



# FY 2012

# IMERT

Illinois Medical Emergency Response Team

Summary of FY2012 ASPR grant deliverables  
and IMERT program activities  
Contract # 27282150



## Contents

### Overview

Program Overview	3
Significant Activities	5
Barriers and Sustainability Needs	5
IMERT Foundation Executive Board	6
Contractors and Staffing	7
Partnerships and Collaborations	8
Interagency Partnerships	9
Committees	10
Meetings	11

### Response Capabilities

Volunteer Status	16
Recruitment and Retention	16
Community Outreach	18
Equipment	20
ILEAS	20
Carle Foundation Hospital	20
Park 150	20
Equipment Maintenance	21
Inventory	21
Deployment and Demobilization	23
Response Packages	23
IMERT Deployment Contacts	26
Coordinated Responder Information System	26
Communications Plan	27

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**IMERT Team Development**

Training and Exercise Summary	29
Team Trainings	29
Deployments, Exercises, and Drills	30
IMERT Team Development Activities	31
Team Training Evaluation Summaries	33
Medical Reserve Corps Collaboration	36

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**Additional Deliverables**

DMAT Integration Feasibility Analysis	36
ESAR-VHP	37

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**Addendums** **38**

Old Shawnee Town Medical Unit Report	39
Communications Exercises Summary	41
Great Shake Out Participation Certificate	43
NIMS Acknowledgement Letter	44
MRC After Action Report	45
NATO Response Medical Unit Report	56

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## PROGRAM OVERVIEW

The Illinois Medical Emergency Response Team (IMERT) is a 501c3 not for profit organization of volunteers trained to respond to disasters and provide interim medical care for survivors or evacuees. The primary mission is to assist in providing medical care when the local or regional healthcare infrastructure is overwhelmed, paralyzed or destroyed. This capability provides; increased mitigation potential, increased medical surge response capacity and enhances community and hospital resiliency for public health emergencies and mass casualty events. This report addresses deliverables from the FY 2012 ASPR Hospital Preparedness Grant provided to IMERT.

IMERT is comprised of some 500+ volunteers from every region of the state. These individuals come from the medical and emergency response community as well as the private sector. These volunteers provide the State of Illinois with a unique medical response capability of a vetted, credentialed and trained response team in support of ESF-8. The dual format of an expedient response combined with operational sustainability that includes a high number of registered nurses from all patient care disciplines is a response capability unique to Illinois. This year IMERT has been designated an official Mission Support Team with the Illinois emergency Management Agency (IEMA).

IMERT, as a past beneficiary of the Hospital Preparedness Grant Program, has responded to numerous emergencies, disasters, and high risk/high profile events around Illinois as well as out of state when requested. The most recent event was a deployment to Chicago in response to the NATO Summit. 38 IMERT responders set-up and operated a Temporary Medical Treatment Station (TMTS) primarily designed to support first responders. Likewise, IMERT collaborated with the Peoria region to ensure a mobile medical response capability for the rest of the state during the NATO event.

IMERT has cultivated partnerships within the health care community and with numerous agencies involved in local, regional, state and national preparedness and response. This includes participation in: planning, implementation, and evaluation of exercises for hospitals, local communities, regional entities and other agencies. These efforts directly and positively impact capability in communities to support the unique medical needs caused by disaster for both responders and survivors.

IMERT physicians and staff provide education and training for health care providers and community groups within the state. Some of the subjects covered include; NIMS/ICS, alternate care site training in terms of operations of a Temporary Medical Treatment Site (TMTS) and presentations to various community organizations on medical team capabilities. Senior leadership staff has first-hand experience in response to catastrophic incidents and are capable of providing planning insights and logistics support to state agencies and Illinois communities.

IMERT is multi-faceted with the following elements; IMERT, INVENT (the Illinois Nurse Team) and the SWMDT Medical (State Weapons of Mass Destruction Team). IMERT is capable of a flexible, scalable medical response. The initial medical assessment team roll-out can be accomplished in 24 hours. Additional responders from a variety of clinical backgrounds are then requested as needed. The nurse team is designed to supplement an IMERT response to foster sustainability of response into the recovery phase. This combination of pre-hospital and emergency trained clinicians backed up by nurses with a wide variety of experience and skills provides the state of Illinois with an exceptional medical resource for emergency situations.

IMERT works and trains with state agencies and community partners including: Illinois State Police, CERT, MRCs, Hospitals, and the State Weapons of Mass Destruction Team. These “real-time” trainings specifically focus on the medical needs of responders and focus on prevention of problems as well as early intervention to mitigate health issues in the community.

The IMERT specialty team of SWMDT provides medical coverage to the multi-agency group that trains to respond to special hazard situations. The focus is on responder health. This collaboration improves IMERT's response capability providing real time training opportunities and enhancing the overall medical response capability of communities throughout the state.

A crucial piece for readiness and response is the logistics piece. The logistics group is comprised of volunteers mostly from the private sector with special skill sets such as; information technology, communications, HAM radio operators, materials management, scene safety, and resource management. This support element is an important link to the non-medical private sector community.

When IMERT is assigned to provide medical coverage at trainings, or is deployed, a minimum amount of medical and patient equipment is required. Likewise, responder support requires specific equipment and supplies. The actual needs are dependent on a number of variables that include; nature of incident, anticipated length of deployment, damage to the infrastructure and the number of responders deployed. All of these mobile medical assets require preventative maintenance, and secure storage. Items with electronic components require professional maintenance and a climate controlled environment.

IMERT promotes volunteerism throughout the state. During FY 2012 IMERT volunteers gave 3,317 hours of their time. Many team members have reported the training and experiences they receive from IMERT enhance their work in the healthcare sector and in many cases has resulted in an increased participation in both hospital and community emergency preparedness activities.

**SIGNIFICANT ACTIVITIES**

- Development and distribution of Temporary Medical Treatment Site (TMTS) Operations Guide (Version 1).
- NATO Deployment (Chicago)
- MRC TMTS exercise (Springfield)
- Catastrophic Medical Surge Summit (Urbana)
- 24 community presentations (info attached)
- 16 recruitment events (info attached)
- 15 collaborative exercises (info attached)
- 7 IMERT specific team trainings
- Participation on multiple workgroups/committees: federal, state and local

**BARRIERS and NEEDS TO ENSURE SUSTAINABILITY**

Like every mobile response team, the primary essential need is continuation of adequate funding. IMERT endeavors to be a good steward of funding by prioritizing objectives that first focus on ensuring a mobile medical capability is available. This includes; recruitment, retention, training, maintenance of vital supplies equipment and transport vehicles to ensure deployment capability of a trained and self-sustained team. Successful implementation and preservation of the mobile medical response capability requires; staff, maintenance of the organizational infrastructure, attentive management of assets and supplies, and the ability to evolve to meet future challenges.

A vital component for managing IMERT responder information and call-out capacity is the IMERT Coordinated Responder Information System (CRIS) as its primary volunteer database. The system maintains responder contact profiles as well as credentialing and training information. The sole server currently resides in Springfield and is maintained by IDPH staff and CMS.

The system is essentially obsolete having been instituted in 2005. Issues with the server and database's age remain and technical problems consistently arise preventing IMERT staff from running reports and accessing member information. Replacements for the CRIS database are currently being investigated. This issue has become a priority for the utilization of future funding.

**IMERT FOUNDATION EXECUTIVE BOARD**

IMERT has been established as a 501.c.3 nonprofit since 2009.

**President**

Moses Lee, MD, FACEP, FAAEM

**Vice-President**

Sharon Dotson, RN, EMT-P

**Secretary/Treasurer**

Shannon Comer, RN, MSN

**Members**

Bernard Heilicser, DO, MS, FACEP, FACOP

Margaret Luczak, RN, MSN, EMT-B

George Beranek, MD, MBA, FACEP

**Director**

Mary Connelly, RN, BSN

The IMERT Board of Directors holds meetings on a quarterly basis. Meetings were held on the following dates during the grant cycle:

August 21<sup>st</sup>, 2011

December 5<sup>th</sup>, 2011

March 7<sup>th</sup>, 2012

July 10<sup>th</sup>, 2012

## CONTRACTORS AND STAFFING

IMERT hired the following part-time contractors to address specific tasks. These individuals had demonstrated the expertise and skills necessary to complete their contracted obligations through their experiences in their workplace and as IMERT volunteers.

Tracy Brookshire, RDH, BSDH  
Sharon Dotson, RN, EMT-P  
Sheri D. Barnett, BSN, BA, RN, NREMT-P  
Rick Steel, EMT-P  
Jennifer Wesselman, RN, BSN

Some of the tasks completed were:

- Administrative assistance
- Team training coordination
- Community training development and implementation
- Standard operating guideline development and review
- Inventory standardization and maintenance
- Temporary Medical Treatment Station (TMTS) Guide development
- Community exercise development and evaluation
- Committee participation

The IMERT's primary contracted staff included the following individuals:

Executive Director: Mary Connelly, RN, BSN  
Planning and Logistics Officer: Christopher Jansen  
Training and Recruitment Coordinator: Susan Clemmons-Tysiak, EMT-B  
Grant Administrator: Elizabeth Lee, MS

All contracted staff completed NIMS training including ICS 100, 200, 700, 250, 703, 800, 808. IMERT's primary staff members have also completed ICS 702 and 704 as well as ICS 300 and 400 Command courses.

Mr. Jansen and Medical Director Moses Lee also attended the 3-day HSEEP course this grant cycle.



## PARTNERSHIPS AND COLLABORATIONS

Throughout this grant cycle, IMERT cultivated and fostered partnerships within the health care community and preparedness organizations. Additionally, the Team's leadership participated in all Regional Hospital Coordinating Centers (RHCC) meetings which were held on the following occasions:

9/16/11	DNR, Springfield, IL
11/10/2011	ILEAS, Urbana, IL
1/19/2012	Springfield, IL
3/29/2012	Carle, Urbana, IL
6/21/2012	Lombard, IL

In addition to the above dates, IMERT staff met with individual RHCC Coordinators to discuss operations in their area and coordinate response on the following occasions: 7/6/11, 8/2/11, 9/21/11, 10/18/11, and 5/14/12.

Out-of-state and national partnerships have included working with the FEMA Regional Catastrophic Planning Team and the Federal Medical and Public Health workgroup. IMERT's reputation has also garnered attention and resulted in collaboration from other state disaster teams including Wisconsin, Missouri, Indiana, North Carolina and Florida.

IMERT members participated in the IEMA Vision 2020 series, a series meetings designed to gather input and ideas on homeland security issues from organizations and residents. The results from these meetings will allow IEMA to prioritize recommendations and develop a long-term homeland security strategy. IMERT staff and selected volunteers attended the following meetings:

11/21/11	IEMA Vision 2020	Belleville, IL
12/15/11	IEMA Vision 2020	ILEAS, Urbana, IL
1/11/12	IEMA Vision 2020	Effingham, IL

Additional interagency planning initiatives included IMERT's Medical Director participating in multiple NATO medical sub-committee meetings and collaboration with the DMAT Federal Medical Strike Teams deployed to Chicago. IMERT collaboratively planned with Erie Community Healthcare Systems in Chicago to provide a table top exercise for community clinic health care providers in June. IMERT is collaboratively planning with the northern Citizens Emergency Response Teams to conduct a full-scale exercise in October. IMERT's Director continues to participate with the FEMA/HHS Resource Typing and Credentialing Work Group to define Emergency Management Assistance Compact requested teams.

In May, IMERT was deployed to Chicago for the NATO Summit. The deployment lasted for 5 days. 38 IMERT members participated in the set-up and operation of a Temporary Medical Treatment Station (TMTS) at the Chicago Fire Department Academy. IMERT also collaborated with the Peoria OSF Hospital Regional Medical Response Team (RMERT) to combine resources to provide an on-call state team that could provide additional assistance if needed in Chicago or if an event occurred elsewhere that required a mobile medical response. The combined assets included a team of 40 with an equipment and supply cache to provide emergent care for 50 plus patients over a 72 hour period.

