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ANNUAL REPORT

13

Summary of ASPR deliverables for FY 2013
and IMERT program activities
Contract # 37282150A
Federal Grant #93 889



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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.

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 primary source of support for the IMERT program is a grant from the ASPR Hospital Preparedness Program through the Illinois Department of Public Health Office of Preparedness and Response. Additional support is provided by a grant from the Department of Homeland Security through the Illinois Terrorism Task Force (ITTF). IMERT is a designated Mission Support Team (MST) with the Illinois Emergency Management Agency (IEMA). Additionally, IMERT partners with the Illinois Incident Management Team (IMT).

As a past beneficiary of the ASPR Hospital Preparedness Grant Program IMERT has responded to numerous emergencies, disasters, and high risk/high profile events around Illinois as well as out of state when requested. 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.

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.



A crucial element of readiness and response is management of logistics and supplies. The IMERT logistics group is comprised of volunteers mostly from the private sector with special skill sets such as; information technology, communications, 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 2013 IMERT volunteers gave 1,088 hours of their time. Many team members have reported the training and experiences they receive 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

- Finalized the Temporary Medical Treatment Site (TMTS) Operational Guide. The guide is designed for emergency planners and responders who may be required to set up and operate an alternate treatment site or community alternate care site. The tools in the guide have been exercised at the local and regional level. FY 2014 will include activities that further employ these tools in various communities with multiple scenarios.
- IMERT has been developing a “telemedicine” capability for medical response to disasters. This capability focuses on enhancing situational awareness for state operations officials as well as to provide a means for clinical personnel to communicate images to physicians remotely. The first roll-out of this technology was at the Coles County Airport Mass Casualty Exercise in February 2013. FY 2014 will include activities to further this capability.
- Multiple drills and exercises, delineated in this report on subsequent pages.
- Participation on multiple workgroups/committees including: IDPH Public Health and Medical Services, HPP RHCC, Emergency Medical Services for Children Pediatric Annex, ESF-8 Planning, Illinois Terrorism Task Force, ITTF Training Committee, Crisis Standards of Care Steering Committee, FEMA Regional Catastrophic Planning Group, Illinois Medical District Hospital Preparedness Coalition.
- IMERT has been working with a group of RHCC and LHD representatives to develop a list of Mobile Medical Resources and a means to identify and share information on available assets during an emergency. FY 2014 will include activities to finish this project.

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.

TRAINING PROVIDED

During this grant cycle, IMERT made a variety of training opportunities available to its volunteers, staff, and the community as a whole. Training included presentations on responder mental health to MRC volunteers, FEMA preparedness training, and NIMS and IAP education among others. A total of 4672 hours of education were provided this grant year.

This June, IMERT was able to provide a new Deployment Operations Course for our volunteers. This face-to-face training is designed to provide members with an experience that will simulate a deployment, and allow volunteers to familiarize themselves with IMERT operations. The training was held at the ILEAS Training Center in Urbana, and 23 IMERT members attended. Likewise, we have completed the design and roll-out of online training courses for new and current team members.

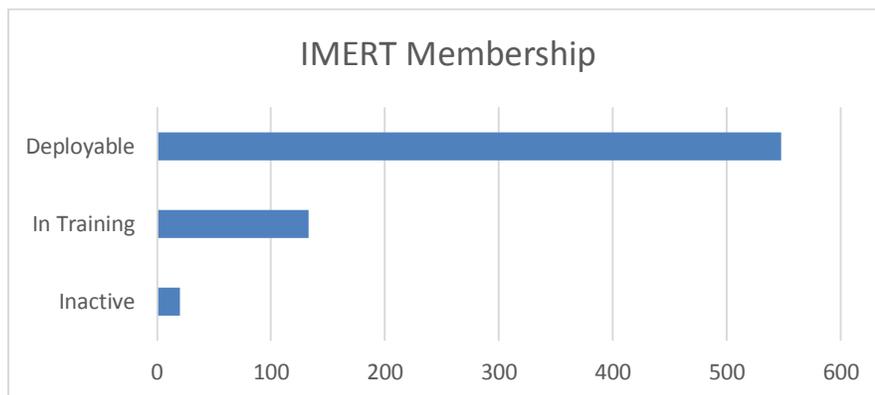
RECRUITMENT

IMERT recruited and credentialed 11 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.

VOLUNTEER STATUS

As of June 30th, 2013, IMERT has over 500 deployment ready members located throughout the State of Illinois. All deployable personnel have completed NIMS and ICS training as well as a WMD awareness course and a deployment operations course.

IMERT’s volunteers donated 1088 hours of their time to IMERT and the state of Illinois this grant year. Activities included promotion of the State’s IMERT program at conferences around the State, including the Integrated Public Health and Medical Preparedness Summit and IEMA conference, and contributing to the state’s overall preparedness at multi-agency trainings and exercises.





FY 2013 EQUIPMENT PURCHASED

Asset Name	Quantity
Storm iM2975 Black Case	3
Lakeside 9" Rigid Medical Step Stool	10
Baxter Sigma IV Pump	3
Steel Dolly 23.5 x 19.5	4
Shipping Container Site Box 45 x 30 x 34	1
Molded Rubber Hose & Cable Ramp	5
Grey Plastic Shelf Truck	2
Cradlepoint ARC MBR1400LE-VZ	1
9.5" Full Band Outdoor Omni Antenna	2
Curtis Cab Canopy	1
John Deere Power Lift	1
John Deere Deluxe Light Kit	1
Curtis Windshield	1
Aluminum Flat Bed	1
22" Side Open Box	1
Cor Adapter with Extension for Flat Bed	1
Attendant Seat with Lockable Storage Compartment	1
Rear Step Mount	1
6 Corner 2 Tail Lamps - LED	1
Junkin Plastic Basket Stretcher w/Straps	2
Reliance 30 Amp Parallel Kit	1
Honda EU2000i Generator	2
IPI Industries Extended Run Fuel System	1
Honda Generator Cover	1
Winegard SK-1000 TRAV'LER Satellite	1
Winegard SKA-008 TRAV'LER Mounting Plate	1
Dish Network Mobile HD Set Top Reciever	2
Rehab Relaxation Chair	6
Globalstar GSP-1400N To Go Kit	3
Jetpack 890L 4g Wifi Hotspot	1
Insulation System for Model 860 Zumro	1
Zeikos Deluxe Photo and Video Bag - Black	1
ePhoto Small Triple Mount Hot Shoe V Bracket	1
Sony High Definition Handycam	1
Neewer LED Video Light	1
Opteka Action Stablizing Handle	1
Livestream Broadcaster	1
Motorola Razr MAXX HD	1
Otter Box Razr MAXX HD	1
Dish Network Mobile HD Set Top Reciever	1
Pelican EMS Case	2
Western Digitla 2TB External USB Hard Drive	1
Portable Self Contained 10" Sink	1
Dell Mobile Precision M4700 Laptop	3



Number	Deliverable	Status
2.1.1.1	<p>1. Maintain good standing as a legal corporate entity and ensure funding is received and accounted for by applicable federal and state laws. 2. Grantee is a non-profit entity in accordance with 2 CFR 230.25. Grantee will provide the department with a listing of its executive officers in the first quarterly report.</p>	<p>Status: Met</p> <p>1. IMERT Inc. is a legal corporate entity in the state of Illinois and follows state and federal guidelines.</p> <p>2. IMERT is a registered 501c3 nonprofit entity. IMERT’s board consists of the following individuals:</p> <ul style="list-style-type: none"> • Moses Lee, President • Sharon Dotson, Vice-President • Bernard Heilicser • Marge Luczak, Secretary • George Beranek • David Wold, Treasurer • Mary Connelly, Executive Director
2.1.1.2	<p>1. Grantee will provide a written report within 30 calendar days following the end of each 3 month quarter. 2. Grantee will provide a final annual report within 30 calendar days following the termination of this agreement</p>	<p>1. Status: Met</p> <p>2. Status: Completed</p>
2.1.1.3	<p>IMERT will actively maintain a sufficient number of trained and experience staff, contractors, professional and technical services, and volunteers to provide the accounting, banking, financial, insurance, payroll, printing, communication, radio and IT, legal services and other support necessary to maintain the IMERT Program in a sustainable operational state</p>	<p>Status: Met</p> <p>STAFF: The following staff members have been contracted to maintain and support IMERT; Mary Connelly, Elizabeth Lee, Sue Tysiak, Christopher Jansen, Tracy Brookshire, Rick Steele, Jennifer Wesselman, Justino Sosa, and Chris Niziolek.</p> <p>The staff held meetings on the following occasions for planning, operations, and training coordination:</p> <ul style="list-style-type: none"> • 7/16/2012 IMERT Staff Meeting Teleconference • 9/20/2012 IMERT Staff Meeting Teleconference • 9/23/2012 IMERT Staff Meeting Teleconference • 10/8/2012 IMERT Staff Meeting Teleconference • 10/15/2012 IMERT Staff Meeting Teleconference • 11/13/2012 IMERT Staff Meeting ILEAS, Urbana, IL • 11/16/2012 IMERT Leadership Teleconference • 12/5/2012 IMERT Leadership Springfield, IL • 12/7/2012 Administrative Berwyn, IL • 12/12/2012 IMERT Leadership Teleconference



		<ul style="list-style-type: none"> • 2/11/2013 IMERT Staff Meeting Teleconference • 2/18/13 IMERT Staff Meeting Teleconference • 2/25/2013 IMERT Staff Meeting Teleconference • 3/12/2013 IMERT Staff Meeting Teleconference • 4/22/2013 IMERT Staff Meeting Teleconference • 5/9/2013 IMERT Staff Meeting Teleconference • 6/3/2013 IMERT Staff Meeting Teleconference • Weekly meetings occur between the Medical Director and IMERT Director
<p>2.1.1.4</p>	<p>Grantee will provide safe, secure, and protective offices, storage facilities and environments for the equipment, pharmaceuticals, PPE, and other medical equipment and supplies, and response vehicles used for the IMERT Program</p>	<p>Status: Met OFFICE AND EQUIPMENT: ILEAS in Urbana provides IMERT with safe and secure office space for response and medical equipment, and the response vehicles. Park 150 Storage Space in Urbana has also continued to be retained to store additional equipment and PPE. PHARMACEUTICALS: Pharmaceuticals are stored and maintained by the pharmacy at Carle Hospital. Inventory and stock rotation are performed quarterly.</p>
<p>2.1.1.5</p>	<p>1. Grantee will develop and annually review and update a radio communication plan in cooperation with the Department’s Radio Coordinator and the State Interoperable Executive Committee in compliance with the Statewide Communication Interoperability plan. 2. Grantee will arrange access to, or procure as necessary the technology needed to ensure interoperable radio communications with emergency responders within the state.</p>	<p>1. Status: Met RADIO COMMS PLAN: IMERT’s Planning and Logistics officer, in conjunction with the Department’s Radio Coordinator and the State Interoperable Executive Committee, has already developed the radio communication plan. This plan was reviewed in June 2013. 2. Status: Met EQUIPMENT: During previous grant cycles, IMERT has obtained the equipment necessary to ensure interoperable radio communication. This equipment was and will continue to be maintained for interoperable communication. This grant cycle, the Star Com radios were updated with the IDPH Template to ensure interoperability.</p> <ul style="list-style-type: none"> • Star Com radios were updated with the IDPH Template during the 1st Quarter • Star Com radios were activated 9/25 for EMAC drill • 9/27-28 for CERT EX Star Com radios were activated • Star Com radios were activated 10/2 for the full scale SWMD • Star com radios were activated 10/20 Metropolis Training Exercise • Star Com radios were activated 2/27-28 for the Mattoon Earthquake exercise • Logistics and Planning officer participated in ICRI Radio Gateway Training on 5/30/13 • Logistics and Planning officer participated in the ITECS/UCP/Interoperability Comms Workshop on 5/31/2013



