www.cisa.gov/sites/default/files/2024-09/24_0828_safecom_safecom_governance_operating_processes_procedures_2024_final_508.pdf)
  - [https://www.cisa.gov/sites/default/files/2024-08/24\\_0822\\_2024\\_safecom\\_strategic-plan\\_final\\_508C.pdf](https://www.cisa.gov/sites/default/files/2024-08/24_0822_2024_safecom_strategic-plan_final_508C.pdf)
  - [https://www.cisa.gov/sites/default/files/2024-09/24\\_0827\\_SAFECOM\\_Fact\\_Sheet\\_508C\\_FINAL\\_3.pdf](https://www.cisa.gov/sites/default/files/2024-09/24_0827_SAFECOM_Fact_Sheet_508C_FINAL_3.pdf)
  - [https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.cisa.gov%2Fsites%2Fdefault%2Ffiles%2F2023-06%2F23\\_0412\\_SAFECOM\\_Introduction\\_Presentation\\_CATT%2520Approved.pptx&wdOrigin=BROWSELINK](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.cisa.gov%2Fsites%2Fdefault%2Ffiles%2F2023-06%2F23_0412_SAFECOM_Introduction_Presentation_CATT%2520Approved.pptx&wdOrigin=BROWSELINK)
- The Wisconsin Cyber Response Team (CRT) is WEM's all-volunteer cybersecurity incident response group serving public-sector entities, critical infrastructure, and key resources. Depending on the cybersecurity insurance stipulations, the CRT may be able to assist with a number of cyber incidents/emergencies. The CRT works very closely with our CISA cybersecurity advisors, Wisconsin DOJ cybercrimes unit special agents, and FBI field office, so they also help you get in touch with the right people in short order. For cyber assist please reach out of WEM DO as a starting point. They will make the right notifications and activations as the situation warrants.
  - In addition, as part of our Grant Agreement, the NEW HERC will complete and incorporate insights from our: Cybersecurity Assessment, Extended Downtime Healthcare Delivery Impact Assessment, Extended Downtime Support Plan, Cybersecurity Exercise, and Non-Cyber Extended Downtime Exercise.

### Redundant Communications

The NEW HERC maintains a Preparedness Plan, a Response Plan, and multiple response annexes all with redundant communication modalities describing processes to be implemented during a downtime event. Initially it should be noted that the NEW HERC operations do not have to be conducted at a fixed location or alternate relocation point. If 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. The NEW HERC maintains a mobile WiFi Hot Spot, redundant Radios, and other portable electronics that are on a battery charging and replacement schedule.



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It should be noted that the NEW HERC has access to initiate operations at the Brown County Emergency Operations Center and the Manitowoc Emergency Operations Center and most of the Hospitals in Northeast Wisconsin should the need arise. In addition, we also maintain a Continuity of Operations Plan detailing redundant communications plans with updated points of contact.

In addition, our WISCOM radio program is maintained by our contracted WISCOM SME. This individual is responsible for proper radio usage and operations for medical and emergency personnel in the NEW HERC. This subject matter expert maintains regular communications with the HERC Coordinator regarding project progress and any potential issues that may be encountered. The SME provides monthly reports to the Board, and coordinates all installation and program updates throughout the region. In addition, DHS' Telecommunications & Radio Systems Specialist (State level) that maintains, and programs DHS issued hospital WISCOM radios. To activate WISCOM support, email [DHSOPEHCRadio@dhs.wisconsin.gov](mailto:DHSOPEHCRadio@dhs.wisconsin.gov).

SAFECOM is managed by the Cybersecurity and Infrastructure Security Agency (CISA). Through collaboration with emergency responders and elected officials across all levels of government, SAFECOM works to improve emergency response providers' inter-jurisdictional and interdisciplinary emergency communications interoperability across local, regional, tribal, state, territorial, international borders, and with federal government entities. SAFECOM works with existing federal communications programs and key emergency response stakeholders to address the need to develop better technologies and processes for the coordination of existing communications systems and future networks.

SAFECOM: SAFECOM is one of the first organizations to bring together representatives from public safety associations as well as emergency responders in the field. Its membership includes more than 60 members representing federal, state, local, tribal, and territorial emergency responders, and major intergovernmental and national public safety associations. There is representation from Wisconsin on this National Organization. To apply individually or as an agency to SAFECOM, visit: <https://www.cisa.gov/safecom/membership>.

### **Misinformation, Disinformation, and Mal-Information (MDM)**

It is important to understand the definition, and difference of each of the terms:

- **misinformation** refers to false information that is not intended to cause harm
- **disinformation** refers to false information that is intended to manipulate, cause damage and guide people, organizations and countries in the wrong direction
- **mal-information** refers to information that stems from the truth but is often exaggerated in a way that misleads and causes potential harm

During a crisis, accurate and timely information is vital for effective emergency response. However, MDM has the power to undermine these efforts and jeopardize the safety of individuals and communities. One of the strengths of the NEW HERC is the networking of the emergency preparedness group that is created. This includes the members of the Joint Information Center (JIC) and the Points of Contacts (POCs) that they have. The NEW HERC has sponsored JIC



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training and incorporated JICs into annual exercises every year. The simplicity of this cannot be overlooked when information flows from trusted sources to known contacts and vice versa.

In addition, typically in every Emergency Operations Center information is immediately fact checked. The immediate response to false information can help prevent the spread of MDM. As stated, working with known media personnel and points of contact drastically reduces MDM, and this is one of the greatest strengths of the NEW HERC and of any Coalition. In addition, the NEW HERC encourages all organizations to integrate MDM prevention and response strategies into their organization's emergency management and recovery plans to help ensure positive outcomes during times of crisis.

Organizations and members of EOCs are encouraged to understand that news sources will likely stream from non-traditional sources such as news stations, newspapers and nationally recognized media channels. Current statistics indicate information will flow via digital pathways resulting in almost every piece of information needing fact checking. Every member should remain skeptical, but not cynical.

One of the strengths of the NEW HERC is that most Healthcare partners, including but not limited to Emergency Management, Public Health, Hospitals, EMS, and others have good virtual platforms and Information Specialists that participate in the HERC, JIC, and EOCs.



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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]</div>	4/27/2025
Secretary	<div>Signed by: [Signature]</div>	4/28/2025
Treasurer	<div>Signed by: [Signature]</div>	4/26/2025