## **INTERAGENCY and COMMUNITY PARTNERSHIPS**

- Carle Hospital of Champaign Illinois
- Carle Clinic Foundation Pharmacy
- Chicago Fire Department
- Emergency Medical Services for Children
- Environmental Protection Agency
- Illinois Citizen Emergency Response Team
- Illinois Emergency Management Agency
- Illinois Department of Public Health
- Illinois Law Enforcement Alarm System (ILEAS)
- Illinois Medical District Hospital Preparedness Coalition
- Illinois Medical Reserve Corps
- Illinois National Guard
- Illinois Primary Healthcare Association
- Illinois State Police
- Illinois Terrorism Task Force
- Illinois Urban Search & Rescue Teams
- John H. Stroger Hospital of Cook County, SIM-Lab
- Medical Reserve Corps of Illinois
- Regional Hospital Coordinating Centers
- SWMDT (State Weapons of Mass Destruction Team)
- Urban Search and Rescue Teams, Illinois
- US Army Civilian Support Team

## COMMITTEE PARTICIPATION

IMERT staff and senior leadership participate on a number of committees both in Illinois, other states and at the federal level.

- **Interstate Medical Disaster Cooperative**  
*Representative: Dr. Moses Lee, FACEP*  
 Medical response team leaders from multiple states whose primary purpose is to share lessons learned and further develop interoperability.
- **Illinois Medical District Hospital Preparedness Coalition**  
*Representative: Dr. Moses Lee, FACEP*  
 Illinois Medical District Hospitals collaborate to discuss shared resources and interactions with regional, state, and federal assets during a disaster/medical surge.
- **NATO Health and Medical Subcommittee**  
*Representative: Dr. Moses Lee, FACEP*  
 Interagency coordination for the NATO summit response
- **Medical and Public Health Working Group, FEMA, U.S. Dept. of HHS**  
*Representative: Mary Connelly, BSN*  
 Charged with developing resource typing for response teams to enhance the EMAC request process.
- **Illinois Terrorism Task Force**  
*Representative: Dr. Moses Lee, Mary Connelly, BSN*
- **ITTF/IDPH Public Health and Medical Sub- Committee, Illinois Department of Public Health**  
*Representative: Mary Connelly, BSN, Rick Steel EMT-P*
- **Regional Catastrophe Planning Team Joint Subcommittee, IDPH**  
*Representative: Mary Connelly, BSN Moses Lee MD*
- **Training Committee, Illinois Terrorism Task Force**  
*Representative: Barbara Oliff, RN, BA; Tracy Brookshire, RDH, BSDH*  
 Multi-agency group of representatives from across the Illinois Terrorism Task Force. The main objectives are to discuss training initiatives designed to promote compliance with DHS objectives and training budgets for the ITTF organization.
- **Pediatric Bioterrorism Committee, Illinois Emergency Medical Services for Children**  
*Representative: Barbara Oliff, RN, BA; Jennifer Wesselmann, RN*  
 Multi-agency specialists focused on pediatric considerations in mass casualty, outbreak and epidemic incidents. The main objective is pediatric disaster awareness. Includes pediatric physicians, school nurses, public health nurses, ER nurses, Pediatric ER nurses, IDPH, CDC, ARC, IMERT

**MEETINGS**

IMERT participates with state, federal, regional, and local agencies in training exercises, table top drills, disaster response planning, and response team development. This includes: local health departments, medical reserve corps, and municipal and regional coordinated exercises. IMERT Staff meetings and joint meetings promote these and other collaborative practices.

**Operations Meetings**

7/5/2011	IMERT Operations Staff Meeting	Teleconference
7/6/2011	RHCC Southern IL Resource Meeting	Teleconference
7/6/2011	IMERT Leadership Meeting	Teleconference
7/11/2011	IMERT Staff Meeting	Teleconference
7/20/2011	IMERT Leadership Meeting	Teleconference
7/25/2011	Medical Director ASPR grant update	Chicago, IL
7/27/2011	IMERT Leadership Meeting	Teleconference
8/5/2011	IMERT Leadership Meeting	Teleconference
8/17/2011	IDPH IMERT Leadership Meeting	IDPH, Springfield, IL
8/24/2011	IMERT Leadership Meeting	Wheeling, IL
9/8/2011	IMERT Staff Meeting	ILEAS, Urbana, IL
9/21/11	IMERT Leadership Meeting	Teleconference
10/4-5/2011	ITECS/UCP/Interop. Committee	ILEAS, Urbana, IL
10/7/2011	ITTF Tier 2 Credentialing	MABAS, Wheeling, IL
10/11/11	ILEAS Regional Meeting	EMA, Effingham, IL
10/14/2011	IMERT IEMA Coordination	Teleconference
10/18/11	RHCC Meeting	Teleconference
10/19/11	IMERT Leadership Meeting	Teleconference
10/20/2011	ITTF Tier 2 Credentialing	MABAS, Wheeling, IL
10/20/2011	IMERT Staff Meeting	Teleconference
11/3/2011	IMERT Staff Meeting	Teleconference
11/18/2011	Illinois State Police IMT	Upcoming operations
11/30/2011	IMERT IEMA Coordination	Teleconference/Springfield
12/1/2011	IMERT Leadership Meeting	Teleconference
12/6/2011	IMERT Operations Meeting	ILEAS, Urbana, IL
12/13/2011	ITTF Tier 2 Credentialing	ILEAS, Urbana, IL
1/4/2012	IMERT Staff Meeting	ILEAS, Urbana, IL
1/9/2012	IMERT Administrative Meeting	Teleconference
1/12/2012	IMERT Leadership Meeting	Stroger Hospital, Chicago, IL
1/20/2012	IMERT Primary Staff Meeting	Teleconference
1/25/2012	ITTF Chair and Committee Meeting	Springfield, IL
1/30/2012	ESAR VHP	Teleconference
3/7/2012	IMERT Leadership Meeting	Teleconference
3/14/2012	IMERT Leadership Meeting (TMTS)	Teleconference

3/21/2012	IMERT Leadership Meeting	Teleconference
3/25/2012	IMERT Leadership Meeting (TMTS)	Teleconference
3/28/2012	ITTF Chair and Committee Meeting	Springfield, IL
4/26/2012	IMERT Staff Meeting	Teleconference
5/2/2012	IMERT Leadership Meeting (NATO)	Teleconference
5/3/2012	IMERT Staff Meeting	Teleconference
5/9/2012	IMERT Leadership Meeting (NATO)	Teleconference
5/10/2012	IMERT Staff Meeting	Teleconference
5/11/2012	IMERT State Team Leadership	Teleconference
5/14/2012	IMERT State Team Leadership (NATO)	Teleconference
5/17/2012	IMERT Leadership Meeting	Teleconference
5/30/2012	IMERT Leadership Meeting	Teleconference
6/1/2012	IMERT Staff Meeting	Teleconference
6/5/2012	CHSCPR NATO AAR	CDPH, Chicago, IL
6/8/2012	IMERT Leadership Meeting	Teleconference
6/14/2012	IMERT Leadership Meeting	Teleconference
6/14/2012	NATO Med-health Subcommittee AAR	Chicago CFD FAST
6/20/2012	IMERT Leadership Meeting	IPHA, Lombard, IL
6/26/2012	IMERT Leadership Meeting	Teleconference

### Planning Meetings

7/7/2011	Illinois Medical District Hospital Preparedness Coalition	Teleconference
7/12/2011	IMERT Physician coordination	Teleconference
7/13/2011	IDPH Volunteer Management Committee	Teleconference
7/20/2011	Bio Terrorism Committee	Teleconference
7/25/2011	ITTF Crisis Prevention and Intervention	Springfield, IL
7/26/2011	IDPH Volunteer Management Committee	Teleconference
7/27/2011	ITTF Chair and Committee Meeting	MABAS, Wheeling, IL
7/28/2011	Regional Catastrophe Planning Team Subcommittee	OEMC, Chicago, IL
8/2/2011	Bio Terrorism Committee	Teleconference
8/4/2011	IDPH Volunteer Management Committee	Teleconference
8/5/2011	Illinois Medical District Hospital Preparedness Coalition	Teleconference
8/9/2011	Bio Terrorism Committee	Teleconference
8/12/2011	EMSC Pediatric BT	Teleconference
8/16/2011	ITTF Crisis Prevention and Intervention	ISP HQ, Springfield, IL
8/22/2011	IDPH Volunteer Management Committee	Teleconference
8/24/2011	ITTF Chair and Committee Meeting	Wheeling, IL
9/14/11	ILEAS Regional Meeting	Olny, IL
9/19/11	IDPH Volunteer Management Committee	Teleconference
9/21/11	ITTF IDPH Public Health and Medical	Springfield, IL
9/21/11	RHCC Southern Illinois Resource Meeting	Teleconference
9/29/11	ITTF Chair and Committee Meeting	Springfield, IL
10/5/11	IMERT Leadership Meeting	Teleconference
10/6/2011	IDPH Volunteer Management Committee	Bloomington, IL
10/7/2011	EMSC Pediatric BT	Teleconference



10/14/11	IMERT Leadership Meeting	Teleconference
10/14/11	Illinois Medical District Hospital Preparedness Coalition	Chicago, IL
10/27/2011	IMERT Staff Meeting	Teleconference
11/3/2011	IMERT Leadership Meeting	Teleconference
11/7/2011	IMERT-CFD G8 Coordination	Teleconference
11/7/2011	Emergency Alert Nationwide Test	Teleconference
11/9/2011	ASPR visit coordination	Teleconference
11/10/2011	RHCC/POD Meeting	ILEAS, Urbana, IL
11/29/2011	ITTF Crisis Prevention and Intervention	ISP HQ, Springfield, IL
11/30/2011	IMERT Leadership Meeting	Teleconference
11/30/2011	IDPH Public Health & Medical Committee	IDPH, Springfield, IL
12/1/2011	Illinois Medical District Hospital Preparedness Coalition	Teleconference
12/2/2011	IDPH Volunteer Management Committee	Teleconference
12/7/2011	ITTF Chair and Committee Meeting	Springfield, IL
12/8/2011	IDPH Volunteer Management Committee	Teleconference
1/4/2012	Pediatric Disaster Surge Planning	Webinar
1/13/2012	Illinois Medical District Preparedness Coalition	U of I Hospital, Chicago, IL
1/18/2012	IDPH Public Health & Medical Committee	IDPH, Springfield, IL
1/19/2012	ESF-8 Workgroup	DNR, Springfield, IL
1/26/2012	FEMA Think Tank	Teleconference
1/30/2012	IMERT IEMA Mission Support Team	Teleconference
1/31/2012	G8 and NATO Stakeholders	Fire Academy South, Chicago, IL
2/1/2012	G8 and NATO Briefing	SEOC, Springfield, IL
2/2/2012	G8 and NATO Stakeholders	SEOC, Springfield, IL
2/2/2012	G8 and NATO Contingency Planning	ILEAS, Urbana, IL
2/6/2012	CERT PSCC Planning Committee	Will County EMA, Joliet, IL
2/9/2012	G8 and NATO Contingency Planning	Peoria, IL
2/16/2012	ESF-8 Workgroup	College of DuPage, Glen Ellyn, IL
2/22/2012	Peds Initial System Decompression Sub-Committee	Teleconference
2/23/2012	IDPH Volunteer Management Committee	Teleconference
2/29/2012	G8 and NATO Stakeholders	CFD, Chicago, IL
3/1/2012	FEMA Region G8 NATO	FEMA, Chicago, IL
3/5/2012	G8-NATO planning with CDPH	CDPH, Chicago, IL
3/8/2012	Lake Forest Hospital ER Meeting	Lake Forrest, IL
3/12/2012	CERT PSCC Planning Committee	NIPSTA, Glenview, IL
3/14/2012	CFD-CDPH G8-NATO Med-Health Subcommittee	CFD FAST, Chicago, IL
3/15/2012	IDPH Public Health & Medical Committee	IDNR, Springfield, IL
3/19/2012	Illinois Medical District Hospital Preparedness Coalition	Teleconference
3/19/2012	CFD-CDPH G8-NATO planning	Teleconference
3/21/2012	IDPH Public Health & Medical Committee	IDPH, Springfield, IL
3/27/2012	FEMA Region G8-NATO	FEMA, Chicago, IL

