North Central Wisconsin: Healthcare Emergency Readiness Coalition (NCW HERC) Response Plan

1. Introduction

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) leads the country in preparing for, responding to, and recovering from the adverse health effects of emergencies and disasters. ASPR's Hospital Preparedness Program (HPP) enables the health care delivery system to save lives during emergencies and disaster events that exceed the day-to-day capacity and capability of existing health and emergency response systems.

As the result of findings from recent notable disasters, i.e. the Joplin Tornado and Hurricane Sandy; ASPR has shifted HPP funding to improve regional readiness, response and recovery through inclusion of all partners in healthcare and emergency response. HPP is the only source of federal funding for health care delivery system readiness, intended to improve patient outcomes, minimize the need for federal and supplemental state resources during emergencies, and enable rapid recovery. HPP prepares the health care delivery system to save lives through the development of health care coalitions (HCCs) that incentivize diverse and often competitive health care organizations with differing priorities and objectives to work together.

In the state of Wisconsin HCCs are recognized as "Healthcare Emergency Readiness Coalitions" or HERCs. The state is split into seven geographic regions. To clearly define the HERCs, a Preparedness Plan has been created, cataloging the HERC's plan of work. The plan includes the HERC's mission, objectives, purpose and multiple citations and documents to define the HERC.

The Response Plan below is how the North Central Wisconsin Healthcare Emergency Readiness Coalition (NCW HERC) expands upon its preparedness plan, outlining baseline response efforts.

1.1 Purpose

The NCW HERC: Response Plan is intended to serve as a document, outlining the general guidelines for response to all hazards that threaten the entire healthcare system within NCW HERC's boundaries. The NCW HERC: Response Plan assists to fulfill the mission, vision and objectives outlined in the NCW HERC: Preparedness Plan. The NCW HERC: Response Plan is intended to assist the Essential Support Function (ESF)-8 lead agency, Wisconsin Department of Health Services, to support operations, information sharing and resource management.

1.2 Scope

The NCW HERC: Response Plan is intended to define how partners in healthcare and emergency agencies can collaborate in response with unique assets provided through NCW HERC. In the tiered response system, NCW HERC and this response plan are intended to serve and aid members/partners in an expanding event.

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The NCW HERC: Response Plan is intended to serve as a concepts guide, improving and expediting regional response for an emergent event. Utilization of the NCW HERC is voluntary and not required by any agency there-in. This plan is not intended to replace or contradict internal plans. NCW HERC members and partners are ultimately responsible for their own facility and response.

This plan will need to be reviewed annually for implementation by the NCW HERC Board of Directors.

1.3 Situation and Assumptions

The NCW HERC Response Plan is intended to aid in operationalization of HERC, building from concepts and documents outlined in the NCW HERC Preparedness Plan.

NCW HERC PREPAREDNESS PLAN

Assumptions, as identified by ASPR, in response:

- A member organization or the community as a whole can be affected by an internal or external emergency situation that has impacted operations up to and including the need for a facility to evacuate.
- Impacted facilities have activated their emergency operations plan and staffing of their facility operations center.
- Local resources will be used first, and then State resources, followed by a Federal request as needed, however State and Federal resources may not be available for 72-96 hours. State, and possibly Federal, resources may be staged closer to an impact area to avoid delays.
- The increased number of area residents and staff needing medical help may burden and/or overcome the health and medical infrastructure. This increase in demand may require a regional response and/or subsequent city, county, state, and/or federal level of assistance.
- Facilities will communicate their medical needs to the HERC and non-medical needs to the jurisdictional emergency operations center and/or emergency management. (Note: some jurisdictions communicate their needs through ESF-8 at the EOC. HERC staff can supplement ESF-8 staff at the EOC. The ESF-8 liaison will communicate with HERC members to update the status of an incident and request support for needed resources with other ESF partners.)
- Healthcare organizations will report status on situational awareness but will assume to be able to handle the incident on their own as much as possible before asking for assistance.
- Healthcare organizations will take internal steps to increase patient capacity and implement surge plans before requesting outside assistance.
- Processes and procedures outlined in the response plan are designed to support and not supplant individual healthcare organization emergency response efforts.

