

Appendix A: Fox Valley: Healthcare Emergency Readiness Coalition (FV HERC) Preparedness Plan FINAL



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 reflect the need for readiness of partners in the healthcare sector, improving regional readiness, response and recovery. 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 Preparedness Plan below is for the "Fox Valley Healthcare Emergency Readiness Coalition" or "FV HERC."

1.1 Purpose

The FV HERC Preparedness Plan is intended to serve as a document, outlining the organization and process of the coalition; how it prioritizes and works collectively to develop and test operational capabilities.

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Overarching project objectives of the FV HERC 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

The four Health Care Preparedness and Response Capabilities, for FV HERC, identified by ASPR are:

- **Capability 1: Foundation for Health Care and Medical Readiness**
 - **Goal of Capability 1:** The community's health care organizations and other stakeholders—coordinated through a sustainable FV HERC—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**
 - **Goal of Capability 2:** Health care organizations, the FV HERC, 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**
 - **Goal of Capability 3:** Health care organizations, with support from the FV HERC 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.
- **Capability 4: Medical Surge**
 - **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 FV HERC, 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 FV HERC's collective resources, the FV HERC 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 FV HERC intended to define the partnerships of healthcare and emergency agencies/organizations in the region. These partnerships are intended to help prepare for, respond to and recover from a catastrophic event. In the tiered response system, FV HERC and this preparedness plan are intended to serve and provide assistance to partners in an expanding event.

The FV HERC Preparedness Plan is intended to serve as a guide, improving regional preparation for an emergent event, readying for a true event. The preparedness plan does not replace standard policy, procedure, or protocol of regional member agencies/organizations. Utilization of the FV HERC is voluntary and not required by any agency there-in.

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The plan will be valid through June 30, 2022, at which time it will need to be reviewed for implementation by the FV HERC Board of Directors.

1.3 Administrative Support

The FV HERC Preparedness Plan will be available for review and comment for all coalition members. The plan will be formally approved, by FV HERC Board vote, **effective June 30, 2018**. Approval will be noted in coalition meeting minutes. The plan will be reviewed annually and amended as needed. Review and amendment is 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
 - Hazard Vulnerability Assessment (HVA)
 - ASPR TRACIE Coalition Assessment Tool (CAT)
 - FVHERC Workplan
 - FVHERC Member Database
 - FV HERC Bylaws
- Emerging evidence or best practice
- Change in federal or state guidance

2. Coalition Overview

2.1 Introduction/Purpose of Coalition

The FV HERC is identified as the nine east central Wisconsin counties and healthcare and emergency agencies/organizations there-in.

FV HERC's Mission:

To be the most effective multi-disciplinary, multi-organizational team dedicated to facilitate coordination and communication amongst FV HERC (East Central) healthcare organizations, local and state response agencies regarding preparedness planning and response as it pertains to emerging and emergent disaster events.

FV HERC's Vision:

Prepared and ready healthcare in Fox Valley Area Wisconsin.

FV HERC's Objectives:

- Prevent the loss of life, property and undue suffering in Region 6.
- Facilitate increased collaboration and communication of partners in Region 6.
- Identify common gaps in education and knowledge of partners in Region 6.
- Identify emerging change in practice related to preparedness for partners in Region 6.
- Coordinate identified trainings needs for partners in Region 6.
- Disseminate emerging information and guidance to partners in Region 6
- Identify new resources for partners in region 6.

2.2 Coalition Boundaries

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FV HERC is identified by geographical boundaries within the state of Wisconsin. The coalition works directly to serve and prepare members in:

- Calumet County
- Green Lake County
- Outagamie County
- Shawano County
- Menominee County
- Waupaca County
- Waushara County
- Winnebago County
- Fond Du Lac County

The coalition identifies that a growing incident may require involvement of partners from outside the geographic region, related to normal referral patterns.



2.3 Coalition Members

FV HERC attempts to include diverse membership to assure a successful whole community response. The coalition understands that segments of the community that are unprepared or not engaged will create a greater risk that the healthcare delivery system will be overwhelmed during an event. The coalition delineates membership below. FV HERC identifies all healthcare and emergency agencies/ organizations as members, regardless engagement. FV HERC identifies “Active members” as agencies/organizations who actively engage in coalition activities at least once per budget period and contact information is kept on the “FV HERC Active Member Database”

Core FV HERC members should include, at a minimum, the following:

- Hospitals
- EMS (including inter-facility and other non-EMS patient transport systems)
- Emergency management organizations
- Public health agencies

Additional FV HERC members may include, but are not limited to, the following:

- Behavioral health services and organizations
- Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)
- Dialysis centers and regional Centers for Medicare & Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks

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- Federal facilities (e.g., U.S. Department of Veterans Affairs (VA) Medical Centers, Indian Health Service facilities, military treatment facilities)
- Home health agencies (including home and community-based services)
- Infrastructure companies (e.g., utility and communication companies)
- Jurisdictional partners, including cities, counties, and tribes
- Local chapters of health care professional organizations (e.g., medical society, professional society, hospital association)
- Local public safety agencies (e.g., law enforcement and fire services)
- Medical and device manufacturers and distributors Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in disasters, amateur radio operators, etc.)
- Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers (FQHCs), urgent care centers, freestanding emergency rooms, stand-alone surgery centers)
- Primary care providers, including pediatric and women's health care providers
- Schools and universities, including academic medical centers
- Skilled nursing, nursing, and long-term care facilities
- Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers)
- Other (e.g., child care services, dental clinics, social work services, faith-based organizations)
- Medical examiners/ coroners and funeral homes
- Agency/facility public information specialists

[LINK: FV HERC ACTIVE MEMBER DATABASE](#)

2.4 Organizational Structure/ Governance

To ensure the fulfillment of FV HERC mission, vision, objectives, and capabilities, the coalition has implemented structured bylaws. These bylaws delineate membership and how members collaborate to identify and strategically work to close gaps in the region.

The full document of FV HERC Bylaws are attached here:

[LINK: FV HERC BYLAWS](#)

[LINK: FV HERC STRUCTURE](#)

2.4.1 Role of Leadership within Member Organizations

As stated in the bylaws, the coalition has a Chair, Co-chair, RTAC Coordinator, Healthcare Coalition Coordinator, and Medical Advisor to serve as executives, assisting in completion of deliverables.

Additionally, to assure a comprehensive and cohesive plan, member sectors such as Hospitals, Public Health, Emergency Management, Emergency Medical Services, will nominate representatives to participate routine coalition activities and meetings. These nominated members will serve as voting board members of the coalition and provide unique insight from the respective professions.

2.5 Risk

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To identify risks, the coalition reviews and updates a regional “Hazard Vulnerability Assessment” (HVA.) Additionally, FV HERC cross-references its HVA with the Wisconsin Emergency Management (WEM) “Threat Hazard Identification and Risk Assessment” (THIRA). A general review of the HVA is conducted annually by the FV HERC Board. FV HERC Member participation for comment and amendments are surveyed. Every five years a deep dive review is conducted. (2017, 2022, 2027)

FV HERC 2017-2018 (BP1) top threats include:

1. Cyber Attack (67%)
2. Epidemic (62%)
3. Ice Storm (60%)
4. Supply Disruption (60%)
5. Computer Failure (65%)
6. Major Communications Disruption (64%)
7. Power Outage (62%)
8. Biological Disease Outbreak (Pan Flu) (59%)
9. Active Shooter (59%)
10. Mass Casualty Incident/large event (59%)
11. Hazmat Release (58%)

FV HERC added Mass Casualty Incident to its HVA during 2017-2018 review. From these pre-identified threats, FV HERC is able to identify learning, training, and exercise needs in the community.

[LINK: FV HERC BP1 HVA](#)

Link to WEM THIRA:

http://dma.wi.gov/DMA/divisions/wem/mitigation/docs/HazardMitigationPlan/Appendix_A-Threat_Hazard_Identif_Risk_Asse.pdf

2.6 Gaps

To identify gaps in FV HERC planning, a Coalition Assessment Tool (CAT) is conducted annually to review coalition activities inside of identified ASPR capabilities and objectives. The CAT tool is meant to assist the coalition, in conjunction with the HVA to guide activities. This also serves as a direct mechanism of reporting, from the region to the federal government.

LINK: CAT DOCUMENT

CAT 1

CAT2

CAT3

CAT4

LINK: CAT SUMMARY

2.7 Compliance Requirements/ Legal Authorities (Objective 2, Activity 5)

FV HERC collaborates with ESF-8 lead agencies and state authorities to assess and identify regulatory compliance requirements that are applicable to day-to-day operations and may play a role in planning for, responding to, and recovering from emergencies.