<p>2.1.1.6</p>	<p>1. Grantee will collaborate with the ESAR-VHP Coordinator to ensure that pertinent volunteer health information is periodically uploaded in the Illinois Helps volunteer database. 2. Grantee will continue to assure that at least one staff member has attended Illinois Helps training and secure and maintain an administrator account.</p>	<p>1. Status: Met IMERT is working with the ESAR VHP Coordinator to update the IMERT database in the Illinois Helps database. IMERT is awaiting instructions on how to proceed from ESAR VHP coordinator Dawn Davis. A meeting was held on 1/22/13. It was determined that since the vendor contract for the database is yet to be determined that migration of the IMERT database will be put on hold until further notice.</p> <p>2. Status: Met Staff member Elizabeth Lee and Sue Tysiak have attended Illinois Helps training and Ms. Lee maintains an administrator account.</p>
<p>2.1.1.7</p>	<p>Grantee will develop and maintain all other necessary resources and infrastructure to maintain readiness to provide mobile medical assets and personnel for response to emergencies, events, and other medical response and training missions; and as necessary to support the future development of IMERT</p>	<p>Status: Met The IMERT program is currently at full operational readiness. An electronic inventory tracking system has been implemented to allow “real time” status for tracking, utilization and status of expiration dates. This grant cycle the following initiatives were taken to maintain the IMERT equipment cache:</p> <ul style="list-style-type: none"> • 1/16/13, Equipment GPS tagging Interagency coordination: Verizon, ILEAS, Sendum, GPSIT • 2/1/13 Zumro Meeting to look at updates for the Zumro tents • 2/4/13 ASAP Inventory system Demo and roll-out
<p>2.1.2.1</p>	<p>Grantee will promote recruitment through the use of marketing materials, a website, training activities, and other methods</p>	<p>Status: Met MARKETING MATERIALS: IMERT has developed brochures and informational fliers to promote the program at recruitment events WEBSITE: IMERT staff maintains the domains www.imert.org and www.inventrn.org to promote the program. A Facebook page for IMERT-INVENT is also maintained. RECRUITMENT EVENTS and TRAINING ACTIVITIES: This quarter, IMERT has participated in the following events to educate the public on IMERT’s mission and recruit volunteers:</p> <ul style="list-style-type: none"> • 7/23-24/2012 Community Outreach Presentation, CBRNE & Emergency Management, Stroger Hospital, Chicago, IL • 9/4-6/2012, IMERT-INVENT Booth, IEMA Conference, Crowne Plaza, Springfield, IL • 9/7/12, IMERT-INVENT Booth, Region 8 Trauma Symposium, Addison, IL • 9/14/12, IMERT-INVENT Booth, Region 7, Midst of Chaos, Tinley Park, IL • 10/7/12, Community Outreach, Chicago Marathon participation and coordination, Stroger Hospital, Chicago, IL • 11/2/12, Community Outreach Presentation to MRC by Ms. Connelly, Disaster Mental Health Conference, Bloomington, IL



		<ul style="list-style-type: none"> • 11/9/12, IMERT-INVENT Booth, ENA Fall Symposium, Decatur, IL • 11/16/12, IMERT-INVENT Booth, Advocate Injury Institute’s 9th Annual Trauma Symposium, Lisle , IL • 12/3/12, ICS & Emergency Preparedness presentation, Stroger Hospital, Chicago, IL • 3/5/13 Community Outreach Presentation by Ms. Connelly in St. Louis • 3/3-5/13, IMERT Booth ILEAS Conference, Crowne Plaza, Springfield, IL • 4/12/13, IMERT-INVENT Booth ENA Spring Symposium, Lisle, IL • 5/8/13 Community Outreach Presentation, CBRNE and Incident Command Training by Dr. Lee to 10 participants at Stroger Hospital, Chicago, IL • 5/9/13 Community Outreach Presentation, CBRNE and Incident Command Training by Dr. Lee to 11 participants at Stroger Hospital, Chicago, IL • 5/17/13, Community Outreach Presentation, IMERT Program review by Dr. Lee to the Quincy Medical Group, Quincy, IL • 5/20/13, IMERT-INVENT Booth Region X EMS Symposium, Oakton College, Des Plaines, IL • 5/22/13, IMERT-INVENT Booth EMS Week, Quinn Fire Academy, Chicago, IL • 6/19/13, IMERT-INVENT Booth IPHA Summit, Lombard, IL • 6/27/2013, Community Outreach Presentation by Ms. Connelly to the McHenry Co. EMA
<p>2.1.2.2</p>	<p>1. Grantee will monitor current and new staff and volunteers to determine NIMS and HSEEP training requirements are met. 2. Grantee will maintain a current training plan and training records that will be available upon request to verify NIMS compliance</p>	<p>1. Status: Met 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. All trainers have completed HSEEP and follow HSEEP guidelines when conducting presentations and training exercises. All volunteers must show proof of NIMS completion before joining the IMERT team.</p> <p>2. Status: Met All current volunteers have completed the basic NIMS requirements of ICS 100, 200, and 700 as mandated by the IEMA and federal guidance. Copies of these certificates are maintained in the member files at the IMERT office. Volunteers are required to show proof of completion before joining IMERT.</p>
<p>2.1.2.3</p>	<p>1. Grantee will conduct at least 3 trainings 2. Participate in at least 3 exercises, reimbursing for travel expenses. Grantee will submit an HSEEP formatted AAR/IP for grantee sponsored exercises</p>	<p>1. Status: Met</p> <ul style="list-style-type: none"> • 9/24/2012 EMAC Communications Drill, team-wide communications Exercise in conjunction with IEMA no-notice drill. • 1/12/2013 IMERT Sim Project in conjunction with Stroger Hospital. 16 participated • 2/27-28/13 Mattoon Earthquake Exercise, 35 participated • 2/27/13 Communications Drill, all deployable team members participated



	<p>within 60 days following the completion of each exercise</p>	<ul style="list-style-type: none"> • 6/14-15/13 Deployment Operations Course, 23 participated <p>2. Status: Met</p> <ul style="list-style-type: none"> • 10/2-3/12 SWMD Full Scale Exercise, Ottawa, IL, 17 participated • 10/20-21/12 Metropolis Training Exercise, Fort Massac, 24 participated • 11/14/12 ITECS Full Scale Exercise, ILEAS, Urbana, IL • 1/31/13 FEMA Region 5 workshop attended by Dr. Lee at the Chicago FEMA office • 2/19/13 FEMA Region 5, Improvised Nuclear Device Workshop attended by Ms. Connelly at Argonne Labs • 2/27-28/13 Mattoon EQ Exercise, 35 participated at ILEAS, Urbana, IL and Mattoon, IL • 2/27/13 Communications Drill, all deployable team members participated • 3/6/13 IEMA Exercise attended by Ms. Connelly in Springfield, IL • 4/11/2013 SWMD Exercise, 8 participated, Rantoul, IL
<p>2.1.3.1</p>	<p>Grantee will ensure within 24 hours of an authorized request, the grantee can alert, assemble and deploy in Illinois a team of at least 4 appropriately trained medical/support/volunteer staff and supplies for at least 72 hours. Grantee will assure that with appropriate logistical support that the teams will be able to provide services for up to 2 weeks in Illinois or elsewhere</p>	<p>Status: Met IMERT's staff and pool of 500+ volunteers are ready for deployment a with 24 hour notice. The equipment cache can support a deployment of up to 72 hours or 2 weeks with additional support provided by the state.</p> <ul style="list-style-type: none"> • Volunteers called out for a no-notice IEMA drill on September 25, 2012. IMERT would have been able to deploy a 45 member multi-licensed team at that time if needed.
<p>2.1.3.2</p>	<p>Grantee will only deploy on State of Illinois sponsored mission and with receipt of a recorded mission number from IEMA</p>	<p>Status: Met IMERT will only deploy with the authorization of the State of Illinois and IEMA.</p> <ul style="list-style-type: none"> • IMERT received mission number: IL 2012-0713 for CERT EX Sept 28-29/2012. • IMERT received mission number: IL 2012-1286 for SWMD, 10/2 • IMERT received mission number: IL 2012-0752 for Fort Massac 10/20 • IMERT received mission number: IL 2013-0075 Effective 2/26/13 @0700 for the Mattoon Earthquake exercise • IMERT received mission number: IL 2013-0144 for the Rantoul in 4/11/13 • IMERT received mission number: IL 2013-0308 for DOC Course on 6/14-15/2013



<p>2.1.3.3</p>	<p>1. An IMERT representative is available with 1 hour of an emergency notification. 2. IMERT will develop and maintain the deployment and demobilization protocols and emergency contact list/schedule. 3. Emergency points of contact have taken SIREN training and are able to maintain their contact information. 4. Contact must have knowledge, resources, ability, and authority to alert, deploy and demobilize the IMERT volunteers. A copy must be provided with the first quarterly report.</p>	<p>1. Status: Met IMERT’s primary contact or designee is available, 24/7 within 1 hour of an emergency notification 2. Status: Met IMERT’s deployment and demobilization protocols are updated annually. 3. Status: Met All staff and emergency points of contact have taken SIREN training and have their information updated in SIREN.</p> <ul style="list-style-type: none"> • Staff member Sue Tysiak participated in a panel discussion on IMERT’s use of SIREN at the 2013 IPHA Summit in Lombard, IL. Planning meetings were held on 4/24/2013 and 5/14/2013 <p>4. Status: Met All contacts are able to deploy IMERT volunteers and resources in accordance with the IMERT chain of command. A copy of the emergency contact list is attached to this report.</p>
<p>2.1.3.4</p>	<p>Grantee will properly demobilize equipment, staff and volunteers to ensure these resources are tracked and properly recovered.</p>	<p>Status: Met IMERT follows the deployment and demobilization protocols on file with the department to ensure proper demobilization occurs after each deployment and that assets are ready for re-deployment.</p>
<p>2.1.4.1</p>	<p>1. Grantee will continue to cultivate and maintain partnerships with the health care community 2. and participate in the RHCC meetings</p>	<p>1. Status: Met IMERT staff participated in the following health care and emergency management initiatives, strengthening partnerships for emergency response: Training</p> <ul style="list-style-type: none"> • 10/2-3/12 SWMD Full Scale Exercise, Ottawa, IL • 10/20-21/12 Metropolis Training Exercise, Fort Massac • 11/14/12 ITECS Full Scale Exercise, ILEAS, Urbana, IL • 2/27-28/13 Mattoon EQ Exercise, at ILEAS, Urbana, IL and Mattoon, IL • 2/27/13 Communications Drill • 4/11/13 SWMD – Central, Rantoul, IL <p>Committees and Meetings:</p> <ul style="list-style-type: none"> • ASHTO Crisis Standards of Care Webinar, slide review , 9/10/2012 • CERT PSCC Planning Committee: 8/20/2012, 9/12/2012, 9/13/2012, 12/10/12, 4/15/2013, 5/20/2013, and 6/10/2013 • CDPH Material & Medical Formulary committee: 5/30/2013 • CDPH/CCDPH Urban Area Working Group: Med & Health Subcommittee: 7/9/2012, 8/21/2012 • CDPH, CCHHS, UAWG Meeting 12/4/2012, 1/8/13, 2/26/13, 6/6/13



