



REGION 4

Western Wisconsin Healthcare
Emergency Readiness Coalition
Communications Plan

This is a compiled and coordinated communications plan for HERC Region 4. This plan will be updated, reviewed and approved by its core members. This document will provide guidance and planning considerations for a multitude of events as they present themselves.

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Document Updates

Version #	Update	Date of Update	POC
1	Document initially adopted by coalition DEC 2019	DEC 2019	HERC Coordinator
2	Page 9. New section 2.2.5 Mass Care Trailer and capabilities Appendix C: Contact information updated Appendix E: Map of HAM and SatPhone locations added to appendix	FEB 2021	HERC Coordinator
3	Page 11. Added MEDEVAC channels	MAY 2021	HERC Coordinator
4	Page 8, Section 2.2.3. EMResource. eICS description and function has been added under EMResource.	FEB 2022	HERC Coordinator
5	Page 5, Section 1.1; 9-11 Operations. Updated overview information regarding 9-11 Page 9, Section 2.2.3. EMResource. EMTrack description and function has been added to this section Page 24, Appendix G; WISCOM Overview. Updated information regarding WISCOM overview. Page 25, Appendix H; GETS & WPS. This appendix is new and provides overview of GETS & WPS Page 26, Appendix I; 2-11 Overview. This is a new appendix. An overview of 2-11 and how to activate this program has been added	DEC 2022	HERC Coordinator
6	Page 17, Appendix C; HERC Coordinator Contact List	OCT 2023	HERC Coordinator

FORWARD

The Western Wisconsin Healthcare Emergency Readiness Coalition Communications Plan is a communications guide for Region 4 Coalition partners and stakeholders. This plan provides requirements for communication and IT systems to ensure there is a region wide communication plan in place to address daily needs as well as large-scale multicausality and other disruptive situations. Subsequent versions of the plan will be adopted as changes in rules and communication technologies occur.

The document is intended to serve four purposes:

- Provide an overview of normal communications for coalition partners utilizing radio, internet, POTS and other telephone capabilities, such as satellite and cellular.
- Alternate means of communications for other than “normal” operations.
- Identify required redundant communications test as well as WISCOM radio required communication tests to ensure operability throughout the region.
- Identify and provide recommendations for disruptive situations concerning information technology (IT).

This plan is not meant to replace current organizational plans and policies, but to be used to augment and potentially enhance those plans and practices. This plan is developed as a regional plan covering seven counties in the western portion of Wisconsin, also known as HERC Region 4.

The first section provides general information on current and normal communications between pre-hospital health care providers, emergency medical technicians (EMTs), first responders, and the other entities with whom they need to communicate on a regular basis. This includes communications with hospitals, other EMS providers, and public safety agencies.

The second and third section addresses alternate means of communication when “normal” operations are affected, including radio, phone and computer and drills and tests. The alternate means section will discuss secondary means of communication between hospitals, EMS to EMS, and EMS to hospitals (to include ground to air capabilities). Other agencies can/may adapt similar capabilities to ensure continued coordination and communication for their respective areas of responsibilities. Section 3 discusses the drills and tests the coalition will conduct during the course of a year.

The fourth section addresses cyber operations, including disruption of normal operations and general cyber security for all coalition partners. General recommendations for addressing disruptions will be noted but not mandated nor will they supersede current policies at any of the coalition facilities. This section will address redundant systems of operation and how they are utilized during normal and emergency situations.

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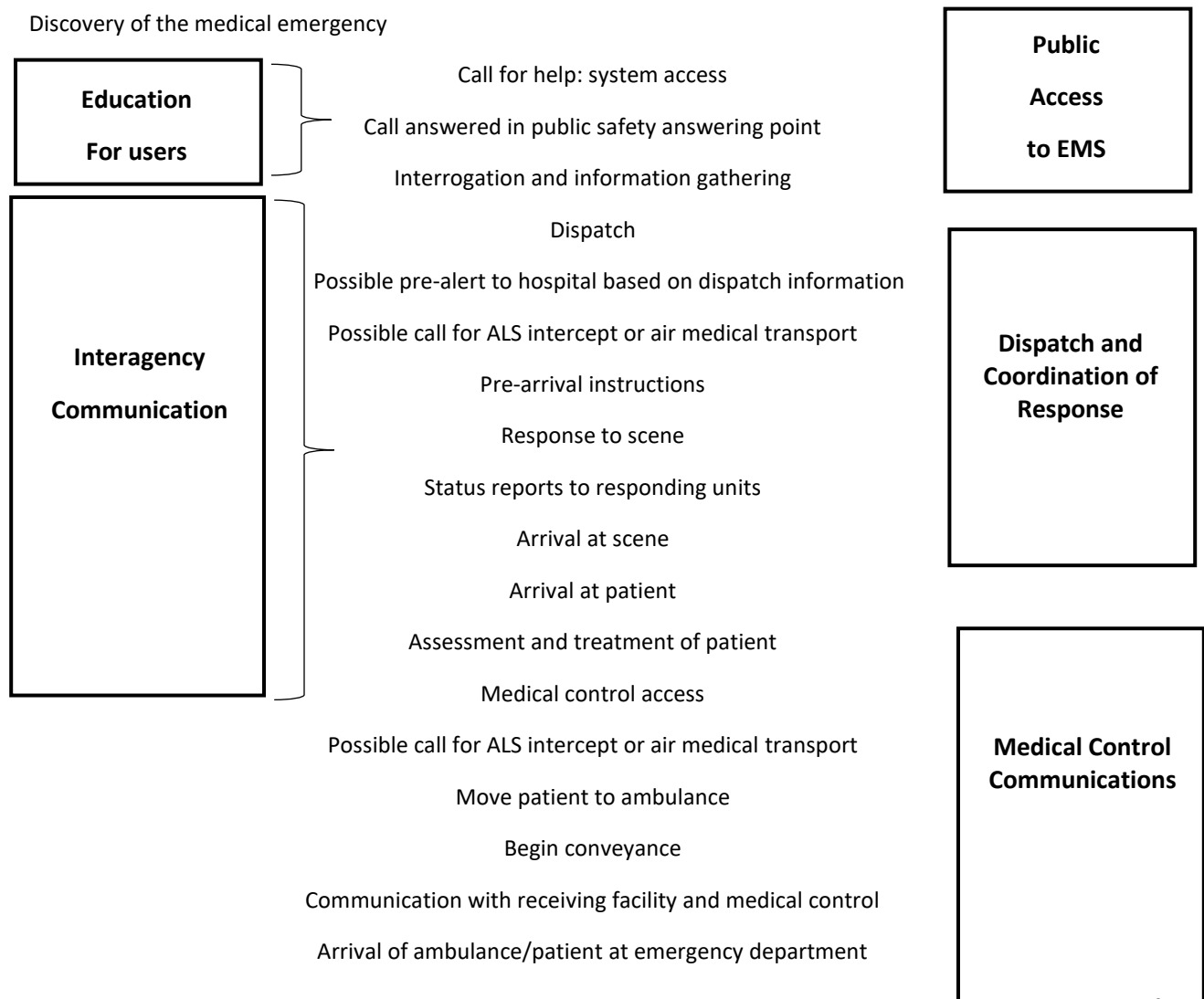
SECTION 1 – COMMUNICATION SYSTEM COMPONENTS

1.0 Introduction – System Components

A communication system must consider many factors. The goal of being able to exchange key information for the system to function is dependent on a system that considers five key components:

- Public access to EMS after discovery of a medical emergency
- Dispatch and coordination of response
- Medical control communications
- Interagency communication (for resource and disaster coordination)
- Education for users

Figure 1: Flow of Pre-hospital emergency request highlighting the role of emergency medical communication:



1.1 Public Access to EMS after Discovery of a Medical Emergency

An essential component of an EMS communications system during a medical emergency is public access to the three-digit public safety phone number 9-1-1. This is achieved through the use of 9-1-1 public safety answering points (PSAPs), which route all emergency calls to the appropriate agency. Enhanced 9-1-1 (E9-1-1) has the following additional features beyond the basic 9-1-1 system:

- Selective routing of the call to the appropriate center based on originating location;
- Automatic number identification (ANI) and automatic location identification (ALI) of the caller.

