A Midwest Model for Pediatric Disaster Coalitions

NPDC Conference 2015
Evelyn Lyons, MPH, RN
Illinois Department of Public Health
Emergency Medical Services for Children Program
Objectives

- Review Coalition Elements
- Review Illinois Pediatric Demographics
- Review Illinois Pediatric Coalition Development and Initiatives
- Provide an Overview of the Great Lakes Healthcare Preparedness Partnership (GLHPP)
Coalition - the action or process of joining together with another or others for a common purpose. (Merriam-Webster)

Healthcare Coalition - a group of healthcare organizations, public safety and public health partners that join forces for the common cause of making their communities safer, healthier and more resilient. (National Healthcare Resource Center)

Healthcare Coalition – a group of individual healthcare organizations in a specified geographic area that agree to work together to enhance their response to emergencies and disaster. (HHS)
Coalition Elements

- Shared goals/vision
- Sustaining infrastructure
- Key partners
- Willingness to collaborate
- Commitment (time, effort, etc)
- Communication
- Needs assessment
- Evaluate ongoing efforts
Children in Illinois

- **Population**
  - 12.9 million
  - 5th most populous state
  - Over 2.7 million age 0 - 15
  - 786,000 are < 5 years of age

- **CSHCN/CFAN**
  - 23% of U.S. households have at least 1 child that meet criteria
  - >11.2 million (15.1%) children in U.S. meet criteria
  - Illinois: 452,574 children (14.3%)

- **Every week day in Illinois:**
  - > 2 million children enrolled in public schools
  - 62% of children < 5 years of age attend daycare and/or early education programs
Pediatric Healthcare Resources in Illinois

- Regional Healthcare Coalitions
- ~185 hospitals with Emergency Departments
  - 110 hospitals designated by the State Health Department through the Pediatric Facility Recognition Program (Federal EMSC Performance Measure)
    - Pediatric Critical Care Centers (PCCC)
    - Emergency Department Approved for Pediatrics (EDAP)
    - Standby Emergency Department Approved for Pediatrics (SEDP)
- 15 Pediatric ICUs
- 27 Neonatal ICUs (3 located in St Louis, MO)
- 66 Level I/II Trauma Centers
  - 9 - Pediatric specific designation (2 in St. Louis, MO)
- 95 Local Health Departments
Springfield Region

Regional Census (2010)
- 97,965 age 0-15 y/o
- 19.9% of Region’s population

16 Hospitals
- 9 Critical Access Hospitals
- 3 Trauma Centers (1 Level I, 2 Level II)
- Pediatric designations (1 PCCC/EDAP, 3 EDAP)
- 62 Pediatric Beds; 1 PICU
- Nurseries
  - 6 Level I or Level II Nurseries
  - 1 NICU (40 beds)
  - 9 Non-birthing hospitals
- 103 Obstetrical beds

Hospital Utilization – annual (2010)
- 50,171 Emergency Dept pediatric visits
  - 20% of ED visits (age 0-15 y/o)
- 8,957 inpatient pediatric admissions
- 413 NICU admissions
Illinois Pediatric Health Care
Capacity

- 24% of Emergency Department visits - children 0-15 †
- 14% of inpatient admissions - children 0-15 †
- 1,499 Authorized Pediatric Beds ‡
  - Total beds decreased from 2,159 in 2007
- 883 Authorized NICU Beds ‡
  - Total beds increased from 806 in 2007

† Illinois Outpatient Data, 2010
‡ Illinois Health Facilities Planning Board (IHFPB) Annual Hospital Questionnaire (2010);
Historical Trend in Illinois Pediatric Bed Capacity

<table>
<thead>
<tr>
<th>Year</th>
<th>Pediatric Beds</th>
<th>Neonatal Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>2159</td>
<td>806</td>
</tr>
<tr>
<td>2008</td>
<td>1,950</td>
<td>795</td>
</tr>
<tr>
<td>2009</td>
<td>1,670</td>
<td>756</td>
</tr>
<tr>
<td>2010</td>
<td>1,693</td>
<td>786</td>
</tr>
<tr>
<td>2011</td>
<td>1,656</td>
<td>790</td>
</tr>
<tr>
<td>2012</td>
<td>1,611</td>
<td>810</td>
</tr>
<tr>
<td>2013</td>
<td>1,538</td>
<td>883</td>
</tr>
<tr>
<td>2014</td>
<td>1,499</td>
<td>883</td>
</tr>
</tbody>
</table>
How Pediatric Prepared Are Illinois Hospitals?

