



**IMERT
INVENT**



GRANT YEAR SUMMARY

August 2009 - June 2010

1701 E. Main St. Urbana, IL 61802

Phone 630.701.5344 or 630.701.5345 Fax: 877.IMERT.60

online at www.imert.org and www.inventrn.org

GRANT YEAR SUMMARY

August 2009 - June 2010

CONTENTS

OVERVIEW

- Organization
- Funding
- IMERT Non-Profit Status
- The Mission
- Benefits to the State
- History and Development
- Response Packages

TRAINING & DEVELOPMENT

- Partnership with ILEAS
- Emergency Medical Services for Children
- Current Team Status
- Credentialing
- Required Training
- Additional Training
- Member Development Opportunities

RECRUITMENT & OUTREACH

- Domestic Preparedness
- Community Outreach
- Exhibits and Recruitment
- Interagency Coordination and Operations
- Committee Participation
- Organizational Partnerships

ALTERNATE CARE SITE WORKSHOP

- Executive Summary

MOBILE ASSETS

- Transportation Equipment
- Communications Equipment
- Medical and Patient Support Supplies
- Equipment Storage
- Inventory
- Photographic Selection of Equipment

DEPLOYMENTS

- Activation Procedure
- DUCOMM Dispatch
- Deployments
- IFSI HazMat Validation
- SWMD Medical
- Deployment History
- Executive Summaries

APPENDIX

- Training and Outreach Activities
- Meeting and Committee Participation
- Committee Reports





ILLINOIS MEDICAL EMERGENCY RESPONSE TEAM THE ILLINOIS NURSE TEAM

The Illinois Medical Emergency Response Team (IMERT) is a multi-disciplinary group of volunteers trained to respond to medical disasters and provide interim medical care for survivors or evacuees. The team's health care professionals are mostly from an emergency background. The logistics, IT, communications and safety specialists come from a variety of backgrounds.

The Illinois Nurse Team (INVENT) is a group of volunteer registered nurses with backgrounds and expertise from the entire spectrum of patient care. INVENT is designed to supplement an IMERT response to foster sustainability of response into the recovery phase. Under the authority of the Illinois Department of Public Health and the Illinois Emergency Management Agency, INVENT and IMERT are included in the Illinois State Disaster Medical Plan.



FUNDING

The IMERT program for this grant year has been supported with funds from the ASPR program (US Dept. of Health and Human Services) through a grant from the Illinois Department of Public Health (IDPH) to the Illinois College of Emergency Physicians (ICEP). Additionally, the IMERT program has been supported with funds from the Department of Homeland Security through a grant from the Illinois Terrorism Task Force (ITTF).



IMERT ATTAINS NON-PROFIT STATUS

IMERT relies on grants from both the US Department of Homeland Security and the US Department of Health and Human Services to maintain operations. Prior to 2010, IMERT was not an official business entity and therefore not eligible to seek supplementary grants or offer tax deductible opportunities for donations. The IMERT Executive Council voted in the summer of 2009 to authorize the medical director to begin the process of attaining 501.c.3 non-profit status to better position the group to seek additional avenues for financial support. Approval was received by the IRS in January of 2010.



ICEP (Illinois College of Emergency Physicians) had been the fiduciary agent for IMERT for several years. ICEP was informed of the intention by IMERT to become a not-for-profit organization. As the ASPR grant time frame came to a close, ICEP took the position that equipment purchased with the grants belonged to them. The value of the equipment and medical supplies is estimated at about 2 million dollars. On June 11th, 2010, ICEP staff took measures to prevent access to the equipment and medical supplies. Shortly thereafter, and prior to the end of the grant period, ICEP informed the IMERT staff that they considered all deliverables satisfied and the staff was dismissed. IMERT staff continued working together until the close of the grant to meet the final ASPR grant requirements, as there were multiple reports and projects still outstanding.

Subsequent discussions between ICEP and IDPH resulted in an agreement to provide IMERT access to needed equipment in the event of a deployment. IMERT did utilize a small equipment and supply package when deployed to Old Shawnee Town in July 2010. This was an advance notice deployment. Given that ICEP did not provide off-hour contact information, it was apparent that an emergent deployment could be delayed. A contingency plan was developed with the assistance of RHCC hospitals that addressed resources in the event IMERT would need additional equipment and supply support in a disaster.

ICEP chose not to seek an arrangement to work with IMERT as a separate entity. IMERT staff moved operations to ILEAS. Program operations were maintained by a grant from ITTF administered through ILEAS. Transitional issues were supported by a short term grant from IDPH. These combined resources from ITTF and IDPH along with the support of ILEAS allowed IMERT staff and volunteers to make an almost seamless transition. Access to equipment remains limited and no subsequent access has been allowed for preventative maintenance. The equipment dispute remains, though as of this writing a tentative agreement between IDPH and ICEP has been reached with a goal for resolution by the end of March 2011.



IMERT-INVENT MISSION

The primary mission of IMERT-INVENT is to provide interim medical care when local healthcare resources are overwhelmed, paralyzed or destroyed. Additionally, IMERT partners with other emergency response agencies in multiple preparedness/planning initiatives.

IMERT-INVENT is capable of a flexible and scalable medical response. Volunteers and equipment are strategically located throughout the state guaranteeing that IMERT-INVENT will be available and ready for activation at any time.



IMERT-INVENT nurses assist at a local health department immunization clinic in the Quad city area in response to a Hepatitis A outbreak.

Although the primary mission of IMERT-INVENT is to assist with emergency medical treatment and response, IMERT-INVENT also coordinates and develops education and training programs throughout Illinois for medical, nursing, pre-hospital and community responders.



MEDICAL OPERATIONS

The team has responded to mass casualty incidents including EMAC requests from other states and requests for medical assistance from communities within Illinois. The team also provides medical coverage for specialized state teams or at “high risk” events when a comprehensive emergency medical response could be required.

Hurricane Katrina taught that alternate care sites are an excellent option for providing medical care when a population is on the run. IMERT-INVENT operations help provide a stop-gap to prevent hospitals from being overwhelmed during a disaster situation. This may include, but is not limited to setting up or assisting at a regional Alternate Care Site or fulfilling a specific mission to provide medical care to other responders.



Field hospital set up at Louisiana State University to support Hurricane Katrina relief efforts

The flexible medical response package can be scaled to a clinical footprint supporting responders and equipment upwards to 50 patients for 96 hours without resupply. An assessment of the site, situation and anticipated medical needs will determine if additional assets would likely be required.

To assist in site selection and supply assessment, an alternate care site evaluation tool was designed with the IDPH Pandemic Flu Committee. This tool focuses on infrastructure (number of bathrooms, WiFi capability, etc.) at a regional site. This tool has been used by regional emergency planners in the state of Illinois to identify 10 sites around the state that can hold about 250 patients, primarily utilizing college campuses.

IMERT-INVENT is currently expanding the Alternate Care Site project to create an Alternate Care Site Manual and Guide. Included in the guide will be the Alternate Care Site Identification Tool, Job Action Sheets, Organization Charts, and more.



BENEFITS TO THE STATE



IMERT provides the State of Illinois with a unique medical response capability of a vetted, credentialed and uniquely trained response team in support of ESF-8 as directed by IDPH and IEMA. The team has responded to mass casualty incidents and high-profile/high-risk events.

The dual format of a rapid response combined with operational sustainability (for a week or more) that includes a high number of registered nurses from all patient care disciplines, is a response capability unique to Illinois.

