THE WESTERN WI HERC PREPAREDNESS PLAN (WWHERCPP)

June 6, 2019

ABSTRACT

The WWHERC Preparedness Plan (PP) establishes and describes the emergency response framework which will guide the WWHERC during disaster events

Region 4 Coalition

Version 2

Document Updates

Version #	Update	Date of Update	POC
2	Entire document revised, too numerous to list all changes	OCT 20018	Coordinator

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1. Introduction

This plan describes the roles and responsibilities of Western Wisconsin Healthcare Emergency Readiness Coalition (WWHERC) in responding to a health care emergency primarily within western Wisconsin including the counties of La Crosse, Buffalo, Trempealeau, Jackson, Monroe, Vernon, and Crawford. The coalition can further support response in other regions of the state if needed. When effectively implemented, the health care coalition provides the mechanisms for individual health care organizations to coordinate information sharing and other response capabilities using efficient response processes and procedures.

1.1 Purpose

The WWHERC Preparedness Plan (PP) establishes and describes the emergency response framework which will guide the WWHERC as it activates to protect the health, safety and well-being of Region 4 residents and visitors in areas impacted by a natural or manmade health emergency or disaster.

Overarching project objectives of Healthcare Coalitions WWHERC include:

• Prevent the loss of life, property, and undue suffering in an emergent event
• Improve patient outcomes in an emergent event
• Enable rapid recovery from an emergent event
• Develop a regional system of readiness
• Minimize need for federal and supplemental state resources during emergencies improved system for medical surge.

The four Health Care Preparedness and Response Capabilities, for WWHERC, as identified by ASPR are:

• Capability 1: Foundation for Health Care and Medical Readiness

     o Goal of Capability 1: The community's health care organizations and other stakeholders—coordinated through a sustainable HCC—have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

• Capability 2: Health Care and Medical Response Coordination

     o Goal of Capability 2: Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

• Capability 3: Continuity of Health Care Service Delivery

     o Goal of Capability 3: Health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations. Develop MOU's with other HCC's in the event the damage is extreme and resources are greatly diminished.

- Capability 4: Medical Surge

    o Goal of Capability 4: Health care organizations—including hospitals, EMS, and out-of-hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

1.2 Scope

The PP describes how the WWHERC will respond to disasters that cause severe illness, injury and/or fatalities that affect participating health care organizations and the local jurisdiction, the region, and/or state that may be sufficient to overwhelm health care capabilities. The PP provides an overview of the WWHERC and regional partner roles and responsibilities before, during and after emergencies in order to protect and restore the health of residents and visitors of western Wisconsin. Every attempt is made to assure that this PP is compatible with Federal and State emergency response plans.

1.3 Administrative Support

The WWHERC Preparedness Plan (PP) will be available for review and comment for all coalition members. The plan will be formally approved, by the coalition board vote, NLT 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 strategies to close the gaps.

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

- Exercises
- Planned and real-world incidents
- After Action Reviews/Reports
- Annual updates of supporting documents
    o Hazard Vulnerability Assessment (HVA)
    o TRACIE Gap Analysis Tool
    o HCC Workplan
    o HCC Member Database
    o HCC Bylaws
- Emerging evidence or best practice
- Change in federal or state guidance

2.0 Coalition Overview

WW-HERC Mission and Objectives.
Mission: To coordinate how public health, healthcare institutions, and first responders will manage to enact a uniform and unified response to emergencies. Including, but not limited to, mass casualties, environmental catastrophe or pandemic disease events. We will support our communities before, during and after such disasters.
Objectives:

1. Create a rapid and responsive coalition with a wide range of well synchronized plans for those we support.
2. Promote education of all supported organizations as well as the general public on matters concerning the welfare of our communities.
3. Sponsor and develop responsible committees that engage and assist EMS and other first responders with needed kits, education and outreach programs.
4. Provide pre-event collaboration and coordination for quicker and more efficient response for all types of disruptive events and provide preplanning for post event resumption of normal operations.
5. Develop a culture of cohesive, collaborative and responsible membership within the coalition and seek out future members and responsive stakeholders.

2.1 Introduction/Role/Purpose of Coalition

A collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.

The purpose of a healthcare coalition is a healthcare system-wide approach for preparing for, responding to, and recovering from incidents that have a public health and medical impact in the short and long-term.

The primary function of a healthcare coalition is regional healthcare system emergency preparedness activities involving the health and medical members. This includes planning, organizing, equipping, training, exercises and evaluation.

