Wisconsin Emergency Assistance Volunteer Registry (WEAVR): How physicians can help and why they are needed

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ABSTRACT
The Wisconsin Division of Public Health (DPH) and its partners have developed the necessary public health infrastructure and core expertise to prepare for, and respond to, public health threats and emergencies. The infrastructure includes 12 public health preparedness consortia that have been established across the state. An important part of the response plan is to assure that the responder workforce is adequate to meet the need at the local, regional, and statewide levels. The responder workforce includes health professional volunteers who, if called on, will take on a variety of assigned roles relevant to a defined incident. In order to facilitate an organized system for volunteers to indicate their skills and availability, DPH has developed a secure and confidential database—the Wisconsin Emergency Assistance Volunteer Registry (WEAVR)—to collect and organize contact information on health professional volunteers and to make contact with volunteers when needed.

Physicians, as well as other health professional volunteers, are critical to protect the health and safety of the community, especially if the need to dispense prophylactic medications or to vaccinate the entire population of Wisconsin arises. At the time of an event, volunteers will receive “just-in-time” training after reporting to their assigned location. In other states, physicians have found this emergency training to be of value to their overall practice of medicine. Information about how to sign on to WEAVR is provided.

Background
The Public Health Preparedness Program of the Wisconsin Division of Public Health (DPH), along with partners from Wisconsin Emergency Management, Hospital Preparedness, local public health departments, Native American Tribes, and other organizations, has developed plans that will quickly put in place an appropriate response should a large scale public health incident occur.

Initially, the Public Health Preparedness Program was referred to as the Bioterrorism Program. Funding for bioterrorism response programs was available from the Centers for Disease Control and Prevention (CDC) prior to September 11, 2001, but the amounts available were significantly increased after the terrorist attacks that day. The change in the name of the program reflects the philosophy of “full use” of the enhanced infrastructure of the public health system in Wisconsin. Full use refers to readiness for a terrorist incident as well as other emergencies such as an environmental event (eg, a chemical spill), a natural disaster (eg, a tornado, flood, or forest fire), or an infectious disease outbreak (eg, pandemic influenza).

Wisconsin has developed the necessary public health infrastructure and core expertise to prepare for, and respond to, public health threats and emergencies. The infrastructure includes 12 public health preparedness consortia that have been established across the state. The consortia were formed based on factors including geographic proximity, traditional cooperation, and potential risks in the region. Other considerations are airport access, major roads, hospitals, and disease surveillance areas. Critical public health partnerships have been established among tribal health centers, hospitals, emergency medical services, emergency management, public safety, and law enforcement. Ultimately, the formation of the consortia provides local public health departments the opportunity to combine the limited resources of a single agency with those of other agencies in order to provide a broader regional response.
An important part of the response plans is to assure that the responder workforce is adequate to meet the need at the local, regional, and state-wide levels. The responder workforce includes health professional volunteers who, if and when called on, will take on a variety of assigned roles relevant to a defined incident. To facilitate an organized system for volunteers to indicate their skills and availability, a secure database has been developed: the Wisconsin Emergency Assistance Volunteer Registry (WEAVR).

**What is WEAVR?**
Developed and managed by DPH to collect and organize contact information on health professional volunteers, WEAVR is a secure and confidential electronic database that resides within the Wisconsin Health Alert Network (WI HAN). WI HAN is a communications system for Wisconsin’s public health departments, hospitals, clinics, emergency rooms, laboratories, law enforcement, fire service, EMS, volunteer, and other health agencies. WEAVR has the capacity to organize volunteer information and to make contact, through WI HAN, with volunteers when needed. WEAVR has been operational since mid-November 2003.