IMERT has responded to EMAC requests from other states and requests for medical assistance from communities within Illinois. Senior leadership staff has first-hand experience in response to catastrophic incidents.

IMERT partners with state, regional, and local agencies to participate in training exercises, table top drills, disaster response planning, and response team development. This includes: local health departments, medical reserve corps, municipal and regional coordinated exercises. These collaborations have dramatically improved IMERT's response capabilities as well as the overall response capabilities of the state.

The IMERT staff and volunteers provide disaster education and training for health care providers within the state.



IMERT: HISTORY and DEVELOPMENT



The concept for the Illinois Medical Emergency Response Team (IMERT) emerged in 1999 when a small group of emergency physicians, nurses and toxicologists met with individuals in the Division of Emergency Medical Services of the Illinois Department of Public Health (IDPH) when it became apparent that medical capabilities for disaster operations were not organized and not part of the planning process.

The founding members realized it was important to develop organized protocols, formalize communications systems, and recognize a core of specially prepared responders to assist in the event of a mass casualty event, including one resulting from a WMD incident. The model of a medical “strike team” was developed.

By 2002 IMERT was part of the Illinois Disaster Plan, and had started getting funding from the HRSA grants for program development and equipment purchases. IMERT relies on ASPR grant funding from IDPH to continue operations and develop future initiatives and a Continuity Grant from DHS through the Illinois Terrorism Task Force.

INVENT: HISTORY and DEVELOPMENT

Once IMERT became a viable entity, experience revealed that the state’s available resources needed to be expanded to include nurses from the entire spectrum of patient care.



The Illinois Nurse Volunteer Emergency Needs Team (INVENT), now the Illinois Nurse Team, was fostered so that Illinois’ medical response could be further enhanced by a team of nurses whose specific mission would be focused on the sustainability of the response phase as well as the capability of addressing health care needs during the recovery phase of a disaster/public health emergency. The unique skills and expertise of nurses are especially vital during and after a disaster.



IMERT-INVENT RESPONSE PACKAGES

The type of IMERT-INVENT response package is determined by the IMERT-INVENT Team Commander. IMERT-INVENT team members are volunteers from the Illinois medical community. All deployable team members have completed NIMS, ICS, WMD awareness, and a Deployment Operations Validation course.

IMERT provides a flexible and scalable state-wide medical response capability.

1. **Medical Needs Assessment Team:** there are 2-3 individuals in each EMS region who are trained in pre-hospital or emergency medical response. These individuals, along with one of our regional staff, can be dispatched within 2-4 hours to establish initial contact with the local UAC and make a real-time assessment of needs.
2. **Primary Medical Response Team:** this team responds with 8-15 individuals who can set up an initial medical unit footprint. This set up includes a medical supply package to be utilized as an adjunct to the local response. This supply package has provisions for triage and stabilization of patients as well as team support essentials for setting up a basic footprint. The medical care capabilities can be sustained for 24 to 72 hours. This unit is the group deployed for high-risk/high-profile events.
3. **Task Force:** This medical packages' purpose is to assist local medical providers with extended medical care and stabilization at a casualty collection or alternate medical treatment site. The Task Force is meant to supplement IMERT Primary Response Team already on site. If not on site, IMERT command staff will accompany Task Force.



IMERT-INVENT provided a sustainable 2 week response to support the National Guard in Quincy Illinois during the flooding of 2008

The team consists of: 20-25 volunteers, including 1-2 physician/PAs/nurse practitioners.

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



4. **EMAC Request:** in the event an EMAC request is made from another state, a request for participation will be sent to the IMERT-INVENT members for volunteers. EMAC requests are generally for 2-week deployments which are longer than the required participation of 72 hours. The medical supply package can be designed to sustain basic emergency medical care in an austere environment for up to 2 weeks. This requires a minimum of a 24 hour notification to the IMERT Team Commander or Director of Operations.



The EMAC Team sent to assist with an alternate care site in Louisiana after Hurricane Katrina forced the evacuation of New Orleans and some surrounding parishes.



ILLINOIS MEDICAL EMERGENCY RESPONSE TEAM THE ILLINOIS NURSE TEAM

PARTNERSHIP WITH ILEAS



IMERT-INVENT continues its partnership with the Illinois Law Enforcement Alarm System (ILEAS). The campus contains over 120,000 square feet of office, classroom, storage, and training space on a 13-acre campus. The facility and training rooms are utilized for office space, classroom space, and equipment storage, allowing a wider variety of educational opportunities to be offered, including hands-on experience based deployment validations.

ILEAS and IMERT along with Carle Hospital have worked together to create both a training area as well as an alternate care site for patient care in the eventuality of a catastrophic event where housing of special needs victims is necessary.



The ILEAS Training Center indoor and outdoor space being utilized for the Deployment Development Training Weekend



EMERGENCY MEDICAL SERVICES for CHILDREN

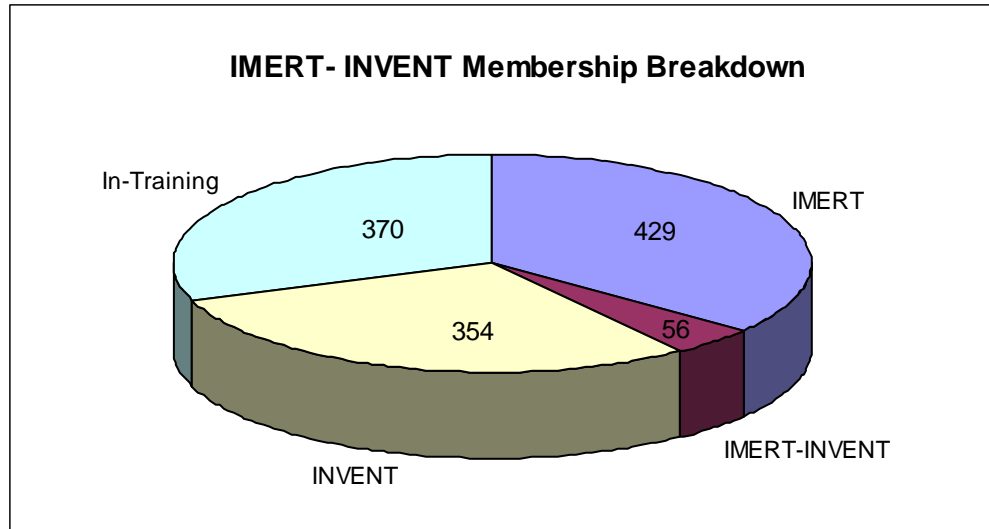


The Federal EMSC Program is designed to ensure that all children and adolescents, no matter where they live, attend school, or travel, receive appropriate care in a health emergency. IMERT-INVENT partners with the Illinois branch of the agency to address pediatric needs in times of disaster.