2013 National Pediatric Readiness Survey Project

- National online survey to measure Emergency Department pediatric readiness
- Conducted by National EMSC Program with collaboration:
  - American Academy of Pediatrics
  - American College of Emergency Physicians
  - Emergency Nurses Association
- Assessment of hospitals based on *Guidelines for the Care of Children in the Emergency Department*
How Pediatric Prepared Are Illinois Hospitals?

National Hospital Participation (by EDs) = 4,143
- Median Score = 69

Illinois Hospital Participation = 181 (97.8%)
- Median Score = 82.5 (all hospitals)
- Median Score = 88.8 (PCCC/EDAP/SEDP hospitals)
- Median Score = 64.9 (non-recognized hospitals)
How Pediatric Prepared Are Illinois Hospitals?

Hospital disaster plan addresses issues specific to the care of children

National Score = 46.8%
Illinois Score = 78.5%

Illinois scores based on Pediatric Facility Recognition Level:

<table>
<thead>
<tr>
<th>Facility Recognition Level</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDAP (87)</td>
<td>6</td>
<td>75</td>
</tr>
<tr>
<td>SEDP (13)</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>PCCC/EDAP (10)</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Not Recognized (75)</td>
<td>32</td>
<td>45</td>
</tr>
</tbody>
</table>
Illinois Pediatric Coalition
Planning & Development
1985 - National EMSC Program established through federal legislation.
- Emergency care systems not adequately prepared to meet the needs of children
- Children had higher mortality rates than adults in certain similar emergency situations.

Jointly sponsored by
- Maternal & Child Health Bureau
- National Highway Traffic Safety Administration

States charged with enhancing the pediatric component of their State EMS System

1994 – Illinois EMSC Program established
Enhance pediatric education and training for healthcare professionals across the Continuum of Care

Develop Practice and Care Standards/Guidelines

Develop a Pediatric Data Surveillance System

Promote Pediatric Injury Prevention Initiatives

Develop a process to assure Emergency and Critical Care preparedness for the pediatric patient – Pediatric Facility Recognition Program

Assist with pediatric disaster preparedness
2002:

- Illinois Pediatric Bioterrorism Workgroup convened (name change in 2011 to Pediatric Preparedness Workgroup). Reports to EMSC Advisory Board and Illinois Terrorism Task Force.
- Enhance awareness of pediatric
- Identify/share best practices
- Develop resource documents/products
- Integrate disaster preparedness into existing state initiatives

- Pediatric Facility Recognition Program
  - Incorporated a review of the hospital Emergency Operations Plan (EOP) to assess for pediatric inclusions

- School Nurse Emergency Care Course (3-day course)
  - Incorporated disaster preparedness lecture and Pediatric Mass Casualty Incident (MCI) exercise
2004: 1st Pediatric Preparedness Coordinator hired thru HPP funding – facilitates preparedness activities

Workgroup continues to meet every other month

Deliverables/objectives defined annually

Ad-hoc committees convened as needed for specific projects; secure subject matter experts

State Health Department strongly supports the workgroup

Effectiveness measures: hospital site visits, National Pediatric Readiness assessment, other measures pending
Illinois Pediatric Preparedness
Workgroup Composition

- Physicians/nurses (AAP/ACEP/ENA)
- Emergency Management Coordinators
- EMS Coordinators
- Non-pediatric hospital representatives
- American Red Cross
- State and local public health departments
- Illinois Assn of School Nurses
- Mental health
- Pharmacology
- Illinois Poison Center
- Illinois Hospital Association
- State of Illinois Division of Specialized Care for Children
- Illinois Medical Emergency Response Team (state disaster medical response team)
- Ad-hoc representatives per project needs, i.e. DCFS, IEMA, Perinatal System, air medical transport, border state representatives, among others
Illinois Pediatric Preparedness Workgroup

Information/Resource dissemination:

- Regional Hospital Coordinating Center (RHCC) Coordinators
  - Regional Healthcare Coalitions
  - Hospital Disaster/Emergency Management Coordinators
- State Public Health Regional Coordinators
  - Regional EMS Coordinators (prehospital and hospital)
  - Regional Emergency Response Coordinators (local health departments)
- State and Regional meetings and conferences
- State professional organization conferences
- Newsletters and websites
# Pediatric Resource Development

## HOSPITAL PEDIATRIC PREPAREDNESS TOOLKIT

October 2015

## HOSPITAL PEDIATRIC PREPAREDNESS CHECKLIST

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVERALL EMERGENCY OPERATIONS PLANNING</td>
<td>3</td>
</tr>
<tr>
<td>SURGE CAPACITY</td>
<td>4</td>
</tr>
<tr>
<td>DECONTAMINATION</td>
<td>5</td>
</tr>
<tr>
<td>REUNIFICATION/PATIENT TRACKING</td>
<td>6</td>
</tr>
<tr>
<td>SECURITY</td>
<td>7</td>
</tr>
<tr>
<td>EVACUATION</td>
<td>7</td>
</tr>
<tr>
<td>MASS CASUALTY TRIAGE/JUMPSTART</td>
<td>8</td>
</tr>
<tr>
<td>CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)</td>
<td>8</td>
</tr>
<tr>
<td>CHILDREN WITH FUNCTIONAL ACCESS NEEDS (CFAN)</td>
<td>8</td>
</tr>
<tr>
<td>PHARMACEUTICAL PREPAREDNESS</td>
<td>9</td>
</tr>
<tr>
<td>RECOVERY</td>
<td>9</td>
</tr>
<tr>
<td>EXERCISES/DRILLS/TRAININGS</td>
<td>10</td>
</tr>
<tr>
<td>IMPROVEMENT PLAN TEMPLATE</td>
<td>11</td>
</tr>
</tbody>
</table>
Pediatric Resource Development

Disaster Preparedness Exercises Addressing the Pediatric Population

December 2006

APPENDIX D

<table>
<thead>
<tr>
<th>SCENARIO 1 INSTRUCTOR RESOURCE</th>
<th>VICTIM</th>
<th>RESPIRATORY RATES</th>
<th>PERCUSSION</th>
<th>MENTAL STATUS</th>
<th>OTHER</th>
<th>IMAGE TAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen M</td>
<td>RH 30</td>
<td>Rapid+</td>
<td>Normal</td>
<td>Sour, flushed</td>
<td>RED</td>
<td></td>
</tr>
<tr>
<td>Child P</td>
<td>RH 40</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal, flushed</td>
<td>RED</td>
<td></td>
</tr>
<tr>
<td>Child T</td>
<td>RH 30</td>
<td>Rapid+</td>
<td>Normal</td>
<td>Normal, flushed</td>
<td>RED</td>
<td></td>
</tr>
<tr>
<td>Child H</td>
<td>RH 40</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal, flushed</td>
<td>RED</td>
<td></td>
</tr>
<tr>
<td>Child E</td>
<td>RH 30</td>
<td>Rapid+</td>
<td>Normal</td>
<td>Normal, flushed</td>
<td>RED</td>
<td></td>
</tr>
</tbody>
</table>

Note: Image tags are indicated as a guide based on the information provided.
Pediatric Resource Development

Online education module for providers
1 hour in length
Pre-incident or Just-in - Time training
Free!!!
CE hours!!!

www.publichealthlearning.com
Creating Liquid Tamiflu®

for children during a Pandemic Flu

How to Make Liquid Tamiflu®

You will need:
- 75 mg Tamiflu® capsule
- Measuring spoons (1 tsp) or regular measuring teaspoon or tablespoon
- Glass or plastic container
- 1 (5 oz) box of applesauce

Mix all ingredients together in a container. If too thick, add more applesauce. If too thin, add more Tamiflu® capsules.

Creating Liquid Amoxicillin

for infants and children exposed to a disease

How to Make Liquid Amoxicillin

400 mg per 5 ml (1 tsp) or tablespoon

You will need:
- 250 mg Amoxicillin capsules
- Measuring spoons (1 tsp) or regular measuring teaspoon or tablespoon
- Glass or plastic container

Mix all ingredients together in a container. If too thick, add more Amoxicillin capsules. If too thin, add more measuring spoons or tablespoons.