2.2 Coalition Boundaries

There are There are 10 hospitals, 7 county public health departments, 10 emergency management partners, 7 evacuation and safety organizations, 2 skilled nursing facilities, 2 federally qualified health centers and a host of other partners who all play a critical role in the success of this coalition, see list below. Counties include, Buffalo, Crawford, Jackson, La Crosse, Monroe, Trempealeau, and Vernon.

2.3 Coalition Members

Hospitals

Black River Memorial Hospital - Primary Member
Crossing Rivers Health - Primary Member
Franciscan Skemp Medical Center - La Crosse Mayo Clinic Health System - La Crosse - Primary Member
Franciscan Skemp Medical Center - La Crosse Mayo Clinic Health System – Sparta - Primary Member

Gundersen Lutheran Medical Center Gundersen Health System - La Crosse - Primary Member
Gundersen Lutheran Medical Center Gundersen Health System - St Joseph Hillsboro - Primary Member
Gundersen Tri-County Hospital - Primary Member
Tomah Memorial Hospital - Primary Member
Tomah Veteran Memorial Hospital - Primary Member
Vernon Memorial Hospital - Primary Member

Federally Qualified Health Center

Scenic Bluffs Community Health Center – Cashton - Primary Member
Scenic Bluffs Community Health Center – Norwalk - Primary Member

Public Health

Buffalo County - Primary Member
Crawford County - Primary Member
Jackson County - Primary Member
La Crosse County - Primary Member
Monroe County - Primary Member
Trempealeau County - Primary Member
Vernon County - Primary Member
Ho-Chunk Nation - Primary Member
Houston Co MN - Primary Member

Evac/Public Safety

Black River Fire & Rescue - Partner
Tri-State Ambulance Service - Primary Member
Arcadia Ambulance Service - Partner
Sparta Area Ambulance - Partner
Tri County Ambulance - Partner
MedLink Air - Partner
Gundersen Medical Communications - Partner

Skilled Nursing Facility

Tri County Care Center - Partner
Bethany St Joseph Care Center - Partner

Emergency Management

Buffalo County - Partner
Crawford County - Partner
Jackson County - Partner

La Crosse County - Partner
Monroe County - Partner
Trempealeau County - Partner
Vernon County - Partner
Ho-Chunk Nation - Partner
WEM Regional Director – Primary Member
Ft McCoy Emergency Management - Partner

<u>Other</u>

FBI - Partner
La Crosse Co Sheriff's department - Partner
Gundersen Health System La Crosse Pharmacy - Partner
La Crosse Co Medical Examiner – Partner
Medical Reserve Corps - Partner
Department of Agriculture Trade & Consumer Protection - Partner
Wisconsin Disaster Medical Response - Partner
Office of Preparedness and Emergency Health Care - Partner
State of Wisconsin EMS – Partner Members v Partners

2.4 Organizational Structure/ Governance

BY-LAWS OF

WISCONSIN HEALTH CARE PREPAREDNESS PROGRAM

WESTERN HEALTH CARE COALITION

ARTICLE 1. OFFICERSAWS

The Officers shall consist of an Executive Board made up of a Chairperson, Vice-Chairperson, Secretary/Treasurer, Medical Advisor, Public Health representative and a Citizen Member. The Coalition staff (, Coalition Coordinator and Trauma Coordinator) shall be non-voting members of the Executive Board. The voting members of the Executive Board are to be elected by the members annually at the February Coalition meeting. Any Executive Board member may resign for any reason and the vacant position shall be either filled immediately or if it is within two months of the next election may stay vacant until the next election. Duties of the Executive Board include:

1. Establish an agenda for Regional General Meeting

2. Approve/deny funding requests for Region projects

3. Ensure all HCC members receive equal consideration for project funding

4. Promulgate the mission of the HCC within the region

ARTICLE II. PURPOSES

The purpose of the Coalition is to organize exclusively for charitable, educational, and scientific and to provide assistance to health care within the boundaries of the region or outside the boundaries of the region if requested. In furtherance of the aforementioned purposes, the Corporation's specific purposes shall include the following:

1. To lessen the burdens of government by developing, implementing and maintaining effective, integrated bioterrorism and mass casualty preparedness initiatives.

2. To improve the ability of emergency management systems and medical organizations to effectively respond to bioterrorism and mass casualty events.