All Wisconsin counties are equipped for enhanced 9-1-1 operations.

Cellular telephone access to 9-1-1 is still problematic because enhanced 9-1-1 features are not functional without additional infrastructure. Quite often, the location of the caller and routing of the message to the appropriate EMS service are still dependent on spoken information from the caller, which may lead to delayed response times.

1.2 Dispatch and Coordination of EMS Response

After notification that a call has been received, the next component is to dispatch the appropriate EMS unit to the scene. There is a variety of dispatch methods in Wisconsin. Law enforcement agencies or agencies with combined law enforcement, fire, and EMS responsibilities provide the bulk of EMS communications. Many (approximately half) of the persons providing these services in Wisconsin have completed some type of formal training as an EMS communicator.

Central medical dispatch's primary function is service coordination. This includes: (1) access to EMS staff from the incident; (2) timely dispatch and coordination of EMS resources; (3) coordination with medical facilities; and (4) coordination with other public safety services.

Pre-arrival medical instructions are an important aspect of EMS communications. However, it may be difficult for a communicator in a multifunctional agency to provide pre-arrival instruction while simultaneously being responsible for other functions. The time and cost of training associated with the provision of medical instructions prior to the arrival of the ambulance require an additional commitment from the dispatch center that includes initial and continuing education and quality improvement activities. Because the provision of pre-arrival instructions constitutes indirect patient care, the Wisconsin EMS Board has recommended EMS dispatch centers use an emergency medical dispatch (EMD) system. Further, this EMD system should be approved and monitored by the dispatch center's medical director, and the telecommunicators using the system should be certified in its use.

Ambulance and field personnel should also be trained in the use of communication equipment. Training would include at least the following capabilities:

- The ability to use all the communication equipment for the ambulance.
- The ability to communicate accurate patient care reports.
- Use of new digital communication technologies and appropriate use of new mutual aid channels.

1.3 Medical Control Communications

Medical control communications provide field personnel with a direct link to relay information and receive medical advice from a hospital or other health care facility. In some cases, these communications might also include biomedical telemetry of EKG information directly to the facility while the patient is in route. Medical control communications have been accomplished primarily by radios in the past, but cellular telephones are being used in more cases today.

The degree to which medical control communications are used varies by areas of the region. Factors that influence how much medical control communications are used include geographical factors and the degree to which standing orders (patient care protocols) are allowed by the ambulance service medical director.

1.4 Interagency Communications (for resource and disaster coordination)

There are a number of reasons why coordination of interagency communications is an important piece of the Regional Communications Plan. Interagency communications are needed primarily for resource and disaster response coordination, to optimize the ability to communicate with other agencies when necessary, but avoid interference with other agencies when a response is specific to only one agency.

The need for interagency communications can be illustrated by the following list of possible communication paths:

- Hospital to hospital
- Ambulance to hospital
- Ambulance to ambulance
- Ambulance to dispatch
- Hospital to dispatch
- First responder team to medical control
- First responder team to ambulance
- First responder team to dispatch
- Helicopter to hospital
- Ambulance to helicopter
- Helicopter to dispatch
- Telemetry from ambulance
- Medical control to ambulance
- Communication between all public safety agencies

SECTION 2 – Regional COMMUNICATIONS PLAN

2.0 Administrative Overview

Development and inclusion of an operational plan for each coalition member, including connecting to additional stakeholders in the community, is an important part of the overall plan and its development. This plan will identify and layout the capabilities this coalition has identified for communication during events that have disrupted normal or routine operating procedures. This plan will be reviewed on an annual basis or as improvements are identified during various training or real-life events.

Goals for the regional communications plan:

- Communication systems should meet the needs of an emergency, be compatible with, and should not interfere with communication systems in neighboring or adjacent areas and within the state or in other geographical areas or other types of communication systems that are used by non-EMS agencies.
- Redundant communication systems need to be identified and accepted throughout the region to provide consistency during times of regional emergencies and non-normal operating conditions.
- Integration of various phone systems can help to ensure continued communication during all situations will provide continued communication at all times.
- Identify capabilities of information technology (IT) during routine operations. Identify, if any, redundant capabilities of the IT infrastructure to ensure continued operations during times of limited or no access to internet for various reasons.

Taken together, these goals have the following implications for Region 4:

- Local services need to follow some minimum standards that ensure communications can occur. There is oversight of how communications occur on a regional and statewide basis to avoid conflicts and allow for interagency communications.
- Communication costs are high and resources must be shared to implement and maintain a communications system.
- Whenever possible, Task Forces (TF) or Working Groups (WG) should be formed to take advantage of capabilities, talent and any other assets found within the region prior to, during and after emergency events.

The following parts of Section 2 describe the key elements of the Region's Communications Plan. The communications system must provide the means by which emergency medical resources can be accessed, mobilized, managed, and coordinated in both day-to-day and disaster situations.

2.1 Normal Operating Conditions

Normal operations are defined as generally and collectively, the broad functions that an organization undertakes it is responsible for based on its capabilities. Normal is also defined as no significant disruptions are currently impeding its routine operations between pre-hospital health care providers, emergency medical technicians (EMTs), first responders, and the other entities with whom they need to communicate on a regular basis. This includes communications with clinics, state agencies and public/private agencies. Communication includes but not limited to:

- Telephone; VOIP, POTS or cell, fax
- WISCOM
- Email / Internet
- UHF/VHF

All organizations within Western Wisconsin Healthcare Readiness Coalition, Region 4, will operate under their current normal operating procedures with limited to no disruptions. It is expected that all

organizations operating within this region will follow all protocols and standard operating procedures defined by that organization's leadership along with state and federal regulations.

2.2 Emergency Operations and Redundant Capabilities

Alternate means of communication should be utilized when "normal" operations are affected, including radio, phone and computer. This section will discuss secondary means of communication between all partners during an event that has rendered normal operations inoperable. Other agencies can/may adapt similar capabilities to ensure continued coordination and communication for their respective areas of responsibilities. This is a regional approach to a solution and is not mandated for any of the coalition partners.

2.2.1 WISCOM and SOW. WISCOM radio should be considered as a primary means of communication during emergency events. The system has the capability to reach all areas of the state as long as the repeater towers are working. The Wisconsin Interoperable System for Communications (WISCOM) is a shared system that first responders in communities across the state will use to communicate during a major disaster or large-scale incident. WISCOM supports up to four simultaneous conversation paths during an incident, dramatically increasing the current capacity available with statewide mutual aid channels and allowing responders from any area of the state to assist another community without losing communication capabilities. Leverages existing radio towers and other infrastructure and it does not use proprietary technology so it will be flexible; it works with the wide variety of local systems currently operating in the state. Utilize WISCOM to alert all hospitals at the beginning of event, follow up with alerts in EMResource.