**Volunteers Are Needed**
Physician support and expertise are still needed in critical areas of response plans. As of August 15, 2005, 115 of the 1070 health professionals registered on WEAVR are physicians. The accompanying map illus-

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**Figure 1.** Wisconsin Public Health Preparedness Consortia WEAVR Physician Volunteers per region. Numbers indicate the WEAVR Physicians located in each Public Health Preparedness Consortia Region as of 8/15/2005.
trates the regional physician volunteer representation in WEAVR and highlights the need for additional physician involvement. The goal for DPH is to have a minimum of 220 physician volunteers registered by the end of 2005. An important recruitment mechanism to reach physicians is through the upcoming license renewal cycle. Information about WEAVR will be inserted into Wisconsin license renewal notices mailed in September. DPH believes a reasonable long-term goal is to have an additional 400 physicians per year register on WEAVR.

Physicians, as well as other health professional volunteers, are integral to the success of planning and response to large-scale emergencies in order to protect the health and safety of the community. Health care professionals may be asked to use minor surgical skills, manage exposure to toxins, handle acute trauma, or make decisions about treatment of, or vaccination to prevent, infectious disease.

There will be a special need for physicians if the Strategic National Stockpile (SNS) is deployed. Each SNS “push pack” consists of 50 tons of pharmaceuticals and other medical supplies, strategically pre-positioned throughout the United States to support state and local medical response to terrorism events involving biological or chemical agents. Upon SNS deployment, large quantities of medical supplies and medications, including vaccines, will be moved to predetermined storage and distribution sites in each state.

One of the goals of the SNS program is to be able to dispense prophylaxis medications or to vaccinate the entire population of Wisconsin in just a few days. The ability to manage such a major public health initiative will require professional and paraprofessional health care volunteers. Volunteers will enhance our response activities, speed delivery of service, and link public health to local communities, both before and after an event.

What About Training?

WEAVR volunteers will be called on only after it is determined that the trained responder system does not, or will not, meet the needs specific to the emergency. Volunteers will receive “just-in-time” training after reporting to their assigned location. Volunteers who wish to be contacted about regional or local training opportunities can indicate that interest when signing on to WEAVR (see below). Indicate “yes” on the electronic questionnaire for “Do you wish to be contacted by local or regional preparedness planners?” Program coordinators will contact volunteers in their region about local training opportunities when they are available.

Why Sign On?

Although during a disaster many professional organizations and governmental agencies may provide opportunities for volunteers to register, WEAVR dispatches volunteers to other states based upon requests from the federal Emergency Management Assistance Compact (EMAC). EMAC requires emergency responders and other volunteers to work with their state emergency management agency to communicate offers of assistance in response to requests from impacted states. EMAC matches available resources to these requests. Travel cost, lodging, per diem, salary and fringes, and other allowable cost are paid by the individual’s organization and then reimbursed through EMAC; licensure and certifications of individuals from member states are accepted; and individuals are considered agents of the requesting state for tort liability and immunity purposes (http://emergencymanagement.wi.gov/section.asp?linkid=527&locid=18).

Other means of registration for volunteers may not have these benefits for out-of-state placement, and therefore the physician might be responsible for license verification and liability coverage.

If a catastrophic emergency should occur in Wisconsin, the Governor's declaration of a state of emergency would provide state liability and worker’s compensation coverage to WEAVR and other clinical volunteers working in Wisconsin, but outside their normal work setting. This liability coverage does not apply to those clinicians who, of their own volition, provide free care within their own clinical setting.

How to Sign On

For more information about Wisconsin Public Health Preparedness and WEAVR, go to http://dhfs.wisconsin.gov/preparedness/WEAVR. If you do not have a Wisconsin user identification and password for the WI HAN, instructions will be given directing you to obtain them. If you are a WI HAN user and have your user ID and password, log in, go to MyHAN, and click on Item #1, WEAVR, to get to the registration site. If you would like to contact your regional consortium program coordinator, that information can be found on the Web site. Click on Public Health Preparedness Regions on the left side of the screen and locate your regional consortium and program coordinator contact information.

Please join other physicians and health professionals who are willing to be called on if needed. If you have questions, please contact Ms Bayou at BayouBL@dhfs.state.wi.us or by phone at 608.266.3558.