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Federal statutory, regulatory, and national accreditation requirements that impact emergency care include, but are not limited to:

- [Centers for Medicare & Medicaid Services \(CMS\) conditions of participation. \(Including CMS-3178-F Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers\)](#)
- [Clinical Laboratory Improvement Amendments \(CLIA\)](#)
- [Health Insurance Portability and Accountability Act \(HIPAA\)](#)
- [Emergency Medical Treatment & Labor Act \(EMTALA\) requirements](#)
- [Licensing and accrediting agencies \(I.e. Joint Commission\)](#)
- [Federal disaster declaration process](#)
- [Public Health Emergency Declaration Authority](#)
- [Available federal liability protections for responders \(I.e. Public Readiness and Emergency Preparedness \(PREP\) Act.](#)
- [Environmental Protection Agency \(EPA\) requirements](#)
- [Occupational Safety and Health Administration \(OSHA\) requirements](#)

FV HERC also understands the importance of understanding state and local regulations that impact emergency medical care:

- [Scope and breadth of emergency declarations](#)
- [Regulations for health care practitioner licensure, practices standards, reciprocity, scope of practice limitations, and staff-to-patient ratios](#)
- [Legal authorization to allocate personnel, resources, equipment, and supplies among health care organizations](#)
- [Laws governing the conditions under which an individual can be isolated or quarantined](#)
- [Available state liability protections to responders](#)

FV HERC understands that its members must understand the process and information required to request necessary waivers and suspension of regulations:

- [Processes for emergency resource acquisition \(may require federal, state, or local coordination\)](#)
- [Special waiver processes \(I.e. section 1135 of the Social Security Act waivers\)](#)
- [Process and implications for Food and Drug Administration \(FDA\) issuance of emergency use and authorizations for use of non-approved drugs and devices or use of approved drugs or devices for unapproved uses](#)
- [Legal resources related to hospital legal preparedness, such as deployment and use of volunteer health practitioners](#)
- [Legal and regulatory issues related to alternate care sites and practices](#)
- [Legal issues regarding population-based interventions, such as prophylaxis and vaccination](#)
- [Process for emergency decision making for state and local legislature](#)

Finally, FV HERC understands the importance of:

- [support crisis standards of care planning, including the identification of appropriate legal authorities and protections necessary when crisis standards of care are implemented](#)
- maintain awareness of standing contacts of resource support during emergencies

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3. Coalition Objectives

This section provides elements of consideration for FV HERCs when developing their coalition objectives. Documentation may look different across coalitions, for example some may have these elements as part of their objectives and others may provide additional information on how they will or are working with partners to address these areas. Per Capability 1, Objective 3, strategic and operational priorities for the FV HERC and each member discipline should be based on risk and gap information. Elements for consideration include:

- Define the priorities for the plan and how they address gaps (focus on how the strategies promote communications, information sharing, resource coordination, and operational response).
- Short-term and long-term objectives that support the priorities- these can be supporting objectives associated with each overarching coalition objective.
- Support for the objectives (e.g., staffing and material, financial).
- Foster effective information sharing with FV HERC members and timely and effective messaging to the public.

3.1 Maintenance and Sustainability (Capability 1, Objective 5, Activity 5)

FV HERC understands the importance of maintaining the value and stability of preparedness work conducted at the coalition level. To fulfill FV HERC's mission, vision, and objectives, methods and strategies must be implemented to assure that quality work is maintained, regardless of shifts in funding or staff turnover, with a stable financial plan.

Strategies to ensure financial stability include:

- Member in-kind donations of:
 - Staff time (participation)
 - Equipment resources (telephone & internet)
 - Meeting space (board rooms & conference rooms)
 - Support (expert panels and work groups, engagement with other coalition members and the community.)
- Offer technical assistance and consultative services in meeting for emergency readiness requirements for Medicare and Medicaid providers.
- Identify means of tax exemption for members in preparedness planning
- Analyze critical functions to preserve, and identify financial opportunities beyond federal funds (I.e. foundation, and private funding, dues, and training fees to support or expand FV HERC functions)
- Develop financing structure documented that supports FV HERC activities.
- Cost Sharing coordinate with PH agencies, EM agencies, fulfill similar requirements.
- Leadership succession plan and governance structure
- Leverage group buying power to obtain equipment across the region and allow for sharing or emergency allocation. (Obtaining regional assets that would be useful, but not bought otherwise.)

PLACE HOLDER FOR FINANCIAL AND MARKETING PLAN

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3.2 Engagement of Partners and Stakeholders (Capability 1, Objective 5, Activity 1)

FV HERC, with its members, articulates its mission and benefits of existence, direct and indirect. FV HERC collaborates is planning for a wide range of emergencies for planned and unplanned events that could affect the community.

FV HERC has identified and continues to seek “Active Members” to promote regional community preparedness and response needs.

Members should actively seek to engage the FV HERC in planning and exercising.

FV HERC has a website and conducts presentations to increase coalition visibility to all members.

