

Wisconsin Department of Health Services



Wisconsin Pediatric Medical Surge Plan

Wisconsin Pediatric Medical Surge Plan
Department of Health Services
Office of Preparedness and Emergency Health Care

Dear Colleagues and Wisconsinites,

Recent events in Wisconsin and nationally have brought to light the need for ongoing local and regional trauma planning and preparation. Our hearts are heavy from recent events of community violence locally and nationally. We know it is our role in public health to both prepare for such events, as well as do what is possible to prevent them from happening. We hope that this plan, which lays out action steps to care for pediatric patients during a Mass Casualty Incident, will help guide responses to these types of tragedies that too often impact our youngest Wisconsinites. The goal is to help EMS, emergency rooms, organizations, and other partners prepare for and collaborate during a calamity impacting children.

Youth under the age of 18 have unique physical, mental and emotional needs. In the event of a pediatric medical surge, local hospitals may activate their hospital plans and/or coalition plans to support critical pediatric patient treatment, transfer, and tracking. During a large scale pediatric medical surge event, designated medical care centers, as defined and indicated in Appendix 3.1, may be called upon to serve as surge centers to provide critical pediatric care for up to 72 hours until patient(s) can be transferred to a Level I or II pediatric trauma center. Hospital participation in Wisconsin's pediatric medical surge plan is voluntary and based on capacity, but support is paramount to ensuring the best outcomes for people who are injured.

Throughout and at the end of this plan, you'll find resources for trauma-informed planning and care. It is important to take the time to invest in learning and practicing these approaches before and after an event occurs. Organizations and individuals play an important role in supporting those who have been through a collective tragedy. This involves providing opportunities for listening and engaging in supportive and safe conversations. And incorporating trauma support and trauma-informed practices into our policies and practices.

We need partners and advocates in this work. Whether you're an emergency room employee, EMS responder, teacher, counselor, or parent – we all have a role to play in making spaces safe for children. While we can't always prevent extreme events, we can control how we prepare for, how we act and how we recover together.

Sincerely,

Paula Tran

State Health Officer

Wisconsin Department of Health Services

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Record of Revisions and Maintenance

The goal of this pediatric medical surge plan is to provide guidance and resources to support a healthcare surge event of pediatric patients. This plan will be maintained by the Health Emergency Preparedness Planner in the Office of Preparedness and Emergency Health Care (OPEHC), Division of Public Health, Department of Health Services (WI DHS).

Original Document Approved: June 2020

Record of Change:

Date	Record of Changes	Office
June 2020	Creation of Pediatric Surge Plan	OPEHC
July–September 2021	Creation of and edits to draft plan guided by subject matter expertise.	OPEHC
January 2022	Published Revised Plan	

Training, Exercise, and Engagement Activity

OPEHC is committed to the ongoing training and exercising of this plan and related activities to validate public health and health care capabilities.

Date	Activity	Partners Involved

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1. Introduction

1.1 Purpose

The Wisconsin Pediatric Medical Surge plan has been developed for local jurisdictions, regional healthcare emergency readiness coalitions (HERC), first responders, and health care organizations in an effort to care for pediatric patients during an MCI. This plan is meant to supplement and support any agencies' existing emergency response plans.

This plan is to be used for any conditions and incidents that has potential to cause a surge of pediatric patients. Incidents that impact pediatric patients may be part of a larger burn, infectious disease, radiation, and hazmat event. Other plans, trainings, and resources should be reference and utilized to ensure proper coordination of patients.

1.2 Scope

The Wisconsin pediatric medical surge plan provides support and guidance to state partners involved in an emergency response within the state of Wisconsin and/or adjacent states. This plan informs the state level response and provides guidance to regional partners in health care related incidents. Specifically, this plan is designed to address resources, communications, and special considerations.