		<ul style="list-style-type: none"> • ESF-8 Workgroup, 11/29/2012, 12/18/12, 1/17/13, 3/21/13 • Great Lakes Partnership Preparedness Coalition: 1/24/13 • IDPH Public Health & Medical Committee: 7/18/2012, 9/19/2012, 11/21/2012, 5/15/2013, 6/13/2013 • IDPH 2013 Summit Planning 11/19/2012 • IDPH Public Health & Medicine Committee: 3/28/13 • IDPH & UIC BRACE Project: 1/15/13, 3/4/13, 4/24/2013, 6/6/13 • Illinois Medical District Hospital Preparedness Coalition: 8/15/2012, 10/12/2012, 11/9/2012 • Illinois Medical District Hepatitis C meeting: 1/10/13, 1/18/13, 2/1/13, 2/15/13, 3/1/31, 3/4/13, 3/7/13, 3/27/13, 4/5/2013, 4/15/2013, 5/3/2013, 5/10/2013, 5/16/2013, 5/20/13, 6/7/13 • ISDMC Partners Meeting: 10/10/2012 • ITECS Committee Meeting: 11/14-15/2012 • ITTF Chair and Committee Meeting: 7/25/2012, 8/22/2012, 9/26/2012, 12/5/2012, 4/24/2013, 5/29/2013, and 6/26/2013 • ITTF Training Committee: 8/21/2012, 11/30/2012, 4/29/2013, 5/28/2013, 6/13/2013 • ITTF Training Meeting: 3/18/13 • MRC Presentation by Ms. Connelly on 11/2/12 on Disaster Mental Health, Bloomington, IL • Mobile Medical Resources: 12/10/12, 12/17/12, 1/3/13, 2/3/13, 2/6/13, 3/15/13, 4/8/2013, 5/13/2013, 5/28/2013 • Regional Catastrophic Planning Group: 4/15/2013 • RHCC/POD: 7/19/2012, 8/21/2012, 9/20/2012, 11/29/2012, 1/17/13, 3/21/13, 4/16/2013, and 6/27/2013 • SWMD Full Scale Exercise Planning: 7/26/2012, 8/28/2012, 9/20/2012 • TMTS EQ Exercise Planning: 1/14/13, 1/15/13, 1/22/13 • SIRC IEMA: 2/6/13 <p>Conferences and networking:</p> <ul style="list-style-type: none"> • FEMA-RCPG Whole Community Conference, Medical Director attended • IEMA Conference, 3 staff, 10 volunteers, and the Medical Director attended • VISION 2020 final summit, IMERT Director attended • IND Summit, Medical Director attended • National Integration Center Strategic Resources Group Conference call and Webinar, IMERT Director attended • ACEP Emergency Preparedness Conference, Medical Director attended
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		<ul style="list-style-type: none"> • Disaster Mental health, Bloomington MRC conference, Director, 1 staff, and mental health director attended. IMERT provided presentations on Enhancing Responder Resiliency. • ILEAS Conference, Springfield, IL • 2013 IPHA Summit, 11 staff and volunteers attended • Bridge the Gap, Quincy, IL event observation, Medical Director and 1 volunteer attended <p>Community Training:</p> <ul style="list-style-type: none"> • ICS 100 and 200 Training, Medical Director presented, at Stroger Hospital, Chicago, IL • 10/7/12, Community Outreach, Chicago Marathon participation and coordination, Stroger Hospital, Chicago, IL • 11/2/12, Community Outreach Presentation by Ms. Connelly, Disaster Mental Health Conference, Bloomington, IL • 12/3/12, ICS & Emergency Preparedness presentation, Stroger Hospital, Chicago, IL • 3/13/13: Optimization of Hosp. Resources through Implementation of an EP Coalition in a Large Metropolitan Medical District, Presentation by Dr. Lee in Atlanta, GA <p>2. Status: Met</p> <ul style="list-style-type: none"> • IMERT participated in the RHCC/ESF-8 meetings on the following dates: 12/10/12, 12/17/12, 1/3/13, 2/3/13, 2/6/13, 3/15/13, 4/8/2013, 5/13/2013, 5/28/2013 • IMERT participated in the ESF-8 teleconference 12/18/2012
<p>2.1.4.2</p>	<p>Grantee will collaborate with FEMA and HHS to continue to advance towards achieving DMAT status. This includes meeting pre-requisites and complying with federal application standards for volunteers and response capacity</p>	<p>Status: Ongoing. FEMA officials were not available for specific meetings as they were occupied with response to Super storm Sandy. Follow-up occurred in 3rd quarter and the IMERT Board was briefed on the current DMAT status issues at the board meeting in April. In the 3rd quarter, IMERT renewed the domain ildmat1.org, a domain that is maintained for DMAT purposes. Status at this time remains on hold pending further information from DMAT officials.</p>
<p>2.1.4.3</p>	<p>As possible, grantee will provide other assistance to the Department's emergency public health response planning, infrastructure testing, and development as requested.</p>	<p>Status: Met</p> <ul style="list-style-type: none"> • Provided a power point to the IDPH Deputy Director for OPR on Challenges for Managing Medical Catastrophic Surge. • IMERT participated in the ASPR site visit and program review on 2/27-28/13 • IMERT chairs the ACS subcommittee for the IDPH Public Health and Medical Services Committee • IMERT participates in both RHCC and ESF-8 meetings and projects



		<ul style="list-style-type: none"> • IMERT is participating on the Crisis Standards of Care Committee, a joint project with the Illinois Department of Public Health, Chicago Department of Public Health and MCHC • IMERT is collaboratively working with RHCC representatives on developing a procedure for sharing Mobile Medical Resources. <ul style="list-style-type: none"> ○ 12/10/12, 12/17/12, 1/3/13, 2/3/13, 2/6/13, 3/15/13, 4/8/2013, 5/13/2013, 5/28/2013
	<p>Temporary Medical Treatment Station initiative</p>	<ul style="list-style-type: none"> • Region 9 TMTS Presentation, 8/10/2012, Elgin • Region 5 TMTS Presentation 9/11/2012, Carterville • Region 5 TMTS Presentation 10/16/2012, Carbondale • Region 8 TMTS Presentation, 4/4/2013 Maywood • Region 1 TMTS Presentation, 6/7/2013 Rockford • Created and finalized website alternatcaresiteplanning.com and temporarymedicaltreatmentstationplanning.com to publish materials • TMTS Guide version 1.1 Uploaded to IDPH CEMP. • Most current version of the TMTS Guide was submitted to IDPH legal for review.
	<p>Mobile Medical Resources Project</p>	<ul style="list-style-type: none"> • Meetings were held on the following dates: 12/10/12, 12/17/12, 1/3/13, 2/3/13, 2/6/13, 3/15/13, 4/8/2013, 5/13/2013, 5/28/2013 • A working Master equipment has been completed.
	<p>Additional IMERT development projects this quarter</p>	<ul style="list-style-type: none"> • IMERT Mental Health Team Development: Meetings with Dr. Kammie Juzwin were held on 8/3/2012, 10/5/2012, 10/12/2012, 1/14/13, 5/23/201 • IMERT and IMT MOU. The IL-Incident Management Team and IMERT have completed a partnership agreement. The IL-Incident Management Team deployed for response to Hurricane Sandy in the northeast. • Emage Disaster Management patient tracking software review for disaster response application • Replacement of IMERT’s CRIS responder database: Meetings with vendors took place on the following occasions: 7/12/2012, 8/26/2012, 11/14/12, 11/27/12, 12/3/12, 1/31/13, 1/31/13, 3/19/13, 3/25/13, 4/9/2013, and 4/23/2013. Training on the replacement volunteer management and credentialing system took place on 6/14/2013. • Logan County EM-COMM dispatch: MOU signed and finalized. • SimLearning for Response Teams: Dr. Lee continues to develop a SimLearning training program for disaster programs in cooperation with Stroger Hospital. Meetings were held on the following dates: 10/17/2012, 10/24/2012, 10/31/2012, 11/15/2012, 11/20/2012,



		<p>11/27/2012, 12/11/12, 1/10/13, 1/11/13, and 2/15/13. Volunteers and staff participated in a research study conducted on 1/12/2013.</p> <ul style="list-style-type: none"> • IMERT Training development and partnership with NIPSTA. Meetings were held on 4/5/2013 and 4/29/2013
	<p>Additional IMERT Team Development Activities</p>	<ul style="list-style-type: none"> • Communications Leader Training, FEMA, Emmittsburg, MD, 7/23-25,/2012. Communications Team member attended • FEMA’s Environmental Health Training, FEMA Center Domestic Preparedness Training, Anniston, AL, 8/12-24/2012, Justino Sosa, Safety Officer, attended • BDLS training, 12/4/12, attended by Jennifer Wesselmann at ILEAS, Urbana, IL • JumpSTART, START Triage 11/27/12 attended by Jennifer Wesselmann at St. Anthony’s Hospital • Disaster Mental Health Conference, Connelly, Juzwin, and Brookshire attended, in Bloomington, IL • ACEP Emergency Management Conference, 10/7-11/12, Dr. Lee attended, at Denver CO. • EOC Management and Operation, 2/21/13, attended by Dora Koop at SERT, Florida • FEMA First Responder Webinar, 2/13/13, attended by Ms. Connelly • Planning Section Chief, 2/15/13, Attended by Dora Koop at SERT, Florida • ICS 300 Unified Command, 2/11-13/13, attended by CN, JW, at ILEAS, Urbana, IL • IND Workshop on 1/29/13, attended by Ms. Connelly in Bristol, WI • WMD Rad/Nuc awareness AWR140 attended by staff members JS, RS, CN, JS, and volunteer David Wold on 2/19/13 and 3/4/13 • WMD Rad/Nuc awareness PER240 attended by RS, CN, JS, DW at OSF St. Francis, Peoria, IL • Wisconsin EMS Conference on 2/1/13 attended by Christopher Jansen, Milwaukee, WI



Executive Summary

The Illinois Incident Management Team (IL-IMT) completed its seventh year of existence in 2012. The IL-IMT concept was developed following the State of Illinois support to Louisiana as part of the Hurricane Katrina response. Charter team members served in various capacities in Louisiana and upon return, the Illinois Emergency Management Agency Chief of Operations chaired a steering committee of statewide agency representatives and stakeholders. The team was placed under the Illinois Terrorism Task Force 'Crisis Prevention and Response Committee'. By early 2007, work on establishing a structure, procedures and training requirements were established and the team began adding members from around the state. Deployments in response to Louisiana Hurricane's Gustav and Ike in 2008 as well as the first national All Hazards Incident Management Team Conference in DeKalb, Illinois established national credibility early. Members have responded to many federally declared disasters, assisted local agencies with special event planning, and have progressed on becoming fully qualified in assessments by national team members. The most recent deployment was to Suffolk County New York in support of the response to Hurricane Sandy in November.