3/28/2012	CFD-CDPH G8-NATO Med-Health Subcommittee	CFD FAST, Chicago, IL
3/28-29/2012	ITECS/UCP/Interop Committee Meeting	ILEAS, Urbana, IL
3/29/2012	RHCC/POD Meeting	Carle, Urbana, IL
4/4/2012	SIRC NATO Planning	Springfield, IL
4/10/2012	CFD-CDPH G8-NATO planning	Chicago, IL
4/16/2012	CERT PSCC Planning Committee	Will County EMA, IL
4/24/2012	CERF P NATO Planning	Quinn Fire Academy, Chicago, IL
4/25/2012	ITTF Chair and Committee Meeting	Springfield, IL
5/1/2012	CFD-CDPH G8-NATO planning	Chicago, IL
5/7/2012	Illinois Medical District Hospital Preparedness Coalition	Teleconference
5/7/2012	CERT PSCC Planning Committee	Teleconference
5/10/2012	CFD-CDPH G8-NATO planning	CFD, Chicago, IL
5/15/2012	CCHHS Coordination	Teleconference
5/30/2012	Federal EMAC planning	Teleconference
6/1/2012	Illinois Medical District Hospital Preparedness Coalition	Teleconference
6/11/2012	ESAR-VHP Coordination	Teleconference
6/13/2012	Federal EMAC planning	Teleconference
6/22/2012	ESF-8 Workgroup Meeting	Lombard, IL
6/26/2012	Collaborative Fusion	Teleconference
6/26/2012	Intelligent Solutions Database replacement	Teleconference
6/28/2012	IMERT Staff Meeting	Teleconference
6/29/2012	Collaborative Fusion Database replacement	Teleconference

### Training Meetings

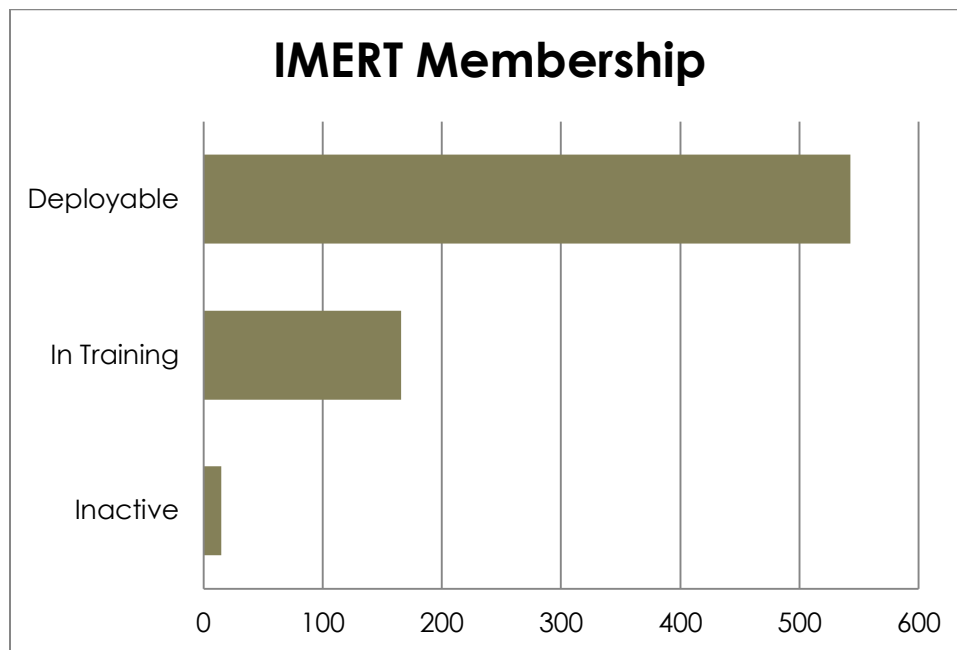
7/7/2011	ITTF Training Meeting	IFSI, Urbana, IL
8/16/2011	IMERT Training Staff Meeting	ILEAS, Urbana, IL
8/17/2011	SWMD Operations	SEOC, Springfield, IL
8/21/2011	HHS Region 5 Burn Workshop Planning	Teleconference
8/22/2011	HHS Region 5 Burn Workshop Planning	Teleconference
8/29/2011	HHS Region 5 Burn Workshop Planning	Teleconference
8/29/2011	IMERT Training Staff Meeting	ILEAS, Urbana, IL
9/2/2011	Heartland Alliance, St. Louis University	Teleconference
9/13/2011	IMERT Training Staff Meeting	ILEAS, Urbana, IL
9/22/11	Sim Learning for Response Teams	Stroger Hospital, Chicago, IL
9/27/11	SimLearning for Response Teams	Miami, FL
9/28/11	IMERT Community Outreach Planning	Teleconference
10/19//2011	SimLearning for Response Teams	Stroger Hospital, Chicago, IL
10/20/11	IMERT eLearning	Teleconference
11/7/2011	IMERT Responder Mental Health Training	Teleconference
11/15/2011	IMERT Staff Meeting for SLE	Teleconference
11/17/2011	ITTF Training Meeting	IFSI, Urbana, IL
11/21/2011	SimLearning for Response Teams	Stroger Hospital, Chicago, IL
11/27/2011	SimLearning for Response Teams	Stroger Hospital, Chicago, IL
12/1/2011	IMERT Training Meeting	ILEAS, Urbana, IL
12/8/2011	IMERT Training Meeting	ILEAS, Urbana, IL

12/15/2011	SimLearning for Response Teams	Stroger Hospital, Chicago, IL
1/6/2012	SimLearning for Response Teams	Stroger Hospital, Chicago, IL
1/10/2012	IMERT Training Meeting	ILEAS, Urbana, IL
1/30/2012	MRC Training Development	Teleconference
2/2/2012	IMERT Small Business Training Stakeholders	Teleconference
2/2/2012	ITTF Training Meeting	IFSI, Urbana, IL
2/16/2012	Disaster Nursing Training	Chicago, IL
3/2/2012	ITTF Training Meeting	IFSI, Urbana, IL
4/19/2012	NATO training meeting	ILEAS, Urbana

## RESPONSE CAPABILITIES

### VOLUNTEER STATUS

As of June 30<sup>th</sup>, 2012, IMERT has over 500 deployment ready members located throughout the State of Illinois. All deployable personnel have completed their NIMS and ICS training as well as a WMD awareness course and a training on deployment operations and procedures. Members who are still in training are in various stages of completing their WMD awareness courses and still need to attend the Deployment Operations/Validation course.



### RECRUITMENT and RETENTION

IMERT recruited and credentialed 51 new applicants this grant cycle. Members who successfully complete the application process have had their credential information verified and have undergone a background check screening. They have also completed the state and federally required ICS 100 and 200 and NIMS 700 courses.

IMERT utilizes a variety of forums to promote itself and recruit volunteers for the team. These include word of mouth, recruitment exhibits, marketing and promotional materials, website, social media, and advertisement.

IMERT utilizes its webpages at [www.imert.org](http://www.imert.org) and [www.invent.org](http://www.invent.org) to recruit and inform. The pages allow messages to be posted both to the public, and to team members only in the secure password protected Team Member's section. The Team Members Section

features a front announcement page, information on policy and procedure, and activities, and allows members to download important forms. A section of the webpage on Disaster Preparedness helps improve awareness and empower responders and citizens with knowledge about what they can do to be ready.

To keep volunteers connected to IMERT, news briefs are emailed on a bi-monthly basis. Topics include summaries of activities, information on upcoming events, policy notification, and information on education and volunteer opportunities, among others.



Another method of keeping in touch with the membership is IMERT's Facebook page. This media is utilized to notify members and fans of new developments and share links of interest. The page is also a medium for marketing IMERT-INVENT to outside agencies and potential members. Agencies connected to IMERT's page include IDPH's Office of Preparedness and Response, ILEAS, IEMA, and the Illinois National Guard. The link can be found at <http://www.facebook.com/pages/IMERT-INVENT/183664916709>, or by searching IMERT on Facebook.

Additional program promotion takes place at professional conferences around the state. IMERT attends a number of conferences and exhibits to recruit new members and raise awareness on the role health care workers can play in preparing their communities for disaster. During this grant period IMERT participated in multiple recruitment events.

9/7/2011	IEMA Conference, Crowne Plaza, Springfield, IL
9/9/11	Region 8 Trauma Symposium, Glen Ellyn, IL
10/14/11	Region 7 Conference, Tinley Park, IL
10/18-19/2011	IPWMAN Conference, Bloomington, IL
10/25/2011	International Police Chief Conference, McCormick Place, Chicago, IL
11/1/11	EMS Region 5 Fall Disaster Conference, Mt. Vernon, IL
11/3/2011	School Health Days, Arlington Heights, IL
11/3/2011	School Health Days, Lisle, IL
11/8-9/2011	Advocate Injury and Trauma Symposium, Lisle, IL
11/18/11	ENA Fall Symposium, Springfield, IL
3/4-6/2012	ILEAS Conference, Crowne Plaza, Springfield, IL
3/13-14/2012	8th Annual Rural Public Health Institute, Effingham, IL



- 4/13/12 ENA Spring Symposium, Lisle, IL
- 6/4/2012 Region X 2012 Trauma Symposium, Oakton Community College, IL
- 6/20/2012 IPHA Conference, Lombard, IL
- 6/21/12 EMS Appreciation Day, Bud's Ambulance, Summit, IL

These events were attended by some 6,000 medical, emergency management, and community partners

## COMMUNITY OUTREACH

Dr. Moses Lee, Medical Director and Team Commander, frequently gives presentations on behalf of IMERT and IDPH. In addition to presenting on IMERT and its role in the state disaster plan, topics have included NIMS and HICS training as well as how to write and use an IPA, emergency preparedness, treating CBRNE casualties, and federal burn victim response. These events are listed below.

- 7/13/11 NIMS Training, HICS, and Volunteer Team South Shore Hospital, Chicago, IL
- 7/14/11 NIMS Training, HICS, and Volunteer Team Stroger Hospital, Chicago, IL
- 9/15/11 Local, State, and Regional Planning For Burn Victims FEMA, Chicago, IL
- 11/5/11 Regional and Federal Capabilities in Mass Casualty Events Rockford, IL
- 1/11/12 Emergency Preparedness and the IMERT Team Northern Hospital, Chicago, IL
- 1/12/12 Chem/Rad Preparedness Stroger Hospital, Chicago, IL
- 1/17/12 HICS and Incident Action Plans CDPH Training Center, Chicago, IL
- 2/8/12 Regional/Federal Capabilities in Mass Casualty Events SIU, Carbondale, IL
- 2/16/12 Emergency Preparedness and the IMERT Team UIC, Chicago, IL
- 3/15/12 ICS Training Stroger Hospital, Chicago, IL
- 4/6/12 Radiation Response in Region XI Stroger Hospital, Chicago, IL
- 4/11/12 Emergency Management/Response Teams Malcolm X College, Chicago, IL
- 4/11/12 City Preparedness Efforts Provena Hospital, IL
- 4/13/12 HICS, IAPs and Emergency Planning Christ Hospital, Chicago, IL
- 4/20/12 ICS Training Provident Hospital, Chicago, IL
- 5/2-3/12 Joplin tornado, Bio-Terrorism, Chemical Agents Stroger Hospital, Chicago, IL
- 5/4/12 ICS Training Loretto Hospital, Chicago, IL
- 5/11/12 ICS Training Loretto Hospital, Chicago, IL

Ms. Connelly, IMERT's Director made the following presentations this grant cycle:

- 11/5/11      Local and State Capabilities to Manage Mass Casualties, at the Current Trends in Orthopedic Trauma Symposium, Rockford, IL
- 2/8/12      Local and State Capabilities to Manage Mass Casualties, at Southern Illinois University, Carbondale, IL
- 2/21/12     IMERT and the State Disaster Plan at the Vital Collaborations Symposium, UIC School of Nursing, Chicago, IL

**EQUIPMENT**

IMERT continues its partnership with the Illinois Law Enforcement Alarm System (ILEAS). The campus contains over 120,000 square feet of safe and secure office, classroom, storage, and training space on a 13-acre campus. The facility and training rooms are utilized for office space,

classroom space, and equipment storage, allowing a wider variety of educational opportunities to be offered. ILEAS houses IMERT's main office and provides secure storage with 24 hour access for volunteer records, program files and equipment. Vehicles and trailers for transport of medical responders, equipment and supplies are used and stored at the ILEAS training facility as well.



IMERT has continued its MOU with the pharmacy at Carle Foundation Hospital in Champaign-Urbana. The Carle

pharmacy department maintains and stores IMERT's pharmaceutical cache. Maintenance includes rotation of pharmaceuticals by the Carle Pharmacy Department every 3-6 months. An inventory of the pharmaceutical cache is conducted every quarter. The hospital also provides secure, environmentally protected storage, and 24 hour a day access by pre-approved IMERT personnel.