3. To integrate local, regional and national bioterrorism and mass casualty preparedness initiatives in order to create a seamless response system throughout the State of Wisconsin and the United States.

4. To educate and train emergency response and medical personnel in methods of effectively responding to bioterrorism and mass casualty events.

5. To achieve cooperation amongst hospitals, medical organizations, emergency management organizations, public health organizations and emergency response organizations in order to create an effective and efficient bioterrorism and mass casualty response system.

6. To acquire, buy, receive, own, lease and enjoy any and all kinds or types of property, either real, personal or mixed, and to mortgage, sell, exchange, transfer or assign such properties where required in furtherance of the purposes set forth herein;

7. To solicit, collect and receive gifts, bequests, devises or grants of real or personal property and to accept the same subject to such valid restrictions as may be imposed thereon from individuals, estates, trusts, associations, corporation or other entities, in furtherance of the purposes set forth herein;

8. To contract with and employ such individuals, consultants and other agents as the Corporation may deem advisable;

9. To adopt and enforce such By Laws, rules and regulations as the Corporation may from time to time deem advisable for the attainment of its purposes;

10. To contract with other organizations, for-profit and not-for-profit, with individuals and with governmental agencies in furtherance of the purposes set forth herein;

11. To invest/disperse any funds or other securities in any manner it may deem most appropriate and productive for achieving the purposes of the Corporation;

12. To exercise any, all and every power that a nonprofit corporation organized under the provisions of the Wisconsin Nonstock Corporation Law for charitable, educational and scientific purposes, all for the public welfare, can be authorized to exercise but not any other purpose. No substantial part of the activities, funds, property or income of the Corporation shall be used in carrying on any political activity, directly or indirectly, or in attempting to influence legislation. Neither the Corporation nor its officers or directors shall, in their capacity as officers or directors of the Corporation, contribute to or otherwise support or assist any political party or candidate for elective public office. Any gifts, grants, scholarships and other awards made by the Corporation shall be given or awarded in such manner as does not violate the restrictions under Code section 501(c)(3).

ARTICLE III. MEMBERS

Membership is open to any and all Health Care related agencies or those that work directly with health Care during emergencies. The Board shall consist of Voting Members and Ad-Hoc Members.

Voting Member shall consist of the following:

1. Each Regional Hospital Member
2. Two Trauma Metro
3. One Trauma Rural
4. One Public Health Officer
5. One Metro Emergency Medical Service
6. One Rural Emergency Medical Service
7. One 1st Responder
8. One Emergency management
9. One human Service
Voting Members are to identify their selected alternate.

Ad-Hoc Members consist of the following:

1. La Crosse Co Public health if not already on as a voting member
2. Ft. Mc Coy representative
3. Fire Service
4. Law Enforcement
5. Long Term Care
6. Red Cross
7. Salvation Army
8. Private Business as specific to the topic
9. Coalition Staff are non-voting members
10. FBI

ARTICLE 3. MEETINGS

1. An annual meeting shall be held on the first Thursday in the Month of February each year at 1:30PM in the designated location as indicated on the agenda. Elections are to be held at the annual meeting for the Executive Board. Nominations will be made at the November meeting for consideration at the February election.

2. Regular meetings will be held on the first Thursday of each month unless the Executive Board decides to meet every other month however meetings will still be on the first Thursday of any month that a regular meeting is scheduled. Special meetings may be called by the Executive Board with the date, time and location to be determined. All partners and interested parties may attend the regular meetings unless their attendance is determined to be detrimental to the Coalition.

3. Decisions will be by consensus whenever possible, if consensus cannot be reached and a vote is required voting will be by voting members who are present at the meeting in person or via phone or video. Majority vote will determine the outcome of the vote. Designated alternates will have voting rights for the voting member they are representing.

4. Any meeting requiring a vote must have a quorum and a quorum is a minimum of 7 voting members or their designated alternate. Regular meetings do not require a quorum unless an official vote is taken, if consensus is reached no quorum is required Bylaws.

2.4.1 Role of Leadership within Member Organizations. All organizations and HCC leaders must be fully committed to the engagement and sustainability of the overall coalitions mission to ensure its future success and growth. Leadership from the core members have signed Memorandum of Agreement's to fully support this desired end state. By Leadership agreeing to allow members of their organizations to engage in partnerships and work groups/committees to expand capabilities and redundant processes of the entire coalition this will ensure that desired success, however care must be taken so not to interfere with the daily ongoing requirements of that organization that responsibility lies with the leadership of the various organizations.