2012 Key Activities

The year proved to be a significant one for the IL-IMT. The IL-IMT currently consists of 70 team members. The team members are from various disciplines. These members provide emergency management assistance to local and state governments for both planned events and emergency deployment. The IL-IMT continues to work under the direction of the IL-IMT Steering Committee and the leadership of both the ITTF and IEMA.

The IL-IMT deployed or members participated in the following events in 2012:

- February National Incident Management Organization (NIMO) Team Training
- March? Harrisburg Tornado
- April State University Disturbance Event
- May NATO Summit Chicago / State Validation Exercise Charleston
- June Illinois Fire College
- July Full Team Meeting
- August Illinois State Fair Incident Action Plan Support
- September Search and Rescue Exercise Fulton County
- October Mobile Support Team Status /IMERT Affiliation
- November Hurricane Sandy Response Deployment to New York
- December All-Hazards IMT National Conference



Illinois Emergency Management Agency

Jonathon E. Monken, Director

November 15, 2012

Dr. Moses Lee, Medical Director
Illinois Medical Emergency Response Team (IMERT)
1701 E Main St
Urbana, IL 61802

Dear Dr. Lee,

The Illinois Emergency Management Agency (IEMA) hosted the 2012 Prairie State Community Emergency Response Team (CERT) Challenge on Saturday, September 29, 2012 at the Northeastern Illinois Public Safety Training Academy (NIPSTA) in Glenview. The CERT Challenge provided 10 local volunteer CERT teams with the opportunity to test their skills in the day-long event designed to simulate real-life situations they may face that require the use of CERT training.

This event would not have been possible without many partners. Last year, the CERT Challenge was highlighted by the Federal Emergency Management Agency (FEMA) as an honorable mention awardee in the FEMA Individual and Community Preparedness Awards for both Outstanding State Citizen Corps Initiative and Outstanding Drill or Exercise. This accolade speaks to the strong partnerships within the community preparedness initiatives in Illinois.

This year's event required almost as many volunteers to serve as evaluators, controllers, victims, and assistants, as team participants. Without these volunteers and those organizations that have donated and loaned materials, this event would not have been a success.

I would like to give special recognition to 2 important members of your organization, Mary Connelly and Sue Tysiak, who served on the event planning committee. Her tireless efforts were critical to the success of the challenge. We thank you and your staff for your support of the CERT Challenge.

Sincerely,

Jonathon Monken
Director



2200 S. Dirksen Parkway • Springfield, Illinois • 62703 • Telephone (217) 782-7860 • <http://www.iema.illinois.gov>

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2012 Prairie State CERT Challenge

September 29, 2012



**AFTER ACTION
REPORT/IMPROVEMENT PLAN**

October 16, 2012



EXECUTIVE SUMMARY

On September 29, 2012, the State of Illinois hosted the third Prairie State CERT Challenge. Since 2002, the state has offered CERT trainer training and multiple jurisdictions have developed local CERT training programs. While some communities utilize CERT as a program, others base their volunteer training heavily on the CERT curriculum.

Many of the volunteers trained in their local communities have not had an opportunity to use the skills they received in a setting other than a classroom.

Based on the CERT training curriculum, the following capabilities were selected for review:

Capability 1: Staging

Capability 2: Search

Capability 3: Cribbing/Transport

Capability 4: Triage/Treatment

Capability 5: Team Building

Capability 6: Size Up

Capability 7: CERT Jeopardy

Capability 8: Hazards

The purpose of this report is to analyze the results, identify strengths to be maintained and built upon, identify potential areas for further improvement and support development of corrective actions.

MAJOR STRENGTHS

The major strengths identified during this event are as follows:

- All ten teams participating achieved a total score over 70%.
- High scores included 4 perfect scores in Staging.
- The team members expressed enthusiasm and appreciation for the opportunity to drill – especially in this setting.
- Involved teams in clean-up.



PRIMARY AREAS FOR IMPROVEMENT

Throughout the event, opportunities for improvement in the ability to respond were identified. The primary areas for improvement are as follows:

- Scheduling
 - Work on schedule – Staging mistake
 - Less Breaks
- More hands-on activities, if we expand or add more hands-on activities, then we have to get rid of stations (maybe consider not doing the size-up activity).
- Sign-up sheet (making sure there is one centralized location where everyone signs in).

AREAS IMPROVED FROM LAST YEAR

Areas that we were able to correct from last year include:

- Portable restrooms and hand washing stations placed near the team tents.
- Moving those teams with generators, away from teams without generators, thereby reducing the noise level in tent city.
- The elimination of amateur radio as the communications link which was found to be redundant and unneeded with the ITECS radios deployed.

GENERIC FEEDBACK

The following considerations arose from the planning and execution of the exercise and should be noted for future exercises:

- Harper students would love to come back and be victim's in the future.
- Evaluation Assistance was much needed and a great help. They also had a great time and all want to come back to assist in the future.
- Notary Public a great help.
- MABAS dummies were a tremendous help. Make sure we have a forklift operator for clean-up in the future years.
- Communications was great this year.

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Posted: Wednesday, 03 October 2012 2:00PM

Heritage Harbor is scene of WMD training

Rick Koshko

news@ottawaradio.net

Ottawa, Ill. -- More than 100 people who are trained to handle incidents involving weapons of mass destruction practiced their crafts in Ottawa this week. State Police Sergeant Matt Boerwinkle says they were simulating their responses to huge human-made disasters from treating the wounded to getting things back to normal.

Helicopters landed at Heritage Harbor for the training. People dressed in bomb gear were milling about. And there were emergency equipment boats on the Illinois River for some of the training. The training ended Wednesday afternoon.

IMERT

Medical Unit Report Massac County

Exercise



FT MASSAC ENCAMPMENT
Mass Casualty Incident

October 19, 2012



IMERT Medical Unit Report/IP Metropolis EX Oct. 19-21/2012

EVENT: IMERT in collaboration with SIH (Southern Illinois Healthcare) Memorial Hospital, Carbondale RHCC participated in a multi-agency training and deployment exercise on the grounds of Fort Massac in Metropolis Illinois. Other agencies included; Metropolis Fire Department and EMS, Metropolis Police Department, Illinois Department of Natural Resources, Massac Co. EMS, and Metropolis EMA. Other agencies participated in peripheral roles. This training and exercise coincided with the Fort Massac Encampment which is an event that draws some 80,000+ attendees. An IEMA exercise incident number was assigned: IL 2012-0752.

Overall Exercise Objectives and results

Communication: devices worked well with the exception of interoperability between IMERT and Incident Command. This was likely due to an encryption issue that will be addressed. The IAP clearly delineated emergency procedures and contact information for all participants.

Resource Mobilization and Allocation: SIH trailer and assets were transported safely and effectively utilized. IMERT trailer and assets were transported safely and effectively utilized.

Staff Roles & Responsibilities: Roles and responsibilities were explained and subsequently fulfilled.

Patient Clinical & Support Care Activities: Four patients were treated and released.

Responder Health and Safety: Safety protocols were effective, no injuries to responders.

TRAINING: primary training sessions included; real-time deployment activities for IMERT responders and an on-site triage session with helicopter landing zone set-up.

Training Session Objectives	<ol style="list-style-type: none"> 1. Team logistics management 2. Transportation and convoy 3. Equipment and supply inventory and packaging 4. Communications en-route 5. Set-up of First Aid and treatment stations
Evaluation: All objectives met	

Multi-agency triage and landing zone set-up	<ol style="list-style-type: none"> 1. Triage of simulated patients, Metropolis Fire and IMERT 2. Landing zone set-up, safety and patient packaging
Evaluation: The scenario was a multi-casualty event with victims in the field from an explosion as a result of a cannon misfire. Seven patients, including pediatrics were simulated with specific clinical conditions. All patients were appropriately triaged. The landing zone for helicopter evacuation of critical patients was designated and discussion of safety and patient packaging was completed.	



Deployment Field Operations Exercise

IMERT, SIH and Metropolis Fire set-up and worked 2 first aid stations during the 2 day encampment. This provided a “real-time” opportunity to set-up treatment areas about ½ mile apart. 4 patients with minor injuries were treated and released. The Air-Evac helicopter arrived on scene the morning of Oct 20 for a demonstration landing and review of on-site capability and patient packaging procedures.

STAFF: 15 IMERT including one MD, 1 SIH (Equipment and Logistics Site Manager).

COMMUNICATIONS: IMERT internal via StarCom and cell phone, IMERT external with Incident Command via local StarCom.

Summary

This event provided an extremely valuable opportunity for IMERT to deploy assets and personnel to Metropolis IL from the staging area at ILEAS in Urbana. Procedures were implemented that would be utilized during an actual deployment. Likewise, pre-event collaboration with SIH and Metropolis EMA provided experience similar to what would be needed for an actual event. Integration with the various agencies resulted in a strengthening of relationships and greater understanding of mutual capabilities.

IMERT personnel experienced real-time travel in convoy including communications en-route with team members converging from multiple areas of the state. Likewise, responders implemented the set-up and operation of on-site communication, field treatment area set-up that included a separate area for responder health and safety, and IMERT medical team management. Also, the unique environment provided an opportunity to address environmental and site-specific safety issues. Additionally, the walk-through and set-up of the helicopter landing zone and patient packaging was the first time we have actually addressed this scenario.

AREAS for IMPROVEMENT

IMERT Starcom could not be used to communicate with Incident Command likely due to encryption issues. This will be addressed by IMERT by December 1, 2012.

IMERT

Mass Casualty Exercise

February 27-28, 2013

AFTER ACTION REPORT/IMPROVEMENT PLAN



ADMINISTRATIVE HANDLING INSTRUCTIONS

1. The title of this document is After Action Report (AAR) for the IMERT Mass Casualty Exercise February 27-28, 2013.

2. The information gathered in this AAR/IP is classified as For Official Use Only (FOUO) and should be handled as sensitive information not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from Illinois Medical Emergency Response Team is prohibited.

3. At a minimum, the attached materials will be disseminated only on a need-to-know basis and when unattended, will be stored in a locked container or area offering sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.

4. Points of Contact:

Director of Operations

Mary Connelly BSN RN

Illinois Medical Emergency Response Team
1701 E. Main Street
Urbana, IL 61802
630-201-6908

e-mail: maryc@imert.org

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EXECUTIVE SUMMARY

The Illinois Medical Emergency Response Team (IMERT) conducted a Mass Casualty Exercise on February 27-28, 2013. Primary objectives of the exercise were to test; effectiveness of communications (team members, local authorities, etc.), resource mobilization and allocation (responders, equipment, transportation, etc.), ability to do “Just in Time” training and patient clinical and support care during a mass casualty incident.

Scenario: A 7.2 earthquake occurred in southern Illinois impacting the entire region including: Carbondale and Metropolis. IMERT has received a deployment order to go to Coles County Airport. The mission is to set-up a casualty collection point and medical treatment station to provide; triage, treatment and stabilization of self-evacuated individuals using Highway 57 and prepare to receive patients evacuated by plane and helicopter from the impacted region.