The Hospital Preparedness Program (HPP) capabilities in this plan include, but are not limited to:

- Capability 1: Foundation for Health Care and Medical Readiness
- Capability 2: Health Care and Medical Response Coordination
- Capability 4: Medical Surge

The Public Health and Emergency Preparedness (PHEP) capabilities in this plan include, but are not limited to:

- Capability 1: Community Preparedness
- Capability 3: Emergency Operations Coordination
- Capability 10: Medical Surge

1.3 Background

The unique needs of children mandate specialized and appropriate planning for response to a pediatric medical surge event. Children's rapid minute ventilation, smaller body mass, larger head size, bony immaturity, and psychological development impact the types and presentation of injuries seen in pediatric patients. Furthermore, children require weight-based dosing of medications and have significant variations in vital signs, depending on age and size. These injuries require the knowledge of the differences of children compared to adults to properly treat.

Local, state, and federal partners involved in disaster planning and response have an obligation to prepare for meeting the needs of the whole community, including the unique needs of children. Children represent approximately one quarter of the U.S. population, and the large

majority of adults share a common concern in ensuring children's health and well-being. Not all planners and responders in emergency and disaster response systems may be optimally familiar with the needs of children, and especially of children and youth with special health care needs.

For the purpose of this plan, the following age groups comprise the pediatric population:

- Infants and toddlers (0–24 months)
- Toddlers and preschoolers (2–5 years)
- School-aged children (6–13 years)
- Adolescent children (14–less than 18 years)

Authorities

The authorities granted by the State of Wisconsin for the development and maintenance of this plan and related regional annex template are granted in [Wis. Stat. Ch. 250](#): Health; Administration and Supervision (see Appendix 3.3 for a link to read the statute in full).

1.4 Planning Assumptions

The State of Wisconsin Pediatric Medical Surge plan assumes the following scenarios which may impact a pediatric medical surge event and the subsequent response:

- In the state of Wisconsin, a pediatric medical surge event is an incident that could potentially overwhelm local, regional, and/or state resources for pediatric medical care.
- All hospitals with an emergency department are capable of providing initial triage, resuscitation, and stabilization of critical pediatric patient(s).
- The state's level I and II pediatric trauma centers have the resources to deliver non-trauma tertiary pediatric care. Thus, in this plan, the pediatric trauma centers are used as tertiary pediatric centers.
- In a pediatric medical surge event, local hospitals may activate their hospital plans and/or coalition plans to support critical pediatric patient treatment, transfer, and tracking.
- During a large scale pediatric medical surge event, designated medical care centers, as defined and indicated in Appendix 3.1, may be called upon to serve as surge centers to provide critical pediatric care for up to 72 hours until patient(s) can be transferred to a Level I or II pediatric trauma center.
- Participation by hospitals in Wisconsin's pediatric medical surge plan is voluntary and based on available capacity at the time of the incident.
- Pediatric capabilities are limited, and coordination of patient transfers (destination and logistic) may take days to achieve when out-of-state capacity is required.
- Pediatric surge incidents may occur due to a single mass casualty incident (e.g., a traumatic injury or burn related event) or from a sustained response event in which there may or may not be an inciting incident (e.g., an infectious disease, hazmat, or radiological event).
- The stabilization of critical patients is prioritized over the care of other traumatic, burn, hazmat, and radiation related injuries or infectious disease related illness. Transfers to specialty facilities for secondary injuries or illnesses are conducted following stabilization at the closest appropriate facility to the incident site.

- Level III and IV trauma centers operating as local hospitals may need to provide crisis care ethics support to the treatment teams on patient care and prioritization until beds are made available at pediatric trauma centers or level I or II adult trauma centers. The purpose of this support is to relieve burden of decision making from the medical teams so they may focus on patient medical care. In specific instances, hospitals or HERC regions may request that the state activate the State Disaster Medical Advisory Committee (SDMAC or other subject matter expert resources to provide guidance to hospitals.