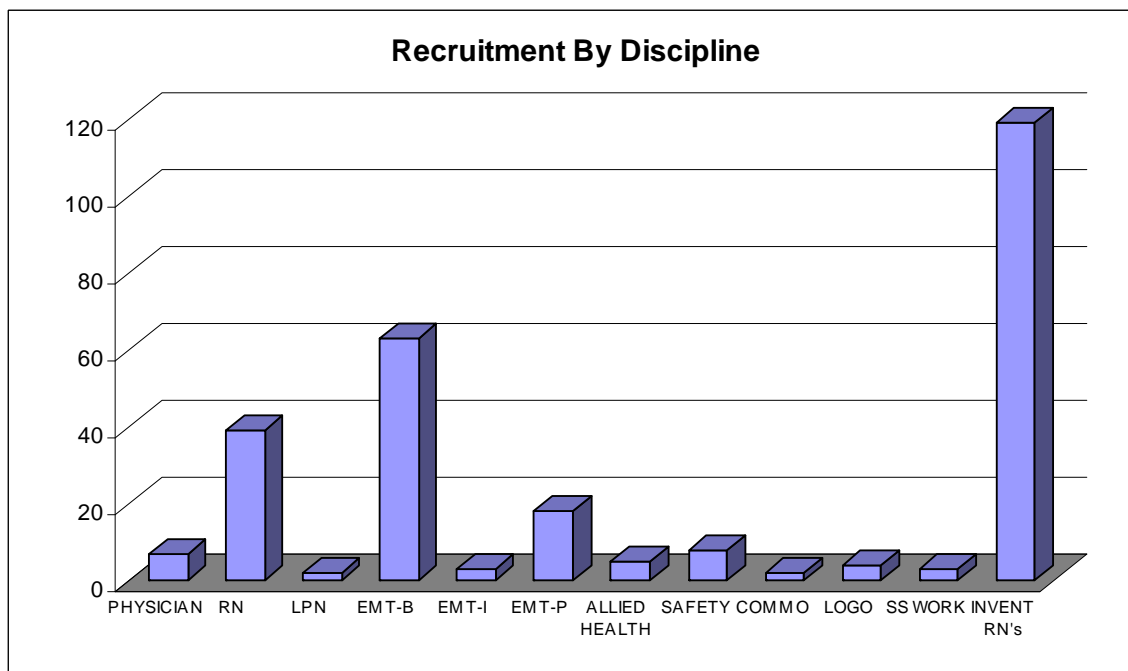
As part of this initiative, team members are trained in utilizing the JumpStart Pediatric Triage Tool. This pediatric triage tool was developed specifically for the triage of children in the multi-casualty/disaster setting. JumpStart has rapidly gained acceptance by EMS agencies and hospitals throughout the US and Canada and has been recognized for use by groups such as the US National Disaster Medical System's federal medical response teams.



CURRENT VOLUNTEERS



IMERT recruited and processed applications from 146 new applicants from August 2009 through May 2010. INVENT recruited and processed applications from 119 registered nurses during this same time.





CREDENTIALING

Team members' credentials are verified utilizing the Coordinated Responder Information System (CRIS) database, and have been uploaded into the State of Illinois' ESAR VHP (Emergency System for the Advanced Registration of Volunteer Healthcare Professionals). Background checks are performed as needed. All current and prospective team members' records are checked in Illinois Sex Offender database. Members are also vetted by an interview process.

TRAINING

Team members are required to complete the following courses before being deemed eligible to deploy with IMERT or INVENT:

1. IS-700 National Incident Management System, An Introduction
2. IS-100 Introduction to Incident Command System
3. IS-200 Basic Incident Command System
4. Weapons of Mass Destruction (WMD) education
5. Completion of a Deployment Ops Validation course

FIRST AID AND CPR



All non-medically trained personnel (safety, communications, and logistics) are required to complete first aid and CPR courses. This grant year, these courses were offered for the first time at the following dates and locations where 14 IMERT-INVENT members and public health workers were able to update their CPR certification at no charge:

3/16/10	Rock Island Public Health, Rock Island, IL
4/31/2010	Sarah Bush Health Center, Mattoon, IL



IMERT-INVENT DEPLOYMENT OPERATIONS COURSE



All team members must attend a Deployment Operations session that serves as an orientation and team training. It is during this course that new team members learn the basics for a successful deployment.

As of January of 2009, all new and current team members were required to attend the Deployment Operations Course.



Volunteers review some of the basic medical equipment of the deployment pack

Course Objectives

Upon completion of this program, all attendees will be able to:

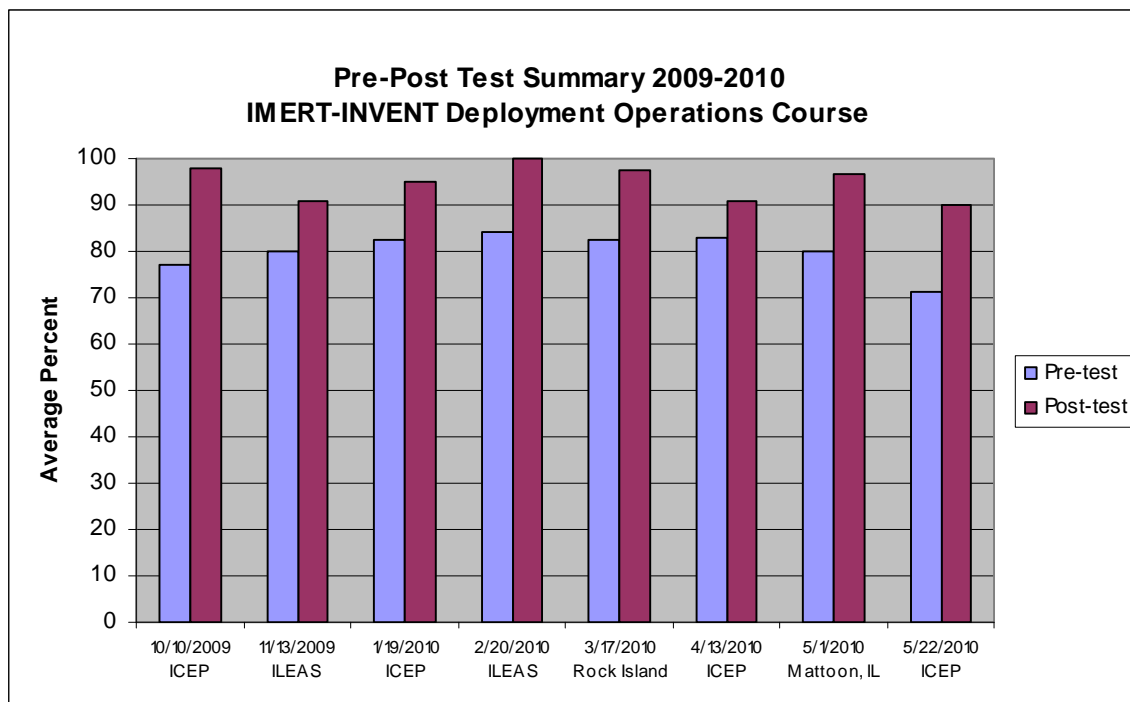
1. Describe the history and operational functions of disaster response
2. Outline the basic Incident Command System
3. Describe on-site triage and treatment protocols
4. Relate the State Disaster Plan and the integration of several State response assets.
5. Describe the unique aspects of emergency/disaster response location issues and equipment.
6. Review Code of Conduct and policies/procedures.



IMERT-INVENT conducted 8 sessions of the Deployment Operations Course during the 2009-2010 grant year:

10/6/09	ICEP, Downers Grove, IL
11/13/09	ILEAS, Urbana, IL
1/19/10	ICEP, Downers Grove, IL
2/20/10	ILEAS, Urbana, IL
3/17/10	Rock Island Public Health, Rock Island, IL
4/13/10	ICEP, Downers Grove, IL
5/1/10	Sarah Bush Center, Mattoon, IL
5/22/10	ICEP, Downers Grove, IL

160 members, staff and faculty attended the course this year, providing 720 hours of training and continuing education.