IMERT utilizes a storage facility called Park 150 in Urbana to store durable equipment. This facility provides secure fenced in storage and lighted grounds along with keypad gate for 24 hour access. Video surveillance provides added security. All temperature sensitive materials will be stored in a controlled environment and will be ready for roll out as needed.

**PARK 150**

The warehouse spaces have been organized into usage categories to utilize the total storage space effectively and make locating the necessary equipment or supplies easy and efficient.

## EQUIPMENT MAINTENANCE

Preventative maintenance is performed on all equipment including: inspection and maintenance of battery-powered equipment, updates on computers, replacement of bad power supplies and batteries, and added networked and encrypted hard drives. Digital and hard copy records are kept of all work done on the equipment and can be made available upon request.

Warranties for extensive maintenance of medical equipment are retained when possible. All Bio-Medical Equipment was maintained per the manufactures recommendations and are certified by an Illinois Licensed Bio Medical technician.

Throughout the year all vehicle maintenance was done as per manufactures recommendations through Central Management Services. Several response trailers required additional repairs and replacement of vehicle valve steams. The remainder of the response trailers will have these parts replaced during the next grant cycle.

## INVENTORY

An inventory of all equipment was conducted on December 1<sup>st</sup> and 2<sup>nd</sup>, 2011.

A copy of the current IDPH owned inventory of equipment maintained by IMERT is on file with the IDPH Office of Preparedness and Response.

Equipment to augment an IMERT response purchased with ASPR grant 27282150:

<b>Description</b>	<b>Qty</b>
Bayer Breeze 2 Blood Glucose Testers	9
Med Source Finger Tip Pulse Oximeter	16
Zoll Battery Packs	18
Shipping Container 23.5 x 19.5 x 13 Blue	57
Shipping Container 29.5 x 19.5 x 15 Blue	12
Shipping Container 15.5 x 19.5 x 10 Blue	36
Container Lid 23.5 x 19.5 Blue	57
Container Lid 29.5 x 19.5 Blue	12
Container Lid 15.5 x 19.5 Blue	36
Steel Dolly 23.5 x 19.5	6
Steel Dolly 29.5 x 19.5	2
Steel Shopping Cart 6.9 Cu Ft	1
Nestable Plastic Pallet 48x40	10
Broselow Medical Tape	5
Sharps Container, Red 12 Gallon	6

Medical Oxygen Cylinder Cart	2
Pelican Storm iM2950 Black Case	1
Pelican Storm iM2400 Yellow Case	1
Pelican Storm iM2400 Black Case	1
Pelican Storm iM2975 Black Case	1
Samsung Galaxy Tablet 10.1 with WiFi 16gb	1
Sharp EL-1801V Printing Calculator	3
Epson Duet 80" Portable Projector Screen	1
D-Link Day/Night Network Camera	5
D-Link Cloud Camera Pan/Tilt	2
Rubbermaid Trademaster Service Cart	2
Pelican RAL Single Head 9430 Light	1
Mustang Industrial Mesh Orange PFD Large/Xlarge	3
Mustang Industrial Mesh Orange PFD XXLlarge/XXXlarge	1
Mustang Industrial Mesh Orange PFD Small/Medium	2
Vehicle Visor ID Panels	10
Intex Twin Inflatable Airbed	30
Intex 120 Volt AC Quick Fill Electric Pumps	4
DQE Privacy Curtains	10
Cradelpoint ARC MBR1400LE-VZ 4g Wireless Router	1
9.5" Full Band Outdoor Omni Antenna	2
Plastic Utility Carts with 3 Shelves	2
Baxter SIGMA IV Pumps	3
APC Smart UPS 750VA	2
Planar Dual Desktop Stand	1
Viewsonic 24" LED Monitors	5
HP SB6200 I5-2500 Tower Server	1
Uniden Homepatrol-1 Program Scanner	1
Samsung EH40 26" LED TV	1
Ergotron LX HD TV Swing Arm	1
Motorola Xyboard 10.1 Tablets	2
HDMI Motorola Docking Stations	2
Motorola Bluetooth Smart Controller	2
Motorola P893 Portable Power Pack	2



## DEPLOYMENT AND DEMOBILIZATION

IMERT Deployment and Demobilization protocols are on file with IDPH and can be found in the FY2011 End of Year Report.

### IMERT RESPONSE PACKAGES

**Strike Team: IMERT State Weapons of Mass Destruction, Medical Unit**

**Purpose:** provide medical coverage for SWMD training/incidents or other special event

**Team:** 7-15 with physician on site or immediately available via phone/text, StarCom.

**Composition:** (1) Team Lead, (2-5) RNs, 3-5, (3-4) EMT-P/B, (1-3) logistics/comms

**Arrival Time Frame:** Advanced notification for training exercises, 12-24 hours for no notice response with state supported transportation

**Equipment:** (1) transport vehicle for medical equipment, (1) trailer {optional}, SWMD medical supply package.

**Limitations:** Not capable of emergent travel, medical equipment package located in Champaign/Urbana, self-sufficient limited to 24 hours max, team members will likely respond via POV, PPE limited to cold zone ops only.

**Capabilities:** To provide on-site medical care, communicate with local EMS and hospitals; assist with resources to determine potential impact of hazardous material on surrounding community.

**Strike Team: IMERT Medical Needs Assessment**

**Purpose:** Ascertain scope of medical needs at a disaster scene, casualty collection site or alternate medical treatment site

**Team:** 4 with access to an IMERT physician by phone/text/radio

**Composition:** 4: (1) IMERT staff (1) physician if available (1) Charge Nurse, (1) EMT P/B provider, (1) Logistics/Comms

**Arrival Time Frame:** 24 hours, dependent on travel conditions and location of incident

**Equipment:** (1) response truck, (1) trailer with gator {optional}, strike team medical supply response package

**Limitations:** Cannot travel emergently, carry minimal medical equipment for immediate use.

**Capabilities:** Can be self-sufficient for 72 hrs. can assist local medical officials with evaluation and planning, can provide site specific conditions to SEOC, and can

evaluate existing structures for suitability for utilization as a TMTS (Temporary Medical Treatment Station).

**Strike Team: IMERT Primary Medical Response Team**

**Purpose:** Assist local medical providers with initial medical stabilization; assist with set up of temporary medical treatment site

**Team:** 8-15 IMERT, physician on site or available by phone/text

**Composition:** (2-3) IMERT staff including Director or Chief Nurse. 4-5 RNs, 2-5 EMS providers, 2-4 logistics/comms.

**Arrival Time Frame:** 24-48 hours, dependent on travel conditions and location of incident

**Equipment:** (2-3) response trucks, (2-3) trailers, 50 patient response package, 15 team member support package.

**Limitations:** equipment and transport vehicles need to be retrieved from Urbana, personnel will need to stage at ILEAS or other secure location, fully loaded trailers travel slow, difficult to maneuver in high wind situation, may require security assistance, may need lodging or sleeping quarters assistance.

**Capabilities:** can be self-sufficient for 72 hours, can integrate with local medical responders to provide emergency medical care, supply package can support approximately 50 patients of various acuity levels for 24-48 hours. Can be adjunct medical staff to locals with 24 hr. coverage for 72-96 hours.

**Task Force: IMERT Task Force**

**Purpose:** Assist local medical providers with extended medical care and stabilization at a casualty collection or alternate medical treatment site. TF meant to supplement IMERT Primary Response Team already on site. If not on site, IMERT command staff will accompany Task Force.

**Team:** 20-25, (1-2 physician/p.a./nurse practitioners)

**Composition:** Team Commander, Director, CNO, Logistics Chief, 2-3 Charge RN, 8-10 RN (both ER and other specialty) 6-8 EMT P/B, 3-5 admin.

**Arrival Time Frame:** 24-36 hours

**Equipment:** 5-6 response trucks, 5-6 response trailers, ACS equipment package, 25 team support package, additional medical supplies if indicated (immunizations, IV fluids, etc.).

**Limitations:** Will need all response vehicles or other agency assist with transport of personnel, will need assistance to obtain any additional medical supplies appropriate for incident, will require security, fully loaded trailers travel slow, will require sleeping quarters and may need food and water support.

**Capabilities:** can provide medical coverage for a 50 bed treatment site in an austere environment for 96 hours can be an adjunct to local medical for larger patient load, can be self-sufficient for 72-96 hours.

## **Task Force 2 IMERT-INVENT**

**Purpose:** to provide sustainability of medical capability at a large scale multi-casualty event or to fill an EMAC request.

**Team:** 15-25 (2-4 physicians, PA or Nurse Practitioners) Skill set to be determined, i.e.: if many pediatric patients will deploy those with pediatric skills.

**Composition:** Team Commander and command staff (total of 6). 3-4 Charge RN, 3-4 Team Leads, 7-8 EMT P/B, 3-4 logistics/comms.

### **Arrival time frame:**

EMAC: determined by transportation plan, 24-48 hours will be needed just to contact and confirm team member availability. An additional 24 hours will be needed prior to roll-out

*In State:* TF2 is designed as relief team for TF 1. Arrival will be within 48-72 hours of request.

### **Equipment:**

EMAC: response trucks as needed with 50 patient package and EMAC team support package (supplies for 2 weeks) or other arrangements as determined by EMAC request

*In State:* response trucks or other transport arranged for personnel and equipment resupply. This will be a function of the planning unit in conjunction with the SEOC.

### **Limitations:**

EMAC: required to be self-sufficient for 2 weeks, may need additional supplies prior to deployment depending on the incident and nature of clinical situation.

*In state:* transportation of relief team and supplies may require assistance from other agencies with transportation resources if all IMERT vehicles are on site.

### **Capabilities:**

EMAC: can conduct medical ops for a 50 patient medical treatment site and/or be adjunct medical staff for existing site operations. Can assist with the development or revision of an ACS in an austere environment.

*In-state:* can provide sustainability to an ongoing medical response.

## CONTACT NUMBERS FOR DEPLOYMENT

IMERT is available to the State of Illinois 24 hours a day for deployment. Contacting the IMERT staff to coordinate a rollout is done in the following order.

1. **SIREN Alert** to "IMERT Leadership" Role Group.
2. **Mary Connelly** Cell: 630-201-6908 Home: 847-546-7941 email: [maryc@imert.org](mailto:maryc@imert.org)
3. **Moses Lee** Cell: 312-339-6680 Home: 312-540-4764 email: [mosesl@imert.org](mailto:mosesl@imert.org)
4. **Christopher Jansen**: Cell: 815-297-2476 Cell 2: 224-659-6624 email: [chrisj@imert.org](mailto:chrisj@imert.org)
5. **Liz Lee**: Cell: 630-701-5344 Home: 708-772-9459 email: [lizl@imert.org](mailto:lizl@imert.org)
6. **Dr. Bernie Heilicser** Cell: 708-567-3967 Home: 708-798-0711  
email: [bernardh47@yahoo.com](mailto:bernardh47@yahoo.com)