2. Concept of Operations

2.1 Activation and Notification

Initial Management of the Incident by Emergency Medical Services and the Local Hospital

- The responding emergency agencies to the incident establishes field incident command and provides medical care to victims.
 - Emergency medical services (EMS) follows incident command and triage procedures as documented in the [Wisconsin EMS Mass Casualty Incident Response Plan Guide](#) and the [Wisconsin Field Triage Guidelines](#) (see Appendix 3.3 for links).
 - Based on the nature of the incident and the number of victims involved, the field incident commander may request the activation of the local emergency operations center (EOC).
- The field incident commander or their designee communicates incident details with the dispatch center who notifies the appropriate responding hospitals.
 - The field incident commander or designee may directly notify the local hospitals in the event that the dispatch center is overwhelmed and unable to support hospital notifications.
 - Any partner involved in the incident response may initiate an EMResource event for notification, bed availability poll, and/or patient tracking.
 - The WISCOM radio system may be used as a form of redundant communication between any partners involved in the incident response.
- If the local hospital experiences a significant surge, they may activate their emergency operations plan and incident command system. The local hospital stabilizes the victim(s) and either provides definitive care within the facility or coordinates with the pediatric trauma centers for patient transfer to higher level of care at pediatric tertiary care facility or a level I or II adult trauma center.
 - The local hospital and pediatric trauma centers may determine that the resources within their facilities are able to handle the surge event in its entirety. If that is determined, this surge plan, used as a guideline until this point in the response, will not need to be officially activated.

Official Activation of the State Surge Plan

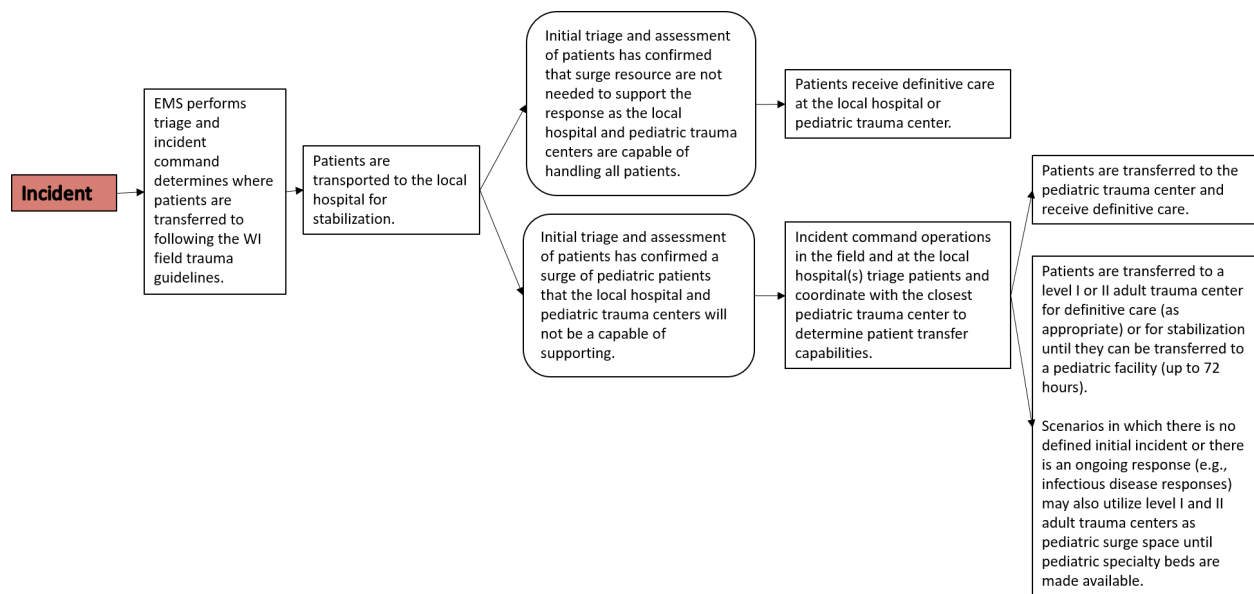
The official activation of this plan occurs following initial triage of patients and a surge has been confirmed. The emergency response operations for a potential surge as described in the previous section will occur regardless of an official activation of this plan. The initial emergency use of this plan may only involve responding organizations; however, full activation of the plan in

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which the level I or II adult trauma centers are used as surge facilities requires notification of the regional HERC and the DHS OPEHC office.