Dosage Chart

Please read all instructions before beginning.

Step 1
Carefully pour 250 mg Amoxicillin capsules into a small bowl. Use the back of a spoon or measuring spoon to push the capsules into a bowl.

Step 2
Mix well until the powder dissolves. If there is no more powder at the bottom of the bowl, add more capsules.

See reverse side for more directions.

Pediatric Resource Development
# Pediatric Resource Development

## Region 5 Pediatric Resources

<table>
<thead>
<tr>
<th>Hospital Address</th>
<th>ED Phone</th>
<th>Pediatric Designation</th>
<th>Trauma Center Level</th>
<th>Trauma Transfer</th>
<th>PICU Transfer</th>
<th>NICU Transfer</th>
<th>Transport Team Phone</th>
<th>PHMSRB/ Decompression Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memorial Hospital – Carbondale</td>
<td>(618) 454-1021 ext. 0033 (day)</td>
<td>EDAP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Marion Category 2</td>
</tr>
<tr>
<td>City County Hospital</td>
<td>(618) 621-1024</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Marion Category 3</td>
</tr>
<tr>
<td>Crossroads Community Hospital</td>
<td>(618) 241-8707</td>
<td>SEDP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Marion Category 2</td>
</tr>
<tr>
<td>Deaconess Gateway Hospital</td>
<td>(812) 420-1024</td>
<td>EDAP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Marion Category 2</td>
</tr>
<tr>
<td>Deaconess Hospital</td>
<td>(812) 420-3024</td>
<td>EDAP</td>
<td>Level I</td>
<td>(812) 334-1024</td>
<td></td>
<td></td>
<td>(812) 334-1024</td>
<td>Marion Category 2</td>
</tr>
<tr>
<td>Fairfield Memorial Hospital</td>
<td>(618) 847-0365</td>
<td>SEDP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Marion Category 2</td>
</tr>
<tr>
<td>Forest Hospital</td>
<td>(618) 371-3361 ext. 029</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Marion Category 3</td>
</tr>
<tr>
<td>Franklin Hospital</td>
<td>(618) 371-3105 ext. 007</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Marion Category 3</td>
</tr>
<tr>
<td>Hamilton Memorial Hospital</td>
<td>(618) 464-1020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Marion Category 3</td>
</tr>
<tr>
<td>Harris County General Hospital</td>
<td>(618) 231-0304 ext. 316</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Marion Category 3</td>
</tr>
<tr>
<td>Harrisburg Medical Center</td>
<td>(618) 231-0325 ext. 342</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Marion Category 3</td>
</tr>
</tbody>
</table>

**PEDICATRIC DESIGNATION**
- EDC: Pediatric Critical Care Center
- EDAP: Emergency Department Approved for Pediatrics
- SEDP: Standby Emergency Department for Pediatrics

**ILLINOIS PERINATAL LEVELS**
- Level I: Non-Birthing Center
- Level II: General Nursery
- Level III: Special Care Nursery with Extended Capabilities
- Level IV: Neonatal Intensive Care

*Region 5, page 1 of 3*
Use of Strategic National Stockpile [SNS] Ventilators in the Pediatric Patient

Instructional Guidelines with Training Scenarios


Illinois Emergency Medical Services for Children

December 2010

PEDIATRIC RESOURCE DEVELOPMENT
Pediatric Resource Development

Neonatal Intensive Care Unit (NICU) Evacuation Guidelines

NICU/Nursery Evacuation Tabletop Exercise Toolkit
February 2013
Pediatric Resource Development

www.luhs.org/emsc
Convened by the President and Congress in 2008 to:

- Conduct first ever comprehensive review of Federal disaster-related laws, regulations, programs
- Assess responsiveness to needs of children

Final Report released October 2010

- Characterized a “benign neglect” of children in disaster planning
- Identified 11 critical areas of focus
- Report provides recommendations for each of these areas
Pediatric & Neonatal Surge Annex

- Annex to the state ESF-8 Plan (Health and Medical Disaster Plan)
  - Pediatric & Neonatal Surge Annex - A statewide strategic plan that guides state level response and gives local medical services guidance on the care of children including system decompression and resource allocation during a surge of patients that overwhelms the local healthcare system.