- The use of National Incident Management System (NIMS) consistent processes and procedures by the HERC will promote integration with public sector response efforts.
- Except in unusual circumstances, individual private healthcare organizations retain their respective decision-making sovereignty during emergencies.
- This plan is based on certain assumptions about the existence of specific resources and capabilities that are subject to change. Flexibility is therefore built into this plan. Some variations in the implementation of the concepts identified in this plan may be necessary to protect the health and safety of patients, healthcare facilities, and staff.

1.4 Administrative Support

The NCW HERC Response Plan will be available for review and comment for all coalition members. The plan will be formally approved, by NCW HERC Board vote, **effective June 30, 2019**. Approval will be noted in coalition meeting minutes. The plan will be reviewed annually and amended as needed. Review and amendment are intended to close identified gaps with identified strategies. Structure, concepts and updates outlined in the Preparedness Plan will be essential for updating the Response Plan.

2. Concept of Operations
2.1 Introduction

This process outlined below describes the basics concepts in flow of a response to disaster and emergency: how information is shared, activities and resources are coordinated, and how recovery is planned for.

2.2 Role of the Coalition in Events

The overall role of NCW HERC, in a disaster and emergency, as identified by ASPR and OPEHC, includes, but is not limited to:
- Assist partners to expedite response
- Promote common operating picture through shared information
- Assist with resource management between partner entities, particularly within the healthcare sector for healthcare resources
- Support Patient Tracking
- Support Shelter-in-Place/Evacuation activities
- Assist the local EOC and serve as the intermediary for healthcare and information sharing
- Identify time-sensitive performance metrics for HERC Response *(e.g., notification of incident to HERC members; Time to Bed Availability Reporting; Time to Setting up Field Triage; Time to appropriately distribute casualties; Time to stage Transportation Resources to Transport Casualties; Time to Update Patient Tracking Info at Intervals; and Time to Staff a Family Assistance Center)*

2.2.1 Member Roles and Responsibilities

Participation as an NCW HERC Member is voluntary. No additional roles or
responsibilities are asked of NCW HERC Members other than regulatory expectations of
each organization's respective governing body. Ultimately, every member of NCW
HERC must answer to its community first. Events requiring activation of the NCW
HERC Response Plan would require participation and collaboration with partners to
ensure a successful response. Disasters are not a competition!

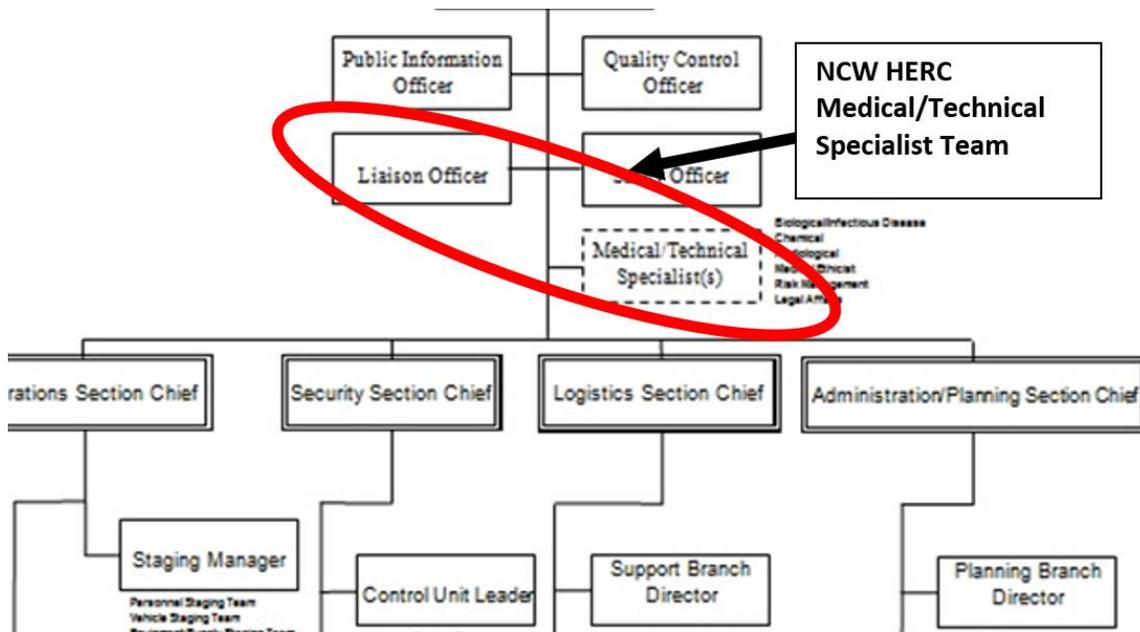### 2.2.2 Coalition Response Organizational Structure