- Communication for the activation and coordination of this plan occurs over [EMResource](#) and through other communication methods as described in the below *Communications* section. Any organization involved in the response may make the EMResource notification of plan activation.
- Field incident command and at the local hospital(s) triage patients and coordinate with the closest pediatric trauma center to determine patient transfer needs.
- Patients who cannot receive definitive care by the local will either be sent to a pediatric trauma center or to a level I or II adult trauma center based on patient and situational needs. The Wisconsin pediatric trauma centers and level I and II adult trauma centers are listed in Appendix 3.1 and the regional level I pediatric trauma centers are listed in Appendix 3.2.
- The level I or II adult trauma centers receive surge patients and provide stabilization care for critical patients until they can be transferred to a pediatric specialty facility (up to 72 hours) or provide definitive care for patients, as appropriate.
 - Scenarios in which there is no defined initial incident or there is an ongoing response (e.g., infectious disease responses) may also utilize level I and II adult trauma centers as pediatric surge space until pediatric specialty beds are made available.
- Following the initial management of surge activities, ongoing measures are taken to support patients and their families, such as mental health support and outpatient medical services.

The flow of the pediatric medical surge plan is highlighted in the below figure:



Communication Methods

There are several forms of communication that may be used in the notification and coordination of an incident response. WISCOM and EMResource are state platforms that should be uniformly used to support statewide coordination. However, other communication methods are

used to support regional and local responses based on the resources and needs of the area. Principles of trauma informed messaging may be used to support communications for pediatric surge events.

- [EMResource](#): EMResource is a tool that healthcare facilities use to alert and communicate with each other and with their emergency response partners, but in an emergency and on a day-to-day basis. The alert is usually initiated by the local facility to alert others of an MCI. EMResource also allows for polling of facilities to conduct bed capacity counts. Any member of EMResource can register an event, and alerts can be sent to specific facilities, partners in a region, or all state partners.
- [WISCOM](#): The Wisconsin Interoperable System for Communications (WISCOM) radio system is a statewide wireless radio-frequency network primarily used for emergency communication between facilities.
- Additional radio channels: EMS may use a variety of radio channels to conduct transfer operations on a local or regional basis.
- Phone: Traditional phone use (text, email, or call) is used for communication between organizations involved in the response (e.g., pediatric trauma center, EMS agency, dispatch center, hospital, local and tribal public health, HERCs).
- [EMTrack](#): EMTrack is a tool that facilitates patient tracking in a variety of patient movement situations. It can be initiated during a prehospital encounter or at a health care facility. It can be used for tracking daily EMS transports, mass casualty incident victims, and facility evacuations, and it supports situational awareness, resource allocation, and family reunification.

2.2 Roles and Responsibilities

Emergency Medical Services (EMS)

EMS agencies are the first responders on an incident scene. EMS follow their medical training when caring for pediatric patients using online medical consultations for support as needed. EMS will transport patients following normal procedures to the closest appropriate facility and should utilize online medical consultation to assist with triage and transportation decisions between local hospitals, pediatric trauma center, and hospitals with pediatric specialty care. A link to [locations of Wisconsin EMS agencies](#) can be found in Appendix 3.3. Roles and responsibilities for EMS include, but are not limited to:

- Participation in pediatric training courses as recommended in this plan and outlined by the organization.
- Development of policies and education that outline communication methods, transportation resources, and hospital destinations for pediatric patients.
- Participation in trainings and exercises provided at a local, regional, and state level.
- Establishment of communication with the receiving health care facility through normal communication methods and/or establish an on-scene incident command.
- Conducting interfacility transfers through normal procedures.
- Support mental health and family support efforts.
- Providing mutual aid support through normal procedures.

