

## **Northwest Wisconsin Healthcare Emergency Readiness Coalition (HERC) Response Plan**

### **Introduction**

The purpose of the Northwest WI Healthcare Emergency Readiness Coalition (HERC) is to enhance and sustain the Northwest Wisconsin region's ability to prepare for, respond to, and recover from small or large-scale events and other resource-draining incidents that impact healthcare organizations or public health.

The mission of the HERC is to support and advance emergency preparedness response and capacity within the Northwest Wisconsin region by facilitating collaboration with healthcare partners, member agencies, and other ancillary partners. The Coalition will coordinate emergency planning and exercises, provide training and education, and will equip personnel and response agencies with resources to promote health care response and recovery.

### **Purpose of the Plan**

This Response Plan supports the mission and purpose of the HERC as listed above. It outlines a systematic and coordinated plan to augment the traditional emergency response structure, specifically in a natural or human-made event involving Public Health and Medical Services (Annex H or Emergency Support Function (ESF) 8 and/or Mass Care and Sheltering (Annex E or Emergency Support Function (ESF) 6).

The following objectives will be addressed in the Response Plan:

1. Developing a Common Operating Picture to Maintain Situational Awareness
2. Facilitation of Resource Sharing
3. Facilitation and Coordination of strategies and tactics to respond to Public Health and Medical Services and/or Mass Care and Sheltering Events.
4. Promote integration of healthcare organizations with other emergency response disciplines.

## Scope

### 1. Geographical Boundaries

NWWIHERC is identified by geographical boundaries within the state of Wisconsin and includes:

- Ashland County
- Barron County
- Bayfield County
- Burnett County
- Chippewa County
- Douglas County
- Dunn County
- Eau Claire County
- Pepin County
- Pierce County
- Polk County
- Rusk County
- Sawyer County
- St. Croix County
- Washburn County
- Bad River Band of Lake Superior Chippewa
- Lac Courte Oreilles Band of Lake Superior Chippewa
- Red Cliff Band of Lake Superior Chippewa
- Saint Croix Chippewa Indians of Wisconsin



### 2. Agencies/Organizations

In most situations, it is expected the jurisdictional agencies with which the HERC primarily interfaces during response would include, but are not limited to:

- Local Emergency Management,
- Local Public Health or Tribal Health Departments,
- Healthcare Organizations such as Hospitals, Long Term Care, Home Care and Hospice, End Stage Renal Facilities,
- Emergency Medical Systems (EMS), and
- Other Member Organizations.

In large scale incidents, the HERC may have the primary interface with the Annex H/ESF 8 (Public Health and Medical Services) or Annex E/ESF 6 (Mass Care and Sheltering) representative from Local and or State Emergency Operations Center (EOC).

### 3. Activation Framework

Activation of the HERC and this response plan fall within the tiered response system:

- **Tier 1 – Local Coordination** (the impacted healthcare organization/agency handles all aspects of the response.)
- **Tier 2 – System or Network Coordination** (the impacted healthcare organization/agency reaches out to its system or network partners to handle all aspects of the response). A “system” is defined as either a multi-healthcare organization or a diversified single healthcare system. A multi-organization system is two or more healthcare entities owned, leased, sponsored, or contract managed by a central organization. A “network” is a group of healthcare organizations, physicians, other providers, insurers and/or community agencies that work together to coordinate and deliver a broad spectrum of services to their community.
- **Tier 3 – Regional Coordination** (the impacted healthcare system or network reaches out to the Regional HERC for response support). Activation of the HERC may consist of a virtual coordination center or physical presence within an organization, jurisdiction, or Emergency Operations Center as determined by the incident. HERC will be responsible for notifying the State DHS hotline number (608)-258-0099 and/or OPEHC staff at that level.
- **Tier 4 – Multiple Region Coordination** Example: The NWWIHERC (Region 1) becomes overwhelmed, and requests the NCWHERC (Region 2) to activate. Note: State would likely activate as well in this scenario.
- **Tier 5 – State Coordination.** WI-DHS Department Operations Center (DOC) and/or the Wisconsin State Emergency Operations Center (WI-SEOC) would likely take on a coordination role.
- **Tier 6 – Federal Level Coordination** Support through FEMA Region V. This would require a State Declaration and Governor request.