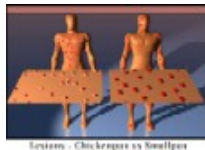


ADDITIONAL TRAINING

MEDFILMS

Completion of the Medfilms program is an online option for WMD awareness training for all IMERT -INVENT members prior to deployment. The MedFilms program is a set of online video-based courses available at www.medfilmsonline.com. The courses cover:

Biological Terrorism:



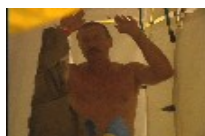
This course covers how to recognize a BT disease outbreak, symptoms (anthrax, smallpox, plague, and botulism), modes of transmission, precautions, and how to reduce public anxiety. Winner of the Surgeon General's Award.

Radiological Terrorism:



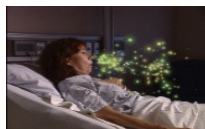
This course puts risks in perspective and presents basic safety precautions. It also prepares health care workers to deal with the psychological consequences of a radiological incident. It explains the difference between exposure and contamination, the effects of radiation exposure, and safety procedures. Developed in cooperation with Los Alamos National Laboratory's Threat Reduction Directorate.

Decontamination for Health Care:



This course is an introduction for those who may have to direct patients to decontaminate themselves or who may have to decontaminate non-ambulatory patients.

Standard and Transmission-Based Precautions 2007:



Covers the changes in the CDC's 2007 Guideline for Isolation Precautions. Also, completion of the module satisfies OSHA blood borne pathogens training requirements.

MedFilms' competency-based courses also awards 1 credit hour per course for license renewal application. 216 courses were completed by IMERT and INVENT members this grant year.



IMERT-INVENT SIMULATION LAB

Simulation technologies are in widespread use in medical education and medical personnel evaluation. Studies have shown the advantages of simulator training include allowing practitioners to achieve higher proficiency levels in a shorter training time, and they achieve proficiency with a smaller number of real-world trials, thus reducing the risk to patient safety.



Volunteers participate in a demonstration of IMERT's iStan mannequin

The IMERT-INVENT simulation lab is being developed to provide training opportunities for health care professionals and professional volunteers of varying levels. It will be a valuable tool for both individual and team learning.

The primary goals are:

- Develop a standardized patient assessment format
- Verification of skills of our clinical providers.
- Create a database of the “simulation-verified” team members to allow advanced placement of team members in specific skill-set required situations/deployments.
- Offer timely concise debriefings and remediation for a positive learning environment.

The Disaster Medical Readiness (DMR) Learning Module is designed to teach the critical aspects of care for situations involving Weapons of Mass Destruction (WMD). Likewise, disaster scenarios can be developed as a back drop to the simulation to integrate operational issues (logistics, scene safety) to further enhance the experience.

This training modality is in the initial stages for IMERT-INVENT. Partnerships have been forged with the University of Illinois, John Stroger Hospital, Northern Illinois University, and other agencies. The primary training site will be the ILEAS campus. The simulator was set up in December and initial train-the trainer training with the IMERT-INVENT Education Committee began soon afterwards.

8/12/09	SimLab demonstration, John Stroger Hospital, Chicago, IL
11/13/09	iStan Training and Demo, ILEAS, Urbana, IL
12/5/09	iStan Training and Demo, ILEAS, Urbana, IL
12/12/09	iStan Training and Demo, ILEAS, Urbana, IL
1/15-16/10	iStan Training and Demo, ILEAS, Urbana, IL
2/17/10	SimLab demonstration, NIU School of Nursing, DeKalb, IL



MEMBER DEVELOPMENT OPPORTUNITIES

TRAIN-THE-TRAINER

IMERT-INVENT team members with deployment experience or special skills can now apply to be a trainer. To help facilitate providing the highest possible level of education to the community and our members, we introduced a Train-the-Trainer course this year. This course addresses best practices for trainers providing adult education and shows educators how to apply fundamental education tools and techniques to make their courses more meaningful and productive



The learning objectives for participants are to help them develop the following skills:

- Developing a training lesson geared to the learning needs of adults
- Conduct training using the training lessons that were developed
- Provide a foundation of effective training
- Meet the training needs of the participants
- Help to focus on achieving the specific results of the course
- Provide the participants with a clear understanding of the skills and knowledge they will achieve

The course was delivered twice to six participants at each session at the following dates and locations:

2/13/10	ILEAS, Urbana, IL
5/4/10	ICEP, Downers Grove, IL



DEVELOPMENT ACTIVITIES

In addition to the training and recruitment activities previously mentioned, IMERT staff and volunteers participated in numerous events during the grant cycle, including several drills around the state.

A list of team member development activities includes:

8/5-6/09	All-Hazards Finance/Administration Section Chief, IFSI, Urbana, IL
8/10/09	Spring Fever Drill, Cook County Department of Public Health, Western Springs, IL
8/14/09	Faith Based Table-top, 2100 W Harrison, Chicago, IL
8/18-23/09	Attendance at the NAEMSE Conference, Orlando, Florida
9/1/09	Attendance and presentation at the Community Outreach Exhibition, Northwestern Hospital, Chicago, IL
9/8-10/09	Attendance and presentation at the IEMA Conference, Springfield, IL
9/11/09	Presentation at Region 8 Trauma Symposium, Brookfield Zoo, Brookfield, IL
9/22-24/09	IEMA HSEEP Training Course, IEMA, Dixon, IL
9/29-30/09	Attendance and presentation at 2nd Annual Champaign County Preparedness Summit, Champaign, IL
10/6/2009	Presentation at the ACEP, Disaster Section, Boston, MA
10/9/09	Presentation at the Illinois Association of Physician Assistants Conference, Downers Grove, IL
10/22/2009	Presentation at the School Health Days, Hyatt, Lisle, IL
10/24/09	Presentation at the Illinois Association of School Nurses Conference, Northfield Inn, Springfield, IL
10/27/09	Presentation at the School Health Days, Mount Vernon, IL
10/28/09	Presentation at the 2009 Women's Health Conference, Oak Brook Hills Resort, IL
10/30/09	Presentation at the Region 7 Conference, Tinley Park, IL
11/5/09	IEMA HSEEP Training Course, Springfield, IL
11/17/09	FEMA PS-Prep Training, Marriott, Berrington, IL
11/19/09	TRT Drill, Lincoln, IL
11/19-20/09	Attendance and Presentation at the 2009 Advocate Trauma Conference, Wyndham Hotel, Lisle, IL
1/25-29/10	General Command Staff Training, Springfield, IL
2/18/10	Presentation at the UIC, School of Public Health, Chicago, IL
2/23/10	Communications Drill
2/27-28/10	General Command Staff Training, ILEAS, Urbana, IL
2/28-3/1/2010	Presentation at the ILEAS Conference, ILEAS, Urbana, IL