The Site On Wheels (SOW) is a mobile radio tower provided by the state of Wisconsin during emergency situations that enhances and ensures emergency medical service providers from various agencies the ability to communicate with each other on the Wisconsin Interoperable System for Communications (WISCOM) system.

2.2.2 HAM Radio. Amateur Radio (HAM radio) is a popular hobby and service that provides people work with electronics and communication as a combined fascination. HAM radios can be used to talk across town, around the world, or even into space, all without the Internet or cell phones. HAM radio describes the use of radio frequency spectrum for purposes of non-commercial exchange of messages and a host of other uses to include emergency communication. When during a large-scale event, HAM radios would be an excellent choice to communicate with other organizations within the region as this capability is not limited to locality to each other. It would be encouraged for all hospitals, county emergency management/public health and other first responders to either obtain or arrange to have this capability in the absence of radio and/or phone communication. See Appendix D listing current regional organizations with HAM radio capabilities. Not all locations have this capability, this should not be used as a primary back up system. It can augment as a redundant capability if not all facilities have this capability. See Annex E for map of locations.

2.2.3 EMResource. EMResource is a tool to better manage an incident through sending alerts, knowing the diversion status of hospitals and knowing what bed space is available to assist hospitals in need. EMResource eventually will be the tool by which hospitals and others can communicate with physicians in their office setting by providing physicians with alerts as well as "just-in-time" diagnostic and

treatment information. The system has IM capabilities to assist with communications during major events.

EMResource is a requirement of the federal Hospital Preparedness Program. Hospitals are required, when requested, to post their available bed capacity on EMResource. The state will then report the aggregated bed capacity to the U.S. Department of Health and Human Services Strategic Operations Center through HAvBED. HAvBED is the acronym for "Hospital Available Beds for Emergencies and Disasters". EMResource should be used during all events regardless of size. Should voice communications be offline, this could serve as a means of relaying messages to all hospitals as long as the internet is operational in all areas.

Electronic Incident Command System or eICS is a web-based electronic incident management and communication tool developed by Juvare and is associated with EMResource. eICS is used by healthcare, public health, and other partners to alert and manage incidents by organizations. eICS allows for event notifications, virtual incident management, development of incident action plans and logs, and manage the overall tasks and objectives of an incident. This is the primary system used for all incidents and exercises for the coalition. This system could be utilized as a redundant capability in times of need. Regional partners need to ensure that appropriate staff are trained and familiar with this system. Training is available upon request to the coalition coordinator.

EMTrack can capture data online, offline and via mobile across multiple organizations, for highly effective tracking of patients, evacuees and general population movement during a critical event, crisis, large scale public event or daily patient transports. EMTrack integrates easily with related technologies and operates optimally in austere environments in real time. The system can notify hospitals of inbound patients and assist with coordination in advance to prepare for high-risk patients, saving time and lives. Hospitals can proactively alert appropriate staff, reserve treatment rooms and mobilize resources. With the use of portable devices, including mobile phones, to rapidly scan-in patients on-scene and track through triage, treatment, transfer, and hospital reception. Notify EOC about the number and acuity of patients on-scene, dispatch about the number of patients in need of transport, and hospitals about patients dispatched to their facility. This system can also be used for large scale events, evacuations of all kinds, family reunification, and Multi-Functional Tracking with High Scalability.

2.2.4 Satellite phone. A satellite telephone, satellite phone or satphone is a type of mobile phone that connects to orbiting satellites instead of terrestrial cell sites. They provide similar functionality to terrestrial mobile telephones; voice, SMS and low-bandwidth Internet access are supported through most systems. Depending on the architecture of a particular system, coverage may include the entire Earth or only specific regions. Satphones is a smart choice in remote areas where terrestrial cellular service is unavailable. See Appendix E listing current hospital Satellite Phone users. As with the HAM radio, not all facilities have this capability. This could be used on a sub-regional approach to providing information to and from a particular area of the coalition region. This capability should not be considered as a primary means of redundant communications. See Annex E for map of locations.

2.2.5 Mass Care Trailer. The coalition has purchased one mass care trailer with communications capability for fire, police and EMS via VHF frequencies. This is a mobile capability and may be deployed with the trailer during events; to include response events, exercise and festival support as requested. This system can be supported by the trailers power generators. The repeater can reach up to approximately 4-5 miles and moved between trailers until a second system can be purchased. This

system enables an interoperability communication during a large-scale event, either planned or response. This system can be established outside a hospital in the event of major system failure or the need for expanding radio communication capabilities.

2.3 Interagency Communications (for resource and disaster coordination)

A responsive communication system should provide a means of communication to enable medical and logistical coordination between EMS field personnel, emergency department personnel and other agencies. If necessary, regional or statewide coordination may be necessary based on the EMS operational plan submitted by the provider to the Wisconsin EMS Section. Below are several examples:

Local Coordination—The communications system must have the capability for mobile and portable radios to communicate between agencies. EMS should be able to describe their communications capability with mutual aid responding units when an emergency requires multiple EMS agencies.

Regional Coordination— Agencies should establish resource coordination (e.g., first responder, ambulance, and other healthcare resources) to ensure that the highest level of care required is available to the patient. The communications system should provide for coordination of all supporting resources. All agencies must consider their involvement in large-scale disasters and anticipate the need for interagency communications. Preplanning with local emergency management agencies is an important aspect of interoperability for agencies' communication systems.

Intercept and Air Medical—The local ambulance service must be able to describe how communications take place for ambulance intercepts and air medical transports.

- This includes a means of communication between units once they are dispatched and the ability to communicate to arrange for the transfer of patient care.
- In the case of air medical transports, this includes a means of communication between air and ground units once they are dispatched. The recommended channel for air medical communications with ground units while the air medical unit is on the way to the landing zone is MARC 2 or EMS C.

Telephone Interconnection—Cellular phones may be used as a primary communications method for ambulance service providers. However, because of some of their limitations, cellular phones cannot take the place of required radio equipment and frequencies. Communication during interfacility transport is one area in which cell phones may have an advantage over radios because cell phone use avoids the need to program separate radio channels for large numbers of hospitals. EMS providers may also wish to provide telephone interconnection capability with specialty information and treatment centers (i.e., poison center, burn centers) that may have statewide contact numbers.

2.4 Frequencies and Tones for EMS Communications

Standard EMS channels are 155.340, 155.400, 155.280, MARC 1, MARC 2 channels and Med Pairs. All EMS transport providers must have the capability to communicate on all these channels except for the Med Pairs and 155.280. Services that do not currently have this capability must add it when purchasing new equipment or when they reprogram equipment. The above requirement applies regardless of which technology or communications system is used locally.

All ambulances licensed in Wisconsin are required to have the capability to communicate with their receiving hospitals and medical control hospitals on this channel. All hospitals are also required to have the capability to communicate on 155.340 so ambulances, including air ambulances, from any area can contact the facility. This can be accomplished through direct 155.340 communications or through a patch from a central dispatch center.