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- Providing a debriefing discussion for EMS personnel.
- Conducting or supporting an after-action review.

Local Hospital

A local hospital is any acute care facility geographically close to an event that is able to provide initial stabilization for pediatric patients until they can be transferred to a higher level of care. These facilities may be a pediatric trauma center or a level I or II adult trauma center, in which case they would operate under both roles. The roles and responsibilities for local hospitals include, but are not limited to:

- Participation in pediatric training courses as recommended in this plan and outlined by their organization.
- Development of policies and education that outline communication methods listed in this plan.
- Participation in trainings and exercises provided at a local, regional, and state level.
- Administering initial stabilization and care of patients before transfer to a pediatric trauma center, surge facility, or hospital with pediatric specialty care.
- Establishing communication with the pediatric trauma center or surge facility for triage and transportation information.
- Support mental health and family support efforts.
- Providing a debriefing discussion for personnel.
- Conducting or supporting an after-action review.

Pediatric Trauma Center

A pediatric trauma center is a level I or II trauma hospital that is capable of providing definitive care for critical pediatric patients due to their resources and expertise in handling a variety of medical conditions. These facilities may act as a local hospital depending on the location of the incident. Roles and responsibilities for pediatric trauma centers include, but are not limited to:

- Participation in pediatric training courses as recommended in this plan and outlined by their organization.
- Development of policies and education that outline communication methods listed in this plan.
- Participation in trainings and exercises at a local, regional, and state level.
- Providing or supporting pediatric-specific education and training for allied health professionals.
- Support mental health and family support efforts.
- Providing definitive care of traumatic injury patients.
- Acting as a referral center for critically injured or ill children.
- Providing a debriefing discussion for personnel.
- Conducting or supporting an after-action review.

Level I or II Adult Trauma Center

A level I and level II adult trauma center is a hospital that does not specialize in pediatric trauma care, but is able to provide definitive care for non-critical pediatric patients or provide initial

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stabilization for critical pediatric patients. Roles and responsibilities for surge centers include, but are not limited to:

- Participation in pediatric training courses as recommended in this plan and outlined by their organization.
- Development of policies and education that outline communication methods listed in this plan.
- Participation in trainings and exercises provided at a local, regional, and state level.
- Providing care of pediatric patients until transfer to pediatric trauma center is available. These hospitals will be able to stabilize a limited number of injured children prior to transfer to a pediatric tertiary care center during a mass casualty incident.
- Acting as a referral center for appropriate injured or ill children when pediatric trauma centers are unable to receive patients.
- Support mental health and family support efforts.
- Providing a debriefing discussion for personnel.
- Conducting or supporting an after-action review.

Emergency Medical Services for Children

The [Emergency Medical Services for Children \(EMSC\)](#) program works to improve the quality of emergency care for children by supporting the availability of appropriate resources and trained personnel. Roles and responsibilities for EMSC include, but are not limited to:

- Providing leadership and support for all hospitals in Wisconsin to improve pediatric emergency care by utilizing pediatric readiness principles.
- Development of a network of hospitals and communities that prioritize the medical needs of children by utilizing the best evidence-based approach to provide the most appropriate medical care.

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OPEHC is notified at the activation of the state PM pediatric medical surge plan via EMResource. The main function of OPEHC is to support and enhance the capacity of the state, local and tribal public health departments, and the healthcare system to prepare for public health threats and emergencies through planning, exercises, trainings, and response. Roles and responsibilities for OPEHC include, but are not limited to:

- Developing and maintaining the state pediatric medical surge plan and regional pediatric surge annex template.
- Supporting regional and local efforts to the development of pediatric plans and conducting trainings and exercises.
- Maintaining communication with the Wisconsin Emergency Management Duty Officer for situational awareness.
- Support efforts taken by Department of Children and Families, Office of Children's Mental Health, and Resilient Wisconsin to provide mental health and family support services.