Based on the exercise planning team’s deliberations, the following objectives were developed for this Mass Casualty Exercise:

- Objective 1: Effective Communications
 - Internal communications
 - Pilot situational awareness and telemedicine via live streaming technology
 - Team member tracking by Logan County EMCOM
- Objective 2: Resource mobilization and allocation
 - Responder management
 - Procurement and replenishment of supplies
- Objective 3: Staff Roles and responsibilities
 - Verification of roles
 - Develop and provide just in time training
 - Scene Safety/Security
- Objective 4: Patient Clinical and Support Care
 - Clinical Process (Triage, Assessment, Treatment, etc.)
 - Document and tracking of patients
 - Pharmaceutical tracking

The purpose of this report is to analyze exercise results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions.

Major Strengths

The major strengths identified during this exercise are as follows:

- Communication systems test and validated
 - Star Com radios effectively used
 - Satellite Phones operable
 - Live stream technology trial was successful with both IEMA and IMERT physicians
 - Team member and convoy tracking successful – EM COM
- Resources identified and secured
 - Staging information provided to team members and all reported in appropriate time frame
 - Adequate amounts of PPE, equipment and supplies were on hand
 - Local/regional resources for replenishment of supplies were identified
 - Support measures for lodging and meals were successful
- Staff Roles & Responsibilities
 - IMERT members were assigned specific support and medical positions
 - Evaluation of effectiveness: job action sheets, section chief assignments, Incident Command forms. These items were distributed and utilized.
 - Credentialing and photo ID for all IMERT participants was confirmed
 - Just-in-time training on the telemedicine concept was provided
 - Factors impacting scene safety and security were addressed including; signage and an on scene evaluation and correction of hazards. All visitors were required to sign in and provided an ID band.
- Patient Clinical & Support Care Activities
 - Patient triage was correctly conducted
 - Patient treatment was conducted by nurses and paramedics with physician over sight from both on scene and remote sources
 - Patient tracking was successful for incoming patients.

Illinois Medical Emergency Response Team

Homeland Security Exercise and Evaluation Program (HSEEP)

After Action Report/Improvement Plan
(AAR/IP)

Mass Casualty Earthquake Exercise

Primary Areas for Improvement

Throughout the exercise opportunities for improvement in IMERT ability to respond to the incident were identified. The primary areas for improvement, including recommendations, are as follows:

- Telemedicine – Live stream video
 - To work with hospital to allow transmission through their firewalls
 - Consider investing in enhanced security passcode to prevent unauthorized access
- Just in time training
 - To review patient charting, documentation and paper flow
- Create a training/exercise supply cache instead of the utilization of real world inventory

This exercise met the following objectives:

- IAP was completed with local and regional recourses
- Star Com radios were tested and effectively used
- Satellite phones were operable
- Situational awareness and Telemedicine technology was tested and operational
- Radio and cell phone contact with EMCOM, convoy and team member tracking was successful. All team members were tracked by Logan County EM COM, all reported safe arrival at home after the exercise
- Team members were provided with staging information, all reported to the appropriate place within the designated time frame.
- Support measures for lodging and meals were successful
- Adequate amounts of PPE, equipment and supply was on hand
- Local/regional resources for replenishment of supplies were identified
- IMERT members were assigned specific support and medical positions
- Evaluation of effectiveness: job action sheets, section chief assignments, Incident Command forms. These items were distributed and utilized.
- Credentialing and photo ID for all IMERT participants was confirmed
- Just-in-time training on the telemedicine concept was provided
- Factors impacting scene safety and security were addressed including; signage and an on scene evaluation and correction of hazards. All visitors were required to sign in and provided an ID band.
- Patient triage was correctly conducted
- Patient treatment was conducted by nurses and paramedics with physician over sight from both on scene and remote sources

SECTION 1: EXERCISE OVERVIEW

Exercise Details

Exercise Name

Mass Casualty Earthquake Exercise

Type of Exercise

Functional

Exercise Start Date

February 27, 2013

Exercise End Date

February 28, 2013

Duration

16 hours

Sponsor

Illinois Medical Emergency Response Team

Mission

To test team members response for an Mass Casualty deployment request

Capabilities

Capability 1 – Communication

Capability 2 – Resource Mobilization and Allocation

Capability 3 – Staff Roles & Responsibilities

Capability 4 – Patient Clinical & Support Care Activities

Scenario Type

Response to a deployment request from first contact with team members thru demobilization

Exercise Planning Team Leadership

Mary Connelly, IMERT Executive Director, maryc@imert.org

Chris Jansen, IMERT Planning and Logistics Officer, chrisj@imert.org

Liz Lee, Response Team Administrator, lizl@imert.org

Sue Tysiak, Training and Recruitment Administrator, suet@imert.org

Participating Organizations

Illinois Medical Emergency Response Team (IMERT)

Illinois Emergency Management Agency - IEMA

Number of Participants:

- Players - 19
- Volunteers - 16
- Controllers - 2
- Evaluators - 2
- Facilitators - 1
- Observers - 2

SECTION 2: EXERCISE DESIGN SUMMARY

The Mass Casualty Earthquake exercise was designed to utilize IMERT's assets in response to a real time Mass Casualty deployment.

Exercise Purpose and Design

The purpose and design of this exercise was to assess IMERT's real time response to a Mass Casualty deployment in the state of Illinois.

Exercise Objectives, Capabilities, and Activities

Capabilities-based planning allows for exercise planning teams to develop exercise objectives and observe exercise outcomes through a framework of specific action items that were derived from the Target Capabilities List (TCL). The capabilities listed below form the foundation for the organization of all objectives and observations in this exercise. Additionally, each capability is linked to several corresponding activities and tasks to provide additional detail.

Based upon the identified exercise objectives below, the exercise planning team has decided to demonstrate the following capabilities during this exercise:

Capability: Communication

Activity 1

1.1 Internal Communication

- Test Star Com Radio
- Test Satellite Phones operable
- Test team wide email notification

1.2 External Communication

- Provide Logan County EM-COM dispatch with information for team member and convoy tracking
- Test pilot program for situational awareness and telemedicine

Capability: Resource Mobilization and Allocation

Activity 2

2.1 Resource Mobilization

- Provided team members with staging information, all reported in appropriate time frame
- Ensured adequate amounts of PPE, equipment and supplies were on hand
- Local and regional resources were identified for replenishment of supplies (if the need arose)
- Support measures for lodging and meals were successful

Capability: Staff Roles & Responsibilities

Activity 3

3.1 Staff Roles

- IMERT team members were assigned specific support and medical positions
- Evaluated effectiveness of job action sheets, section chief assignments, Incident Command forms, etc. These items were distributed and utilized.
- All IMERT team members were credentialed and provided photo ID
- Provided Just-in-time training on the telemedicine concept
- Scene safety and security were addressed including; signage and an on scene evaluation and correction of hazards. All visitors were required to sign in and provided an ID band.

Capability: Patient Clinical & Support Care Activities

Activity 4

4.1 Patient Clinical

- Triage/Treatment
 - Nurses and paramedics with physician over sight, from both on scene and remote sources, was provided to treat patient
- Tracking of patients

Scenario Summary

The Mass Casualty Exercise was designed to test IMERT's response to a Mass Casualty event. IMERT set-up a casualty collection point and medical treatment station to provide; triage, treatment and stabilization of self-evacuated individuals using Highway 57 and be prepared to receive patients evacuated by plane and helicopter from the impacted region.

SECTION 3: ANALYSIS OF CAPABILITIES

This section of the report reviews the performance of the exercised capabilities, activities, and tasks. In this section, observations are organized by capability and associated activities. The capabilities linked to the exercise objectives of IMERT Mass Casualty Earthquake Exercise are listed below, followed by corresponding activities. Each activity is followed by related observations, which include references, analysis, and recommendations.

Capability 1: Communication

1.1 Livestream technology for situational awareness with IEMA and to provide telemedicine capability for physicians

- Live Streaming with IEMA and team physicians

Capability Summary: Utilizing Live streaming technology provided real-time video from the scene to the State Incident Response Center (SIRC) in Springfield. There were some minor interruptions in the streaming but these were corrected. The quality of the images was reported to be very good. Additionally we were able to stream real time images to our physicians remotely. This provides the potential for nurses and paramedics on scene to convey clinical assessment findings as well as visual images directly to a physician. This process worked very well, with clinical staff communicating simultaneously via cell phone. There is about an 8 second delay for the images to stream.

Observation 1.1: **Strength.** There is tremendous potential in this video streaming concept. It can provide emergency managers and public health officials with real time situational awareness through direct view of the location. Even more promising is the ability to provide physicians and other medical providers with direct images of patient's injuries and provide a collaborative treatment environment. We intend to try this again very soon. There are likely issues we have not yet considered, though as a tool to provide medical expertise directly to the care providers on- scene may become a crucial link in the near future

2:1 Resource Mobilization and Allocation

- Team members were provided with staging information, all reported to the appropriate place within the designated time frame.

Capability Summary: Resource mobilization and allocation including: responders and needed support (food, water, billeting) equipment, supplies, PPE, transportation, etc.

Observation 2.1: **Strength.** Response package was loaded and ready to go.

3:1 Staff Roles & Responsibilities

- IMERT members were assigned specific support and medical positions

Capability Summary:

Factors impacting scene safety and security were addressed including; signage and an on scene evaluation and correction of hazards. All visitors were required to sign in and provided an ID band.

Observation 3.1: **Weakness.** It was noted that IMERT does NOT have a policy/procedure in the event a patient becomes violent. We will address this before the next exercise.

4:1 Patient Clinical & Support Care Activities

- Patient triage was correctly conducted
- Patient treatment was conducted by nurses and paramedics with physician oversight from both on scene and remote sources
- Patient medical records were completed and reviewed.

Capability Summary:

Factors impacting scene safety and security were addressed including; signage and an on scene evaluation and correction of hazards. All visitors were required to sign in and provided an ID band.

Observation 3.1: **Weakness.** It was noted some clinical responders were unfamiliar with charting documents, in the future we will provide just in time training on documentation and paper flow.

SECTION 4: CONCLUSION

Exercise Purpose and Design

The purpose of the Mass Casualty Exercise was to test the following capabilities:

- To test internal and external communication capabilities on a deployment , drill or exercise
- To mobilize team members and needed support; (food, water, billeting) equipment, supplies, PPE, transportation, etc., to support a deployment , drill or exercise
- Test IMERT ability to do just in time training on deployment , drill or exercise
- To utilize volunteers to test IMERT’s ability to handle clinical activities (triage, assessment, treatment, transfer or treat on scene and discharge) on a deployment, drill or exercise

On February 27-28, 2013, IMERT conducted a Mass Casualty Exercise. The exercise allowed IMERT to test capabilities to: communicate with team members, mobilize team members with supplies and equipment, provide team members and volunteers with just in time training and provide team members the opportunity to treat moulaged patients in an austere environment. This was the first roll-out of a telemedicine concept that enables enhanced situational awareness for state operations personnel as well as provides a means for on-site clinical personnel to consult with physicians and other experts remotely.

The clinical operations went well and revealed the lack of an internal policy/procedure for the management of a violent patient. This will be addressed in the near future. New patient charts were introduced, and received well by the clinical staff. The Live- video streaming was successful, allowing even for an MD in Hawaii to dial in, visualize a patient, and discuss treatment options with a nurse on site. There is great potential in this telemedicine concept.

