# Annex 3, Western Wisconsin Healthcare Emergency Readiness Coalition Response Plan, Region 4 Pediatric Surge Annex

## Purpose

This pediatric surge annex has been developed for local jurisdictions, public health partners, first responders and healthcare organizations within the Western Wisconsin Healthcare Emergency Readiness Coalition to increase pediatric surge capacity. This annex applies to a mass casualty event with a number of pediatric patients that overwhelm local capacity. Actions described here are intended to support, not replace, any existing facility or agency policy or plan.

## 2. Overview and Background

The unique needs of children mandate specialized and appropriate planning for response to a pediatric mass casualty incident (PMCI). Children differ from adults in physiology, developing organ systems, behavior, emotional and developmental understanding of and response to traumatic events, and dependence on others for basic needs. Children’s rapid minute ventilation, large surface area relative to body mass, more permeable skin, and proximity to the ground increase their risk of adverse outcomes from exposure to environmental hazards such as particulates or droplets, whether from debris or biological or chemical threats.

## Scope

For the purpose of this annex, the following age groups comprise the pediatric population.

* Infants/toddlers (0 -24 months)
* Toddlers/preschoolers (2 -5 years)
* School aged children (6 – 13 years)
* Adolescent children over 14; and children with underlying complex medical conditions.

Across the HERC region, there are local risks for pediatric-specific mass casualty events (e.g., incidents at schools, transportation accidents, events at tourist destinations) that might arise. It recognizes that facilities that treat patients will have stocks of age-appropriate medical supplies that may be requested to share resources in an emergency.

At this time, the HERC does not have a role in coordination of mental health and age-appropriate support resources, nor pediatric/neonatal intensive care unit (NICU) evacuation resources, except in its ongoing role in facilitating resource sharing requests within the region and with the state, as requested by member facilities or organizations. In the absence of a statewide pediatric plan, the HERC does not have individual coordination mechanisms with dedicated children’s hospital(s) at this time.

## Concept of Operations

### Activation and Notifications

Pediatric events will be notified to the HERC by individual member entities in the same way as any other incident, and as described in the HERC response plan. This will trigger the alerting and notification of members as described in the HERC response plan in order to ensure general situation awareness across the region.

### Roles and Responsibilities

In the absence of a statewide pediatric plan, the role of the HERC during a pediatric surge event will be consistent with the response role during any large-scale event: predominantly information sharing amongst membership, facilitation of resource support if any is available, and as a liaison to state and federal resources, if needed. During the preparedness phase, the HERC can work to support pediatric readiness through provision of regional training, exercising around such events, and participation in statewide efforts to coordinate pediatric planning. A list of initial resources to support member readiness is included at the end of this annex.

When the HERC is notified of a pediatric event, the member organization experiencing the surge may notify the HERC of any needs or requests. The HERC will then determine if such needs should be conveyed to the membership through information sharing channels (eg, EM Resource, eICS, etc) or conveyed to state partners for a wider dissemination.

At this time, in the absence of a statewide coordinated pediatric surge plan, the HERC will work with the Wisconsin Department of Health Services and Wisconsin Emergency Management as needed to determine available local, state, and interstate resources. This includes access to subject matter experts at the local, state, and national levels.

#### Prioritization method for specialty patient transfers

At this time, in the absence of a statewide coordinated pediatric surge plan, the HERC could assist with patient transfers and transport decisions by ensuring bed availability in EMResource is up to date and transportation services have updated their current availability in a dispatching and ambulance tracking system that allows for real time transport visibility currently in use.

#### Just-in-time training

At this time, in the absence of a statewide coordinated pediatric surge plan, the HERC will not have a role in offering just-in-time training to support pediatric care.

#### Evaluation and exercise plan for the specialty function

At this time, the HERC will exercise its roles in information sharing and coordination of assistance upon request for pediatrics in the same way that it does for any other event of regional significance.

### Deactivation and Recovery

Upon notification of the end of the incident, the HERC will cease its support operations in sharing information and resource coordination. At the request of membership or a decision of leadership, the HERC may choose to facilitate an after-action process to identify areas of strength or improvement.