- 3/6-7/2010 General Command Staff Training, ILEAS, Urbana, IL
- 3/11/10 Presentation at the Emergency Medicine Resident Program, Stroger Hospital, Chicago, IL
- 3/12/10 BLS Instructor Course, Providence Life Services Training Center, Tinley Park
- 3/17/10 SWMD/TRT/CST Drill evaluation, 1920 S Calumet, Chicago, IL
- 3/23/2010 Siren Training, IDPH, Springfield, IL
- 3/24-25/2010 Attendance at the CredentialSmart Conference, Hilton, Chicago, IL
- 4/7-8/2010 IFSI Hazmat Validation, IFSI, Urbana, IL
- 4/8/10 Presentation at Fountain Square, Chicago, IL
- 4/9/10 Presentation at the EMSC Conference, Hyatt Lodge, Oak Brook, IL
- 4/13/10 Presentation to the Masters in Psychology Program, Argosy University, Chicago, IL
- 4/15/10 SWMD Training, Springfield, IL
- 4/22/10 BLS Instructor Course, Harvey, IL
- 4/26/10 NICU Drill, Springfield, IL
- 4/28/10 Siren Training, Chicago, IL
- 4/28-29/2010 ITECS Workshop, ILEAS, Urbana, IL
- 5/7/10 Presentation at the ENA Conference, Doubletree, Chicago, IL
- 5/19-21/2010 SWMD Training, Springfield, IL
- 5/19-21/2010 SWMD Training, Mount Vernon, IL
- 5/20/10 Presentation to the Chicago Public Schools, Chicago, IL
- 6/10/10 Presentation at the Region 10 Conference, Oakton Community College
- 6/16-17/2010 SWMD Training, Chicago, IL
- 6/16-17/2010 Attendance and presentation at IPHA Emergency Preparedness Summit, IPHA Emergency Preparedness Summit, Oak Brook, IL



PREPAREDNESS



IMERT-INVENT trainers provide the popular half day Domestic Preparedness program free of charge to community and health care groups all over the state. The course is designed to assist agencies, organizations and individuals to improve preparedness for the health care consequences of CBRNE events and naturally occurring catastrophes and to augment existing preparedness or other related programs.

The course objectives include:

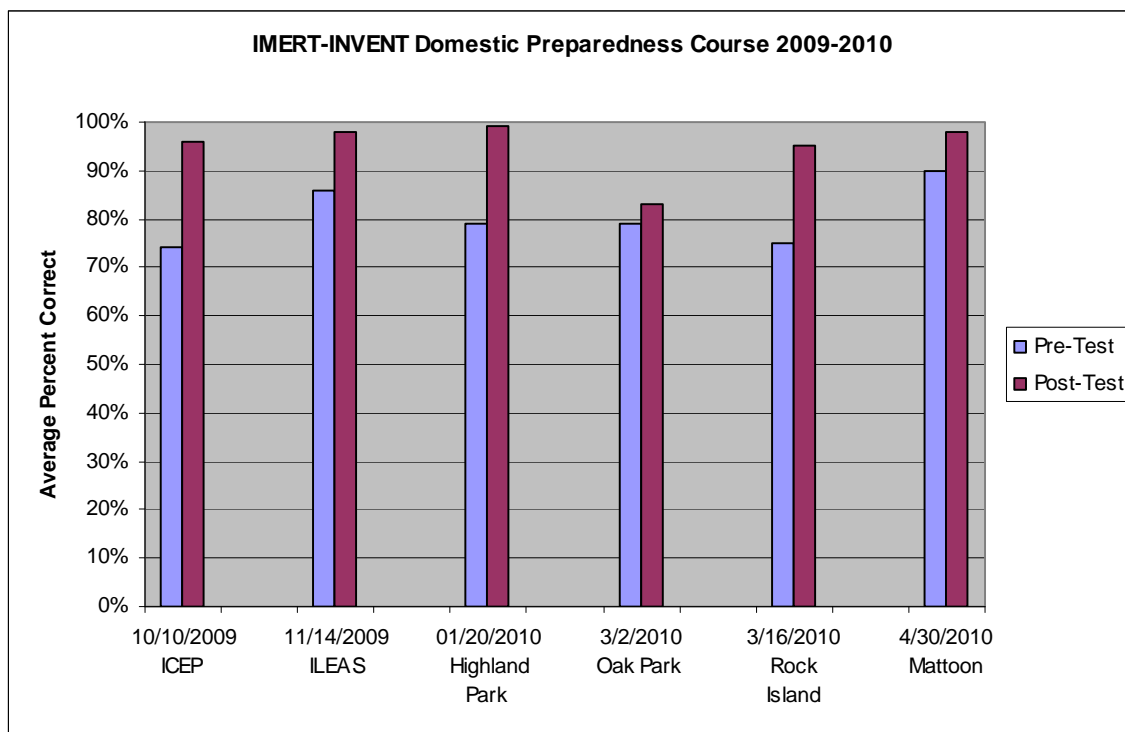
- Discuss and learn basic concepts of the seven scenarios issued by the Department of Homeland Security: Nuclear Detonation; Biological Outbreak; Natural Disaster; and Chemical, Radiological, Explosive, and Cyber Attacks
- Focus on four scenarios determined as priorities for Illinois based on the Hazard Vulnerability Analysis (HVA): tornadoes; earthquakes; pandemic flu; and explosions
- Identify challenges of caring for special needs populations: pediatric; geriatric; physically and mentally disabled
- Describe purpose, activation criteria, and terminology of the Illinois State Medical Disaster Plan and its integration with local response plans
- Describe basic principles of ICS and NIMS
- Describe the mission and history of IMERT and INVENT

IMERT-INVENT has offered 92 sessions of the course in all areas of the State of Illinois since 2001. It has been attended by **2,980** Illinois residents in that time.



During this grant cycle, six sessions of the Domestic Preparedness course were attended by 88 Illinois residents.

10/10/09	ICEP, Downers Grove, IL
11/14/09	ILEAS, Urbana, IL
1/20/10	Highland Park Hospital, Highland Park, IL
3/2/10	West Suburban Hospital, Oak Park, IL
3/16/10	Rock Island Public Health Department, Rock Island, IL
4/31/2010	Sarah Bush Center Health Department, Mattoon, IL





OUTREACH AND RECRUITMENT INITIATIVES

COMMUNITY OUTREACH

Lectures and Presentations:

Dr. Moses Lee, Medical Director and Team Commander, frequently gives presentations on behalf of IMERT, INVENT and IDPH.

Recent lecture venues include: American College of Emergency Physicians (ACEP) Scientific Assembly, UIC School of Public Health, and the New Hampshire EMS Assembly.

Community outreach initiatives by Mary Connelly RN, Director of Operations, and other staff members include: presentations at conferences, several local health department conferences, and multiple regional hospital and local EMS meeting venues.



Barbara Oliff discusses disaster preparedness with a group of school nurses

Presentations given during the 2009-2010 grant cycle include:

- | | |
|-----------|--|
| 8/3/2009 | <i>IMERT-INVENT Team Overview and the State Disaster Plan</i>
Moses Lee, MD, FACEP
John Stroger Hospital, Chicago, IL
16 Attendees |
| 9/29/2009 | <i>Lessons Learned: Mass Casualties</i>
Mary Connelly, BSN, RN
2nd Annual Champaign County Preparedness Summit
Champaign, IL
75 Attendees |
| 10/6/2009 | <i>Alternate Care Sites in Collaboration with State Public Health</i>
Moses Lee, MD, FACEP
ACEP, Disaster Section, Boston, MA
25 Attendees |



- 10/9/09 *State Based Response Teams*
Moses Lee, MD, FACEP
Association of Physician Assistants Conference
Downers Grove, IL
113 Attendees
- 2/18/10 *IMERT-INVENT Team Overview and the State Disaster Plan*
Moses Lee, MD, FACEP
UIC, School of Public Health, Chicago, IL
16 Attendees
- 3/11/10 *Response Team in Times of Disaster*
Moses Lee, MD, FACEP
Emergency Medicine Resident Program
Stroger Hospital, Chicago, IL
15 Attendees
- 4/8/10 *Disaster Preparedness and the IMERT Team*
Mary Connelly, BSN, RN
Sunshine Homes, Fountain Square, Chicago, IL
27 Attendees
- 4/13/10 *Disaster Response and the Mental Health Volunteer*
Mary Connelly, BSN, RN
Masters in Psychology, Argosy University, Chicago, IL
34 Attendees
- 5/20/10 *IMERT and Disaster Preparedness Awareness*
Justino Sosa, IMERT Volunteer
Chicago Public Schools, Chicago, IL
48 Attendees



EXHIBITS

IMERT-INVENT team members attend a number of conferences and exhibits to recruit new members and raise awareness of the role health care workers can play in preparing their communities for disaster. During this grant period IMERT-INVENT participated in multiple recruitment events.