Conclusion

During the Mass Casualty Earthquake Exercise team members were confronted with snow, rain and 40 miles per hour winds while participating in the exercise. IMERT’s team members arrived at the Cole County Airport by 2:30pm on the 27th of February. Upon arrival the logistical footprint for the exercise was established. The Medical treatment station was ready to receive victims (volunteers who had been moulaged) by 11:00am. A total of 16 volunteers participated in the exercise. These individuals were coached on clinical symptoms and behavioral elements, each went through the treatment area three times totaling 48 patient scenarios.

Illinois Medical Emergency Response Team

Homeland Security Exercise and Evaluation Program (HSEEP)

**After Action Report/Improvement Plan
(AAR/IP)**

Mass Casualty Earthquake Exercise

The pilot roll-out of utilizing the social media website, LIVESTREAM successfully provided real time images to the SIRC at IEMA. The utilization of the image streaming to physicians in order to enhance telemedicine capability was successful except for those physicians who were at hospitals. They couldn't get past firewalls at the hospital. Other physicians were able to log on with personal computers or cell phones. The images were clear. Nursing staff discussed patient assessment with the physicians via cell phone. This capability has great potential for providing enhanced physician participation in direct patient care.

Some areas for improvement were revealed, particularly the current lack of a policy/procedure for managing a disruptive or violent patient. This will be addressed in the near future. Additionally, numerous clinical staff stated they were unfamiliar with charting documents; this will be addressed during operational briefings in the future.

The weather proved very challenging for setting up a footprint of a treatment site in large tents. The equipment package was well organized and resulted in an efficient off-load and set-up. The site at Coles County Airport was well suited for a casualty collection point. There are multiple similar sites throughout the state. This environment should be considered for potential casualty collections sites.

Having live moulaged patients lent a very real sense of urgency to the exercise.

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 U.S. DEPARTMENT OF HOMELAND SECURITY
 AFTER ACTION REPORT/IMPROVEMENT PLAN
 Mass Casualty Earthquake Exercise

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for IMERT as a result of IMERT Mass Casualty Earthquake Exercise conducted on February 27-28, 2013. These recommendations draw on both the After Action Report and the After Action Conference.

Capability	Observation Title	Recommendation	Corrective Action Description	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Communication	Telemedicine and Situational awareness	Consider investing in enhanced security technology to prevent unauthorized access	To set-up a more secure environment for streaming video	IMERT	IMERT	March 20, 2013	August 20,2013
Capability	Observation Title	Recommendation	Corrective Action Description	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Staff Roles & Responsibilities	Safety	Develop a policy/procedure to manage a disruptive/violent patient	Write a policy on restraining a patient to protect them from harm.	IMERT	IMERT	March 20, 2013	August 20,2013

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State group has earthquake response practice at airport

February 28, 2013 10:34 pm • By DAVE FOPAY/JG-TC Staff Writer (1) Comments

MATTOON — A real-life disaster can inundate local emergency responders to the point that they need outside help to lend a hand.

And while it was training, not the real thing, Thursday at Coles County Memorial Airport, responders from across the state got practice on how to treat victims in the field.

“We come into play when local resources are overwhelmed,” said Leanna Cossman, a nurse who’s a member of the Illinois Medical Emergency Response Team.

IMERT is made up of physicians, nurses, emergency medical providers and others who volunteer to react to disasters and other situations. On Thursday, they were joined by 16 EMT students from Lake Land College who wore makeup to simulate injuries and acted as the wounded.

Chad Schwenke of Charleston was one of the students who volunteered for the exercise and said it was a good experience to see what the IMERT members go through.

“I did not realize there was so much involved,” he said.

The training area on one of the airport’s runways included a large tent that served as a mobile hospital. That’s where IMERT members examined victims and provided treatment, which Cossman said included diagnosis and orders from doctors located elsewhere who viewed patients via video camera.

There was also a decontamination unit from the Carbondale area that Cossman said would be used in case a chemical spill or similar emergency. A total of 22 responders took part in Thursday’s exercise.

IMERT is a non-profit organization that receives grants from several state and federal government agencies but isn’t directly affiliated with those agencies, explained Moses Lee, the team’s medical director and one of its founders. IMERT was one of the few state organizations from outside Louisiana to respond to Hurricane Katrina and was most recently deployed to flooding in southern Illinois in 2011, Lee said.

IMERT members often suggest locations for training exercises and the airport is also a place that could play a role in an actual disaster, especially if victims have to be relocated, IMERT Director Mary Connelly said.

“They’ve been extremely hospitable here,” she said. “They’ve been very willing to go out of their way to do what we need to do.”

The airport has been used for Coles County training drills but not those of a state organization, airport Manager Andrew Fearn said.

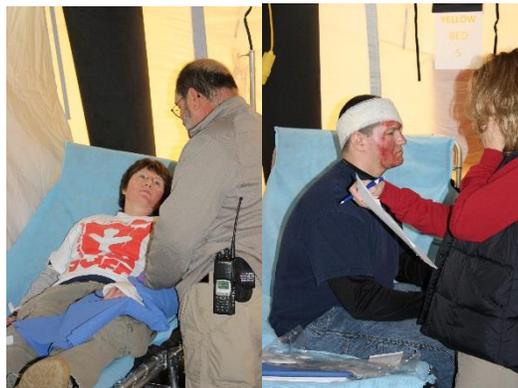
“The facility is here and we want to use it any way we can,” he said. “It was the perfect place for it.”

IMERT

Communication Exercise

February 27, 2013

AFTER ACTION REPORT/IMPROVEMENT PLAN



ADMINISTRATIVE HANDLING INSTRUCTIONS

5. The title of this document is After Action Report (AAR) for the IMERT Communication Earthquake Availability Exercise, February 27, 2013.

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EXECUTIVE SUMMARY

The Illinois Medical Emergency Response Team (IMERT) conducted a Communication Exercise on February 27, 2013. The primary objective of the exercise was to test the ability to notify team members of a potential deployment in response to a hypothetical earthquake request and gauge response in real time. The scenario was in concert with the Earthquake Exercise in Mattoon, Illinois.

Based on the exercise planning team's deliberations, the following objectives were developed for IMERT Communication Earthquake Availability Exercise:

- Objective 1: Test communication capabilities to notify all team members
- Objective 2: Determine real-time deployment availability
- Objective 3: Test system's ability to send and receive wireless text and e-mail messages
- Objective 4: Evaluate the use of the State of Illinois Rapid Electronic Notification Service (SIREN) and the IMERT e-mail system for deployment requests

The purpose of this report is to analyze exercise results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions.

Major Strengths

The major strengths identified during this exercise are as follows:

- Involvement of all team members
- 551 team members contacted
- 286 team members responded within the specified time

Primary Areas for Improvement

Illinois Medical Emergency Response Team
Homeland Security Exercise and Evaluation Program (HSEEP)
After Action Report/Improvement Plan IMERT Communication Earthquake Availability Exercise
(AAR/IP)

Throughout the drill, opportunities for improvement in Illinois Medical Emergency Response Team's ability to respond to the incident were identified. The primary areas for improvement, including recommendations, are as follows:

- Contact the 24 team members whose e-mails were bounced back.
- Contact the 55 team members whose wireless messages were bounced back
- Re-enforce to team members that deployment messages will come via text and email.

This exercise met the following objectives:

- All team members with a valid wireless and /or email address were contacted during the exercise via their contact information.
- A short concise wireless message was sent to team members through IDPH's SIREN Alert Network requesting that team members complete the exercise
- A separate e-mail message was sent to team members requesting a response by e-mail
- Tested administrative staff's ability to; send wireless text message and e-mail, to multiple team members, to accept multiple simultaneous phone calls, and to process responses.

SECTION 1: EXERCISE OVERVIEW

Exercise Details

Exercise Name

IMERT Communication Exercise

Type of Exercise

Functional

Exercise Start Date

February 27, 2013

Exercise End Date

February 27, 2013

Duration

12 hours

Sponsor

Illinois Medical Emergency Response Team

Program

2013 Hospital Preparedness Grant and Illinois Terrorism Task Force Grant

Mission

To test team members response for an deployment request

Capabilities

Capability 1 – Communication

Scenario Type

Deployment availability query via phone and email messaging.

Exercise Planning Team Leadership

Mary Connelly, IMERT Executive Director, maryc@imert.org

Liz Lee, Response Team Administrator, lizl@imert.org

Sue Tysiak, Training and Recruitment Administrator, suet@imert.org

Dacia Meyers, IDPH HAN Specialist, dacia.meyers@illinois.gov

Participating Organizations

Illinois Medical Emergency Response Team (IMERT)

Illinois Department of Public Health (IDPH) – SIREN

Number of Participants:

- Players - 551
- Controllers - 1
- Evaluators - 2
- Facilitators - 1
- Observers -2

SECTION 2: EXERCISE DESIGN SUMMARY

The IMERT Communication Exercise was designed to utilize the IDPH Siren system and IMERT's e-mail network to contact team members with a short concise message, to assess response to a real time deployment request.

Exercise Purpose and Design

The purpose and design of this drill was to assess IMERT's real time deployment notification capability.

Exercise Objectives, Capabilities, and Activities

Capabilities-based planning allows for exercise planning teams to develop exercise objectives and observe exercise outcomes through a framework of specific action items that were derived from the Target Capabilities List (TCL). The capabilities listed below form the foundation for the organization of all objectives and observations in this exercise. Additionally, each capability is linked to several corresponding activities and tasks to provide additional detail.

Based upon the identified exercise objectives below, the exercise planning team has decided to demonstrate the following capabilities during this exercise:

Capability: Communication

Activity 1

1.1 Collaborate with Alert Network staff

- Collaborated with IDPH Alert Network – SIREN to contact our team members using their wireless communication number.
- Verified wireless message needs to be no longer than 120 characters
- Identified that all team members would be contacted at the same time.
- 551 team members identified and scheduled to have a message sent via email, by wireless message or by both (email and wireless message)
- The wireless text message was sent at 9:00am

- The email message was sent at 9:30am

Activity 2

2.1 Measure Team Member Response

- Team members contacted the phone number provided to them in the wireless message(s), listened to instructions, and responded appropriately.
- Drill evaluators were able to see or listen to responses through the Grasshopper interface or through e-mails sent to response@imert.org.
- Email responses from team members were able to be read through response@imert.org

Scenario Summary

The IMERT Communication Exercise was designed to test real time deployment notification communication process and the availability of medical team members in the event of a deployment order

IMERT conducted the Communication Exercise as follows:

The following wireless message was sent out at 9:00am to 551 team members

Script - Text Message – To all team members at same time

IMERT DRILL Availability needed for a 1 week deployment to Southern Illinois.

1- 855-463-7860 to respond.

Main Message – 1-855-463-7860

Thank you for calling IMERT's deployment hotline. You received an alert from IMERT as part of a communications drill we are conducting. I repeat, this is a drill, and your availability response is for hypothetical purposes only and will be used to assess our real time response capability. This phone number is for exercises and deployment information only. Once you have completed the exercise, if you need to speak to the office directly, call 630 701 5345. To listen to the response scenario, press 1.