2.5 Risk

Western HCC Region 4 HVA Feb 1 2018.xlsx

Cyber Attack, Epidemic, Hazmat Release/Explosion (transport), Biological Disease Outbreak – Pandemic flu, Supply Disruption, Tornado, Landslide, Flash Flooding, Flooding rank as the highest concern for the region, based on the 2018 HVA assessment. Cyber and epidemic outbreaks rank as the highest concern overall.

2.6 Gaps

The identified gaps for the region vary greatly but will affect the region severely it experienced. The lack of a regional communication plan on how the region will communicate should something significant take place that affects one or more forms of communication platforms, this plan is currently under development.

It has been noted that a lack of coordination between EMS agencies prior to large scale events occurs on a regular basis. This could lead to major deficiencies should something happen at such an event and surrounding EMS agencies are not aware of the event taking place. This will lead to delayed response times and prolong suffering by citizens of the region that is affected. Regional EMS coordination meetings are being discussed to ensure that future events are noted and coordinated training exercises can be scheduled to reinforce the cooperation and response between all agencies within the region.

Large scale event training has not been conducted in the region for a long time. This could lead to poor response to events, prolonged suffering and perhaps loss of life. The coalition will plan out for such training events to ensure all in the region remain familiar with the response process to such events.

Currently there is inadequate staffing and expertise at the coalition level for coordination during large scale events. Positions have been identified based on specialty; however, training has not taken place for manning and operating the WROC for such events. A training curriculum is currently under development.

Cyber awareness and training continue to be a concern, the medical facilities within the region all have departments that address this field, but the concern remains for institutions to be hacked and daily operations affected.

The involvement of community leaders and other stakeholders has not received much focus but is known be a significant factor in the coalition's success. The coalition will form a committee or POC's for such activities to ensure engagement becomes part of our strategic plan.

CBRNE/HAZMAT training and exercise conduct is a concern for the region. Lack of training, experience and cost of conduct of such training hinders each part of the region for reaching an acceptable level readiness. Continued discussions on how to best address this in form of training and exercise conduct is ongoing and will be factored into future planning and exercise efforts.

2.7 Compliance Requirements/ Legal Authorities.

Under Chapter 323 of the Wisconsin Statutes, it describes the organization, duties, and powers for state and local emergency management programs, powers and duties related to emergency management, disaster assistance programs, liability and exemptions, emergency location and continuity of government, emergency planning, emergency response teams, use of the Incident Command System (ICS) during state of emergency, intergovernmental cooperation Mutual Aid Box Alarm System (MABAS), public works mutual assistance, and the Emergency Management Assistance Compact (EMAC).

3.0 Coalition Objectives
A). Priorities for the coalition are; coordinated activities, timely and effective operational responses, developed processes for sharing resources and information sharing, and regular collaborative meetings to ensure the coalition is ensuring it is properly prepared to respond to a host of situations as they present themselves.
B.) Development of a strategic planning committee to ensure all short- and long-term objectives are planned for and resourced to ensure success can be achieved when needed.
C.) Review and discuss staffing is adequate for objectives identified by the strategic planning committee or as identified by the coalition board. This process will include not only staffing needs, but also the material and financial needs as well.
D.) Engage the public with timely and needed messaging to ensure citizens of the region are aware of the intent of the coalition and that they have an advocate for their wellbeing.
E.) Migration to an incorporated organization which will allow the coaction to seek additional funding sources and pursue additional staffing as they see fit.

3.1 Maintenance and Sustainability of the HCC. This involves the engagement of the surrounding communities to promote greater effectiveness of plans, encourage in-kind donations of time, resources and financial support. Financial strategies, including cost-sharing techniques and other funding options, will enhance stability and sustainability for the coalition. By working with community leaders, the leadership of the coalition will demonstrate the benefit of working together to prepare for a full range of emergencies. Creating a strong partnership with all the communities involved will promote and contribute to the longevity and success of the entire region.

3.2 Engagement of Partners and Stakeholders. During all planning events for patient surg exercise and training events Engagement of Partners and Stakeholders must be a main consideration to gain

inclusion, obtain additional knowledge and resources and to better understand perspectives of all agencies that may be called upon during real life events. By including all partners and stakeholders in significant training events, we all gain a better and clearer intent of the objective in hopes of obtaining the desired outcome and lives saved.