### Assumptions

During emergency response, the HERC operates under the premise that partner organizations agree to participate in return for benefits derived from effective information sharing, resource facilitation, and strategic and tactical facilitation and coordination. The Response Plan is written with the following assumptions in mind:

- Processes and procedures outlined in the HERC Response Plan are designed to supplement and not supplant individual healthcare/member organization emergency response efforts.
- The HERC is not a command entity. It is a **coordination entity** focused on the purpose and objectives identified above. During emergency response, local jurisdictions and identified partners have statutory authority to respond. The HERC does not have statutory authority. It is designed to assist and support command agencies to enhance overall emergency response specifically in the areas of Public Health and Medical Services (Annex H or ESF 8) and/or Mass Care and Sheltering (Annex E or ESF 6).
- This plan does not supersede or conflict with applicable laws and statutes.
- Recommendations made through the HERC are non-binding for participating healthcare organizations /other member organizations.
- The use of National Incident Management System (NIMS) consistent processes and procedures by the HERC will promote integration with public sector response efforts.
- Many HERC members will be occupied primarily with their respective organizational response. Staffing of the HERC response must therefore be lean as possible.

## Administration

The initial HERC Response Plan will be reviewed by all coalition members and a Signature Sheet Documenting Support for the plan will be attached. The plan will be reviewed annually by the Board of Directors and available for review and comment by all coalition members. Recommendations for amendments will be collected and considered by the Board of Directors prior to signing and dating the Annual Review Acknowledgement Statement. Every five years, coalition members will be asked to review and sign the document renewing their support of the document. Review and amendment is intended to close identified gaps with strategies to close the gaps.

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

- Exercises
- Planned and real-world incidents
- After Action Reviews/Reports
- Annual updates of supporting documents
  - Hazard Vulnerability Assessment (HVA)
  - ASPR TRACIE Coalition Assessment Tool (CAT)
  - NWWIHERC Work Plan
  - NWWIHERC Member Database

- NWWIHERC Bylaws
- Emerging evidence or best practice
- Change in federal or state guidance

## Concept of Operations

### 1. Developing a Common Operating Picture to Maintain Situational Awareness.

#### a) Notification of the HERC

Healthcare organizations or agencies responsible for Public Health and Medical Services and/or Mass Care and Sheltering capabilities within the geographical boundaries of the HERC are encouraged to add "Notification of the HERC" to their Emergency Operations Plan for any incident or event that is impacting patient care and has the potential to require additional resources beyond the local facility. Examples of when this notification may be appropriate include, but are not limited to:

- Internal Incident Command has been activated,
- Medical Surge events,
- Facility Infrastructure Damage or Downtime impacting patient/resident care,
- Computer System Failure due to cyber-attack,
- External community incident that may impact normal day to day operations.

Determination of who makes this notification and when notification takes place is decided by each individual organization and is written into their Emergency Operations Plan.

Notification of the HERC is simply providing initial information that something unusual is happening within an organization. It is not the same as Activating the HERC. If multiple organizations are reporting similar incidents this helps identify patterns that may impact similar organizations within the Region or State (i.e. cyber-attack).

To notify the HERC via phone 24/7, please use the following contacts:

1. Aimee Wollman Nesseth	NWWIHERC Coordinator	715-379-6664 (c)
2. Robert Goodland	NWWIRTAC Coordinator	715-215-0733 (c)
3. Brian Kaczmariski	NWWIHERC Board Chair	715-485-8560 (w) 715-554-0128 (c)
4. Bob Lindberg	NWWIHERC Board Vice Chair	715-822-7258 (w) 906-284-0188 (c)
5. Dr. Paul Krantz	NWWIHERC Medical Advisor	715-491-8191 (c)

It is also possible to notify the HERC via EM Resource (formerly Wi TRAC). This notification will be received as a text message and/or email, therefore it is less reliable than a direct phone call.