Illinois Medical Emergency Response Team
Homeland Security Exercise and Evaluation Program (HSEEP)
After Action Report/Improvement Plan IMERT Communication Earthquake Availability Exercise
(AAR/IP)

Extension 1

This morning a damaging earthquake occurred in Southern Illinois. So far, as a result of this earthquake, there are more than 3,500 people with injuries requiring hospitalization and an estimated 150 fatalities.

IMERT has been requested for a week long deployment to provide medical care to those in Southern Illinois. This is only a drill. If you would be able to be deployed for the next week and be available to leave in 24 hours, press 2. If you would be able to be deployed for the next week and be available to leave in 48 hours, press 3. If you would be able to be deployed for the next week and be available to leave in 96 hours, press 4. If you are not available for deployment at this time, press 5.

Extension 2

To complete the exercise, and confirm your hypothetical availability to deploy for this drill in 24 hours, please clearly state your name after the tone and hang up. If you need to listen to the response scenario again, press 1. Thank you for your participation.

Extension 3

To complete the exercise, and confirm your hypothetical availability to deploy for this drill in 48 hours, please clearly state your name after the tone and hang up. If you need to listen to the response scenario again, press 1. Thank you for your participation.

Extension 4

To complete the exercise, and confirm your hypothetical availability to deploy for this drill in 96 hours, please clearly state your name after the tone and hang up. If you need to listen to the response scenario again, press 1. Thank you for your participation.

Extension 5

To complete the exercise, and confirm you would be UNABLE to deploy at this time, please clearly state your name after the tone and hang up. If you need to listen to the response scenario again, press 1. Thank you for your participation.

Script – Email Message

This is an **IMERT Drill**. This is a test of our EMAIL notification system, please respond even if you previously responded to an earlier message.

Illinois Medical Emergency Response Team

Homeland Security Exercise and Evaluation Program (HSEEP) After Action Report/Improvement Plan IMERT Communication Earthquake Availability Exercise (AAR/IP)

SCENARIO: Availability needed in 24 hours for a one week deployment to a Southern Illinois earthquake. This morning a damaging earthquake occurred in the state of Illinois. So far, as a result of this earthquake, there are more than 3,500 people with injuries requiring hospitalization and an estimated 150 fatalities. IMERT has been requested to provide medical care to those in Southern Illinois.

THIS IS ONLY A DRILL. Please respond and indicate the following:

1. First and Last Name
2. If you can or cannot deploy at this time
3. If you can be at ILEAS in Urbana within 24 hours, within 48, or within 96 hours for a one week deployment.

THIS IS ONLY A DRILL, your response is for hypothetical purposes only and will be used to assess IMERT's real time response capability.

Respond to this drill by replying to this email at response@imert.org. Provide your first and last name. Indicate if you could deploy or not.

Results – Wireless Text & Emails

- 551 – Members were sent an a wireless text and email
- 199 – Members responded to the email
- 159 – Members responded to the wireless text
- 73 – Members responded to both email and wireless text
- 206 – Members indicated that they were available to deploy
- 80 – Members indicated they would not be available to deploy

286 (or 51%) total members responded within the 12 hour time frame to email/text or both.

51% is well above our expected outcome of 30%

Of those 286 respondents, 206 indicated they were available for deployment for one week to Southern Illinois

SECTION 3: ANALYSIS OF CAPABILITIES

This section of the report reviews the performance of the exercised capabilities, activities, and tasks. In this section, observations are organized by capability and associated activities. The capabilities linked to the exercise objectives of IMERT Communication Earthquake Availability Exercise are listed below, followed by corresponding activities. Each activity is followed by related observations, which include references, analysis, and recommendations.

Capability 1: Communication

1.1 Wireless Notification

- As an exercise the collaboration with IDPH Alert Network – SIREN worked well. It provided a method to contact team members using their wireless communication number. The wireless message sent was adequate using only 120 characters for team members to respond.
- Email network, provided IMERT a way to contact all team members with an email address. Team members read and replied to the email message in a timely manner.

Capability Summary: Team members were contacted via the IDPH Alert Network system (SIREN) and IMERT’s email network via Grasshopper.

Observation 1.1: Strength. Identified and established a method to best contact team members. SIREN staff also tracked messages that bounced back allowing us to identify individuals who had outdated contact information.

2: Team Member Response

- Team members responded to the pre-recorded message and followed along as directed by the wireless text message or simply responded to the email via the reply option.

Activity: Provided a method for team members to receive information through an automated system and be able to respond. Provided team member’s an additional source (email) to receive information pertaining to a drill, exercise or deployment. Responses could be checked as frequently as need.

Observation 1.1: Strength. Grasshopper provides a method for team members to respond with ease and provide quick access to responses. Emails provide team members a quick and easy way to respond to a drill, exercise or deployment.

SECTION 4: CONCLUSION

Exercise Purpose and Design

The purpose of the IMERT Communication Exercise was to test the following capabilities:

- Test communication capabilities to all team members
- To send a short concise message (via wireless text) to team members with enough information for them to complete the exercise
- Test IMERT’s ability to send a large quantity of emails and record responses in a timely manner
- To determine team member real-time deployment availability

On February 27, 2013, IMERT conducted a Communication Exercise. The drill allowed IMERT to test its capabilities to communicate with team members using their wireless text numbers and their email addresses. Team member’s responses to the exercise provided real time deployment information. The following chart indicates the number of team members who reported they were available for a one week deployment (within 24 hours, 48 hours or 96 hours). The region indicates which Illinois EMS region the team member resides in.

	24 hours	48 hours	96 hours	Total
Region 1	13	1		14
Region 2	11	3	1	15
Region 3	16	2		18
Region 4	3	1	1	5
Region 5	8		1	9
Region 6	14	4	1	19
Region 7	10	3	1	14
Region 8	22	4	4	30
Region 9	16	6	2	24
Region 10	13	4	1	18
Region 11	33	3	4	40
Total	159	31	16	206

Illinois Medical Emergency Response Team
Homeland Security Exercise and Evaluation Program (HSEEP)
After Action Report/Improvement Plan IMERT Communication Earthquake Availability Exercise
(AAR/IP)

The below chart indicates the team members by licensure who could report to ILEAS in 24 hours, 48 hours or 96 hours for a one week deployment to Southern Illinois.

Licensure	24 hours	48 hours	96 hours	Total
Physician/APN/PA	11	7	4	22
Nurse	54	9	3	66
EMT-I/P	35	6	5	46
EMT-B	31	3	3	37
Comms/Logo/Safety	16	2	1	19
Allied/Mental Health	12	4		16
Total	159	31	16	206

Conclusion

Through the IMERT Communication Availability Exercise, 551 team members were contacted either by their wireless text number, email address or both. The benefit of the drill was that it involved all of the IMERT deployable team members.

A total of 286 team members responded to the drill; 159 team members responded that they could deploy within 24 hours for a one week deployment, 31 team members responded that they could deploy within 48 hours for a one week deployment and team members responded that they could deploy within 96 hours for a one week deployment. 80 team members replied that they could not be deployed at this time. Responses from the email outnumbered responses received from the wireless text.

- Responses to wireless notifications have consistently been running lower than email responses in the last few communications drills we have conducted. We attribute this to the fact that most of the team members are working during the day and do not have ready access to cell phones and texts.
- Efforts to update team member notification information, has improved the overall response to communication drills.
- The desired outcome of this type of communication exercise is 30% response, particularly since IMERT volunteers are either at work or will be working the night shift and could be sleeping during the alert phase. The result of 51% in this circumstance is well above expectation.
- We need to reiterate that team members should check both their emails and test messaging for alerts. This will enhance communication capability in the event email is not functioning.
- It should be noted that 206 team members indicated they could be available for deployment. Of those 206 team members are:
 - 22 Physicians, Advance Practice Nurse or Physician Assistant
 - 66 Nurses
 - 46 EMT-I or EMT-P
 - 37 EMT-B
 - 19 Communications, Logistics or Safety
 - 16 Allied Health or Mental Health

- THE NO REPLY TEAM MEMBERS WERE CONTACTED VIA EMAIL. SOME INDICATED THEY JUST DID NOT SEE THE ALERT; OTHERS WERE ON DUTY AT THEIR JOBS WITH NO ACCESS TO ALERTING DEVICES.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for IMERT as a result of IMERT Communication exercise conducted on February 7, 2012. These recommendations draw on both the After Action Report and the After Action Conference.

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Communication	Notification	To utilize email in addition to texting when contacting team members	Advise team members to check for both text and email communications in the event of a deployment request.	Stress to team members value of maintaining current contact information in the database.	IMERT	IMERT	Feb 27, 2013	June 30, 2013

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Shake
Out™



The Great Central U.S. ShakeOut
Multi-State Earthquake Drill

Dear Mary,

Thank you for participating in the 2013 Great Central U.S. ShakeOut! You are among more than [2.9 million people who participated](#) in nine states and beyond, and learned more about being safe during earthquakes. There are [many inspiring news stories](#) coming in about how different people and organizations participated in the drill. Your efforts to become better prepared have been recognized by many officials in the region and across the nation.



Thank you for your commitment to disaster preparedness and building safe communities...

IMERT

SWMD Exercise Rantoul (Prairie North)

April 11th, 2013

AFTER ACTION REPORT/IMPROVEMENT PLAN



ADMINISTRATIVE HANDLING INSTRUCTIONS

9. The title of this document is After Action Report (AAR) for the IMERT SWMD Exercise (Prairie North) April 11th, 2013.
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EXECUTIVE SUMMARY

THIS SUMMARY ADDRESSES IMERT’S OBJECTIVES ONLY.

The Illinois Medical Emergency Response Team (IMERT) participated in a multi-agency exercise. Primary objectives of the exercise were to test; effectiveness of communications (team members, local authorities, etc.), resource mobilization and allocation (responders, equipment, transportation, etc.), ability to do “Just in Time” training and patient clinical and support care during an SWMD Event.

Scenario: Champaign County Sheriff’s Office served a warrant and found multiple suspects with unknown hazardous materials on the scene. State Weapons of Mass Destruction Team was called in to further investigate the hazardous materials found. IMERT’s role was to provide on sight medical support for responders.

Based on the exercise planning team’s deliberations, the following objectives were developed for this exercise:

- Objective 1: Effective Communications
 - Internal communications
 - Team member tracking by Logan County EMCOM
- Objective 2: Responder Safety and Health
 - Responder management and resources
 - Establish “Real World” medical emergency procedures
 - Establish site medical monitoring and treatment station
- Objective 3: Staff Roles and responsibilities
 - Verification of roles
 - Develop and provide just in time training
 - Scene Safety/Security

The purpose of this report is to analyze exercise results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions.