3.2.1 Health Care Executives play a key role in the success of the coalition and all outcomes. The executives provide the essential element to success, members of their organization. Engaging and including these individuals assures this coalition success in every event it engages with. There must be commitment by the executives and their staffs to assure our continued success.

3.2.2 Clinicians role is critical in the success of the coalition and all members within the region. By collaborating with all clinicians in times of need, a deliverable care plan can be provided to an entire region therefore saving the lives of countless people. Technical expertise and alternative plans of action for health care on a timely basis before, during, and after time of crisis is what is desired from the clinicians within Region 4.

3.2.3 Community Leaders are a critical piece to the success of this coalition and the community itself. The Coalition needs to engage and include key community leaders by sharing our objectives and essential elements for success allowing them to see how they fit into the plan of success. Community Leaders will play a significant role in the life and death of their community members.

3.2.4 Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs.

Certain individuals may require additional assistance before, during, and after an emergency. Inclusive planning for the whole community, including children; pregnant women; seniors; individuals with access and functional needs, such as people with disabilities; individuals with pre-existing, serious behavioral health conditions; and others with unique needs.

The HERC will:

• Support public health agencies with situational awareness and IT tools already in use that can help identify children; pregnant women; seniors; and individuals with access and functional needs, including people with disabilities; and others with unique needs, such as the U.S. Department of Health and Human Services emPOWER map,22 which provides information on Medicare beneficiaries who rely on electricity-dependent medical and assistive equipment, such as ventilators, at-home dialysis machines, and wheelchairs.

• Support public health agencies in developing or augmenting existing response plans for these populations, including mechanisms for family reunification.

• Work with public health and other stakeholders, both public and private, to help identify potential health care delivery system support for these populations (pre- and post-event) that can reduce stress on hospitals during an emergency.

• Assess needs and contribute to medical planning that may enable individuals to remain in their residences. When that is not possible, coordinate with the ESF-8 lead agency to support the ESF6 (Mass Care, Emergency Assistance, Housing, and Human Services) lead agency with inclusion of medical care at shelter sites.

• Coordinate with the ESF-8 lead agency to assess medical transport needs for these populations.

• Assess specific treatment and access to care needs; attempt incorporate how to address needs into response plan.

• Coordinate with the U.S. Department of Veterans Affairs (VA) Medical Center to identify veterans in the HCC's coverage area.

4. Workplan

4.1 Roles and Responsibilities

A. WWHERC's primary role and responsibilities include:
 • Facilitating information sharing among participating health care organizations and with jurisdictional authorities to promote common situational awareness.
• Facilitating resource support by expediting the mutual aid process or other resource sharing arrangements among Coalition members, and supporting the request and receipt of assistance from local, State, and Federal authorities.
• Facilitating the coordination of incident response actions for the participating health care organizations so incident objectives, strategy, and tactics are consistent for the health care response.
• Facilitating the interface between the Health Care Coalition (HCC) and relevant jurisdictional authorities to establish effective support for health care system resiliency and medical surge.

B. Public Health Nursing
 Public Health Nurses are responsible for helping to monitor the health status of residents in their regions, diagnosing and investigating health problems and health hazards, providing medical countermeasure dispensing at Strategic National Stockpile (SNS), Point of Dispensing (POD) sites.

C. Western Region Operation Center (WROC)
 WROC is responsible for coordinating and leading the WWHERC in planning for, responding to and recovering from a regional health care disaster. The WROC is the primary hub for facilitating regional HCC response and recovery operations including facilitating communications, providing medical surge support, coordinating regional medical equipment and supplies, and providing and receiving health care situational awareness and information during a disaster or emergency.

D. County Emergency Management Agencies (CEMAs)
 Local emergency management activities are coordinated regionally by EMAs, as applicable, in the WWHERC's seven counties. County Directors provide support to cities and towns in Buffalo, La Crosse, Trempealeau, Jackson, Monroe, Vernon and Crawford Counties as well as leadership in preparedness, response, recovery and mitigation to their local business and volunteer partners.

E. Wisconsin Emergency Management Agency (WEMA)
 WEMA is responsible for coordinating the mitigation (risk reduction) preparedness, response and recovery from emergencies and disasters such as floods, hurricanes, earthquakes or hazardous materials spills. WEMA also provides guidance and assistance to county and local governments, businesses and nonprofit organizations in their efforts to provide protection to citizens and property, and increase

resiliency in the face of disaster. WEMA uses strategies such as planning, training, exercise and public education to carry out its mission.