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- Assistance in the coordination of Emergency Support Function #8 medical response needs as requested by the health care system in the event a pediatric medical surge event may result in the opening of the state EOC.
- Supporting any review efforts conducted by regional and local partners, such as after-action reports.
- Review, assessment, and coordination of reimbursement needs.

Healthcare Emergency Readiness Coalitions

The HERC coordinators may be notified by emergency response agencies, LTHDs, hospitals, or OPEHC. When requested, seven HERC regions support coordination with local public health, health care facilities, and first responder agencies (police, fire, and EMS) to support a unified response to an emergency. The HERCs support communities before, during, and after a pediatric medical surge incident. A link to [HERC location and contact information](#) can be found in Appendix 3.3. Roles and responsibilities for the HERCs include, but are not limited to:

- Support of the education and training efforts of EMS, local hospitals, and surge facilities.
- Development and dissemination of regional coordination plans.
- Communication with coalition members to catalog regional resources, and assess the need for education, training, and supply stockpiles.
- Assistance as a liaison between the region's health sector and state and federal agencies.
- Supporting communication and coordination efforts between EMS and hospitals as needed. And allied health personnel.
- Supporting or sponsoring after-action review efforts.
- Assistance with reimbursement process questions.

2.3 Training

EMS, First Responders, and Hospital Staff

Hospitals, EMS, and other first responder agencies should have plans and conduct trainings for the management of mass casualty incidents.

It is recommended that leadership of hospitals, EMS, and first responder agencies review their organization's need for pediatric-specific training. The following courses are educational resources for pediatric surge and disaster events.

- [Pediatric Advanced Life Support \(PALS\)](#)
- [Emergency Nursing Pediatric Course \(ENPC\)](#)
- [Pediatric Care After Resuscitation \(PCAR\)](#)
- [Advanced Trauma Life Support \(ATLS\)](#)
- [Advanced Burn Life Support \(ABLS\)](#)
- [Advanced Hazmat Life Support \(AHLIS\)](#)
- [National Disaster Life Support \(NDLS\)](#)
- [National Disaster Preparedness Consortium \(NDPC\)- Funded Training](#)

Additional information on the care of pediatric patient can be found on the [ASPR Tracie](#) website and in the [American Academy of Pediatric Resources for the care of Pediatric Patients in Hospitals](#) publication.

2.4 Special Considerations

Access and Functional Needs and Behavioral Health

- Partner agencies are in the process of creating a mental health support system for first responders and allied health workers in the state of Wisconsin.
- Patients with behavioral health and/or access and functional needs are supported by resources of EMS and hospitals as needed. EMS agencies and hospital facilities should train and prepare to care for these patient populations.
- Call lines may be established to support mental health coordination needs during and following an incident. This resource may be used to support primary care systems which may experience a surge for mental health support following an incident.
- Efforts and taken and supported by Wisconsin state organizations such as the Department of Children and Families, Office of Children’s Mental Health, and Resilient Wisconsin to provide mental health and family support services.

2.5 Tracking and Reunification

Tracking and reunification efforts are conducted by EMS, hospitals, and local officials. These efforts, in regards to this plan, are most applicable to low- or no-notice incidents.

[Wisconsin Admin. Code Ch. DHS 110](#) requires EMS agencies to have a mass casualty plan that includes a mechanism for patient tracking. The EMTrack platform is recommended for use; however, agencies may use any alternative means of tracking that includes real-time situational awareness in order to assist other partners who are involved in reunification efforts.

EMTrack may be used by EMS, hospitals, and local officials for patient tracking. Patient information is entered into the system by providers and allows for approved administrators to track where patients are located during planned or unplanned events. A link to a full EMTrack description can be found in Appendix 3.3.

Receiving hospitals have the responsibility to have an internal mechanism to track patients received from an incident scene or transferred from other hospitals.

Reunification can be conducted at a hospital or local reunification center. Hospitals and local and tribal health departments should follow their defined procedures for appropriate communication of patient information with loved ones.

2.6 Rehabilitation and Outpatient Follow-up Services

All Wisconsin hospitals will determine their capabilities for outpatient follow-up services and refer patients as needed.