**b. Facilitate Information Sharing to Maintain Situational Awareness.**

Once the HERC has been notified of an event or incident, activation of the HERC Response Plan is an option that can be discussed and agreed upon. The HERC may notify and communicate with participating members of an actual or potential emergency situation, then serve to collect, collate, and appropriately disseminate healthcare related information relevant to incident response. The sources and recipients of this information can potentially be healthcare organizations themselves as well as public sector entities. Notification of the Office of Preparedness and Emergency Health Care (OPEHC) staff and/or the DHS Emergency Hotline 608-258-0099 will be the responsibility of the HERC once a Regional Medical Coordinating Center has been opened. The following four categories are examples of the types of communication the HERC can share with membership and partners:

<b>Level of Information Sharing</b>	<b>Primary Method of Communication</b>	<b>Purpose</b>	<b>Action Needed</b>
<b>Advisory</b>	Email, EM Resource (formerly WiTRAC), Facebook	<u>General Information:</u> Examples include a General Announcement on EM Resource (formerly Wi TRAC) or sharing a Public Health Advisory	No
<b>Alert</b>	EM Resource (formerly Wi TRAC), RAVE Alert	<u>“Heads Up”</u> Examples Include: Mass Casualty Alert (MCI), or Bed Count Alert on EM Resource (formerly Wi TRAC).	Yes
<b>Activation of the Virtual Regional Medical Coordination Center (RMCC)</b>	Web EOC, Adobe Connect, Email, text, phone calls, RAVE Alert, WISCOM, ARES/RACES	<u>There is an active event or incident.</u> Coordination of communication	Yes, if impacted and/or invited to Virtual Regional Medical

		is essential. Resources may be requested, information shared	Coordinating Center “room”
<b>Update</b>	Web EOC, Adobe Connect, Email, EM Resource (formerly Wi TRAC)	<u>To Maintain Situational Awareness</u> , collect information for documentation, and After Action Reviews.	Yes, if requested

**2. Facilitation of Resource Sharing.**

The focus of this important capability is for the HERC to be a facilitating and coordinating entity when Health and Medical or Sheltering and Mass Care related resources are being stretched to capacity. It is important to note that resource coordination traditionally is an Emergency Management (EM) function. The HERC is not intending to replace that. Rather, its intent is to enhance that coordination by focusing on resources that may be shared during a Health and/or Medical or Sheltering and Mass Care event. A brief description of the process is:

1. Incident occurs and impacted agencies respond
2. Resources become overwhelmed
3. Local Emergency Operations Center (EOC) is activated
4. Local EOC becomes overwhelmed or unsure of where to request resources.
5. Local EOC forwards resource specific requests within tiered framework. The HERC can become a regional resource to help with the identification of and location of resources.

Once a resource need is identified, the HERC will utilize the communication categories listed in the previous section to disseminate information. The HERC may take several action steps including, but not limited to:

- Facilitate contact with local or regional Emergency Management personnel;
- Facilitate information to and from healthcare agencies/organizations and HERC partners regarding requested resources;
- Identify and convey resource requests to Health and Medical representatives in the regional, and/or state EOC, as requested;

- Promote the use of previously identified mutual aid agreements and cooperative assistance between HERC members;
- Report information back to HERC member organizations regarding requests to the jurisdictional authorities (such as availability of resources, expected arrival time and route);
- Convene Resource Meetings as requested;
- Facilitate Medical Reserve Corps (MRC) or Wisconsin Emergency Assistance Volunteer Registry (WEAVR) requests for volunteers and/or reach out to Volunteer Organizations Active in Disaster (VOADs) as requested.