In a response event, NCW HERC members may seek to engage the NCW HERC
Medical/Techncial Specialist Team to assure all potential assets and considerations are
accounted for. This team would be at a minimum one, or any number of the following,
base upon event, need, or request:
- NCW HERC Coordinator
- NCRTAC Coordinator
- NCW HERC Chair
- NCW HERC Vice Chair
- NCW HERC Medical Adviser
- NCW HERC Subject Matter Experts

In a response event if the NCW HERC Medical/Technical Specialist Team is activated, it
would fall into the specialized 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 NCW HERC Medical/Technical Specialist Team would not replace the agency's
internal "Medical/Technical Specialist"or "Liason", but rather serve as an additional
activatable resource to bolster the existing positions.

2.3 Response Operations

The NCW HERC Medical Technical Specialist Team will be activated through the 24/7 NCW HERC Medical Technical Specialist Team Activation Plan and ensure the fulfillment of the NCW HERC Response Plan and Regional Medical Coordination Plan. In a response, the NCW HERC Medical Technical Specialist Team will assist the requesting agency's incident command in two ways:

- Assist liaison in communication with other activating facilities
- Support incident command, providing medical response subject matter experts and guidance

NCW HERC 24/7 Medical/Technical Support Team can be activated by contacting Oneida County Dispatch at 715-361-5100.

247 NCW HERC Medical Technical Support Team Activation

Regional Medical Coordination Plan

Response operations section addresses the actions taken by the coalition and its members before, during and following an event.

2.3.1 Stages of Incident Response

In order to address the response and recovery actions of the NCW HERC, the incident response has been broken down into the following subsections:

- Incident Recognition
- Activation

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

2.3.1.1 Incident Recognition

The NCW HERC Response Plan and Regional Medical Coordination Plan will begin with an individual NCW HERC member in an expanding incident in the tiered response system that will require additional partners and resources:

- An event where resource needs will exceed the responding facility's capacity
- An event that overwhelms resources
- Number of expected patients from an incident exceed normal response
- Healthcare facility's ability to care for patients has been compromised
- Multi-jurisdictional infectious disease event

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

- Medical Surge
- Mass Casualty
- Mass Fatality
- Facility Evacuation
- Family Assistance Center
- Shelter Activation
- Infectious Disease (Outbreak, Epidemic, or Pandemic)
- Open or Closed Point of Dispensing (POD)
- Resource Shortage

2.3.1.2 Activation

Through conversations with NCW HERC Members the following "Activation" principles have been identified:
- Any NCW HERC member may activate the NCW HERC Medical/Technical Specialist Team and the Regional Medical Coordination Plan if the member is experiencing any of the previous mentioned scenarios or deems activation appropriate.
  - **Business Hours Activation,0700-1900 Monday through Friday, made by contacting the HERC Coordinator 715-360-6822**

- o **After Hours Activation (Weekends & 1900-0700) will be made by contacting Oneida County Dispatch: 715-361-5100**
- NCW HERC will not self-activate in a member's response
- NCW HERC Medical/Technical Specialist Team may initiate a situational awareness activation to better ready for response should a member request support
- NCW HERC may contact a member's IC or EOC if a crucial element is noted as possibly missed

Activation principles, initial intake and essential follow-up are outlined in the NCW HERC Medical/Technical Support Team Activation Guidance document.