Mutual Aid Radio Channels: MARC 1 (151.280/153.845), MARC 2 (151.280), MARC 3 (formerly WISTAC 2, 154.010), MARC 4 (formerly WISTAC 3, 154.130)—The Mutual Aid Radio Channels (MARC 1, 2, 3, and 4) are statewide interoperability channels. These channels are to be used for communications between public safety agencies and providers of any discipline. Note that MARC 1 is configured for wide area repeater usage. (See Appendix B for information on the MARC plan.)

UHF MED Pairs—The 10 MED channels are designated for EMT-Intermediate and Paramedic care. The MED channels are dedicated to communications among ambulance and hospital personnel directing patient care prior to arrival at the hospital at a paramedic and intermediate level. The channel is for emergency medical care/telemetry and should be limited to this purpose. A secondary use for air medical dispatch is acceptable if it does not interfere with the ability to communicate to provide patient care.

UHF Med Pairs Table Med Mobile Receive channel frequencies Med Mobile Transmit channel frequencies.

Med 1 463.000	Med 1 468.000
Med 2 463.025	Med 2 468.025
Med 3 463.050	Med 3 468.050
Med 4 463.075	Med 4 468.075
Med 5 463.100	Med 5 468.100
Med 6 463.125	Med 6 468.125
Med 7 463.150	Med 7 468.150
Med 8 463.175	Med 8 468.175
Med 9 462.950	Med 9 467.950
Med 10 462.975	Med 10 467.975

Med 9 and Med10 are used primarily for dispatch. Note that these 10 pairs of channels are configured for repeater usage. The Med Pair channels need to be coordinated in a geographical area. A requesting provider will normally be approved for Med Pairs 1-8, but normal use is usually limited to either Med Pairs 1-4 or Med Pairs 5-8. Use of these frequencies must be coordinated by the State EMS Communications Coordinator in conjunction with the dispatch center and ambulance services in the area of requested use.

Air Medical Frequency Recommendations—Local providers must be able to describe how communication takes place for air medical transports. This includes a means of communication between air and ground units once they are dispatched. Often, the air provider cannot land unless a communications link is established with on-scene responders on the ground. The recommended channel for air medical communications on the way to the landing zone is MARC 2. There are several reasons for using MARC 2:

- MARC 2 is a universal public safety frequency that can be used by all landing zone personnel (first responders, EMTs, fire, and law enforcement).

- Designating MARC 2 as the standard frequency will avoid confusion in searching for the frequency to hook up the air and ground units.
- Designating MARC 2 will also avoid the inappropriate use of other frequencies that should be left open for other communication.

Keep in mind, however, that during a mass casualty event, the MARC 1 repeater system, if available, may be activated. The use of MARC 2 by in-flight aircraft could interfere with the MARC 1 repeater system due to the increased transmit range an aircraft would have on MARC 2, which is also the input frequency of the MARC 1 repeater.

An alternative frequency choice for air medical communications would be EMS C (155.280). Regional plans should have the flexibility to use this option if it is a more practical frequency than MARC.

<u>Hospital</u>	<u>Alt Freq</u>	<u>Prim Freq</u>
Tri County Whitehall	155.340	107.2
MCHS Sparta	155.340	156.7
MCHS La Crosse	155.340	97.4
Gundersen St Joes Hillsboro	155.340	123.0
Crossing Rivers PDC	155.340	151.4
Vernon Memorial Viroqua	155.340	131.8
Black River Memorial	155.340	162.2
Gundersen La Crosse	155.340	97.4
Tomah Health	155.340	156.7

2.4.1 EMS Provider Requirements – Radio Frequency Capabilities

EMS Providers: As described in section 2.6, standard EMS frequencies are EMS B, EMS A, EMS C, MARC 1, MARC 2 and Med Pair channels. All EMS providers must have the capability to communicate on all these channels except for the Med Pairs and 155.280. Services that do not currently have this capability must add it when purchasing new equipment or when they reprogram equipment as part of an upgrade in level of care. It is recommended that all first responder services have the capability to communicate on 155.340, 155.400, 155.280 and the MARC channels. Use of these frequencies should be coordinated with the local ambulance provider and other related agencies to avoid congestion on these frequencies.

See Appendix A for a detailed table of EMS communications frequencies. More information on EMS frequencies can be found in Section 2.6.

2.4.2 EMS Equipment Needs and Requirements

Ambulance: Must have a primary and back-up means of communication. Must have a VHF radio with the following specifications:

- VHF radio with the four required frequencies.
- PL, local, or statewide—Must have PL tones for local hospitals, hospitals in adjacent counties, and hospitals for which you routinely do emergency transports. Providers do not need to have PL tones for all hospitals in the state; the statewide D156 code should be programmed for mutual aid operations. Interfacility transports can be done by cell phone or WISCOM on the appropriate talk group.
- Required radio in patient compartment.

- 25-100 watts depending on what is appropriate for the area served. Higher power is recommended for rural services with large coverage areas or services that have unique radio coverage issues.

Hospital: Must have a VHF radio with EMS B (155.340). EMS A (155.400) and EMS C (155.280) are optional, but recommended for ALS communications and coordination. Local and statewide PL codes should be programmed. See “Hospital Tones and Codes” in Section 2.6 for further details. The ability to operate on, or at least monitor, other local public safety channels should be considered, although this may take coordination with other agencies. The ability to monitor the local EMS/fire paging channel will provide lead time for the emergency department in case of a mass event. An emergency department phone number for ambulance contact is also recommended.

3.0 Drills and Tests

This plan will outline the required drills and tests the coalition will be required to and ensure it conducts in order to maintain its’ proficiency in maintaining communication throughout the region at all times.

3.1 Semi Annual Redundant Communications Drill. As required by ASPR, the coalition coordinator is responsible for conducting two redundant communication drills over the course of the fiscal year. These drills must be conducted using various communications methods identified in the plan. Drills must include a primary means of communication and at least one alternate means of communications. Such communications means are identified as phone, radio, internet, satellite phone or any other means as identified by the coalition in this plan.

3.2 WISCOM Radio Checks. The WISCOM SME will conduct no less than 25 radio checks at various times over the course of a year to ensure that all hospital facilities are maintaining their radio and they are monitoring it. The WISCOM SME is available for trouble shooting and education on the system if the need arises.

SECTION 4 INFORMATION TECHNOLOGY (IT)

4.0 Overview

Information technology (IT) system must consider many factors. The goal of being able to exchange key information is critical for the system to function and key considerations consist of:

- Continued connectivity
- Strong cyber security
- Redundant backup systems and alternate means of continued communication capabilities
- Timely trouble shooting capabilities
- Knowledgeable staff for upgrades and educational purposes

An information technology disaster recovery plan (IT DRP) should be developed in conjunction with the organization’s continuity plan. Priorities and recovery time objectives for information technology should be developed during the business impact analysis. Technology recovery strategies should be developed to restore hardware, applications and data in time to meet the needs of the business recovery.

4.1 Developing an IT Disaster Recovery Plan

Member organizations should develop an IT disaster recovery plan. It begins by compiling an inventory of hardware (e.g., servers, desktops, laptops and wireless devices), software applications and data. The plan should include a strategy to ensure that all critical information is backed up.

Identify critical software applications and data and the hardware required to run them. Using standardized hardware will help to replicate and reimage new hardware. Ensure that copies of program software are available to enable re-installation on replacement equipment. Prioritize hardware and software restoration.

Document the IT disaster recovery plan as part of the business continuity plan. Test the plan periodically to make sure that it works.