F. Hospitals
Hospitals are responsible for providing definitive care to individuals resulting from a disaster or other medical emergency. Hospital emergency operation activities include preparing for medical surge incidents as well as activating and staffing alternative care sites and extended care sites.   An MOU has been produced and signed by all hospitals within the region stating they will share resources in order to ensure the success throughout the region during times of an emergency, see Appendix A for MOU.

G. Federally Qualified Health Centers (FQHC)
 Local FQHCs provide outpatient medical surge support to regional health care facilities during disasters or emergencies.   The Health Centers will maintain ongoing communication, whenever possible, with area health care institutions and emergency personnel to assure up-to-date information is shared regarding Health Centers capacity to care for patients and availability of services to the community.

H. Emergency Medical Services (EMS)
 EMS is responsible for providing rules, data collection, and treatment protocols for the transporting and non-transporting EMS agencies and pre-hospital care providers. EMS works closely with WWHERC participating health care organizations, as well as Emergency Medical Dispatchers, on pre-hospital treatment and transport, medical surge, and mass casualty response operations.

I. Long-term Care/Assisted Living/Residential Care
 Long-term Care, Assisted Living and Residential Care are all fairly interchangeable terms. One difference being the level of care provided to the residents as medical (ex. Long-term Care) versus nonmedical (ex. Residential Care). Assistance provided during a disaster will vary depending on the level of medical care available at each facility and may range from rapidly accepting transfers of patients from damaged hospitals to serving the needs of the community by supporting community-dwelling elderly that may suffer from disrupted support systems.

J. Home Health
 Partner home care agencies provide support to regional health care facilities during disaster or emergencies through the delivery of skilled nursing, therapy and social work services to individuals able to shelter in place within their own homes.

K. Logistic sharing/support.
How share supplies; see Administration Finance and Logistics section of WWHERCRP for Regional support. If outside requests needed…...
- What is the process for requesting supplies via state or federal channels.
- How transport supplies, large amounts. Use county assets? Contracted carrier?
- Potential staging areas are identified for incoming supplies in the event of large-scale incident.
- Where does extra equipment come from and how get?
- Identify what forms to be used for resource requests between all facilities within region.

- Establish what consumption rates for hospitals to better facilitate forecasting resources in large scale events, i.e.; OR, ED, water, power, medical supplies, etc.

L. Communications & IT sharing/support
- The WROC in Region 4 is the lead to oversee the region recovery for comms and support for reestablishment after large scale event.
- Communication work group established to oversee the communications plan development for normal to extreme situations. Use of a HAMM radio, pooling of assets to maintain communication during times of crisis, what if any support from State could we get, create a Task Force to assist affected facility(s) to regain normal operations in times of emergencies.

M. Utilize any MOU's with other regions for support before approaching state for additional resources. The initial utilization of the Western Health Care Coalition Hospital Memorandum of Understanding and MABAS process is to be exhausted prior to requesting additional support from state agencies. Exceptions will be made depending on the emergency and resources needed/requested.

N. Essential Elements of Information (EEI)
See Appendix B for complete list of EEI's.
- Closure of main highway system or routes used by EMS or other emergency vehicles.
- Identify who and when the all clear is given after an event is deemed complete. WWHERC will be receive notification from incident command and will ensure all coalition members are notified by all means available to the WROC.
- A closure of a facility and why
- Loss of senior medial staff at various facilities or region leadership affecting decision making processes
- Additional events that will add to current situation; I.e. "after the earth quake the dam is about to break in four hours"
- Chemical agents and how used and expected longevity
- Any federal agencies moving in/out
- Staging areas no longer functional due to _____.

O. Public Information Office
- develop a unified message for all affected facilities to demonstrate solidarity.
- Facilities Public Information Office staffs collaborate, coordinate or combine in emergencies to better facilitate message development (Large scale events)

P. Establishing or requesting Liaison Personnel
- Identify if it is needed and where the asset will be located with what equipment (i.e. computer, etc.).
- How many and where and what kind of qualification is needed for the liaison personnel.
- Plan to support for extend periods of time. May not need 24-hour coverage, but will need presence until event has ended

5.0 Appendices

Appendix A – Commitment to Participate copies of the Memorandum of Agreement's (MOA) Signed by hospital leadership and HCC Chair

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Western Health Care Coalition

Hospital

Memorandum of Understanding

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This Memorandum of Understanding (MoU) is made and entered into as of this _____ day of _____, 201_, by and between the hospitals located within the Wisconsin area hereafter known as Western Health Care Coalition (Western HCC) as identified by the State of Wisconsin ASPR Hospital Preparedness Program. This MoU also includes hospitals located in the States of Iowa and Minnesota that may wish to be included in this MoU with the Wisconsin hospitals in Western HCC.