- **2.3.1.3 Notifications**

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

- Primary HERC notification systems are EMResource (WI Trac) and WISCOM. Other current and pending communications systems in Region 2 include WebEOC and eICS.

- <u>**Definitions:**</u>

- **EMResource (commonly known as WI Trac):** EMResource is an online portal for alerts and communications on both a day-to-day basis and during emergency situations. EMResource is utilized by hospitals, public health, emergency management, and EMS.

  - o [STATE OF WICONSIN WITRAC INFORMATION SHEET](#)

- **WISCOM:** WISCOM, the Wisconsin Interoperable System for Communications, is a statewide shared radio system to facilitate communication during major disaster events or large-scale incidents. WISCOM is used by hospitals, the Wisconsin Department of Health Services, and other partners.

  - o [STATE OF WISCONSIN WISCOM INFORMATION SHEET](#)

- **WebEOC:** WebEOC is a web-based emergency operations center used by Wisconsin Emergency Management for planning, responding and managing issues related to emergency management. It enables multiple entities to share critical information and collaborate and provides documentation capabilities. WebEOC is primarily used by emergency managers.

  - o [STATE OF WISCONSIN DEM WebEOC PAGE](#)

- **eICS:** eICS is an electronic incident command system that interfaces with WebEOC and allows communication with all key stakeholders as well as tactical alerts and notification via multiple platforms. eICS also enables documentation through WebEOC. NCW-HERC is acquiring eICS in 2019-2020, and hospitals and other members will have access to it.

  o [eICS INFORMATION PAGE](#)

- In an event, any HERC member that is an activating facility with access to these resources may utilize them, without activating the medical/technical support team. However, the activating facility may contact NCW HERC to assist in utilization of these tools.

- NCW HERC members with access to these tools will receive notifications. In some cases, the member may be notified for awareness purposes only, not expected to respond.

- **2.3.1.4 NCW HERC Communications Plan**

- As described above, the primary notification systems are WI Trac and WISCOM. To enable information sharing and maintain situational awareness among Coalition partners during a response, NCW HERC promotes the use of existing primary and redundant communications systems and platforms, including those provided by the State of Wisconsin. This capability aligns with ASPR Health Care Preparedness and Response Capability 2, Objective 2, Activity 3.

- This section and subsections address the different methods of communication within NCW HERC and how they are used to promote information sharing and maintain situational awareness.

- **Primary Communications Modes** are used on a day-to-day basis and as available during responses;

- **Secondary Communications Modes** are used when primary communications modes are unavailable or during responses;

- **Tertiary Communications Modes** are used when both primary and secondary communications modes are unavailable.

- **2.3.1.4.1 Primary Communications Modes**

- Primary Communications Modes include Email, telephone, cellular phone, Fax, and radio. Not all partners utilize all communications methods.

- **Non-emergent communications:** In addition to Email and telephone, NCW HERC utilizes its website to disseminate non-emergent communications.

- **Emergent communications:** Cellular phone availability for emergency communications can be augmented through the use of the Wireless Priority Service (WPS), a federal government emergency phone service managed by the Department of Homeland Security's (DHS) Office of Emergency Communications. WPS requires a subscription; agencies may request WPS and its companion service for landline phones, the Government Emergency Telecommunications Service (GETS), by contacting DHS https://www.dhs.gov/requesting-gets-and-wps. NCW HERC maintains a cache of WPS cards.

- *NOTE: GETS and WPS will NOT work if the network infrastructure is unavailable (for example, due to power failure or physical damage.)*

- While it is preferable NOT to use Email for emergent communications, if it should be necessary, the sender should include a comment in the subject line indicating the urgency of the message, i.e., "Response needed" or "Please respond within *[time]*". If the recipient does not respond within the requested timeframe, the sender should follow up until a response is received. This type of closed-loop communication ensures the recipient has gotten the message.