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Transferring of patients that were sent to facilities outside of Wisconsin will follow normal procedures for communication and coordination of transport. Challenges with state aid should be directed to the Department of Health Services Division of Medicaid Services.

2.7 Deactivation and Recovery

This plan can be deactivated when all patients have reached definitive care in a local hospital, surge center, or pediatric trauma center. This decision is made with the understanding that there will be ongoing communication and patient care needs at a hospital and primary care level.

Review and reimbursement actions will be conducted following the deactivation of the plan. After-action reviews may be conducted by any agency or facility involved in the response at the local, regional, or state level. It is expected that all members involved in a pediatric surge response participate in and support an after-action review of the event and response.

3. Appendices

3.1 Wisconsin Pediatric Hospital List

Contact information for the following hospitals can be found on the [EMResource](#) platform, on individual hospital websites, and through local and regional dispatch centers. Locations of hospitals and links to their webpages can be found on the [Wisconsin Trauma Care System Website](#) (see appendix 3.3 for link).

Pediatric Trauma Centers

Hospital	Location	Capabilities
American Family Children's Hospital	HERC 5 (South Central) 600 Highland Ave Madison, WI 53792	Level I Trauma Center Pediatric Burn Center PICU NICU
Children's Wisconsin	HERC 7 (Southeast) 9000 W Wisconsin Ave Milwaukee, WI 53226	Level I Trauma Center Pediatric Burn Center PICU NICU
Marshfield Medical Center	HERC 2 (North Central) 611 N Saint Joseph Ave Marshfield, WI 54449	Level II Trauma Center PICU NICU

Level I Adult Trauma Centers

Hospital	Location	Capabilities
University of Wisconsin Hospital	HERC 5 (South Central) 600 Highland Ave Madison, WI 53792	Adult Burn Center
Froedtert Memorial Lutheran Hospital	HERC 7 (Southeast) 9200 W Wisconsin Ave	

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Level II Adult Trauma Centers

Hospital	Location
Mayo Clinic Health System Eau Claire	HERC 1 (Northwest) 1221 Whipple St Eau Claire, WI 54703
Aspirus Wausau Hospital	HERC 2 (North Central) 333 Pine Ridge Blvd Wausau, WI 54401
St. Vincent Hospital	HERC 3 (Northeast) 835 S Van Buren St Green Bay, WI 54301
Aurora Bay Care Medical Center	HERC 3 (Northeast) 2845 Greenbrier Rd Green Bay, WI 54311
Gundersen Lutheran Medical Center	HERC 4 (Southwest) 1900 South Ave La Crosse, WI 54601
Mercy Hospital and Trauma Center	HERC 5 (South Central) 1000 Mineral Point Ave Janesville, WI 53548
SSM Health St. Mary's Hospital Madison	HERC 5 (South Central) 700 S Park St Madison, WI 53715
Theda Care Regional Medical Center— Neenah	HERC 6 (Fox Valley) 130 2 nd St Neenah, WI 54956
Aurora Medical Center Summit	HERC 7 (Southeast) 36500 Aurora Dr Summit, WI 53066

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3.2 Regional Level I Pediatric Trauma Centers