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RECITALS

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WHEREAS, this MoU is not a legally binding contract but rather this MoU signifies the belief and commitment of the undersigned hospitals that in the event of a mass casualty event or other surge event, the medical needs of the community will be best met if the undersigned hospitals cooperate with each other and coordinate their response efforts.

WHEREAS, the undersigned hospitals desire to set forth the basic tenants of a cooperative and coordinated response plan in the event of a mass casualty or other surge event.

NOW THEREFORE, in consideration of the above recitals, the undersigned hospitals agree as follows:

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ARTICLE I

COMMUNICATION BETWEEN THE UNDERSIGNED HOSPITALS DURING A DISASTER EVENT

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The undersigned hospitals will:

1.1 Communicate and coordinate efforts to respond to a mass casualty event via their liaison officers, public information officers and incident commanders primarily. This assumes that all participating hospitals will use some form of an Incident Command System organization.

1.2 Communicate with each other's Incident Command Center (ICC) by phone, fax, email and will maintain radio capability to communicate.

1.3 Initialize a Joint Public Information Center (JPIC) to the extent possible during an event, to allow their public relations personnel to communicate with each other and release consistent community and media educational / advisory messages.

ARTICLE II

ONGOING COMMUNICATIONS ABSENT AN EVENT

The undersigned hospitals will:

2.1 Meet at least annually under the auspices of the Western HCC to discuss continued emergency response issues and coordination of response efforts.

2.2 Identify primary point-of-contact and back-up individuals for ongoing communication purposes. These individuals will be responsible for determining the distribution of information within their respective healthcare organizations.

ARTICLE III

FORCED EVACUATION OF AN UNDERSIGNED HOSPITAL

3.1 If a disaster affects an undersigned hospital(s), forcing partial or complete facility evacuation, the other undersigned hospitals agree to participate in the distribution of patients from the affected hospital(s), even if this requires activating emergency response plans at the receiving hospital(s).

3.2 In the event of an anticipated evacuation, transportation arrangements will be made in accordance with the affected hospital's usual and customary practices. Local Emergency Operations Center (EOC) resources may be used by the affected undersigned hospital to help arrange transportation resources.

ARTICLE IV

REPORTING BED CAPACITY AND CAPABILITY

4.1 The undersigned hospitals will transmit information to the local Emergency Operations Center (EOC) concerning the hospital's bed capacity, its capabilities and its Emergency Department's ability to receive patients when requested. The undersigned hospitals will update this information periodically and/or as capabilities change so that the EOC has current information to immediately determine regional resources during an event.

4.2 Bed capacity will include at a minimum: Medical/surgical floor, Monitored (step down), and ICU units.

4.3 Bed capability refers to the staff available to serve those available beds.

ARTICLE V

AUXILIARY HOSPITAL AND CASUALTY COLLECTION LOCATION

5.1 An auxiliary hospital and/or casualty collection location may be required if the event overwhelms the regions area hospitals' capacity and capabilities.

5.2 The undersigned hospitals may be asked to contribute volunteer staff to an auxiliary hospital or casualty collection location on an urgent basis, subject to availability.

ARTICLE VI

STAFF, MEDICAL SUPPLIES, AND PHARMACEUTICAL SUPPLIES

DURING AN EVENT

6.1 In the event of a disaster when patient care staff is available at one of the undersigned hospitals and lacking at another, an undersigned hospital with a surplus will share staff to help ensure that the available hospital beds in the region are adequately staffed during an event to the extent possible.

6.2 In the event that needed supplies are available at one of the undersigned hospitals and lacking at another, undersigned hospitals with a surplus will share supplies to help ensure that patients in the region receive necessary treatment during an event.

6.3 The above staff and supply sharing will occur in cooperation between the incident command leadership at the involved undersigned hospitals.