- **2.3.1.4.2 Secondary Communications Modes**

- The Secondary Communications Modes include

- WPS,

- EMResource (WI Trac), and

- Wisconsin Interoperable System for Communications (WISCOM).

- **About EMResource (WI Trac):** WI Trac is a requirement of the federal Hospital Preparedness Program. It is an alert and communications tool for hospitals to communicate with one another and their emergency response partners, including EMS, first responders, public health, and others. WI Trac can be used both in an emergency and on a day-to-day basis to report bed and other resource availability, send alerts, and do enhanced surveillance, as well as for patient tracking.

- PLACE HOLDER (INSERT LINK HOW TO NOTIFY WITH EMRESOURCE)

- **Using WI Trac:** In order to use WI Trac, the organization's site administrator must contact the WI Trac State System Administrator through the WI Trac website https://www.dhs.wisconsin.gov/preparedness/healthcare/witrac.htm to obtain a user name and password.

- There are a series of WI Trac instructional videos available on You Tube:

- Changing Your Password

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- [Setting Up User Information](#)

- [Retrieve Your Password](#)

- [Patient Tracking Basic 1](#)

- [MCI Bed Count](#)

- [Setting Up Event Notifications](#)

- [Creating an Alert](#)

- [How to Setup Diversion Notifications](#)

- [How to Enter HAvBED Biweekly Bed Counts](#)

- **About WISCOM:** The Wisconsin Interoperable System for Communications (WISCOM) is a statewide public safety radio system that allows communication between first responders in communities across the state in the event of a major disaster or large scale incident, ensuring that responders from any area of the state can assist another community without losing communication capabilities.

- WISCOM also acts as a redundancy for WI Trac communications. When WI Trac is activated, the message "EMResource has been initiated…" is broadcast over WISCOM.

- There are six separate interoperability regions on WISCOM. Most of NCW HERC falls within the WISCOM Northeast region; Clark and Taylor counties are part of the West Central region, and Price and Iron Counties are part of the Northwest region. Within each region, there is one "calling" (RCALL) talk group, and three "tactical" (RTAC) talk groups, as listed in the table below (NCW HERC regions are in green):

- **Regional Talk group Identifiers:**

South west (SW)	Southeast (SE)	East Central (EC)	Northeast (NE)	West Central (WC)	Northwest (NW)
RCALL11SW	RCALL21SE	RCALL31EC	RCALL41NE	RCALL51WC	RCALL61NW
RTAC12SW	RTAC22SE	RTAC32EC	RTAC42NE	RTAC52WC	RTAC62NW
RTAC13SW	RTAC23SE	RTAC33EC	RTAC43NE	RTAC53WC	RTAC63NW
RTAC14SW	RTAC24SE	RTAC34EC	RTAC44NE	RTAC54WC	RTAC64NW

- **RCALL Talk group:** The RCALL talk group is designated for **public safety regional calling and high priority radio traffic**. RCALL is the initial point of contact for all communications in each region.

- **RTAC Talk groups:** The RTAC talk groups are intended for routine interoperable communications, mutual aid incidents, or planned events.

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- In addition, WISCOM currently has one "calling" (SCALL) and seven "tactical" (STAC) statewide talk groups, as listed in the table below:

- **Statewide Talk group Identifiers:**

• Statewide Interoperability Talk groups		
SCALL1	STAC2	STAC6
	STAC3	STAC7
	STAC4	STAC8
	STAC5	

- **SCALL1 Talk group:** SCALL1 is the statewide mutual aid calling channel. It should be used for:

- Communications center-to-communications center transmission between regions, and

- Field users traveling outside their region (if they cannot receive the local RCALLx1 in their mobile or portable radio).

- *NOTE: Any transmission made on SCALL1 will be heard on any base, mobile, or portable radio that is monitoring/scanning this talk group in the state. It also may NOT be actively monitored by communications centers unable to monitor more than their regional calling talk group.*

- NCW HERC hospitals are also a part of the **HRCRD2 talk group** that includes encrypted channels for exchange of protected health information (PHI)

- **Using WISCOM:** Adhering to certain communications standards will increase understanding when communicating with other agencies. These include:

- **Plain Language:** All communications should use plain language. Do not use radio codes, acronyms, or abbreviations, as they may cause confusion between agencies.