Location	Name	Address	Contact Information, as available
Iowa	University of Iowa Children's Hospital	200 Hawkins Dr, Iowa City, IA 52242	
Illinois	OSF St. Francis Medical Center (Not ACS Verified)	530 NE Glen Oak Ave, Peoria, IL 61637	
	Ann & Robert H Lurie Children's Hospital of Chicago (Not ACS Verified)	225 E Chicago Ave, Chicago, IL 60611	
	John H. Stroger Jr. Hospital of Cook County (Not ACS Verified)	1969 W Ogden Ave, Chicago, IL 60612	
	University of Chicago Medicine (Not ACS Verified)	5656 S Maryland Ave, Chicago, IL 60637	
Indiana	Riley Hospital for Children at Indiana University Health	705 Riley Hospital Drive, Indianapolis, IN 46202	IU Transfer center: 877-247-1177
Michigan	Children's Hospital of Michigan	3901 Beaubien Blvd., Detroit, MI 48201	
	C.S. Mott Children's Hospital (Not ACS Verified)	1540 E Hospital Drive, Ann Arbor, MI 48109	
	Helen DeVos Children's Hospital (Not ACS Verified)	100 Michigan St NE, Grand Rapids, MI 49503	
Minnesota	Children's Hospital and Clinics of Minnesota	2525 Chicago Ave South, Minneapolis, MN 55404	
	Hennepin County Medical Center	701 Park Ave. S., Minneapolis, MN 55415	
	Mayo Clinic Rochester	1216 2 nd Street SW, Rochester, MN 55902	
	Regions Hospital	640 Jackson St. St. Paul, MN 55101	
Missouri	St. Louis Children's Hospital	One Children's Place, St. Louis, MO 63110	Call Center: 800-678-4357
Ohio	Cincinnati Children's Hospital	3333 Burnet Ave, Cincinnati, OH 45229	EMS Coordinator: 513-636-4444 kenneth.crank@cchmc.org
	Dayton Children's Hospital	One Children's Plaza, Dayton, OH 45404	EMS Coordinator: 937-641-4534 kossh@childrensdayton.org

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	University Hospitals Rainbow Babies and Children’s Hospital (Not ACS Verified)	11100 Euclid Ave, Cleveland, OH 441106	
	Nationwide Children’s Hospital (Not ACS Verified)	700 Children’s Drive, Dayton, OH 43205	

3.3 Additional Resources

- Advanced Trauma Life Support (ATLS), <https://www.facs.org/quality-programs/trauma/atls>
- Advanced Burn Life Support (ABLS), <https://ameriburn.org/education/abls-program/>
- Advanced Hazmat Life Support (AHLS), <https://www.ahls.org/site/>
- American Academy of Pediatrics Resources Recommended for the Care of Pediatric Patients in Hospitals, <https://publications.aap.org/pediatrics/article/145/4/e20200204/36996/Resources-Recommended-for-the-Care-of-Pediatric>
- ASPR Technical Resources, Assistance Center, and Information Exchange (Tracie), <https://asprtracie.hhs.gov/technical-resources/31/pediatric-children/0>
- EMResource, <https://www.dhs.wisconsin.gov/preparedness/systems/emresource.htm>
- EMS Agencies, <https://www.dhs.wisconsin.gov/ems/provider/wicounties.htm>
- Emergency Management Services for Children (EMSC), <https://www.dhs.wisconsin.gov/emsc/index.htm>
- Emergency Nursing Pediatric Course (ENPC), <https://www.ena.org/enau/educational-offerings/enpc>
- EMTrack, <https://www.dhs.wisconsin.gov/preparedness/systems/emtrack.htm>
- HERC Regions and Contact Information, <https://www.dhs.wisconsin.gov/publications/p02587.pdf>
- National Disaster Life Support (NDLS), <https://www.ndlsf.org/bdls>
- Pediatric Advanced Life Support (PALS), <https://cpr.heart.org/en/courses/pals-course-options>
- Pediatric Care After Resuscitation (PCAR), <https://tcarprograms.visionem.org/pcar-program-description/>
- Texas A&M Engineering DHS-FEMA Funded Training Resource, <https://teex.org/homeland-security/>
- Trauma Center Locations, <https://dhsqis.wi.gov/dhs/traumacare/>
- Wisconsin Admin. Code Ch. DHS 110, https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/110
- Wisconsin EMS Mass Casualty Incident Response Planning Guide, <https://www.dhs.wisconsin.gov/publications/p01098.pdf>
- Wisconsin Field Triage Guidelines, <https://www.dhs.wisconsin.gov/publications/p00454.pdf>
- Wisconsin Statute Chapter 250, <https://docs.legis.wisconsin.gov/statutes/statutes/250>