- Ad hoc group to the Pediatric Preparedness Workgroup convened to develop the Annex
  - Met over a 2 year timeframe
  - Finalized annex was tested in 2 state tabletop exercises in 2014
Pediatric & Neonatal Surge AdHoc

- Hospitals (pediatric tertiary care centers, non-pediatric centers, critical access hospitals)
- State/local emergency management
- Border state hospital representatives
- EMS/Prehospital
- Transport agencies
- Trauma centers
- Dept of Children & Family Services
- School nurses
- Illinois Hospital Association
- Public Health (local and state)
- Division of Specialized Care for Children
- Perinatal experts
- Pediatric experts
- Local pediatrician/primary care
- Long-term care
- Mental Health
- Urban and rural representation from the above groups
Pediatric & Neonatal Surge Annex

Components of the Annex:
- Communication
- Decision Making Process
- System Decompression
- Standards of Care
Communication: Pediatric/Neonatal Medical Incident Report Form

- This form will assist with communication
- Utilized in conjunction with other reporting systems and methods of communicating
- Used to communicate with all stakeholders
- Mechanism to request pediatric medical resources
- Mechanism to identify status of pediatric medical resources at individual hospitals
Pediatric & Neonatal Surge Annex

Components of the Annex:
- Communication
- **Decision Making Process**
- System Decompression
- Standards of Care
Decision Making Process

Pediatric Care Medical Specialists (PCMS) Role

- Function as subject matter experts to the State
- Specialty team within the Illinois Medical Emergency Response Team (IMERT)
- Provide guidance on triaging pediatric patients to tertiary care centers during a multi-regional or statewide disaster
- Provide medical consultation to hospitals holding pediatric patients while waiting for transfer to tertiary care centers
- Assist with system decompression of tertiary care centers
Pediatric & Neonatal Surge Annex

Components of the Annex:
- Communication
- Decision Making Process
- System Decompression
- Standards of Care
System Decompression

Develop a method to decompress tertiary care centers during disasters.

<table>
<thead>
<tr>
<th>CATEGORY 1</th>
<th>CATEGORY 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Tertiary Care Centers in and around region (PICU and/or NICU) (includes PCCC hospitals)</td>
<td>Community hospitals with some pediatric services (includes EDAP hospitals) Accepts 0-12 year olds</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CATEGORY 3</th>
<th>CATEGORY 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community hospitals with no pediatric or neonatal (i.e. SEDP hospitals) Accepts &gt; 12 year old</td>
<td>Community hospitals with Level I, II or II-E nurseries Accepts 0-1 year old</td>
</tr>
</tbody>
</table>

All hospitals categorized based on pre-event pediatric capabilities.
# Pediatric Triage Guidelines