### **3. Facilitation and Coordination of strategies and tactics to respond to a Health and Medical and/or Sheltering and Mass Care event.**

The HERC emergency response processes provide an opportunity for members to develop and apply consistent strategies and tactics during emergencies and disasters. The HERC has provided training and developed relationships with a variety of individuals and agencies capable of forming ad hoc work groups (Task Forces) to rapidly respond to issues, such as, but not limited to:

- Volunteer Reception Center (VRC) Management
- Family Assistance Center (FAC) Management
- Functional Access Service Team (FAST)
- Critical Incident Stress Management Teams (CISM)
- Incident Management Support
- Crisis and Emergency Risk Communication (CERC)
- Medical Reserve Corps (MRC)

In addition, the HERC may support healthcare organizations or jurisdictional agencies in the following ways:

- Promote the use of the Incident Command System to manage incidents and events;
- Facilitate sharing of information between Coalition organizations to promote consistency of strategy and tactics applied at individual healthcare organizations;
- Ensure dissemination of information from subject matter experts and best practices;
- Request, receive, process, and disseminate appropriate information from responding healthcare organizations, describing strategy and tactics used in response to help identify or note consistency or conflict of strategy and/or tactics;
- Assist with the convening of a strategy coordination meeting/teleconference if requested with representative HERC organizations when no protocols are available for

the specific situation, or when greater consistency in response strategy and tactics is indicated. As examples, this can be clinical personnel, public information officers, security professionals or other disciplines that convene to share information and develop common strategies.

**4. Promote integration of healthcare organizations with other emergency response disciplines.**

Through its actions during a Public Health and Medical Services and/or Mass Care and Sheltering incident response, the HERC will enhance integration of healthcare organizations into the larger response community. This will be accomplished through actions such as, but not limited to:

- When requested or indicated, communicate relevant Incident Status Updates to relevant jurisdictional authorities from HERC member organizations or agencies;
- Assure appropriate information is passed to HERC members when needed for exchange with relevant HERC jurisdictional authorities;
- Invite appropriate HERC Region, State, Federal authorities to participate in or observe HERC meetings/teleconferences as indicated;
- Arrange situational briefings and other virtual meetings with appropriate HERC Region, State, Federal authorities as requested or indicated to maintain situation awareness, to discuss complex issues common to healthcare organizations and response authorities (resources, response strategy, etc.), and to provide critical feedback.

## Glossary of Terms

ARES/RACES	Amateur Radio Emergency Service (ARES)/Radio Amateur Civil Emergency Service (RACES)
ASPR	Office of the Assistant Secretary for Preparedness and Response (ASPR), part of the U.S. Department of Health and Human Services
CERC	Crisis Emergency Risk Communication
CISM	Critical Incident Stress Management
EM Resource	Web-based product formerly known as Wi TRAC. Used to collect and disseminate information such as bed count information and resource sharing. <a href="https://emresource.juware.com/login">https://emresource.juware.com/login</a>
EOC	Emergency Operations Center
ESF/Annex	Emergency Support Function (ESF) Annexes as determined by the Federal Emergency Management Agency
FAC	Family Assistance Center
FAST	Functional Access Service Team
FEMA	Federal Emergency Management Agency
HERC	Healthcare Emergency Readiness Coalition (the term used to describe Health Care Coalitions in Wisconsin).
HVA	Hazard Vulnerability Assessment
MRC	Medical Reserve Corps
NIMS	National Incident Management System
OPEHC	Office of Preparedness and Emergency Health Care
RAVE	Mass Notification System utilized by the HERC and other statewide entities
TRACIE	ASPR's Technical Resources, Assistance Center, and Information Exchange (TRACIE) Healthcare Emergency Preparedness Information Gateway <a href="https://asprtracie.hhs.gov">https://asprtracie.hhs.gov</a>
VOAD	Volunteer Organizations Active in Disaster
VRC	Volunteer Reception Center

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WEAVR                      Wisconsin Emergency Assistance Volunteer Registry  
<https://weavrwi.org>

WISCOM                    The Wisconsin Interoperable System for Communications