Staff member Elizabeth Lee discusses IMERT-INVENT's mission with an attendee at the EMSC Conference in Oak Brook, IL

- | | |
|------------|---|
| 9/1/09 | Community Outreach Exhibition,
Northwestern Hospital, Chicago, IL |
| 9/8-10/09 | IEMA Conference
Springfield, IL |
| 9/11/09 | Region 8 Trauma Symposium
Brookfield Zoo, Brookfield, IL |
| 9/29-30/09 | 2nd Annual Champaign County Preparedness Summit
Champaign, IL |
| 10/22/2009 | School Health Days
Hyatt, Lisle, IL |
| 10/24/09 | Illinois Association of School Nurses Conference
Northfield Inn, Springfield, IL |



10/27/09	School Health Days Mount Vernon, IL
10/28/09	2009 Women's Health Conference Oak Brook Hills Resort, IL
10/30/09	Region 7 Conference Tinley Park, IL
11/10/2009	School Health Days Collinsville, IL
11/13/2009	Illinois Emergency Nurses Association Fall Symposium 2009 Springfield, IL
11/19-20/09	2009 Advocate Trauma Conference Wyndham Hotel, Lisle, IL
2/28-3/1/2010	ILEAS Conference ILEAS, Urbana, IL
3/16-18/2010	6th Annual Rural Public Health Institute Conference Effingham, IL
4/9/10	EMSC Conference Hyatt Lodge, Oak Brook, IL
04/29/2010	2010 ICEP Spring Symposium Northwestern Memorial Hospital, Chicago, IL
5/7/10	ENA Conference Doubletree, Chicago, IL
6/10/10	Region 10 Trauma/EMS Symposium Oakton Community College
6/16/10	IPHA Emergency Preparedness Summit Oak Brook, IL



ADVERTISEMENT and AWARENESS



In addition to increasing understanding of the need for advanced disaster preparedness by speaking at events around the state, IMERT-INVENT also took out an ad in the News-Gazette of Champaign-Urbana.

This advertisement helped to raise awareness of what nurses can do in a disaster during as well as served promote IMERT-INVENT's mission.

The ad ran during May of 2010 in honor of Nurses' Week.

To keep our members connected to IMERT-INVENT, we began e-mailing news briefs on a monthly basis. Topics have included summaries of activities, information on upcoming courses, notification of a new dispatch service, and information on outside education opportunities among others. A sample of the most recent news brief can be found in the appendix of this report.



Another method of keeping in touch with our members has been the creation of a Facebook page. This has allowed IMERT-INVENT to provide another medium for notifying our members of new developments and links of interest. This is also a medium for marketing IMERT-INVENT to outside agencies and potential members. The link can be found at <http://www.facebook.com/pages/IMERT-INVENT/183664916709>, or by searching IMERT-INVENT on Facebook.

IMERT and INVENT utilizes its webpages at www.imert.org and www.invent.org to recruit and inform. The pages allow messages to be posted both to the public, and to team members only in the secure password protected Team Member's section. The Team Members Section features a front announcement page, information on policy and procedure, and activities, and allows members to download important forms.

This year a Disaster Preparedness section was added to the public section of the webpage to improve awareness and empower citizens with knowledge about what they can do to get ready.



INTERAGENCY PREPAREDNESS ACTIVITIES

IMERT-INVENT participates with state, regional, and local agencies in training exercises, table top drills, disaster response planning, and response team development. This includes: local health departments, medical reserve corps, municipal and regional coordinated exercises.



IMERT members observing participants in a SWMD training

IMERT-INVENT staff advised out-of-state agencies in Indiana, Michigan, and Wisconsin on the development of their own state response teams. IMERT was also asked to advise internationally on alternate care sites in India during flood relief.

At the request of IEMA and ILEAS, IMERT conducted a medical resources assessment of the city of Thomson, IL and the surrounding region.

Many of the IMERT-INVENT volunteers have disaster drill experience from their volunteer hours with IMERT and their work settings; hospitals, pre-hospital and/or military. As a result, IMERT-INVENT members are frequently asked to evaluate drills as well as help design realistic scenarios, apply moulage, and coach the victims to behave in a realistic symptomatic way.



Drills which IMERT-INVENT staff and volunteers assisted in as evaluators and medical oversight include:

8/10/09	Spring Fever Drill	Western Springs, IL
8/14/09	Faith Based Tabletop	Chicago, IL
10/15/09	IDPH ACS Tabletop	ICEP, Downers Grove, IL
11/19/09	TRT Drill	Lincoln, IL
4/7-8/2010	IFSI Hazmat Validation	IFSI, Urbana, IL
4/26/10	NICU Drill	Springfield, IL
4/15/10	SWMD Training	Springfield, IL
5/19-21/2010	SWMD Training	Springfield, IL
5/19-21/2010	SWMD Training	Mount Vernon, IL
6/16-17/2010	SWMD Training	Chicago, IL

Past inter-agency operations have included:

- Assisting with medical training for first responder and EMS personnel including presenting Basic Disaster Life Support (BDLS), Advanced Disaster Life Support (ADLS), and International Trauma Life Support (ITLS.).
- Supplying medical coverage for HAZMAT exercises that can last up to 24 hours.
- Providing medical back up at the Illinois Fire Safety Institute's disaster drills in the event of injury from the rigors of working in Hazmat suit and on a rubble pile.
- Offering training to SWMD medics as well as providing medical coverage during prolonged drills and immersion events.
- In collaboration with medical centers, providing Combat Life Saver instruction for tactical team responders as well as medics from the Illinois National Guard. Municipal and military agencies, particularly those training to respond to "chemical" or other WMD.

URBAN SEARCH AND RESCUE

In addition to the events listed above, a group of specially trained IMERT doctors, nurses and medics provide medical coverage at trainings and during search and rescue operations for the Urban Search and Rescue Team in Illinois.

They have been specially trained in emergency first aid for search and rescue dogs.