[LINK TO COALITION WEBSITE](#)

[LINK TO FV HERC CST PRESENTATION](#)

[FV HERC PAMPHLET](#)

To promote value for coalition partners and stakeholders, FV HERC:

- Develop materials that identify and articulate the benefits of FV HERC activities to its members and additional stakeholders (I.e. website and presentation)
- Encourage champions among its members and other response organizations to promote
- FV HERC preparedness efforts (I.e. FV HERC Board)
- Exercising performance measures consistently identify leadership and executive participation
- Meetings
- Social media
- Providing Education/Training opportunities
- Coordinating Exercises

3.2.1 Health Care Executives (Capability 1, Objective 5, Activity 2)

It is important for FV HERC to communicate direct and indirect benefits of coalition preparedness and response planning to member facility/ organization executives. NCW HERCs such as FV HERC are identified by the federal government as a best practice for enhancing practice inside and outside of an event.

Day-to-day benefits of being a member of FV HERC include:

- Meeting regulatory and accreditation requirements
- Enhancing purchasing power
- Accessing clinical and non-clinical expertise
- Peer networking
- Sharing leading practice
- Interdependent/ mutual gain relationships
- Reducing risks and promoting resilience

Through collaboration inside of the FV HERC plans, exercises, and other preparation efforts are completed that otherwise would not be attainable.

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3.2.2 Clinicians (Capability 1, Objective 5, Activity 3)

FV HERC enhances engagement in the health care delivery system. In planning, regional clinical leaders are engaged requesting input, acknowledgement, and approval in planning.

Participation of regional clinicians is engaged through:

- Routine board meetings
- Trainings & exercises
- Education sessions
- Member Data bases
- Survey

3.2.3 Community Leaders (Capability 1, Objective 5, Activity 4)

FV HERC at its core is to promote a whole community approach to preparedness. FV HERC is constantly to be in a state of assessing for new members, businesses, charitable organizations, and media in health care preparedness planning to promote resilience for the entire community.

3.2.4 Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs (Capability 1, Objective 2, Capability 4)

Certain individuals may require additional assistance before, during, and after an emergency.

FV 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

In order to assure special considerations are met FV 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 FV HERC's coverage area

4. Workplan

To assure fulfillment of the capabilities, objectives and activities outlined by ASPR, the Office of Preparedness and Emergency Health Care (OPEHC) has developed a "Coalition Workplan", outlining activities to be completed and projected deadlines for their completion.

[LINK TO WORKPLAN HERE](#)

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To assure a high-functioning coalition, it is important to clearly define roles and responsibilities of FV HERC members. Through roles and responsibilities, the following collaborative tasks can be achieved:

- Policy, Plan, and Procedure development
- Formation of sub-committees & work groups to facilitate common operational picture
- Educational material development, presentation and evaluation
- Materials research and acquisition
- Evaluate exercises and responses to emergencies

4.1 Roles and Responsibilities

The Fox Valley Healthcare Emergency Readiness Coalition (FVHERC), in collaboration with member agencies and the Office of Preparedness and Emergency Health Care (OPEHC) will execute the preparedness plan as outlined in the Roles and Responsibilities below.

OPEHC

- Serve as primary grant recipient of federal funding
- Develops work plan for the coalition and advisory group, outlining scope of work
- Assures minimal expectations are completed by coalitions in accordance with ASPR requirements
- Assures quality communication between regions for common operational picture
- Identifies areas for coalition collaboration to prevent duplication of services

State Advisory Group

- Serve as an advisory body for both the regional healthcare coalitions and the state program
- Liaison between the Department of Health Services and Regional Healthcare coalitions

FV HERC Board

- Ensures completion of the Coalition workplan outlined by OPEHC
- Ensures fulfillment of coalition mission, vision and objectives
 - Facilitate increased collaboration and communication of partners
 - Identify common gaps in education and knowledge of partners
 - Identify emerging change in practice related to preparedness for partners
 - Coordinate identified trainings needs for partners
 - Disseminate emerging information and guidance to partners
 - Identify new resources for partners
- Identify work groups for plan development, exercise and training coordination

FVHERC Coordinator

- [HERC Coordinator Scope of Work](#)

FVRTAC Coordinator

- [RTAC Coordinator Scope of Work](#)

FVMedical Advisor

- [Medical Advisor Scope of Work](#)

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FV HERC Members

- Assist to ensure coalition and membership sustainability
- Participate in FV HERC related meetings, exercises, and plan development
- Identify representation for FV HERC Board
- Identify staff and representation for work group and sub-committees to develop plans, trainings, exercises, etc
- Identify resources available related to individual plans
- Share gaps in knowledge, training & exercise needs, and emerging practice with FV HERC
- Assist FV HERC in alignment of trainings, exercises, and plans related to individual requirements, objectives and grant deliverables