## COORDINATED RESPONDER INFORMATION SYSTEM

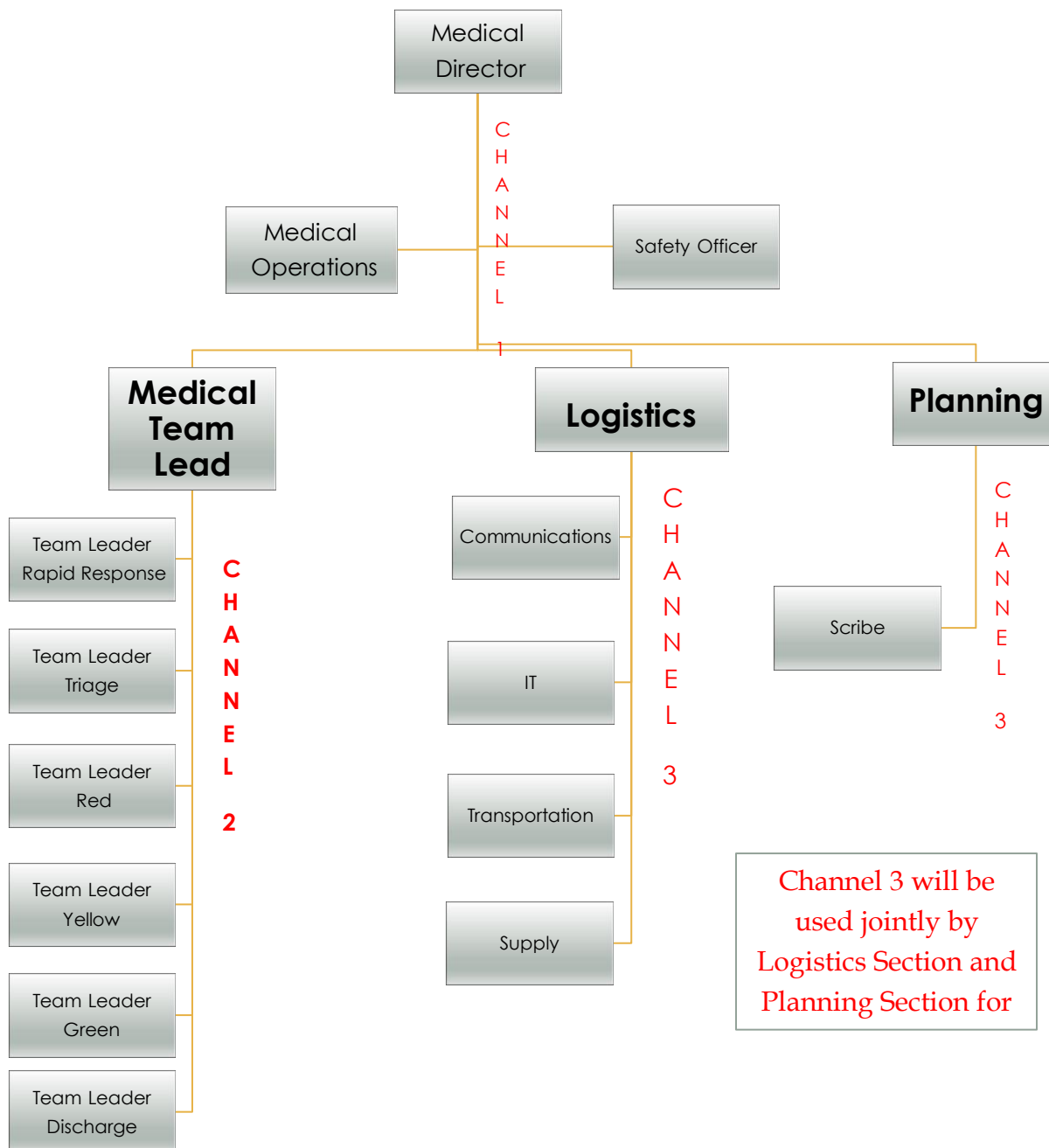
IMERT uses the Coordinated Responder Information System (CRIS) as its primary volunteer database. The system maintains responder contact profiles as well as credentialing and training information. The sole server currently resides in Springfield and is maintained by IDPH staff and CMS. Having the server housed by IDPH allows the agency primary and 24 hour access to the server and its database.

Issues with the server and database's age remain and technical problems consistently arise preventing IMERT staff from running reports and accessing member information. Replacements for the CRIS database are currently being investigated.

## COMMUNICATIONS PLAN

In collaboration with the IDPH Radio Coordinator and State Interoperable Executive Committee, IMERT developed a radio communication plan. This plan is compliant with the Statewide Communications Interoperability Plan. All Starcom Radios were updated to the new IDPH Template to ensure ongoing communications with IDPH and other state-wide agencies. IMERT's plan was further reviewed with IDPH communications liaisons and was subsequently used during the NATO exercise with help with EM-Com communications Center in Lincoln.

### Organizational Chart-IMERT Primary Medical Response Team RADIO CHANNEL DESIGNATION OUTLINE







## HICS 205 (EXTERNAL) INCIDENT COMMUNICATION PLAN

DATE/TIME PREPARED	OPERATIONAL PERIOD DATE/TIME				
	1-8 Hour Period				
SYSTEM	CHANNEL	FUNCTION	FREQUENCY	ASSIGNMENT	COMMENTS
Starcom 21	Zone I Mode 1 IMERT 2	Secure Talk Channel for Medical Operations	ZONE I IMERT2	Charge Nurse Triage Leader Red Zone Leader Yellow Zone Leader Green Zone Leader Discharge Leader	Primary Communications Channel for Medical Operations  Alternatively Used for Transportation Talk Channel during mobilization
Starcom 21	Zone I Mode 2 IMERT 3	Secure Talk Channel for Medical Director to Team Leads	ZONE I IMERT3	Medical Director Medical Operations Leader Charge Nurse Liaison Officer Logistics Section Chief Planning Section Chief	Primary Communications for Unit Section Leaders and Medical Director
Starcom 21	Zone I Mode 3 IMERT 1	Unsecured Talk channel for mission support team	ZONE I IMERT1	Logistics Section Chief Transportation Unit Leader Supply Unit Leader IT Support Unit Leader Planning Section Chief Scribe Unit Leader	Primary Communications channel for Mission Support Team including Logistics and Planning
<p>If Starcom is not available, alternatively IMERT would request use of the following channels pending approval of incident Communications Unit Leader for availability of Channels.</p> <p>7TAC74D Medical Operations 7TAC75D Unit Section Leaders 7TAC76D Mission Support Team (Logistics and Planning)</p>					
PREPARED BY : Christopher Jansen Communications Unit			APPROVED BY :		

## IMERT TEAM DEVELOPMENT

Exercises and trainings developed by IMERT are conducted according to HSEEP protocols. IMERT's organizers and planners have all completed HSEEP training as offered through IEMA.

NIMS compliance is achieved through NIMS implementation in all incident action plans, training exercises, and deployments. Examples include employing the Incident Command system during drills and events and ensuring all participating personnel have completed the ICS 100, 200, and 700 training courses. In April of 2012, IMERT's Director received a letter from FEMA's National Integration Center acknowledging IMERT's dedication in support of NIMS's implementation. A copy of this letter is included at the end of this report.

IMERT Staff and volunteers sponsored and participated in multiple trainings and throughout the grant cycle. These trainings serve to develop interagency participation and hone staff and volunteer capabilities. Records of all training activities and participation are maintained by the IMERT Staff and are available upon request.

## IMERT TEAM TRAININGS

9/14/11	IMERT Training: Emergency Field Amputation 12 attended	ILEAS, Urbana, IL
1/26/12	Deployment Operations Course 16 attended	ILEAS, Urbana, IL
2/24/12	Deployment Operations Course 16 attended	ILEAS, Urbana, IL
4/28/12	MRC Deployment Operations Training 95 attended	DNR, Springfield, IL
5/20/12	IMERT Training: Continuous Readiness 30 attended	Quinn Fire Academy, Chicago, IL
5/20/12	IMERT Training: Riot Control Agents & LRADs 30 attended	Quinn Fire Academy, Chicago, IL
6/8/2012	Deployment Operations Course 34 attended	Stillman Valley, IL

**DEPLOYMENTS, EXERCISES and DRILLS**

IMERT staff and volunteers participated in multiple exercises and drills. These included CRIS and SIREN communication drills and tests. HSEEP formatted After Action Reports for IMERT sponsored exercises have been submitted to IDPH. During the grant cycle, exercises and drills took place on the following occasions:

7/15-18/11	Old Shawnee Town Rally Deployment 18 members participated	Old Shawnee Town, IL
8/16-18/11	SWMD-Central Training Exercise 6 members participated	Springfield, IL
10/1/11	CERT Training: Operation Prairie Fire 7 members participated	NIPSTA, Wheeling, IL
10/14-16/11	Massac Reenactment Training Exercise 9 members participated	Metropolis, IL
10/22/11	Operation Grizzly Attack 3 staff served as evaluators	Grizzly Stadium, East St. Louis, IL
11/15/11	Communications Drill for SLE 244 participated	
12/7/11	SWMD-North Training Exercise 10 members participated	Arlington Heights, IL
1/25/12	SWMD-Central Training Exercise 4 members participated	Lincoln, IL
2/7/12	Communications Drill - EMAC call out 392 participated	
2/29/12	Communications Drill - Harrisburg call-out 515 participated	
3/22/12	Catastrophic Medical Surge Summit, TMTS Workgroup 54 attendees	Urbana, IL
4/28/12	Central Illinois MRC TMTS training 14 IMERT members, 54 conference attendees	Springfield, IL
4/20/12	Communications Call-out for secondary NATO on-call team 546 participated	

5/18-21/12	NATO Deployment 38 staff and volunteers participated	Chicago, IL
6/15/12	Catastrophic Surge Tabletop for Erie Health Clinic 5 IMERT members presented, 25 attendees participated	Chicago, IL
6/27/12	IDPH Pan Flu Exercise IMERT Director participated	

## IMERT TEAM MEMBER DEVELOPMENT ACTIVITIES

IMERT sponsors staff and volunteers to participate in several trainings that enhance individual and team development. These trainings serve to strengthen interagency ties as well as improve the sustainability and viability of the IMERT program.

7/26-28/2011	HSEEP Training Planning and Logistics Officer attended	Highland Park, IL
8/2-4/2011	Fundamentals of Grants Management Workshop 2 staff attended	Chicago, IL
8/17-18/2011	EOC Management and Operation Course 1 staff attended	Highland Park, IL
8/22/11	Public Health Training and Exercise according to HSEEP Director attended	Webinar
9/6-8/2011	IEMA Conference 10 staff and volunteers attended	Springfield, IL
9/26-30/2011	REACTS Course Medical director attended	Miami, FL
9/28/11	Role of Ethics in Disaster and Other Hazard Events Lead Physician attended	Webinar
10/7/11	Illinois Digital Gov't Summit Planning and Logistics Officer attended	Springfield, IL
10/18-19/11	IPWMAN Conference 2 staff attended	Bloomington, IL
10/18/11	CHSCPR Emergency Practice Collation Exposition Medical director attended	Chicago, IL
10/24-27/11	HSEEP Training Medical Director attended	Lincoln, IL

11/1/11	Siren 5.3 Update Webinar 2 staff attended	Webinar
11/1/11	EMS Region 5 Fall Disaster Conference 2 staff attended	Mt Vernon, IL
11/21/11	IEMA Vision 2020 2 staff and 4 volunteers attended	Belleville, IL
12/9/11	ASPR Budget Training Director attended	Champaign, IL
12/15/11	IEMA Vision 2020 2 staff and 6 team members attended	Urbana, IL
12/19/11	Marathon Volunteer Commendation 3 IMERT volunteers honored	Winfield, IL
1/11/12	IEMA Vision 2020 Director and 3 IMERT members attended	Effingham, IL
1/30/12	SIREN 5.4 New Feature 2 staff attended	Webinar
3/7/12	REAC/TS Course Medical director attended	Chicago, IL
3/8/12	Agents of Opportunity, presented by Toxikon & CHSCPR Medical Director attended	Chicago, IL
6/19-21/12	Illinois Public Health Association Conference 6 staff and numerous team members attended	Lombard, IL
6/28/2012	EMSC Pediatric Surge Annex Workshop Medical Director attended	Downers Grove, IL

**Deployment Operations Course**

Required of all team members to be eligible for deployment, pre-requisite is completion of ICS courses: 100, 200 and 700.

Participant evaluations for the three courses conducted this year are on the following pages.

