



Requesting State of Wisconsin Emergency Response Resources

When communities face emergencies they may require additional resources from the state, such as equipment, supplies, staffing, or specialized response teams. The process for requesting state assistance is the same in every case, and always begins at the local level.

1. **Local or Tribal Need for Assistance**

The local or tribal government or a community response partner identifies (or anticipates) a need for assistance that will not (or cannot) be met using local, tribal, or mutual aid resources.

For healthcare, this could include staffing or essential supplies that are unavailable to be sourced locally or through existing supply chains.

START THE PROCESS EARLY

✓ *Note: Resources require time to deploy. Actual deployment time may be dependent on a number of factors including, but not limited to: time of day, time of year, and travel distances. Local and tribal governments are encouraged, to the greatest extent possible, to request state assistance (or request information on state assistance) as soon as possible.*

2. **Local or Tribal Approval**

Once a need has been identified (or anticipated) the respective local or tribal leadership authorizes the request for state assistance.

Authorized requestors include:

- Local, county, tribal emergency management director (or designee)
- County sheriff
- Tribal leader
- Chief elected official (or designee)
- Incident commander

Hospitals can contact their regional Healthcare Emergency Readiness Coalition Coordinators (HERC), who will work with local emergency management to make the requests on behalf of the hospitals.

3. **Mission Request**

The local or tribal government is encouraged to communicate the identified (or anticipated) need for assistance as soon as possible. This includes Requests for Assistance (RFAs) and Requests for Information (RFIs).

Hospitals and healthcare facilities that are requesting staffing assistance through WEAVR must include the following (note: it will take up to 48 hours to receive a response from WEAVR volunteers):

- Hospital point of contact for request
- Dates of deployment
- Number of clinical or non/clinical staff needed and type of occupation

- Is this deployment paid or unpaid?

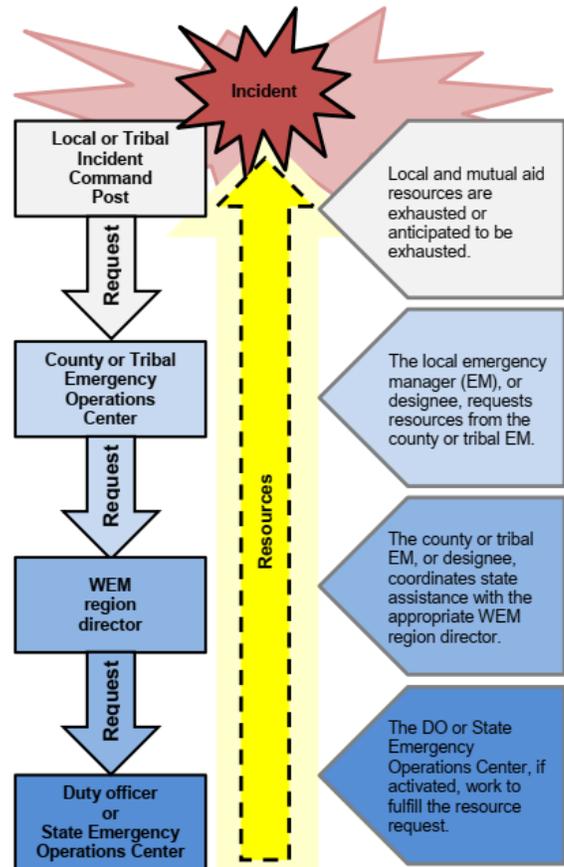
DESCRIBE THE MISSION

- ✓ *Note: Requests should describe a need related to a specific mission or task. The WEM duty officer (DO) or State Emergency Operations Center (SEOC) will work with the requestor and resource providers to identify available resources to meet the described need.*

4. Request Routing

RFAs and RFIs starting with a local requestor should be:

- Forwarded to the county or tribal emergency manager or emergency operations center (EOC), if open, to fulfill the request.
- The county or tribal emergency manager (or local or tribal EOC if open) coordinates with the appropriate WEM region director.
- The WEM region director notifies:
 - Wisconsin Emergency Hotline (1-800-943-0003, Option 2), or
 - State Emergency Operations Center (SEOC) operations section, if open, to fulfill the request.
- If the WEM region director is not available, the county or tribal emergency manager may contact the WEM DO or SEOC directly.
- If WEM receives a request directly from the local ICP or other authorized requester, WEM will take action on the request and notify the county or tribal emergency manager.