5. Appendices

Regional MOUs:

- [State Hospital Mutual Aid MOU](#)

Regional Resources:

- [Regional Resource Document \(in progress\)](#)
- [Regional Emergency Communications Plan \(in progress\)](#)
- [Coalition Continuity of Operations Plan \(in progress\)](#)
- [Regional Medical Coordination Plan \(in progress\)](#)

Guidance Documents:

- [2017-2022 Hospital Preparedness Program Performance Measure Implementation guide \(with **Acronyms**, page iv\)](#)
- [ASPR Health Care Capabilities and **Term Glossary** \(page 56\)](#)

Frequently used Websites:

- [FVHERC Website](#)
- [What is WITRAC?](#)
- [EMResource \(WITRAC\) Login](#)
- [WI Train Login](#)
- [What is WISCOM?](#)
- [CDC Social Vulnerability Index \(SVI\)](#)
- [FEMA NIMS/ICS](#)
- [WebEOC Login](#)
- [HHS empower Map 2.0](#)
- [WI Trauma System Map](#)
- [\(GIS\) Geomapping](#)
- [PCA Portal](#)

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Regional MOUs:

INSERT REGIONAL MOUS HERE

5.1 Detailed Information on HVA

5.1 Detailed Information on HVA

HVAs shall be distributed to all requesting organizations and are expected to be shared. HVA will also be available on the website.

[LINK: FV HERC BP1 HVA](#)

[How to use the Kaiser Permanente HVA Tool](#)

Definitions:

HVA – Hazard Vulnerability Assessment

Probability – Likelihood of future occurrence

Human Impact – Percentage of population likely to be injured or killed under an average occurrence of the hazard.

Healthcare Services Impact – Percentage of the healthcare services likely to be affected under an average occurrence of the hazard

Community Impact – Percentage of the population

Pages:

1 – Unsorted

2 – Sorted by Risk

5.2 Commitment to Participate

As an active member of the FV HERC, organizations within agree to cooperate for the betterment of healthcare preparedness and response within our region. This includes but is not limited to: reviewing regional plans regularly, participating in exercises and drills, including FVHERC and its structure in their organization's preparedness plans, and voting in the best interests of the region when called upon.

All members should include within their organizational plans a section laying out the purpose and functions of FV HERC which includes contact information for FV HERC. Members will also inform FV HERC of changes to their organizational preparedness plans that will directly affect the regional preparedness plan.

Participation in FVHERC funded activities, trainings and exercises will be considered commitment to these expectations.

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5.3 Program Plan and Budget

Budget is subject to request and review from OPEHC and ASPR. Program Plan is a collaboration between OPEHC and each regional coalition. Funding allocations from the Federal Government are not guaranteed in advance and are subject to Legislative and Presidential review.

Funding does not directly impact the preparedness agreements of this coalition. Members are expected to continue the functions of regional preparedness without external funding.

FVHERC contracts with WI Department of Health Services for Fiscal Agent needs.

Appendix: Acronyms Used in This Preparedness Plan

ASPR	Assistant Secretary for Preparedness and Response
ASPR TRACIE	Assistant Secretary for Preparedness and Response Technical Resources, Assistance Center, and Information Exchange
BP#	Budget Period Number
CAT	Coalition Assessment Tool
CERT	Community Emergency Response Team
CMS	Centers for Medicare and Medicaid Services
DHS	Department of Homeland Security
EM	Emergency Management
EMS	Emergency Medical Services
ESF	Emergency Support Function
ESRD	End-Stage Renal Disease
FQHC	Federally Qualified Health Center
HCC	Healthcare Coalition
HERC	Healthcare Emergency Readiness Coalition
HHS	Department of Health and Human Services
HPP	Healthcare (or Hospital) Preparedness Program
HVA	Hazard Vulnerability Assessment
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
NGO	Non-Governmental Organization
OPEHC	Office of Preparedness and Emergency Healthcare
PH	Public Health
PHEP	Public Health Emergency Preparedness
RTAC	Regional Trauma Advisory Council
FVRTAC	Fox Valley Regional Trauma Advisory Council
FVHERC	Fox Valley Healthcare Emergency Readiness Coalition
SVI	Social Vulnerability Index
THIRA	Threat and Hazard Identification and Risk Assessment
VOAD	Voluntary Organization Active in Disaster
WALHDAB	Wisconsin Association of Local Health Departments and Boards
WEM	Wisconsin Emergency Management

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WEMSA	Wisconsin Emergency Medical Services Association
WHA	Wisconsin Hospital Association
WI DHS	Wisconsin Department of Health Services