**DEPLOYMENT OPERATIONS COURSE****Participant Evaluation - Summary**

**January 26, 2012**

ILEAS Training Center

Urbana, IL

<b>COURSE CONTENT</b>	<b>Average</b>	<b>OBJECTIVES</b>	<b>Average</b>
1. Overall value of the session	4.8	7. Introduced to IMERT History	5
2. Presenter's knowledge of the subject matter	4.9	8. Team Overview & Deployment Response Operations	5
3. Quality of the handouts	4.7	9. Team Positions & Requirements	4.8
4. Quality of the session's audio-visuals	4.8	10. Team Guidelines & Code of Conduct	4.8
5. The level of course content	4.9	11. Deployments	4.9
6. Amount of time allowed for this session	4.9	12. Anatomy of a Deployment	4.9
		13. Equipment Overview	4.8
		14. Break out Stations	4.9

**PRESENTERS/CONTENT SPECIALISTS**

Sharon Dotson, RN	5
Jennifer Wesselman, RN	5
Additional Presenters	5

**GENERAL INFORMATION**

1. What did you like most about this program?
  - Feeling more comfortable with what IMERT does
  - Casual Nature
  - Excellent presentation, well put together
  - The knowledge provided by instructors
  - Explanation of how the deployment process works
  - Being able to see the equipment
  - Anatomy of a Deployment and equipment overview
  - Mary's presentations – experience in New Orleans



## DEPLOYMENT OPERATIONS COURSE

### Participant Evaluation - Summary

February 24, 2012

ILEAS Training Center

Urbana, IL

<b>COURSE CONTENT</b>	<b>Average</b>
1. Overall value of the session	5
2. Presenter's knowledge of the subject matter	5
3. Quality of the handouts	5
4. Quality of the session's audio-visuals	5
5. The level of course content	5
6. Amount of time allowed for this session	5

<b>OBJECTIVES</b>	<b>Average</b>
7. Introduced to IMERT History	5
8. Team Overview & Deployment Response Operations	5
9. Team Positions & Requirements	5
10. Equipment Overview	5
11. Team Guidelines & Code of Conduct	5
12. Deployments	5
13. Break out Stations	5
14. Anatomy of a Deployment	5

### PRESENTERS/CONTENT SPECIALISTS

	<b>Average</b>
Mary Connelly, RN	5
Moses Lee, MD	5
Rick Steels,	5
Chris Jansen,	5
<b>Additional Presenters</b>	5

### GENERAL INFORMATION

- What did you like most about this program?
  - All wonderful
  - Deployment
  - I enjoy the variety of people who are involved in volunteering with IMERT
  - Hearing about the actual deployment expenses, problems faced and solutions found.
- Which topics would you like to see included in future IMERT Training Sessions?
  - More on the SWMD team
- We appreciate any additional comments/suggestions you may have:
  - Always stress the importance of self and team safety
  - Excellent program!

## DEPLOYMENT OPERATIONS COURSE

### Participant Evaluation - Summary

June 8, 2012

Stillman Valley Fire Station, Stillman Valley, IL

<b>COURSE CONTENT</b>	<b>Average</b>
1. Overall value of the session	4.78
2. Presenter's knowledge of the subject matter	4.86
3. Quality of the handouts	4.43
4. Quality of the session's audio-visuals	4.34
5. The level of course content	4.73
6. Amount of time allowed	4.47

<b>OBJECTIVES</b>	<b>Average</b>
7. Introduced to IMERT History	4.82
8. Team Overview & Deployment Response Operations	4.82
9. Team Positions & Requirements	4.82
10. Equipment Overview	4.78
11. Team Guidelines & Code of Conduct	4.82
12. Deployments	4.82
13. Break out Stations	4.78
14. Anatomy of a Deployment	4.82

### PRESENTERS/CONTENT SPECIALISTS

	<b>Average</b>
Mary Connelly, RN	4.86
Moses Lee, MD	4.91
Barb Oliff, RN	4.82
Chris Jansen,	4.82
<b>Additional Presenters</b>	4.82

### GENERAL INFORMATION

- What did you like most about this program?
  - The openness of discussions
  - Good program x3
  - Very informative
  - The breakout stations – I enjoyed the information that was presented in each power point.
  - The overview of entire team duties and how IMERT functions within the state, in conjunction with other emergency medical responders/taskforce
  - Ability to use emergency preparedness concepts
  - Anecdotes and personal experiences from past deployments x5
  - Food stories
- Which topics would you like to see included in future IMERT Training Sessions?
  - Good the way it is
  - I think everything was presented well. I would just include any new deployment information.
  - Possible focus more on important of self-care and mental preparedness for a deployment
  - Deployment binder with job action sheets, HICS forms, etc.
  - Would like hands-on demonstrations and use of trailers as done in previous classes
  - Seems like everything was covered
- We appreciate any additional comments/suggestions you may have:
  - Great course
  - CON ED?

## MEDICAL RESERVE CORPS TRAINING



Feedback from attendees of the 2011 Central MRC was utilized to refine TMTS training and skills building session for MRC volunteers. This grant year, IMERT presented a lecture on medical needs after a disaster and then a hands-on skills building session where 70 MRC attendees and 14 IMERT volunteers demonstrated the set-up and operation of a

Temporary Medical Treatment Station. Simulated patients from the local high school were provided make-up to mimic actual clinical presentations.

The session was well received and participants indicated a strong interest in further training. The following feedback will be used to further enhance additional training opportunities.

### Throughput Drill/ IMERT Exercise Hot Wash Notes

- 1) This year was the best
- 2) It was beneficial to have a doctor participating.
- 3) There should have had more victims.
- 4) The entire process was great and realistic.
- 5) It would have been good practice to have the volunteers set up each response site instead of having it ready to go when we arrived.
- 6) There should have been more structure/ guidance regarding chain of command.

The After Action Report from this exercise is included at the end of this report.

## ADDITIONAL DELIVERABLES

### IMERT/DMAT INTEGRATION FEASIBILITY

IMERT began serious and in-depth discussions with FEMA and HHS on the possibility of developing an Illinois DMAT (Disaster Medical Assistance Team) from within the current IMERT Team.

This would be advantageous for both the state and the nation. This would enhance training and deployment opportunities for IMERT as well as add another medical team to the national cadre. The next steps include obtaining letters of support from: IDPH, ITTF, and the Governor's Office.

Currently, the federal authorities are re-visiting the structure and function of the DMAT in general. The IMERT Medical Director has been in discussion with DMAT Medical Directors

from numerous states. IMERT's leadership will follow these new developments closely and proceed toward DMAT development accordingly.

## **ESAR-VHP**

IMERT has been coordinating with Credential Smart and the ESAR-VHP coordinators to properly upload its membership since 2007. This grant cycle, teleconferences were held with the MCHC ESAR-VHP coordinator on the following occasions: 1/30/2012, 4/30/2012, 6/11/2012.

Two IMERT staff members have attended training on Illinois Helps use and implementation during a previous grant cycle and Ms. Lee maintains an administrator account in the system.

As of June 30th, 2012, IMERT is still working to resolve technical issues with the CRIS database system. The CRIS database was unable run reports for most of the month of June. The problem has been resolved thanks to the help of IDPH staff. Barriers to uploading IMERT's current database to date have included:

- The need for programming changes in the CredentialSmart system to accommodate IMERT's credentialing information
- Responsiveness on the part of the CredentialSmart programmers
- Questions regarding liability and IMERT responder deployment
- Incorrect access given to IMERT's administrator account, which is maintained by staff member Elizabeth Lee.
- IMERT's CRIS database system unavailability due to technical issues
- Delays in deleting outdated responder information to allow for updated contact information to be entered.

IMERT staff has coordinated with IDPH and Illinois Helps staff to resolve these issues. The current barrier to uploading volunteer data is due to the fact that IMERT does not collect volunteer's social security numbers, which IHelps uses to identify volunteers. It was hoped to use volunteer's medical license numbers instead, however, this information cannot be pulled using IMERT's conventional report protocol. IDPH staff will attempt to assist IMERT to resolve this issue during the next grant cycle.

Once these issues are resolved, IMERT, Credential Smart, and IDPH staff will be able to begin uploading the current deployable volunteer database.

## **ADDENDUMS**

1. Old Shawnee Town Medical Unit Report
2. Communications Exercise Summaries
3. Great Shake Out Participation Certificate
4. FEMA NIMS Working Group Acknowledgement Letter
5. MRC Springfield Exercise After Action Report
6. NATO Response Medical Unit Report

## **IMERT Medical Unit Report**

### **Old Shawneetown Street Rally Deployment 2011**

HEMA mission number: 2011-0805 IMERT was requested by the Illinois State Police to provide medical coverage for a special detail in Old Shawnee Town July 15 and July 16. The request was made due to the large contingent of Illinois State Police on site in an area with sparse medical resources in the region. The site is located in a remote area of the state, in a small town adjacent to the Ohio River on the border of Kentucky.

**Hours of operation:** 6pm to 4am.

The deployment lasted 4 days; 2 travel days and 2 days on site. 18 IMERT personnel participated. No significant injuries/illness of any responder occurred.

A situational assessment was conducted that included; an evaluation of local and regional medical resources, notification of the regional hospital coordinating center, contact with the local medical helicopter unit, contact with the local health department and local EMS coordinators.

Prior to the event multiple meetings addressing contingencies in the event of a mass casualty were conducted. This included collaboration with the IDPH Office of Preparedness and Response at both the regional and state level. The Regional Hospital Coordinator, Mike Maddox, from Carbondale Memorial took the lead to ensure local hospitals were included in the planning process. A Special Event Medical Plan was developed. Portions of the regional patient care cache were staged at the closest hospitals. A healthcare specific communication plan was distributed as well.

### **Local/Regional hospitals**

- Ferrell Hospital, El Dorado IL. 52 total beds, 4 ER beds
- Harrisburg Hospital, Harrisburg, IL. 84 beds, 7 ER beds
- Deaconess, Evansville, Indiana
- Saint Louis Medical Center, St. Louis, MO Level 1 Trauma Center

### **Emergency Medical Transportation:**

Local EMS: one volunteer ALS ambulance on scene with one BLS ambulance on standby. Williamson County Ambulance indicated they would be staffing extra rigs for the event and likely stage in Gallatin County. Medical Helicopters: Air Evac and Arch Air. Both were contacted to verify emergency dispatch procedures.

### **Local Health Department**

The local health department reported some West Nile virus activity had been detected in Old Shawneetown.



**Operations:**

An IAP (Incident Action Plan was developed for each operational period)

The weather was dangerously hot and humid. Heat warnings were issued by the National Weather Service for each day. High temps in the mid to upper 90's with humidity in the upper 80's. The temperature humidity index ranged from 99 to 110 degrees.

Measures were instituted to prevent heat related illness. Hydration techniques were discussed with ISP command. IMERT made available the following: cold water, electrolyte replacement fluids, and cold wet towels to cool down skin surfaces. IMERT also provide 4 rehab chairs for cooling. Law Enforcement personnel were well informed of these resources and frequently accessed them. Additionally, medical personnel conducted observational assessments to determine if law enforcement officers were showing signs of heat exhaustion/heat stroke. IMERT treated 3 minor heat related conditions (2 ISP and 1 rally participant) by providing oral hydration and utilized the rehab chairs for cooling. On one occasion IMERT medical responders were escorted by law enforcement to assist a citizen with a minor injury.

**Site Set-up**

The medical unit area was set up directly behind the communications trailer next to a levee on the Ohio River.

This set up worked very well, providing a separate treatment area easily accessible by law enforcement. The newly acquired IMERT mobile medical unit was utilized for this event primarily as an air conditioned respite area for law enforcement and medical responders.

IMERT set up a screen tent for minor patient care and 2 critical care stations inside Response Trailer 5.

**Demobilization**

All personnel reported they had arrived safely at home. All equipment was returned and restored.

Submitted by Mary Connelly BSN RN  
Director

## **IMERT COMMUNICATION EXERCISES**

### **November 15, 2011 - SLE Statewide exercise**

IMERT contacted 229 team members through their wireless contact information and e-mail contact information. Team members were contacted within 3 hours of notification of potential deployment. 32% of the IMERT team members contacted responded to the exercise.

- 73 team members responded to the exercise, well below the target of 50%. Will do follow-up to determine why.

### **February 7, 2012 - EMAC Drill Earthquake Country Alliance**

The Illinois Medical Emergency Response Team (IMERT) conducted an EMAC Request Drill on February 7, 2012. The primary objective of the IMERT EMAC Request Drill was to participate in the California U.S. Great shake out and to test IMERT's response in the event we were requested for an EMAC (Emergency Management Assistance Compact). The drill also allowed IMERT to test our communication systems. The U.S. Great Shake Out was organized by the Earthquake Country Alliance.

- 392 team members responded to the drill

### **February 28, 2012 - Harrisburg Availability Check**

A violent EF-4 tornado with 180 mph winds tore through Harrisburg, Illinois at 4:56 am CST on February 29, 2012, killing six, injuring approximately 100, and damaging 200 homes and 25 businesses. The tornado cut a path seven miles long and 250 yards wide across the town.

IMERT contacted our deployable team members throughout the state of Illinois, after hearing of the tornado that devastated Harrisburg. The primary objective was to determine how many of our deployable team members would be able to be deployed, if IMERT was requested to deploy to Harrisburg.