4.2 IT Recovery Strategies

Recovery strategies should be developed for Information technology (IT) systems, applications and data. This includes networks, servers, desktops, laptops, wireless devices, data and connectivity. Priorities for IT recovery should be consistent with the priorities for recovery of business functions and processes that were developed during the business impact analysis. IT resources required to support time-sensitive business functions and processes should also be identified. The recovery time for an IT resource should match the recovery time objective for the business function or process that depends on the IT resource.

Information technology systems require hardware, software, data and connectivity. Without one component of the “system,” the system may not run. Therefore, recovery strategies should be developed to anticipate the loss of one or more of the following system components:

- Computer room environment (secure computer room with climate control, conditioned and backup power supply, etc.)
- Hardware (networks, servers, desktop and laptop computers, wireless devices and peripherals)
- Connectivity to a service provider (fiber, cable, wireless, etc.)
- Software applications (electronic data interchange, electronic mail, enterprise resource management, office productivity, etc.)
- Data and restoration

4.3 Data Backup

Data backup and recovery should be an integral part of the business continuity plan and information technology disaster recovery plan. Developing a data backup strategy begins with identifying what data to backup, selecting and implementing hardware and software backup procedures, scheduling and conducting backups and periodically validating that data has been accurately backed up.

APPENDIX A: DETAILED TABLE OF EMS COMMUNICATIONS CHANNELS

Channel Name	Frequency	Tone	Call Sign	Primary Use	Secondary Use
EMS B (Former State EMS) For local hospital and statewide use. EMS REQUIRED	155.340 (rec & trans) LOCAL HOSPITAL USE 155.340 (rec & trans) STATEWIDE MUTUAL AID	Varies (trans) Varies (rec) See Appendix E D156 (transmit) None (rec)	KH4762	BLS & ALS contact w/hospital for medical care.	On-scene medial coordination from mobile to mobile (should be done on other channels, if possible).
EMS A (Former State ALS) For local hospital and statewide use. EMS REQUIRED	155.400 (receive and transmit) LOCAL HOSPITAL USE 155.400 (rec & trans) STATEWIDE MUTUAL AID	Varies (trans) Varies (rec) See Appendix E D156 (transmit) None (rec)	KH4762	ALS contact with hospitals for medical care.	This includes ALS contact for intercepts and air medical
MARC1 MARC2 Mutual Aid Radio Channels EMS REQUIRED	151.280 (rec) 153.845 (trans) 151.280 (rec & trans)	136.5 (trans) 136.5 (receive) 136.5 (trans) 136.5 (receive)	WNPG812 WNPG812	Statewide interagency communications.	MARC 2 for landing zone coordination and air-scene communications.
IFERN (Former WISTAC1) MARC3 (Former WISTAC2) MARC4 (Former WISTAC3)	154.265 (rec & trans) 154.010 (rec & trans) 154.130 (rec & trans)	210.7 (trans) None (receive) 71.9 (transmit) 71.9 (receive) 82.5 (receive) 82.5 (receive)	KO2099 KO2099 KO2099	Mutual aid for EMS/fire/rescue, on-scene tactical. Usage for all three channels is restricted in some parts of the state. See plan text for further descript.	Mutual aid for any discipline. IFERN receive tone of 210.7 may be required in the future as WISTAC1/IFERN transition is completed.
EMS C (Former State Coordination)	155.280 (rec & trans)	D156 (transmit) D156 (receive)	KH4762	Communication between hospitals. Use may be limited due to non-EMS users	Flight coordination between public health agencies. Alternate for air medical.
MED1 MED2 MED3 MED4 MED5 MED6 MED7 MED8 MED9 MED10 UHF Med Channels	463.000 (receive) 468.000 (transmit) 463.025 468.025 463.050 468.050 463.075 468.075 463.100 468.100 463.125 468.125 463.150 468.150 463.175 468.175 462.950 467.950 462.975 467.975	Transmit - Varies by hospital. See Appendix E	Varies by hospital	EMT-P and EMT-I to base for medical care.	Air medical dispatch in some areas.

APPENDIX B: WISCONSIN VHF MUTUAL AID CHANNELS: WISCONSIN STATEWIDE VHF PUBLIC SAFETY COMMON FREQUENCY CHART

MOBILE RX FREQ	RX Tone	MOBILE TX FREQ	TX Tone	State Name	National Name	State Call Sign	Primary Use
155.340	None	155.340	D 156	EMS B	VMED 28	KH4762	EMS BASIC STATEWIDE
155.340	None	155.340	See chart E	EMS B	VMED 28	KH4762	EMS BASIC LOCAL
155.400	None	155.400	D 156	EMS A	None	KH4762	EMS ALS STATEWIDE
155.400	None	155.400	See chart E	EMS A	None	KH4762	EMS ALS LOCAL
155.280	D 156	155.280	D 156	EMS C	None	KH4762	EMS COORD & HOSPITAL
155.280	136.5	153.845	136.5	MARAC1	None	WNPG812	ALL
155.280	136.5	155.280	136.5	MARAC2	None	WNPG812	ALL
154.010	71.9	154.010	71.9	MARC3	None	KO2099	ALL
154.130	82.5	154.130	82.5	MARC4	None	KO2099	ALL
156.000	136.5	156.000	136.5	WEM CAR	None	KGT483	Emergency Management
155.475	156.7 OPTIONAL	155.475	156.7	VLA31 FORMERLY WISPERN	VALW31	KA6570	LAW
155.370	146.2 OPTIONAL	155.370	146.2	POINT	NONE	KA6570	LAW
154.265	210.7	154.265	210.7	IFERN	VFIRE22	KO2099	MUTUAL AID DISP. ON SCENE TACTICAL
153.830	69.3	153.830	69.3	FG RED	NONE	KO2099	FIRE OPS ON SCENE TACTICAL
154.280	74.4	154.280	74.4	FG WHITE	VFIRE21	KO2099	FIRE OPS ON SCENE TACTICAL
154.295	85.4	154.295	85.4	FG BLUE	VFIRE	KO2099	FIRE OPS ON SCENE TACTICAL
153.8375	91.5	153.8375	91.5	FG GOLD	NONE	KO2099	FIRE OPS ON SCENE TACTICAL

MOBILE RX FREQ	RX Tone	MOBILE TX FREQ	TX Tone	State Name	National Name	State Call Sign	Primary Use
154.2725	94.8	1514.2725	94.8	FG BLACK	VFIRE24	KO2099	FIRE OPS ON SCENE TACTICAL
154.2875	136.5	154.2875	136.5	FG GRAY	VFIRE25	KO2099	FIRE OPS ON SCENE TACTICAL
154.3025	67.0	154.3025	67.0	VFIRE26	KO2099	KO2099	FIRE OPS ON SCENE TACTICAL
155.160	127.3	155.160	127.3	NATSAR	SAR	KO2099	SEARCH RESCUE
155.7525	156.7	155.7525	156.7	VCALL10	VCALL10	KO2099	ALL
151.1375	156.7	151.1375	156.7	VTAC11	VTAC11	KO2099	ALL
154.4525	156.7	154.4525	156.7	VTAC12	VTAC12	KO2099	ALL
158.7375	156.7	158.7375	156.7	VTAC13	ITAC22	KO2099	ALL
159.4725	156.7	159.4725	156.7	VTAC14	ITAC23	KO2099	ALL
151.1375	N293 OPTIONAL	151.1375	N293	VAC11DG	None	KO2099	ALL
154.4525	N293 OPTIONAL	154.4525	N293	VTAC12DG	NONE	KO2099	ALL
158.7375	N293 OPTIONAL	158.7375	N293	VTAC13DG	NONE	KO2099	ALL
159.4725	N293 OPTIONAL	159.4725	N293	VTAC14DG	NONE	KO2099	ALL
151.1375	156.7	159.4725	136.5	VTAC36	NONE	KO2099	ALL
151.1375	N293 OPTIONAL	159.4725	N293	VTAC36DG	NONE	KO2099	ALL
155.3475	156.7	155.3475	156.7	NONE	VMED29	KH4762	EMS PORTABLE ONLY