COMMITTEE PARTICIPATION

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

- **Interstate Medical Disaster Cooperative**
Representative: Dr. Moses Lee, FACEP
Medical response team leaders from multiple states whose primary purpose is to share lessons learned and further develop interoperability.
- **Medical and Public Health Working Group, U.S. Dept. of Health & Human Services; FEMA**
Representative: Mary Connelly, BSN
Charged with developing resource typing for response teams to enhance the EMAC request process.
- **Incident Command System Changes Management Board, FEMA/NIMS**
Representative: Mary Connelly, BSN
Develops and manages ICS competencies, associated behaviors and tasks for emergency management. Guidance on incident management and qualifications.
- **Alternate Care Sites Subcommittee, Pandemic Flu, IDPH**
Representative: Mary Connelly, BSN
Completed an alternate care site selection project to identify sites around the state. The committee continues to focus on issues of staffing, jurisdictional authority, security, etc.
- **Bioterrorism Committee, Illinois Department of Public Health**
Representative: Mary Connelly, BSN
A multi-agency co-operative that provides strategic policy and support for statewide bioterrorism preparedness, response, and recovery capabilities.
- **Training Committee, Illinois Terrorism Task Force**
Representative: Brian Murphy, CCEMT-P
Multi-disciplinary training initiatives designed to promote compliance with DHS objectives.
- **Pediatric Bioterrorism Committee, Illinois Emergency Medical Services for Children**
Representative: Barbara Oliff, RN, BA
Multi-agency specialists focused on pediatric considerations in mass casualty, outbreak and epidemic incidents.
- **Chicagoland Community Organizations Active in Disaster**
Representative: Barbara Oliff, RN, BA
A collaborative organization based within the Chicago area composed of public, private, and non-profit agencies focused on enhancing the community's ability to prepare for, respond to, and recover from the effects of disasters.



ORGANIZATIONAL PARTNERSHIPS

- DuPage Public Safety Communication
- Illinois Terrorism Task Force
- Illinois Law Enforcement Alarm System (ILEAS)
- Illinois National Guard and other state response agencies
- Illinois State Weapons of Mass Destruction Team
- Illinois Urban Search & Rescue Teams



IMERT-INVENT medical responders work with EMS and other response agencies to set up an alternate care site in Chicago



ILLINOIS MEDICAL EMERGENCY RESPONSE TEAM THE ILLINOIS NURSE TEAM

ALTERNATE CARE SITE TABLE TOP and WORKSHOP

IMERT staff was requested by the Illinois Department of Public health to develop and conduct a workshop and training exercise addressing the utilization of Alternate Care Sites (ACS).

IMERT staff, along with other medical subject matter experts, conducted a workshop and tabletop drill on ACS issues within a pandemic flu framework. The two day symposium was attended 60 representatives from the preparedness community. Some of the groups represented include; IDPH, local health departments, RHCC hospitals, and community hospitals, IHA, MCHC, ASPR and the FBI were present. The purpose of the workshop was to familiarize stakeholders with operational concepts and delineate unresolved issues in terms of ACS operations. The tabletop on day 2 was designed to further explore these issues within framework of a mass casualty situation as a result of an infectious disease outbreak.



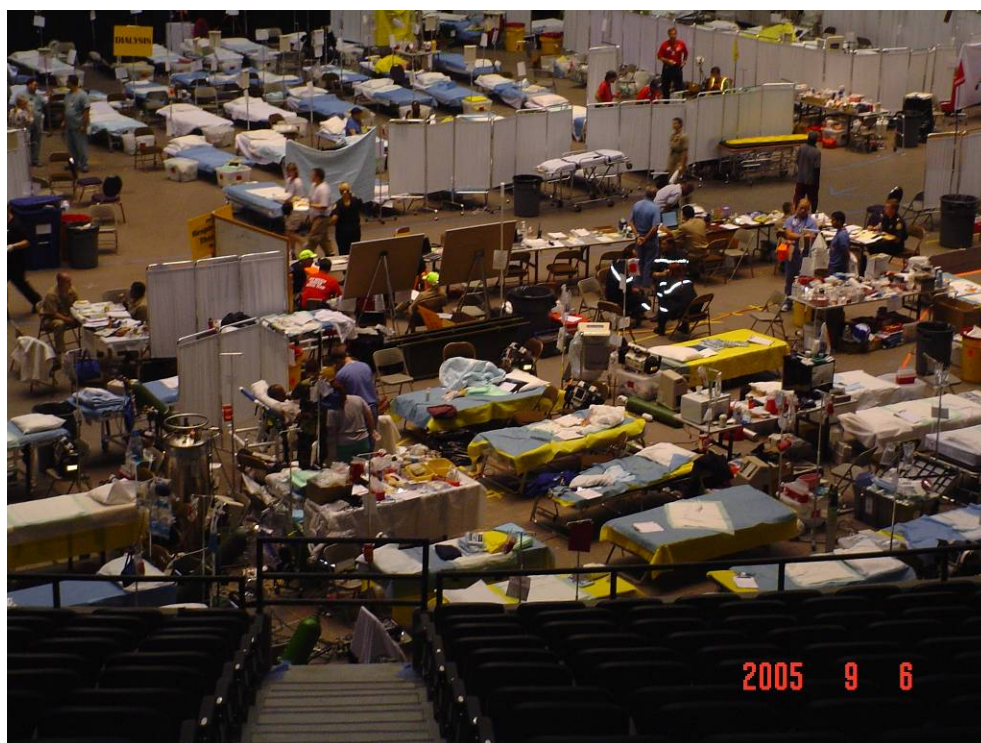
Participants at the Tabletop wearing masks during the influenza outbreak simulation portion of the exercise

The Executive Summary from the tabletop exercise follows.

Alternate Care Site
Workshop and Tabletop Drill
October 14-15, 2009



AFTER ACTION REPORT/IMPROVEMENT PLAN



EXECUTIVE SUMMARY

Alternate Care Site Workshop and Tabletop Drill October 2009

An epidemic caused by influenza or other infectious disease outbreak, a WMD or naturally occurring catastrophe could result in 'mega casualties'. The customary health care infrastructure may become inefficient or completely incapacitated. Vital resources of health care personnel, materials and equipment will likely be in short supply. One method to manage a massive influx of patients or to decompress saturated hospitals is the utilization of alternate care sites.

An alternate care site (ACS) is not a shelter or a hospital. It is a space that can be adapted to set up a make-shift clinical environment to provide medical care. The utilization of an ACS should only happen in a worst case scenario. A few were set up in Louisiana and Texas in the wake of Hurricane Katrina and proved to be extremely effective for providing medical care for the evacuated population. An outbreak situation is a significantly different application.

There are two distinct scenarios that could require the utilization of an ACS:

EMERGENT

Usually a rapid deployment in response to a sudden catastrophe.

Mutual aid will likely be available

Scenarios include: evacuation of the population, infrastructure paralyzed or destroyed.

Scope of care provided will be fluid and based on responder medical skill level and organizational capability, supplies, as well as needs of patients. The extent of the mission will likely be short termed, with the acute phase lasting less than 2 weeks.

STRATEGIC

Last step in managing an extended medical surge due to an outbreak or BT event.

Mutual aid will likely be nonexistent

Scope of care should be pre-determined and based on a well defined mission (lowest acuity or palliative for instance). Mission may last for many weeks to months.

Current Status:

The Regional Hospital Coordination Centers (RHCC) coordinators have identified 10 alternate care sites in the state that have adequate space for 250-300 patients. There is one in each EMS region (excluding Chicago). Completed site evaluation forms are on record with IDPH.

While having the critical infrastructure information from the ten regional sites is extremely helpful there are many remaining operational issues that have yet to be

resolved. These issues had been identified by stakeholders during the site development phase, but have yet to be fully addressed.