- 190 team members responded to the availability check

### **May 19-21, 2012 - NATO Deployment and State Coverage**

IMERT was requested by the Chicago Fire Department to staff a field hospital at the Quinn Fire Academy during the NATO summit in Chicago. The request was made in order to provide a respite site and medical treatment area for responders, as well as to be a casualty collection point in the event a large scale incident resulted in mass

casualties. An additional IMERT State Response Team was put on alert to collaborate with the Peoria OSF RMERT in the event further assistance was needed in Chicago or if an event occurred elsewhere in the state that required a mobile medical response. The deployment lasted for four days with an extra travel day at the end. IEMA incident number: 2012-0310 was assigned for workers compensation coverage, the number was closed at 1850 on 5/22/12.

- 38 team members staffed the field hospital
- 84 team members provided coverage for the IMERT State Response Team



## ***Certificate of Participation***

Presented to

**Illinois Medical Emergency Response  
Team**

as a registered participant for the

***2012 Great Central U.S. ShakeOut***

February 7, 2012

A handwritten signature in black ink, reading "James M. Wilkinson, Jr.".

James M. Wilkinson, Jr.  
Executive Director  
Central United States Earthquake Consortium



U.S. Department of Homeland Security  
Washington, DC 20472



FEMA

April 13, 2012

Mary Connelly  
Director  
Illinois Medical Emergency Response Team  
1701 E Main St,  
Urbana, IL 60181

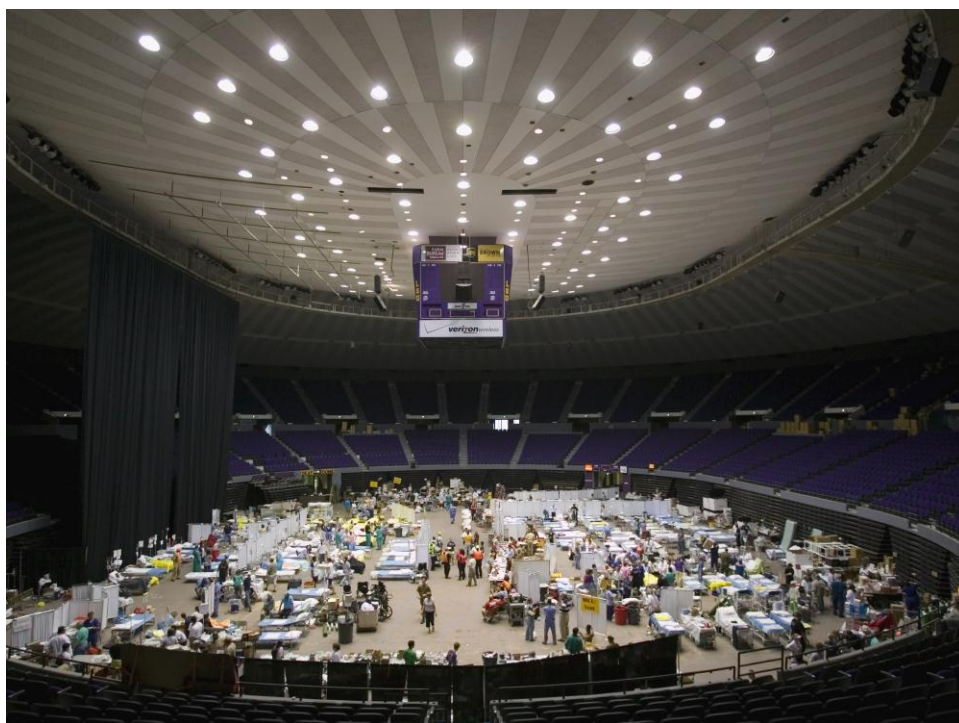
Dear Mary:

On behalf of the Federal Emergency Management Agency's (FEMA) National Integration Center (NIC), I would like to thank you for your contribution, time and continued efforts in support of FEMA's National Incident Management System (NIMS) implementation activities. Words alone, however, cannot express the sincere gratitude that my colleagues and I have for you and your endeavors. Each of you has contributed your knowledge, foresight and expertise, countless hours of your time, and a genuine steadfast desire to help make NIMS an integral part of the emergency management and homeland security community. All that we have accomplished over the last few years would not have been possible without your participation, or without your parent organization graciously lending FEMA your services. Even when sometimes lacking visibility on the fruits of your labor, you did not waver in your commitment to the Nation and for that we thank you. Your invaluable expertise and leadership in the NIMS Medical & Public Health Support Team has enhanced and continues to improve national preparedness and response capabilities to incidents of all scales and complexities.

Presidential Policy Directive (PPD-8), released in March 2011, describes the Nation's approach to national preparedness that results in a more secure and resilient nation. As keystones of PPD-8 implementation, the National Preparedness Goal and the National Preparedness System work together to build, sustain, prepare to deliver, and deliver core capabilities across five mission areas – Prevention, Protection, Mitigation, Response, and Recovery. As outlined in the National Preparedness System Description, NIMS – in particular, the associated resource typing and credentialing activities provides the basic foundation to prepare for and deliver these core capabilities. The National Integration Center is currently working thru the PPD-8 Program Executive Office and other FEMA components to identify impacts, typing and credentialing requirements, and align NIC activities to PPD-8. FEMA Project Managers will work with your NIMS support team to ensure NIC efforts are consistent with national needs, requirements, and priorities.

[www.fema.gov](http://www.fema.gov)

# **Illinois Homeland Security Exercise and Evaluation Program**



**CIMRC EX**

**Master Scenario Events List (MSEL) Package**

**April 28, 2012**

**IMERT**



***Development and printing of this document has been supported by a 2009/2010 Federal grant from the Assistant Secretary for Preparedness and Response (ASPR), U.S. Department of Health and Human Services awarded to Illinois Medical Emergency Response Team***

## **Preface**

The purpose of publishing the Master Scenario Events List (MSEL) Package is to provide central exercise control team members a complete edition of the MSEL. Lead exercise controllers, evaluators and observers may use this document to track exercise play.

Exercises are the culmination of training toward a higher level of preparedness. This document was produced with the help, advice, and assistance of planning team members.

The information in this document is current as of the date of publication and is subject to change as dictated by the Exercise Planning Team.

### **Important!**

This Handout contains information about the events of the exercise and should be safeguarded from disclosure before and during the exercise. Only designated controllers, observers and evaluators should have access to this handout.

## Administrative Handling Instructions

1. The title of this document is *CIRMC Ex April 2012*.
2. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate planning team directives. It should be released to individuals on a strict need-to-know basis. Information contained herein was prepared for the exclusive use of planning team members, and non-participant personnel involved in the operational and administrative aspects of the exercise. The contents of this handbook will not be divulged to exercise participants unless officially authorized by Illinois Medical Emergency Response Team (IMERT)-Illinois Nurse Team (INVENT)
3. Primary Points of Contact:

**Name:** Moses Lee, MD  
**Title:** IMERT Medical Director  
**Agency:** IMERT  
**Street Address:** 1701 E Main Street  
**City, State ZIP:** Urbana, IL 61802

**e-mail:** [mosesl@imert.org](mailto:mosesl@imert.org)

**Name:** Mary Connelly, RN, BSN  
**Title:** Director of Operations, IMERT-INVENT  
**Agency:** IMERT  
**Street Address:** 1701 E Main Street  
**City, State ZIP:** Urbana, IL 61802

**e-mail:** [maryc@imert.org](mailto:maryc@imert.org)

## Table of Contents

Part 1: Exercise Objectives.....	1-1
Part 2: Master Scenario Events List (Summary) .....	2-1
Part 3: Master Scenario Events List (Expanded) .....	3-1

## Part 1: Exercise Objectives

### IMERT Overarching Objectives:

Conduct triage exercise with simulated patient care to provide “real-time” hands on experience for MRC members.

Coordinate simulated Field Hospital set-up and discuss logistics issues.

Develop and maintain on site ID and accountability protocol.

### Exercise Objectives:

1. *Operations.* Provide overview of START triage. Implement onsite incident management process to clearly define command and control, discuss methods for accessing credentialed or capable staff to provide medical interventions under a pre-determined scope of care. Evaluate practicality and effectiveness of Job Action Sheets used by alternate care site staff/volunteers pertaining to triage, patient cohorting process, and set up of strategic alternate care sites. Consider roles of a multi-disciplinary healthcare staff pool such as pastoral care, social work and mental health. Define roles of non-medical volunteers, including credentialing.
2. *Resource Utilization and Event Demobilization.* Evaluate process for monitoring and inventorying available resources/supplies. Identify crucial roles for support of the ACS infrastructure. Discuss options for maximizing resources under intermittent or varied external weather phenomena. Assess practicality of contingency plans for resource coordination when operating in a strategic alternate care site. Determine efficacy of medical intervention under limited capabilities and discuss alternative options for the continuum of patient care. Assess protocols or guidelines for authorizing termination of site operations and options for returning the site to normal use status at the conclusion of a state declared public health emergency.
3. *Responder and Personal Preparedness.* Ensure adequate safety practices are followed throughout the exercise.

## Part 2: Master Scenario Events List (Summary)

### CIRMC April 2012 MASTER SCENARIO EVENTS LIST (Summary)

Event #	Optional	Event Time	Event Description	Responsible Controller	Recipient Player(s)	Expected Outcome of Player Action
		0900	<b>STARTEX</b>	M Connelly Sharie Tinsley Moulage Team	Simulated victim's	Arrival of volunteers to be moulaged. Safety briefing and over view provided
		1015	<b>Over view of START triage</b>	Sheri Barnett IMERT	All	FYI
<b>MODULE ONE: STRATEGIC USE OF ALTERNATE CARE SITE</b>						
<b>01</b>		1030	Arrival of IMERT responders, check in with credentialing	C Jansen IMERT	IMERT	Report in and determine layout of clinical area
<b>02</b>		1030	Credentialing through put EX begins	CIMRC	All	FYI
<b>03</b>		1100	Brief and presentation on the use of alternate care sites for emergent medical care	Mary Connelly	All	FYI
<b>04</b>		1130	Patients, volunteers, lunch and brief. CIRMC positions explained and deployed	IMERT	All	Simulated triage, clinical care and logistics measures taken
<b>05</b>		1200	Simulated arrival of patients begins, clinical ops to continue until 2:30	All	All	
<b>06</b>		1:00	Simulated security breach	controllers	All	
<b>Ensure controllers are at each station to enhance the flow of patient and clinical experience for attendees</b>						<b>Evaluations completed. All equipment accounted for and stowed. All areas clean and waste removed.</b>
<b>08</b>		3:00	EX ends. Simulated victims assisted with clean up. IMERT equipment cache replaced and secured. HOT WASH discussion provided.	M Connelly	All	

## Part 3: Participant Evaluation Summary

On Saturday, April 28<sup>th</sup>, IMERT staff, along with a team of 15 volunteers, presented at the 2012 Central Illinois MRC Conference. The day began with a presentation by Dr. Moses Lee and Mary Connelly, RN, titled “Medical Needs Following a Catastrophic Event”. Attendees were the allowed to participate in a hands-on skills building session where a mock TMTS was set up, and working in teams they learned how to triage victims and provide basic medical care during a disaster.