APPENDIX C: HERC COORDINATOR CONTACT LIST:

Region 1 HCC Coordinator:

Aimee Wollman-Nesseth, coordinator@nwwiherc.org, 715-379-6664

RTAC Coordinator: Robert Goodland robert.goodland@dhs.wisconsin.gov, 715-215-0733

EMS Coordinator: Don Kimlicka, donald.kimlicka@dhs.wisconsin.gov 608-266-0737

Region 2 HCC Coordinator:

Ty Zastava, baxterconsulting5@gmail.com, 715-572-0816

RTAC Coordinator: Mike Fraley, michael.fraley@nrtac.org, 715-892-3209

EMS Coordinator: Don Kimlicka, donald.kimlicka@dhs.wisconsin.gov 608-266-0737

Region 3 HCC Coordinator:

Steve Pelch, coordinator@newherc.com, 920-609-7910

RTAC Coordinator: Del Zuleger, newrtacg3@gmail.com, 920-606-4346

EMS Coordinator: Mark Mandler mark.mandler@dhs.wisconsin.gov / 608-266-8853

Region 4 HCC Coordinator:

Bill Klemp, loren.klemp@gmail.com, 608-751-0698

RTAC Coordinator: Greg Breen, gbreen7@charter.net, 608-792-3074

EMS Coordinator: Ela Rybczyk, Elizabeth.Rybczyk@dhs.wisconsin.gov, 608-266-0737

Region 5 HCC Coordinator:

Jennifer Behnke jennifer.behnke@wi.gov, 920-277-7240

RTAC Coordinator: Dan Williams dan@scrtac.org, 608-576-1843

EMS Coordinator: Rick Stenson frederick.stenson@dhs.wisconsin.gov, 608-266-7089

Region 6 HCC Coordinator:

Tracey Froiland tracey.froiland@dhs.wisconsin.gov, 920-427-2229

RTAC Coordinator: Jason Selwitschka jason.selwitschka@dhs.wisconsin.gov / 920-203-8791

EMS Coordinator: Mark Mandler mark.mandler@dhs.wisconsin.gov / 608-266-8853

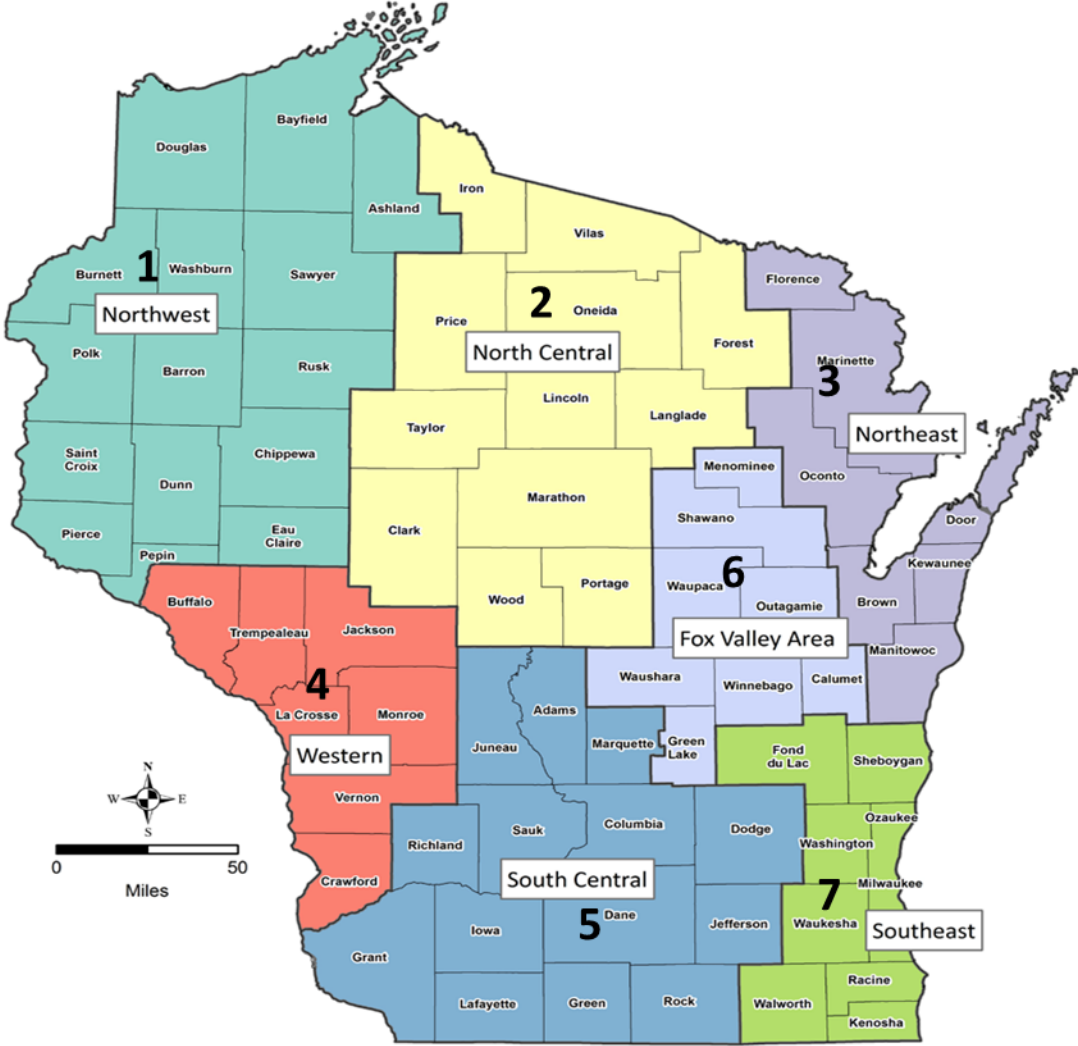
Region 7 HCC Coordinator:

Kate Barrett, KBarrett@hercregion7.org, 262-388-4362

RTAC Coordinator: Tom Thrash, sertacwi@gmail.com, 262-483-9862

EMS Coordinator: Mark Mandler mark.mandler@dhs.wisconsin.gov, 608-266-8853

Wisconsin Healthcare Emergency Readiness Coalitions (HERC)



APPENDIX D: Region 4 Organizations with HAM Radio Capabilities

Gundersen St. Josephs - Hillsboro

Gundersen Tri-County Hospital

Gundersen – La Crosse

Mayo - La Crosse

Tomah Health Hospital

Tomah VA

Vernon Memorial Hospital

Buffalo County Emergency Manager

La Crosse County Emergency Manager

Monroe County Emergency Manager

Trempealeau County Emergency Manager

Vernon County Emergency Manager

APPENDIX E: Hospital Satellite Phone Listing

1. **Black River Memorial Hospital – 863-833-8814**
2. **Mayo Clinic Health-Franciscan La Crosse – 863-833-8809**
3. **Gundersen Health System-La Crosse – 863-833-8780**
4. **Tomah Veterans Medical Center – 808-434-7042**