ARTICLE VII

MISCELLANEOUS PROVISIONS

7.1 This MoU constitutes the entire MoU between the undersigned hospitals.

7.2 Proposed amendments to, or termination of, this MoU must be in writing, submitted to the Western HCC Chairperson, voted upon and signed by the participating hospitals.

7.3 An undersigned hospital may at any time terminate its participation in this MoU by submitting written notice to the Western HCC Chairperson.

Western HCC Hospital MoU - <u>AUTHORIZING SIGNATURES</u>

Name, Title and Hospital	Signature	Date
Black River Memorial Hospital Black River Falls, WI		
Crossing Rivers Health Prairie du Chien, WI		
Gundersen St Joseph's Hospital Hillsboro, WI		
Gundersen Health System La Crosse, WI		
Gundersen Tri-County Hospital Whitehall, WI		
Mayo Clinic Health System – Franciscan Healthcare La Crosse, WI		
Mayo Clinic Health System – Franciscan Healthcare Sparta, WI		
Tomah Memorial Tomah, WI		
Vernon Memorial Viroqua, WI		
Veterans Administration Medical Center Tomah, WI		

EXHIBIT A

DEFINITION OF TERMS

Emergency Operations Centers (EOC): A local coordination center for event response by affected response organizations. Liaisons from all affected response organizations (including hospitals) at the local EOC is of critical importance during an event.

Event: A situation in which an incident's resource requirements exceed immediate available resources.

Hospital Emergency Incident Command Systems (HEICS): A command framework for hospitals that provides a compatible incident command format, specifies a chain of command and provides functional position definition that can enhance event communication and coordination during a mass casualty. The WHEPP Steering Committee for the State of Wisconsin recommends at least the first level of incident command structure be incorporated into hospital mass casualty plans.

ASPR: Office of the Assistant Secretary for Preparedness and Response

Incident Command Center (ICC): A location within a hospital were leadership gather to coordinate in-hospital activities and communicate with the EOC during the event.

Joint Public Information Center (JPIC): A location at which information that is identified by more than one agency or group can be coordinated during an event to assure consistent messages and flow of information to the public.

Appendix B - Essential Elements of Information (EEI) List

EEI Number (1)	Essential Elements of Information (2)	Specific Information Required (3)	Data Collector (s) (4)	Data Source(s) 5
Reference number assigned to each EEI to be collected	Category/functional element of data to be collected	Question to be answered or data to be provided by Department/Agency (D/A) identified in Column 4.	Department/Agency (D/A) responsible for providing the requested information to the Information Cell	Source used by the data collector
1	Transportation	What is the status of transportation (assets and routes, including air, ground, rail and accessible transportation)?	WIDOT POC:	
2	Command	What is the scope of the incident and the response?	EOC	
3	Command	Where are the impacted communities?	EOC	
4	Healthcare	What population is impacted?	EOC, PH	
5	Healthcare	What is the anticipated medical surge?	WROC	
6	Communication	Status of facilities comms	WROC	
7	Healthcare	Status of critical infrastructure (i.e., hospitals, urgent care, EMS service, long-term-care, public health department, behavioral health)	WROC, Hospital Systems	
8	Finance	What is the financial tracking requirements for reimbursements	Hospitals Systems	
9	Command	What is the expected duration of incident?	EOC	
10	Command	Loss of senior medial staff at various facilities or region leadership	WROC	
11	Operational	Chemical agents and how used and expected longevity	EOC	
12	Healthcare	Loss of facilities or anticipated loss due to event	WROC, Hospital Systems	

13	Command	Federal agencies moving in/out	EOC	
14	Transportation	Additional transports available	EOC, WROC	
15	Command	Other HCC Regions affected	EOC	
16	Command	Follow on events that could affect operations (i.e. after shock)	EOC	
17	Healthcare	Loss of medical aviation assets	WROC	
18	Healthcare	Loss of ground transport assets	WROC	
19	Command	Transport route degraded (i.e. bridge collapse)	EOC	
20	Healthcare	Status of long-term care facilities	WROC	
21	Command	Status of electrical grid	EOC	
22	Command	Status of water supply	EOC	
23	Command	Status of natural gas supply	EOC	
24	Command	Location and operational status of sheltering facilities	EOC	
25	Command	Confirmed number of injuries and fatalities	EOC	
26	Command	Areas under current evacuation orders, and the details concerning the orders	EOC	
27	Command	Location, type, and operation status of PODs for distribution of food, water and other bulk commodities	EOC, PH	