Comments from the day are below: **51 EVALUATION FORMS WERE RETURNED**

### COURSE CONTENT

Excellent	Above Average	Average	Fair	Poor	No Opinion
5	4	3	2	1	No

	Medical Needs Following a Catastrophic Event Presentation	AVERAGE
1.	Overall value of the session	4.5
2.	Presenter's knowledge of the subject matter	4.8
3.	Quality of the session's audio-visuals	3.9
4.	The level of course content	4.2
5.	Amount of time allowed for this session	4.3

	Hands-On Skill Building Session	AVERAGE
1.	Overall value of the session	4.5
2.	Presenter's knowledge of the subject matter	4.8
3.	The level of course content	4.5
4.	Amount of time allowed for this session	4.3

### OBJECTIVES

To an Excellent Extent	To a Good Extent	To a Moderate Extent	To a Fair Extent	To a Poor Extent	Not at All
5	4	3	2	1	No

	AVERAGE
1. Delivery of Scenario	4.3
2. POD Site Instructions	4
3. Field Hospital Overview	4
4. Equipment Overview	3.8
5. Break out – Triage	4
6. Break out – Acute Care	4
7. Break out - Urgent care	3.9
8. Break out - Logistics	3.6



## What did you like most about today's program?

- Hands-on skills x16
- The info that was provided that I needed in case of disaster
- All
- Being up and active after lunch
- Very informative to the group as a whole
- The “surprise” element – bringing in IMERT team
- Good idea but needs tuning touch to do with actor/patients
- Informative
- Hands on, can it be **more** in-depth and longer please.
- Well run
- The interaction and triage experience
- Class room
- IMERT presentation
- Skill station – but only got to do acute would like to have had the opportunity to rotate
- Hands on training, triage x2
- Exercise
- Seeing the moulaged actors during urgent case scenario
- The interactive work x2
- Scenario very real
- I was part of triage team in hands-on session. Instructors were very knowledgeable and helpful
- Hands-on training MCI
- Moving around. Real life experience of IMERT leaders were examples
- Demonstration of volunteer registration divided into levels of training. First time vs. those who have been here more than once
- The triage, especially Dr. Lee
- Non-medical instruction
- The hands-on training and morning PowerPoint. It set the stage for the day
- There was nothing to dislike
- Interaction with others

### Was this training relevant to what you expect to do as a member of the MRC?

- Yes x34
- Absolutely x2
- Yes and no
- Yes, it helps to give perspective of possible disaster scenario
- Absolutely – maybe a bit more than necessary
- Sort of, I'm in CERT
- More
- To some extent
- It was better ☺

### How can IMERT improve this type of training?

- Better audio visuals
- More education, knowledge base, more training
- Always gets better
- A little more organization
- Control the weather?
- More one on one training in smaller groups
- Break out the session to help keep the attention of some of the more trained personnel. Was bored with most of the scenario
- Build in time to give overview of IMERT and tour of all stations
- Probably more effectively and efficiently accomplished with a video rather than live
- Set up and perform CPR
- The logistics instructor is undoubtedly a great logistician, but his presentation was seat of the pants and not particularly useful. He needs to organize and rehearse.
- Go slowly. Explain everything
- Maybe have the break-out sessions be more organized. The kids did great!
- Assign specific tasks to each participant and include incident command structure
- Perhaps more time allowed
- More information on basic medical treatments
- Too many participants with each breakout session. I realize this was an overview of one particular area. Hope you return next year for the other sections. A little too much “down” time.
- Yes
- Smaller group sizes x2
- Really liked the hands on training, just lots of waiting around at times. I understand this is the first time, so there's a learning curve for everyone
- More hands-on training, less visual
- Break up attendees into even smaller groups; less waiting time in-between stations
- Allow training for each person at each station instead of such a long time at 1 station
- More victims, cross-train more
- Provide it more often around the state
- The live training is excellent
- Less talking in set-up and rotation thru more sites, Urgent, acute, etc.
- Making certain all presenters can be heard. More trainings per year.

- Two separate classes
- More victims, faster pace. Start to finish set-up
- Just keep going
- Offer it at more MRC meetings to develop more relationships and to test training
- Improvement will come with every drill – so keep them coming

We appreciate any additional comments/suggestions you may have?

- Training with working with multiple teams
- Team members are very knowledgeable about their subjects and what they do, very willing to take the time to train others
- Very good training
- Exposure to all stations would have been nice
- This is a great way to run a conference, the hands on is great.
- Great job
- Like being inside training due to weather can change
- Attending today's conference help encourage me to continue being involved in community volunteer work wherever I may be residing
- Good presentation
- Thank you for training
- Excellent, everyone was friendly and professional
- Smaller groups covering all areas (green, pink, etc.) I enjoyed all the instructors and down to earth info.
- Handouts with information presented makes listening and being able to review for retention better
- The training felt like a real team environment. Medical and nonmedical worked together nicely.



CHICAGO FIRE DEPARTMENT  
CITY OF CHICAGO

May 25, 2012

Ms. Mary Connelly, Director of Operations  
[The Illinois Medical Emergency Response Team](#)  
1701 E. Main Street  
Urbana, Illinois, 61802

Dear Ms. Connelly:

I want to take this opportunity to personally thank you and the members of [the Illinois Medical Emergency Response Team](#) (IMERT) for volunteering your time and resources to the Chicago Fire Department (CFD), the Chicago Police Department (CPD) and the other first responders during the 2011 NATO. The field hospital that was set up at the CFD's Quinn Fire Academy was unbelievable and by having it available, it allowed us to carry out our main mission. I know that if an emergency occurred, we would be well taken care of.

My staff has complimented the IMERT doctors, nurses, paramedics and EMTs who staffed the field hospital, as well as your ancillary personnel who set up their own Incident Command System. Your assistance allowed our responders to maintain their professionalism during a very critical situation.

I truly appreciate the time you all invested in helping the CFD, CPD and our other response partners with this critical resource. We cannot imagine having any type of major event in this city without having IMERT participate. I look forward to continuing the partnership that has been established over the years with IMERT.

Sincerely,

 A handwritten signature in black ink, reading "Jose A. Santiago".
 

Jose A. Santiago, Fire Commissioner  
THE CHICAGO FIRE DEPARTMENT

cc: Jonathon Monahan, Director  
LaMar Hasbrouck, Director  
Gary Schenkel, Director, City of Chicago, OEMC

3501 S. MICHIGAN, 2<sup>ND</sup> FLOOR, CHICAGO, ILLINOIS 60616

## Medical Unit Report, AAR

### Field Hospital NATO CHICAGO

May 18-21 2012



IMERT was requested by the Chicago Fire Department to staff a field hospital at the Quinn Fire Academy during the NATO summit in Chicago. The request was made in order to provide a respite site and medical treatment area for responders, as well as to be a casualty collection point in the event a large scale incident resulted in mass casualties. An additional IMERT State Response Team was put on alert to collaborate with the Peoria OSF RMERT in the event further assistance was needed in Chicago or if an event occurred elsewhere in the state that required a mobile medical response. The deployment lasted for four days with an extra travel day at the end. IEMA incident number: 2012-0310 was assigned for workers compensation coverage, the number was closed at 1850 on 5/22/12.

A situational assessment was conducted that included; an evaluation of local, regional and NATO specific medical resources, notification of the regional hospital coordinator, and on site coordination with Chicago Fire Department staff. Likewise, contact was made with Illinois State Police Command at UIC and with UIC clinic representatives.

The IMERT NATO Special Event convoy arrived on site at noon on May 18. There was a slight delay with full set-up as other agencies were on site offloading supplies, though ALS capability and a rapid response team were immediately available. The drill hall at the Quinn Fire Academy was transformed into a patient treatment area. This included: critical care, acute care, urgent care and a cooling station. Initially, 14 beds were set-up with capacity for another 16 if needed. Advanced Life Support capability included; cardiac monitoring, IV and medications, advanced airway capability and additional supportive care potential. On-site mandatory in-services for all IMERT members included: effects of Riot control agents, review on use of PAPR's, effects of Long Range Acoustic Devices. The Chicago Fire Department set up a Decon area. Additionally, Chicago Fire Department personnel were on site to generate and collect documentation related to treatment of public safety responders.

## **COMMUNICATIONS**

Convoy and staff tracking were managed by the Logan County Emergency Communications Center.

StarCom was used for internal communication.

Daily radio checks with IDPH were performed on Star Com

Daily reports were sent to the IDPH senior staff

IMERT monitored twitter feeds, CFD EMS and CPD frequencies for situational awareness

IMERT physicians/ nurses transferring patients to Rush Hospital contacted the ER directly.

**STAFFING**

May 18: 22 total 2 physicians, 11 RNs, 3 EMTP, 2 EMTB, 1 Communications, 2 Logistics, and 1 Safety

May 19: 32 total 5 physicians, 15 RNs, 5 EMTP, 2 EMTB, 2 Communications, 2 Logistics, 1 Safety

May 20: 38 total 5 physicians, 17 RNs, 6 EMTP, 3 EMTB, 2 Communications, 3 Logistics, 2 Safety

May 21: 32 total 5 physicians, 15 RNs, 5 EMTP, 2 EMTB, 1 Communications, 3 Logistics, and 1 Safety

**MISSION CONSIDERATIONS**

1. Monitor scene safety particularly for contamination potential and security threats (No contamination issues noted, security was provided by the Chicago Police Department)
2. Provide medical treatment as indicated (8 patients treated)
3. Address environmental issues particularly heat related illness. (Two patients suffered heat related illness; one of these was admitted to the hospital)

**PATIENTS SEEN**

5/19: # 2, one transferred to Rush Hospital

5/20: # 6, two transferred to Rush Hospital

5/21: # 0

**CLINICAL SUMMARY**

Patient #001 c/o palpitations, a-fib on monitor, transferred to RUSH hospital

Patient #002 c/o left eye injury, examined for corneal abrasion, result=negative, discharged

Patient #003 c/o GI symptoms, treated with IV fluids, transferred to RUSH hospital \*(symptoms not associated with NATO venue)

Patient #004 c/o right eye discomfort, diagnosed with conjunctivitis, recommended out of service

Patient #005 c/o headache, feels dehydrated, treated with IV fluids, transferred to RUSH hospital

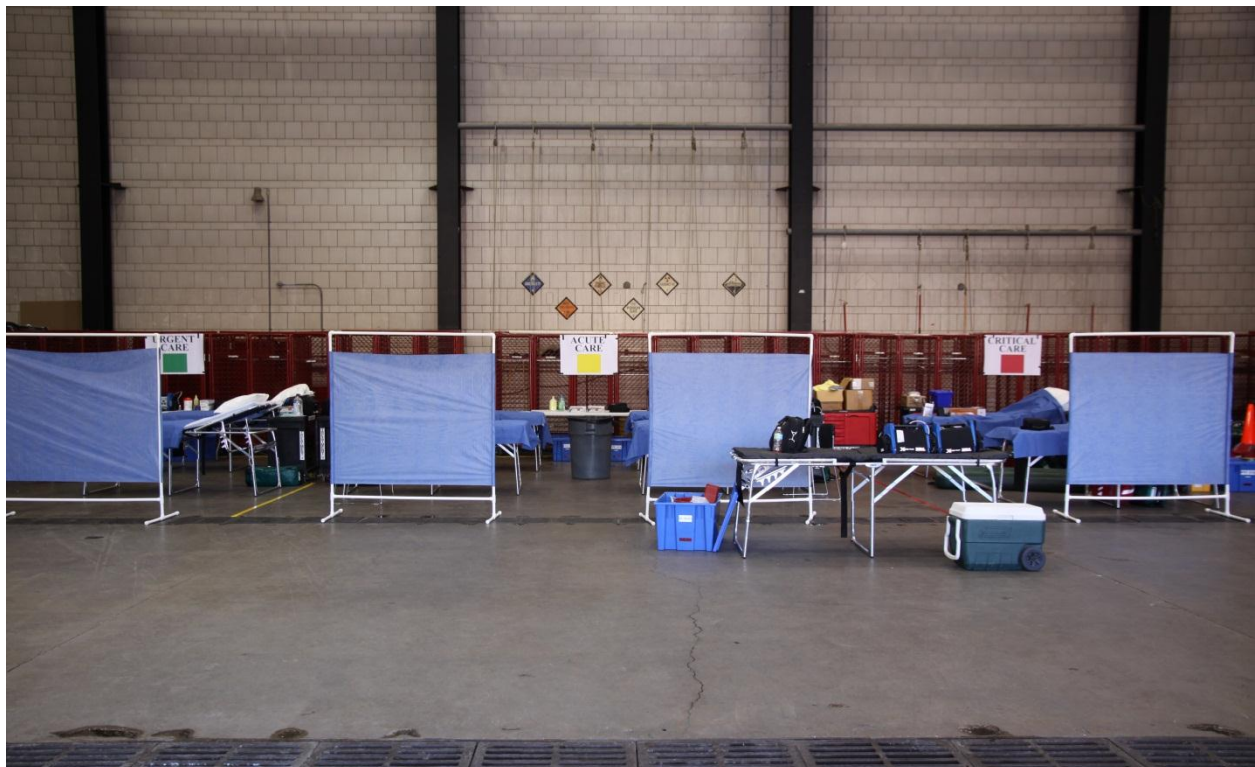


Patient #006 c/o headache, sweating and thirsty, treated with PO fluids, cooling chair, discharged

Patient #007 c/o abrasions right hand, wound treated, discharged

Patient #008 c/o right leg laceration, wound closed with staples x2, discharged

Report submitted by: Mary Connelly, RN BSN, IMERT Director May 29, 2012



Images from IMERT's treatment area at the Quinn Fire Academy during NATO