SatPhone Locations:

Black River Memorial
 Mayo Health La Crosse
 Gundersen La Crosse
 Tomah VA



HAM Radio Locations:

Gundersen Hillsboro
 Gundersen Tri County
 Gundersen La Crosse
 Mayo Health La Crosse
 Tomah VA
 Tomah Health
 Vernon Memorial Hosp
 Buffalo County EM
 La Crosse County EM
 Monroe County EM
 Trempealeau County
 EM
 Vernon County EM

**APPENDIX F: WISCONSIN HOSPITAL TONES FOR EMS B 155.340 AND
EMS A 155.400 CHANNELS**

CITY	HOSPITAL	TONE (hz)
Amery	Amery Medical Center	131.8
Antigo	Aspirus Langlade Hospital	88.5
Appleton	ThedaCare Medical Center Appleton	110.9
Appleton	St. Elizabeth Hospital - Appleton	107.2
Ashland	Memorial Medical Center	107.2
Baldwin	Baldwin Area Medical Center	82.5
Baraboo	St. Clare Hospital	100.0
Barron	Mayo Clinic Health Sys Barron	82.5
Beaver Dam	Beaver Dam Community Hospital	114.8
Beloit	Beloit Memorial Hospital	118.8
Berlin	ThedaCare Medical Center Berlin	91.5
Black River Falls	Black River Memorial Hospital	162.2
Bloomer	Mayo Clinic Health Systems Chippewa Valley	136.5
Boscobel	Boscobel Area Health Care	123.0
Brookfield	Wheaton Franciscan Healthcare Elmbrook	103.5
Burlington	Aurora Memorial Hospital of Burlington	110.9
Chilton	Calumet Medical Center	123.0
Chippewa Falls	St. Joseph's Hospital Chippewa Falls	114.8
Columbus	Columbus Community Hospital	136.5
Cudahy	Aurora St. Luke's South Shore Hospital	156.7
Cumberland	Cumberland Memorial Hospital	146.2
Darlington	Memorial Hospital of LaFayette County	114.8
Dodgeville	Upland Hills Health Center	206.5
Durand	Chippewa Valley Hospital	186.2
Eagle River	Ministry Eagle River Memorial Hospital	118.8
Eau Claire	Mayo Clinic Health Systems Eau Claire	110.9
Eau Claire	Sacred Heart Hospital	110.9
Edgerton	Edgerton Hospital and Health Services	136.5
Elkhorn Aurora	Lakeland Medical Center	114.8
Fond du Lac	St. Agnes Hospital	97.4
Fort Atkinson	Fort Memorial Hospital / Fort Healthcare	97.4
Franklin	Wheaton Franciscan Healthcare Franklin	156.7
Friendship	Moundview Memorial Hospital	173.8
Grafton	Aurora Medical Center Grafton	127.3
Grantsburg	Burnett Medical Center	110.9
Green Bay	Aurora Baycare Medical Center	131.8
Green Bay	Bellin Memorial Hospital	192.8
Green Bay	St. Mary's Hospital Medical Center Green Bay	151.4
Green Bay	St. Vincent Hospital	173.8
Hartford	Aurora Medical Center Washington County	167.9
Hayward	Hayward Area Memorial Hospital	100.0
Hillsboro	Gunderson St. Joseph's Hospital	123.0

Hudson	Hudson Memorial Hospital	167.9
Janesville	Mercy Hospital and Trauma Center	100.0
Janesville	Mercy Hospital and Trauma Center North	203.5
Janesville	St. Mary's Hospital Medical Center	141.3
Kenosha	Aurora Medical Center Kenosha	107.2
Kenosha	United Hospital System Kenosha	107.2
Keshena	Menominee Tribal Clinic	146.2
Kewaunee	St. Mary's Kewaunee Memorial Hospital	82.5
La Crosse	Gundersen Lutheran Medical Center	97.4
La Crosse	Mayo Clinic Health System Franciscan Hlthcre	97.4
Ladysmith	Rusk County Memorial Hospital	118.8
Lake Geneva	Mercy Walworth Hospital Medical Center	114.8
Lancaster	Grant Regional Health Care	123.0
Madison	Meriter Hospital	167.9
Madison	St. Mary's Hospital Medical Center	167.9
Madison	University of Wisconsin Hosp and Clinics	167.9
Madison	UW Health at the American Center	229.1
Madison	Wm S. Middleton Memorial Veterans Admin	167.9
Manitowoc	Holy Family Memorial Medical Center	179.9
Marinette Bay	Area Medical Center	156.7
Marshfield	Ministry Saint Joseph's Hospital	82.5
Mauston	Mile Bluff Medical Center	82.5
Medford	Aspirus Medford Hospital	88.5
Menomonee Falls	Community Memorial Hospital	173.8
Menomonie	Mayo Clinic Health System Red Cedar	100.0
Mequon	Columbia St. Mary Ozaukee	206.5
Merrill	Ministry Good Samaritan Health Center	85.4
Milwaukee	Children's Hospital of Wisconsin	156.7
Milwaukee	Columbia St. Mary Milwaukee	156.7
Milwaukee	Aurora Sinai Medical Center	156.7
Milwaukee	Wheaton Franciscan St. Francis Hospital	156.7
Milwaukee	Wheaton Franciscan St Joseph	156.7
Milwaukee	Froedtert Hospital	156.7
Milwaukee	Columbia St. Mary's Hospital/Milwaukee Cpus	156.7
Monroe	Monroe Clinic	114.8
Mukwonago	ProHealth Mukwonago	192.8
Neenah	ThedaCare Medical Center	141.3
Neillsville	Memorial Medical Center	85.4
New Berlin	Moorland Reserve Health Center	94.8
New London	ThedaCare Medical Center New London	100.0
New Richmond	Westfield Hospital	127.3
Oconomowoc	Oconomowoc Memorial Hospital	131.8
Oconto	Bellin Health Oconto Hospital	167.9
Oconto Falls	St Clare Hospital (Cmmity Mem Hospital)	103.5
Osceola	Osceola Medical Center	91.5
Oshkosh	Aurora Medical Center Oshkosh	131.8
Oshkosh	Mercy Medical Center	186.2
Osseo	Mayo Clinic Health System Oakridge	173.8