Major Strengths

The major strengths identified during this exercise are as follows:

- Communication systems test and validated
 - Star Com radios effectively used
 - IAP completed with local and regional resources
 - Obtained appropriate authorizations for deployment from IEMA
 - Team member and convoy tracking successful – EM COM
- Responder Safety and Health
 - Adequate amounts of PPE, Equipment and Supplies on Hand
 - Local/regional resource identified
 - “Real World” procedures included in IAP with IC
 - Medical teams deployed with the participating teams to provide real world medical and site monitoring
 - Entry and Exit Vitals obtained from all SWMD Teams
- Staff Roles & Responsibilities
 - IMERT members were assigned specific support and medical positions
 - Evaluation of effectiveness: job action sheets, section chief assignments, Incident Command forms. These items were distributed and utilized.
 - Credentialing and photo ID for all IMERT participants was confirmed

Primary Areas for Improvement

Throughout the exercise opportunities for improvement in IMERT ability to respond to the incident were identified. The primary areas for improvement, including recommendations, are as follows:

- Team Tracking – Logan County Dispatch
 - Dispatchers were having difficulty keeping adequate track of team members due to their CAD system limitations
 - Develop a written protocol for EMCOM on procedures
- Just in time training
 - To review patient charting, documentation and paper flow

This exercise met the following objectives:

- IAP was completed with local and regional resources
- Star Com radios were tested and effectively used
- Radio and cell phone contact with EMCOM, convoy and team member tracking was successful. All team members were tracked by Logan County EM COM, all reported safe arrival at home after the exercise
- Team members were provided with staging information, all reported to the appropriate place within the designated time frame.
- Support measures for lodging and meals were successful
- Adequate amounts of PPE, equipment and supply was on hand
- Local/regional resources for replenishment of supplies were identified
- IMERT members were assigned specific support and medical positions
- Evaluation of effectiveness: job action sheets, section chief assignments, Incident Command forms. These items were distributed and utilized.
- Credentialing and photo ID for all IMERT participants was confirmed
- Factors impacting scene safety and security were addressed including; signage and an on scene evaluation and correction of hazards.
- Patient treatment was conducted by nurses and paramedics with physician on scene.

SECTION 1: EXERCISE OVERVIEW

Exercise Details

Exercise Name

SWMD Exercise (Prairie North)

Type of Exercise

Functional

Exercise Start Date

April 11th, 2013

Exercise End Date

April 11th, 2013

Duration

7 Hours

Sponsor

State Weapons of Mass Destruction Team

Mission

To assist with SWMD Teams for real world medical emergencies

Capabilities

Capability 1 – Communication

Capability 2 – Responder Safety and Health

Capability 3 – Staff Roles & Responsibilities

Scenario Type: pre-notification, real-time roll-out

Exercise Planning Team Leadership

Mary Connelly, IMERT Executive Director, maryc@imert.org

Chris Jansen, IMERT Planning and Logistics Officer, chrisj@imert.org

Liz Lee, Response Team Administrator, lizl@imert.org

Sue Tysiak, Training and Recruitment Administrator, suet@imert.org

Participating Organizations

Illinois Medical Emergency Response Team - IMERT

Multiple local and state agencies

Number of IMERT Participants:

- Volunteers - 8
- Controllers - 1
- Evaluators - 1

SECTION 2: EXERCISE DESIGN SUMMARY

The SWMD Exercise (Prairie North) was designed to test the ability of the SWMD team's response capability.

Exercise Purpose and Design

The purpose and design of this exercise was to assess IMERT's real time response to a SWMD deployment in the state of Illinois.

Exercise Objectives, Capabilities, and Activities

Capabilities-based planning allows for exercise planning teams to develop exercise objectives and observe exercise outcomes through a framework of specific action items that were derived from the Target Capabilities List (TCL). The capabilities listed below form the foundation for the organization of all objectives and observations in this exercise. Additionally, each capability is linked to several corresponding activities and tasks to provide additional detail.

Based upon the identified exercise objectives below, the exercise planning team has decided to demonstrate the following capabilities during this exercise:

Capability: Communication

Activity 1

1.1 Internal Communication

- Test Star Com Radio
- Test team call out procedures

1.2 External Communication

- Provide Logan County EM-COM dispatch with information for team member and convoy tracking

Capability: Responder Safety and Health

Activity 2

2.1 Resource Mobilization

- Provided team members with staging information, all reported in appropriate

- time frame
- Ensured adequate amounts of PPE, equipment and supplies were on hand
- Local and regional resources were identified for replenishment of supplies (if the need arose)
- Support measures for lodging and meals were successful

Capability: Staff Roles & Responsibilities

Activity 3

3.1 Staff Roles

- IMERT team members were assigned specific support and medical positions
- Evaluated effectiveness of job action sheets, section chief assignments, Incident Command forms, etc. These items were distributed and utilized.
- All IMERT team members were credentialed and provided photo ID
- Provided Just-in-time training
 - Scene safety and security were addressed including; signage and an on scene evaluation and correction of hazards.

Capability: Patient Clinical & Support Care Activities

Activity 4

4.1 Patient Clinical

- Triage/Treatment
 - Nurses and paramedics with physician over sight, from both on scene and remote sources, was provided to treat patient
- Tracking of patients

Scenario Summary

The Illinois Medical Emergency Response Team (IMERT) participated in the State Weapons of Mass Destruction (Prairie North) exercise. Primary objectives of the exercise were to test; effectiveness of communications (team members, local authorities, etc.), resource mobilization and allocation (responders, equipment, transportation, etc.), ability to do “Just in Time” training and patient clinical and support care during an SWMD event.

SECTION 3: ANALYSIS OF CAPABILITIES

This section of the report reviews the performance of the exercised capabilities, activities, and tasks. In this section, observations are organized by capability and associated activities. The capabilities linked to the exercise objectives of IMERT SWMD (Prairie North) Exercise are listed below, followed by corresponding activities. Each activity is followed by related observations, which include references, analysis, and recommendations.

Capability 1: Communication

1.2 Convoy and Team Member Tracking by EMCOM (Logan County Dispatch)

- Asset and team member tracking by EMCOM

Capability Summary: Utilizing EMCOM for vehicle/trailer tracking as well as team member tracking before and after the event.

Observation 1.1: **Weakness.** There were issues with utilizing EMCOM for responder tracking. EMCOM was provided a list of responders being called out for this event but due to shift changes that list never got forwarded on during the shift briefings. Additionally, the tracking of IMERT members post deployment was problematic for the dispatchers.

IMPROVEMENT: subsequent meeting with representatives from EMCOM resulted in an agreed upon procedure for tracking of team members from initial roll-out to demobilization.

2:1 Resource Mobilization and Allocation

- Team members were provided with staging information, all reported to the appropriate place within the designated time frame.

Capability Summary: Resource mobilization and allocation including: responders and needed support (food, water, billeting) equipment, supplies, PPE, transportation, etc.

Observation 2.1: **Strength.** Response package was loaded and ready to go.

3:1 Patient Clinical & Support Care Activities

- Patient triage was correctly conducted
- Patient treatment was conducted by nurses and paramedics with physician over sight from on scene.

- Patient medical records were completed and reviewed.

Capability Summary:

Factors impacting scene safety and security were addressed including; signage and an on scene evaluation and correction of hazards.

Observation 3.1: **Weakness.** It was noted that the forms that are used for SMWD Tracking did not have an area of sign off in the event the ISP Swat Medics did the initial entry vitals. Without this IMERT had no way to know who actually did the entry vitals.

IMPROVEMENT: New forms have been designed to include a sign off area and agency line.

SECTION 3: CONCLUSION

Exercise Purpose and Design

Test the following capabilities:

- To test internal and external communication capabilities
- To mobilize team members and needed support; (food, water, billeting) equipment, supplies, PPE, transportation, etc.
- Test ability to do just in time training
- To test IMERT's ability to manage clinical scenarios
(Triage, assessment, treatment, transfer or treat on scene and discharge)

On April 11th, 2013, The Illinois Medical Emergency Response Team (IMERT) participated in a multi-agency (Prairie North) exercise. Primary objectives of the exercise were to test; effectiveness of communications (team members, local authorities, etc.), resource mobilization and allocation (responders, equipment, transportation, etc.), ability to do "Just in Time" training and patient clinical and support care during an SWMD event. The objectives were met and areas for improvement were identified.

Conclusion

IMERT met the described objectives and initiated the improvement process within one week of the exercise. These improvements included: redesign of communication with EMCOM, revision of patient contact forms and patient tracking processes. IMERT attended the AAR Hot-wash.

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 U.S. DEPARTMENT OF HOMELAND SECURITY
 AFTER ACTION REPORT/IMPROVEMENT PLAN
 IMERT Communication Exercise

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for IMERT as a result of a multi-agency FSE conducted on April 11, 2013. These recommendations draw on both the After Action Report and the After Action Conference.

Capability	Observation Title	Recommendation	Corrective Action Description	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Communication	Convoy and Team Member Tracking	Consider written policy and procedures on dispatch protocols	To define procedures on how and when IMERT Team members will use the EMCOM dispatch for team member tracking.	IMERT	IMERT	April 11th, 2013	May 2013
Patient Accountability	Tracking of SWMD members post-entry and develop a means for other healthcare providers to document their evaluations	Continue to emphasize with command the need for follow-up. Adjust current documents for other healthcare provider signature line	Need for post entry vitals discussed with command at hot wash. Documents adjusted as indicated.	IMERT	IMERT	Completed April 2013	

State Weapons of Mass Destruction team has multi-agency training exercise



Updated Apr. 16, 2013 @ 2:32 pm

RANTOUL — Illinois State Police officials and specialized units participated in a multi-agency preparedness exercise coordinated by the Illinois Emergency Management Agency April 11.

The State Weapons of Mass Destruction Team held its semi-annual exercise at Chanute Airbase in collaboration with local, state and federal agencies.

The Special Weapons and Tactics unit conducted a high-risk entry in support of the exercise focusing on human threat response using explosive breaching, dynamic entry and apprehension of suspects armed with a simulated weapon of mass destruction.

The semi-annual training is designed to challenge the SWMDT's ability to effectively train and lead unit members to deploy their specialized skills in the event of a terrorist threat.

Led by State Police Special Operations, the SWMDT was designated by a governor's mandate in 2000 to prepare for a unified response to any nuclear, chemical, or biological threat in Illinois using teams of explosive ordinance disposal, scientists, medical, and intelligence specialists.

ISP's Special Operations also commands the Special Weapons and Tactics Unit, and has the ability to deploy ISP SWAT resources to address human threats, followed by a multi-agency response to prevent and/or mitigate any Weapons of Mass Destruction threat.

The SWMDT is comprised of approximately 110 specially trained staff throughout Illinois and various agencies including the Illinois State Police, Illinois Emergency Management Agency, National Guard's Civil Support Team, Secretary of State's Bomb Squad, Department of Public Health, Department of Human Services, Environmental Protection Agency, and the Illinois Medical Emergency Response Team.

The SWMDT is funded through Homeland Security Federal Grant Funds.

"The SWMDT is an integral part of the Special Operations Command's mission to provide public safety when danger escalates," said ISP Director Hiram Grau. "Their mission requires a high state of readiness and strong capability to prevent, respond and neutralize threats throughout the state," he added.

Every year, ISP SWAT along with the rest of the Illinois SWMDT conducts monthly training and planning activities which involve a variety of high-risk operations, response, and preparedness tactics.

Many of their training and response techniques were successfully applied during the 2012 NATO Summit.

The live training exercise is the largest conducted this year and challenges the unit's ability on rules of engagement, apprehension, communications, and WMD response in a potentially explosive or contaminated environment.

"Our mission priorities are focused on exceeding the highest standards of tactical performance to be prepared for the unexpected," said ISP Special Operations Lieutenant Sean Cormier. "ISP SWAT officers are well trained and capable of handling the most demanding and difficult operational scenarios," he added.

ISP SWAT and SWMDT are fully certified as the State's law enforcement response for any type of tactical or hazardous crisis and are dedicated 24/7.