- **Justification:** When requesting assistance or backup, include the reason for the request.

- **Unit Identification:** Field units should announce their home agency and unit number during interagency communication (e.g., "Superior Engine 1")

- NCW HERC partners use two types of WISCOM radios, *Type I* and *Type II*. Instructions for each are below.

- [USING A WISCOM TYPE I](#)

- [USING A WISCOM TYPE II](#)

- For any instructions not found here, see the [WISCOM Policies, Procedures, and Guidelines](#) produced by the Wisconsin Department of Military Affairs Office of Emergency Communications.

- NCW HERC also has several deployable handheld radios for use on an as-needed basis.

- **2.3.1.4.3 Tertiary Communications Modes**

- Some Coalition partners may have access to additional communications modes. These tertiary methods should only be used when both primary and secondary methods are unavailable. They include:

- **Satellite Phone:** Satellite phones (SAT Phones) are a type of mobile phone that utilizes orbiting satellites to transmit signals instead of land-based cell towers.

- **RAVE:** RAVE is a Public Health notification tool used by health departments and other public entities. RAVE allows the distribution of a message via multiple communications modes (e.g., landlines, cell phones, etc.) in a single step. Each health department has a RAVE administrator; NCW-HERC also has notification rights and can send messages to health department RAVE administrators.

2.3.1.4 Mobilization

NCW HERC Medical/Technical Specialist Team can be requested for mobilization by any of the NCW HERC members in need of assistance in an expanding incident. The Specialist Team will provide several tasks based on requesting member's/agency's need. NCW HERC will not provide a service that is not requested or desired. NCW HERC Response Team will operate remotely unless requested or situational need requires physical presence in response.

NCW HERC primary objective in mobilization is to advise activating members/agencies in:
- Bringing essential members and partners into the response
- Ensuring essential scaling elements, common ops 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, GoToMeeting, Protected Living Documents

2.3.1.5 Incident Operations

In mobilization, the NCW HERC Medical/Technical Specialist Team will assist the activating member in walking through essential steps in response as outlined in the Regional Medical Coordination Plan (RMCP). These steps include incident action planning, resource coordination, information sharing, and supporting coalition wide patient tracking.

Regional Medical Coordination Plan

HICS FORMS
CO-S-TR Guide for Initial Incident Actions

2.3.1.5.1 Initial & Ongoing HERC Actions

Upon activation, NCW HERC Medical/Technical Specialist Team will conduct these initial steps:
- Fall into an existing Incident Command Structure (ICS) county, region, state, or hospital
  - Provide intel, identify resources, and resource management
- Information gathering, sharing and situation awareness
  - Gather initial information and share with responding HERC members
  - Establish a point of contact (with requesting member/agency)
  - Onboard other essential team members
  - Identify entities affected
  - Confirm Operational Period
- Assist in Planning Process
  - Promote use of HICS and ICS forms for documentation and planning
  - Activate pre-scripted IAP or develop IAP for consideration
  - Identify strategies to complete IAP

NCW HERC Medical/Technical Specialist Team will continue this process in repeating cycles until demobilized by the activating facility.

2.3.1.6 Demobilization

In the development of each Incident Action Plan (IAP) the NCW HERC Medical/Technical Specialist Team will assess its continued need with the activating member/agency. A mutual decision for the NCW HERC Medical/Technical Specialist Team to demobilize will be made if need of activating agency is no longer desired or required. Mechanisms of demobilization of the NCW HERC Medical/Technical Specialist Team include:
- Stand down from active incident response
- De-escalate to monitoring status
- Replenish supplies, breakdown temp facilities and return to prevent pre-event status
- Collect information and gather feedback for the After-action process

2.3.1.7 Recovery/Return to Pre-Disaster State

PLACE HOLDER TO BE DEVELOPED 2019-2020.

2.4 Continuity of Operations

PLACE HOLDER TO BE DEVELOPED 2019-2020.