COMMUNICATE

- ✓ *Note: Wisconsin uses WebEOC to log and track resource requests. All county and tribal emergency managers have access to this system to submit requests, and these requests can be viewed by WebEOC users. For urgent requests, in addition to using WebEOC it is important to communicate the urgency by calling the WEM region director, duty officer, or SEOC and confirming receipt.*

FEMA Requests for Medical Resources

If the SEOC is unable to obtain the requested resources from within the state, we may make requests to the federal government through a FEMA resource request process, outlined below.

1) When we elevate an unfulfilled resource request to FEMA

- a. FEMA will coordinate with the state on the Resource Request Form (RRF) completion and help answer any questions.
- b. The following are questions from the Region V RRCC to ensure we fully understand the resources being requested:
 - i. Describe the shortfall
 - ii. Describe everything you have done to meet the requirement at the state and local level, in detail.
 - iii. Mission Duration.
 - iv. What environment will these folks be operating in? Will they be supported or will they need to external support...PPE, billeting, expected shift hours.
 - v. Describe any extenuating circumstances.
 - vi. Describe any contracting efforts made to fulfill the shortfall.
- c. If it is for staffing or other items through ESF 8 (Health and Medical) there are questions that HHS requires to submit to the ESF 8 (Health and Medical) resource adjudication council at the NRCC.
 - i. What is the projected staffing shortfalls in the next week?
 1. ICU
 2. Hospital
 3. Alternate Care Site
 - i. Have you exhausted other sources of staffing?
 1. Retired providers
 2. Providers from other parts of the state
 3. EMAC
 4. Medical Reserve Corps
 5. NGO volunteer
 - ii. What is the medical environment for the requested providers?
 1. Hospital
 2. ICU
 3. Alternate Care Site
 4. Other
 - iii. Have you waived licensure requirements?
 - iv. Percent of hospitals/jurisdictions that have implemented crisis standards of care (e.g., increased patient to healthcare worker ratios)
 - v. Percent of healthcare providers practicing outside of the discipline they are licensed for (e.g., anesthesiologists to intensivists)
 - vi. Percent of healthcare providers reallocated (e.g., practicing outside of their usual practice site, including those relocated across state lines)
 - vii. Number of state medical reserve corps volunteers, national guard, or DoD staff deployed for medical surge (or % of facilities/jurisdictions with those staff deployed)

- viii. Percent of healthcare providers unable to practice due to quarantine or COVID infection

2) What options FEMA can provide in terms of staffing?

- a. FEMA itself does not have medical staff however we work with HHS and our other federal agencies (VA, CDC, DoD, etc.) to fulfill requests for support.
 - i. The above questions are used to help refine the need and what type of support is needed so the ESF 8 resource adjudication counsel can ensure that the proper resources are sent to where they are needed.

3) What options can HHS provide in terms of staffing/field hospitals?

- a. It will depend on what resources are available at the time of the request and what is being requested. However, depending on availability the federal interagency has medical professionals, medical teams, and equipment that may be available.
- b. The State maintains an Alternate Care Facility (ACF) at State Fair Park in Milwaukee to accommodate the overflow of low-acuity COVID-19 patients from area hospitals and other acute care facilities should they exceed their capacity due to the COVID-19 pandemic. More information about the facility can be found on the Alternate Care Facility FAQ.

4) Any other federal support options?

- a. The federal interagency has a variety of support that can be used to support it would just depend on the requirements and resources that are available at the time.