Park Falls	Flambeau Hospital	146.2
Platteville	Southwest Health Center	123.0
Pleasant Prairie	St Catherine Med Center United Hosp Sys	107.2
Portage	Divine Savior Hospital	162.2
Prairie du Chien	Crossing Rivers Health	151.4
Prairie du Sac	Sauk Prairie Memorial Hospital	141.3
Racine	Wheaton Franciscan Healthcare - All Saints	229.1
Reedsburg	Reedsburg Area Medical Center	103.5
Rhineland	Ministry Saint Mary's Hospital	114.8
Rice Lake	Lakeview Medical Center	192.8
Richland Center	Richland Hospital, Inc.	118.8
Ripon	Ripon Medical Center	85.4
River Falls	River Falls Area Hospital	85.4
Shawano	ThedaCare Medical Center Shawano	127.3
Sheboygan	Aurora Sheboygan Memorial Medical Center	186.2
Sheboygan	St. Nicholas Hospital	146.2
Shell Lake	Indianhead Medical Center	123.0
Sparta	Mayo Clinic Health System Franciscan Sparta	156.7
Spooner	Spooner Health Systems	123.0
St. Croix Falls	St. Croix Regional Medical Center	203.5
Stanley	Ministry Our Lady of Victory Hospital	156.7
Stevens Point	Ministry Saint Michael's Hospital	206.5
Stoughton	Stoughton Hospital	91.5
Sturgeon Bay	Ministry Door County Medical Center	123.0
Summit	Aurora Medical Center Summit	162.2
Sun Prairie	St Mary's Emergency Department Sun Prairie	151.4
Superior	St. Mary's Hospital of Superior	151.4
Tomah	Tomah Health Hospital	156.7
Tomahawk	Sacred Heart Hospital Tomahawk	85.4 T
Two Rivers	Aurora Medical Center Manitowoc County	94.8
Viroqua	Vernon Memorial Hospital	131.8
Watertown	Watertown Memorial Hospital	88.5
Waukesha	Waukesha Memorial Hospital	141.3
Waupaca	ThedaCare Med Cntr/Waupaca Riverside Med Cntr	203.5
Waupun	Agnesian Healthcare (Waupun Mem Hosp)	71.9
Wauwatosa	Froedtert Memorial Hospital	156.7
Wauwatosa	Wisconsin Heart Hospital	156.7
Wausau	Aspirus Wausau Hospital	167.9
Weston	Ministry Saint Clare's Hospital	179.9
West Allis	Aurora West Allis Medical Center	156.7
West Bend	Froedtert Health St. Joseph's Hospital	94.8
Whitehall	Gunderson Tri-County Hospital	107.2
Wild Rose	ThedaCare Medical Center Wild Rose	110.9
Wisconsin Rapids	Aspirus Riverview Hospital	82.5
Woodruff	Howard Young Medical Center	114.8

APPENDIX G: Wisconsin Interoperable System for Communications (WISCOM)

WISCOM is a shared statewide, interoperable, land mobile radio public safety communications system. Local, county, tribal, state, and federal first responders/public safety officials as well as private EMS organizations across the state may use WISCOM to communicate for their daily mission, during a major disaster, or a large-scale incident or planned event. While home rule in Wisconsin allows for local control of communications networks, WISCOM allows for connectivity of those networks to WISCOM and also provides an option for statewide interoperability. The final result is an in-depth communications network that can support local needs, major disasters, or large-scale incidents and events.

WISCOM is a VHF (Very High Frequency) digital trunked P25, radio system comprised of 140 sites. It currently supports over 44,000 radios providing mission critical communications to over 900 local, county, tribal, state, and federal public safety agencies, and private EMS organizations statewide. The network was designed to support 95% mobile coverage to its users across the state, but if desired, agencies who join can enhance the portable coverage with additional sites in their area.

The Wisconsin Interoperable System for Communications (WISCOM) system serves as a means of redundant communication for Wisconsin's seven healthcare emergency readiness coalitions (HERCs) with hospitals, partners, and the Wisconsin Department of Health Services (DHS) during major disaster events and large-scale incident responses. It is vital to maintain these communications in the event of a disruption in normal communication practices, typically by land line or cellphone.

For the system to be truly redundant, as required by the Emergency Management accreditation standards, it is recommended that the WISCOM radio:

- Be powered by a source that will not be impacted by loss of power to the hospital's primary power supply.
- Be left on your designated regional talk group (listed below) to support inter and intraregional emergency response communications between hospitals.
- Be located in the emergency department, whenever possible.
- It should be made a priority to train your organization's staff on how to operate the WISCOM radio to achieve these communications.

WISCOM Radio Operation for HERC's

Hospital Region	WISCOM Talk Group
Region 1 (Northwest HERC)	HRCRD1 OPEN
Region 2 (North Central HERC)	HRCRD2 OPEN
Region 3 (Northeast HERC)	HRCRD3 OPEN
Region 4 (Western HERC)	HRCRD4 OPEN
Region 5 (South Central HERC)	HRCRD5 OPEN
Region 6 (Fox Valley HERC)	HRCRD6 OPEN
Region 7 (Southeast HERC)	HRCRD7 OPEN

APPENDIX H: Government Emergency Telecommunications Service (GETS) & Wireless Priority Service (WPS)

Government Emergency Telecommunications Service (GETS)

Government Emergency Telecommunications Service (GETS) is a White House-directed emergency telephone service provided and managed by CISA. GETS provides subscribers with priority access and prioritized processing in the local and long-distance segments of landline telephone networks. Subscribers are issued a Personal Identification Number (PIN) that assigns priority status to calls in service provider networks when used. Physical GETS cards and usage guides are issued to all subscribers for easy reference. Calls made with GETS overcome network congestion and/or degradation and complete with a success rate of 98%. GETS calls do not preempt calls in progress or deny the general public's use of the telephone network.

GETS Benefits

Versatile: GETS can be used with the following devices:

- Landline phones
- Cellular phones (on all nationwide cellular networks)
- Satellite phones
- Fax

Hassle-free: GETS does not require additional hardware.

Free: There is no charge to GETS subscribers for enrollment or use.

Customer-focused: Comes with 24-hour User Assistance at 1-800-818-4387.

Resilient: GETS can be used with Wireless Priority Services (WPS) to maximize call completion.

Wireless Priority Service (WPS)

Wireless Priority Service (WPS) is a White House-directed cellular communications service provided and managed by CISA in compliance with Federal Communications Commission (FCC) Second Report and Order, FCC 00-242. WPS provides authorized devices with priority calling on all nationwide and several regional cellular networks. WPS calls do not preempt calls in progress or deny the general public's use of the telephone network. WPS carriers activate eligible devices which enables priority calling in the service providers' networks when the *272 service code is dialed. Calls made with WPS overcome network congestion/degradation and complete with a success rate of 95%.

WPS Benefits

Interoperable: WPS connects calls across all major service carrier cellular networks and some regional carrier networks.

Efficient: Organizations can easily mass-subscribe select personnel via the bulk upload feature as WPS is an add-on feature to subscribed mobile devices.

No cost: There is no charge to WPS subscribers for enrollment or use.

Resilient: Can be used with GETS to maximize call completion.

Customer-focused: Comes with 24-hour User Assistance at 1-800-818-4387.

APPENDIX I: Wisconsin 211 System

211 can assist emergency management teams with natural and man-made disasters and public health emergencies by providing easy access to information and ongoing connection to needed services. 211 plays three pivotal roles in emergent situations: public messaging, resource referrals, and situational awareness. Within minutes of any disaster or emergency situation, the 211 system can be activated locally and/or statewide through our fully optimized system with remote management capabilities.

Public Messaging; Understanding the need for 211:

- 211 is an easy to remember number and can scale quickly
- 211 can be used to share multiple messages in a clear and concise manner
- Multiple communication channels (call, text, chat, website)
- 211 can provide seamless follow-up
- 211 is flexible to respond to different types of incidents
- 211 offers redundancies (statewide and nationally)

Resource Referrals:

211 provides curated resources that are reliable and houses the largest inventory of family, health and human services in our area. In addition to the resources in the comprehensive database, 211 is able to provide real time resource referrals by using the database system that allows for just-in-time updates.

Regional Locations across the State