<table>
<thead>
<tr>
<th>TRIAGE CATEGORY</th>
<th>INTERVENTIONS</th>
<th>POSSIBLE CRITERIA CONDITIONS</th>
<th>PERINITAL CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN (Pediatric/Neonatal/General Medical Care Category 2 and 3 Hospitals)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INT. monitoring (e.g. pulse oximetry)</td>
<td></td>
<td>Pediatric Bunt &lt;15%</td>
<td>Level I or II Perinatal Center Criteria</td>
</tr>
<tr>
<td>Central lines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low blood pressure (SBP &lt; 90 mmHg or DBP &lt; 60 mmHg)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low oxygen (up to 4L)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neoplastic treatments, 2 hours or greater</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV fluids</td>
<td>Shock, responding adequately to treatment (compressed)</td>
<td></td>
<td>Level II Perinatal Center Criteria</td>
</tr>
<tr>
<td>Central lines</td>
<td>Stable cardiac/vascular disturbances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermittent cardiac monitoring</td>
<td>Delirium, electrolyte abnormalities and/or metabolic disturbances (stable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuous venous access</td>
<td>Respiratory distress (responding adequately to treatment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conventional ventilation, CPAP/IPPB/PAP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flow oxygen (stable)</td>
<td>Trauma (stable): Blood injury, pelvic fracture, spinal cord injuries, blunt injury to chest or abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Necrotizing injury of extremity for debridement surgery</td>
<td>Trauma (stable): Trauma from deep penetrating wounds to an extremity with sepsis or compartment syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perinatal condition</td>
<td>Level II Perinatal Center Criteria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Red (Pediatric/Neonatal Intensive Care Category 1 Hospitals)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serum creatinine (serum creatinine)</td>
<td></td>
<td>Active labor in mothers &gt;35 weeks gestation</td>
<td></td>
</tr>
<tr>
<td>Continuous cardiac, NPO and/or pulse monitoring</td>
<td></td>
<td>Stable gestational hypertension</td>
<td></td>
</tr>
<tr>
<td>Intermittent cardiac monitoring</td>
<td></td>
<td>Reabsorption of membranes &gt;85 weeks gestation</td>
<td></td>
</tr>
<tr>
<td>IV fluids</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low blood pressure (SBP &lt; 90 mmHg or DBP &lt; 60 mmHg)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low oxygen (up to 4L)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neoplastic treatments, 2 hours or greater</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV fluids</td>
<td>Shock, responding adequately to treatment (compressed)</td>
<td></td>
<td>Level II Perinatal Center Criteria</td>
</tr>
<tr>
<td>Central lines</td>
<td>Stable cardiac/vascular disturbances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermittent cardiac monitoring</td>
<td>Delirium, electrolyte abnormalities and/or metabolic disturbances (stable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuous venous access</td>
<td>Respiratory distress (responding adequately to treatment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conventional ventilation, CPAP/IPPB/PAP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flow oxygen (stable)</td>
<td>Trauma (stable): Blood injury, pelvic fracture, spinal cord injuries, blunt injury to chest or abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Necrotizing injury of extremity for debridement surgery</td>
<td>Trauma (stable): Trauma from deep penetrating wounds to an extremity with sepsis or compartment syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perinatal condition</td>
<td>Level II Perinatal Center Criteria</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Used for interfacility transfer only
- Based on the 4 categories of hospitals used for system decompression
Pediatric & Neonatal Surge Annex

Components of the Annex:
- Communication
- Decision Making Process
- System Decompression
- Standards of Care
Pediatric & Neonatal Care Guidelines

Illinois ESF-8 Plan: Pediatric and Neonatal
Surge Annex

Pediatric and Neonatal
Care Guidelines
February 2015

1. Burn Care Guideline
2. Inpatient Treatment and Monitoring Intervention Care Guideline
3. Newborn Care Guideline
4. Obstetrical Care Guideline
5. Initial Assessment of the Pregnant Patient
6. Pandemic Care Guideline
7. Premature Newborn Care Guideline
8. Radiation Exposure Care Guideline
9. Respiratory Care Guideline
10. Shock Care Guideline
11. Trauma and Blast Injury Care Guideline
12. Sample admission orders
Interstate Regional Coalition Planning
Great Lakes Healthcare Preparedness Partnership

- Consortium of jurisdictions located within FEMA Region V
  - Illinois
  - Indiana
  - Michigan
  - Minnesota
  - Ohio
  - Wisconsin
  - City of Chicago
Great Lakes Healthcare Preparedness Partnership

- Developed in 2005 to address the need for cooperative state planning.
- State Hospital Preparedness Program (HPP) Managers meet quarterly to conduct interstate planning to expand the ability to provide care and safeguard/prioritize use of limited resources.
- Sharing of state initiatives takes place and efforts to link those initiatives through interstate planning.
- Strives to provide assistance in the first 24-72 hours of a significant incident when other resources are being activated through conventional channels.
Great Lakes Healthcare Partnership Program

Current efforts to develop interstate operational plans for:
- Communications and alerting
- Planning for burn surge
- Planning for pediatric surge
- Medical equipment resource typing and inventory initiative
Coalition Building

SUCCESS IS LIKE AN ICEBERG

SUCCESS

People see this.

What *really* happens.

Risks, Hard Work, Late Nights, Struggles, Failures, Persistence, Action, Discipline, Courage, Breaking Habits, Creating Habits, Practicing Till It Hurts, Early Mornings, Doubts, Changes, Criticism, Disappointments, Adversity, Pushing Past Comfort Zone, Rejections, Losses, Sacrifices
Questions???
Thank you!

Evelyn Lyons
Evelyn.Lyons@illinois.gov