IMERT-INVENT conducted a workshop and tabletop drill on ACS issues within a pandemic flu framework. 60 attendees including representatives from IDPH, local health departments, RHCC hospitals, and community hospitals, IHA, MCHC, ASPR and the FBI. The purpose of the workshop was to familiarize stakeholders with operational concepts and delineate unresolved issues in terms of ACS operations. The tabletop on day 2 was designed to further explore these issues within framework of a mass casualty situation as a result of an infectious disease outbreak.

The exercise planning team first did a literature search for best practices and lessons learned from other states to provide the most up to date information available on the most pressing of related issues. Then subject matter experts from various backgrounds were sought to facilitate break out sessions during the work shop component of the drill. The facilitators, subjects and resource materials are below:

Session: Legal/Jurisdictional Issues

Facilitators: Shannon Comer RN Macon County Health Department
Matt Roberts MPH, Illinois Department of Public Health

Scribe: Linda Kielas RN MSN

Resources: CMS Centers for Medicare and Medicaid Services: EMTALA Fact Sheet
California Documents:
Government Authorized Alternate Care Sites
Triggers/Declarations

**FOCUS: Identify and define legal and jurisdictional aspects of ACS ops.
Recommend next steps for stakeholders**

Session: Altered Standards of Care/Scarce Resources

Facilitators: Evelyn Lyons RN, MPH
Bernie Heilicser DO, MS, FACEP, FACOEP

Scribe: Liz Lee

Resources: Indiana Pandemic Ethical Issues
NY Ventilator Allocation
Triage Scarce Resources
IOM Standards of Care Report

**FOCUS: Identify current guidelines, both ethical and functional, from other states
Recommend next steps for stakeholders**

Session: Alternate Care Site Medical Operations

Facilitators: Barb Oliff RN, Chief Nurse IMERT-INVENT
Sherry Mayes RN, MSN

Scribe: Meghan McCallum

Resources: Sample Org charts, Job Action Sheets, HICS forms,

**FOCUS: Identify ACS ops issues, particularly patient care process, staffing, ACS Operations guidelines
Recommend essential steps for stakeholders**

Session: Alternate Care Site Support Operations

Facilitators: Trevor Bishop EMT-P Equipment Coordinator, IMERT-INVENT
Mike Maddox RN, EMT-P, POD Coordinator, Memorial Hospital
Carbondale

Scribe: Sue Tysiak

Resources: AHRQ Guidelines for Alternate Care Sites
ACS Site Selection Tool
Job Action Sheets
Incident Action Plan Sample

**FOCUS: Identify critical support functions for selection, set-up and operation of an ACS
Recommend essential steps for stakeholders**

Session: Alternate Care Site Demobilization/Aftermath Issues

Facilitators: Brian Murphy EMT-P Training Coordinator, IMERT-INVENT
Laura Pestridge RN ER Nurse, IMERT RN

Scribe: Miriam Miller

Resources: Critical Incident Debriefing info, Site Sanitizing Recommendations,
Cultural considerations and fatality management
Exit Strategy options

FOCUS: Identify appropriate resources for follow-up of volunteers and medical care providers. Discuss some cultural considerations and fatality management. Identify logical exit strategies for local and state decision makers. Identify appropriate resources for information on sanitizing an ACS.

Based on the planning team's deliberations and some of the primary issues identified during the workshop the following objectives were developed for the Alternate Care Site tabletop drill.

- 1. Communication:** Evaluate process for implementing interoperable communication plans or protocols to convey information on the utilization of alternate care sites and patient tracking with community health and hospital officials. Assess the adequacy and practicality of existing communication plans and contingency plans to interface with community partners, healthcare providers and patient's family members. Analyze collection and dissemination of information to public.
- 2. Operations:** Implement onsite incident management process to clearly define command and control, discuss methods for accessing credentialed or capable staff to provide medical interventions under a pre-determined scope of care. Evaluate practicality and effectiveness of Job Action Sheets used by alternate care site staff/volunteers pertaining to triage, patient cohorting process, and set up of strategic alternate care sites. Consider roles of a multi-disciplinary healthcare staff pool such as pastoral care, social work and mental health. Define roles of non-medical volunteers, including credentialing.
- 3. Resource Utilization and Event Demobilization:** Evaluate process for monitoring and inventorying available resources/supplies. Identify crucial roles for support of the ACS infrastructure. Discuss options for maximizing resources under intermittent or varied external weather phenomena. Assess practicality of contingency plans for resource coordination when operating in a strategic alternate care site. Determine efficacy of medical intervention under limited capabilities and discuss alternative options for the continuum of patient care. Assess protocols or guidelines for authorizing termination of site operations and options for returning the site to normal use status at the conclusion of a state declared public health emergency.
- 4. Responder and Personal Preparedness.** Discuss family/personal preparedness measures undertaken by alternate care site responders. Assess effectiveness of available education for volunteer/alternate care site staff when assisting in an emergent situation with undetermined operational period. Evaluate operation/logistic ACS plan when volunteers discontinue service due to family obligations or personal illness.

Major Strengths

The major strengths identified during this exercise are as follows:

- Provided an opportunity for networking with stakeholders from multiple disciplines and learn about both the current status of ACS issues as well as the unresolved issues.
- Provided a discussion forum to better define the utilization of alternate care sites, along with the challenges that will need to be met particularly in terms of staffing, responsibility/authority and operations.
- Provided an opportunity to share the most current research and literature available in the form of a CD containing documents on best practices and the status of similar issues in other states. For example: the issue of utilization of scarce resources, i.e. ventilators, while not a direct ACS issue, still needs to be addressed. The focus should be on ethical norms and principles. It has been determined that at least two neighboring states (Missouri and Indiana) have advanced drafts for implementing a variation of the SOFA* tool. Other states include: New York, Utah, and Florida have already published their guidelines.

*SOFA (sequential organ failure assessment score) The SOFA score is a scoring system to determine the extent of a person's organ function or rate of failure. The score is based on six different scores, one each for the respiratory, cardiovascular, hepatic, coagulation, renal and neurological systems. A complete list of all research provided to participants can be found in the addendum at the end of this report.

- The scenario for the tabletop was timely in that the focus was on ACS operations during pandemic flu (albeit the clinical situations more reflected the 1918 outbreak rather than the current one). At one point as the scenario unfolded to represent an infectious environment, participants were provided N95 particulate masks to wear while discussing a specific module. This provided participants with at least a sense as to what it is like to try to communicate and breathe in N95s. This experience better clarified the need for ample staff and the requirement of frequent rotation of staff.
- The exercise provided participants with an opportunity to identify gaps within their own organizations. For instance, some participants identified IMERT as a resource for full staffing of a 'strategic' ACS. It was explained that IMERT medical volunteers all have jobs within the health care community and that an IMERT response capability during a statewide epidemic would be severely limited. This prompted a realization that non-traditional responders should be sought now from within the community.

Primary Areas for Improvement

Throughout the exercise, several opportunities for improvement in state agencies, local health departments, community and regional hospital's ability to respond to the need to operate an ACS were identified. The primary areas for improvement, including recommendations, are as follows:

Legal

Without question the primary area of concern and confusion for all of the participants revolved around legal issues. Initially the POD hospitals were asked to identify an alternate care site within their region and utilize the site selection tool to ascertain critical infrastructure information. However, a private entity like a hospital really does not have authority as a singular entity to set up and operate an ACS. Similarly, hospitals do not have the wherewithal to provide insurance coverage for liability and workman's comp in an off campus environment staffed by non-employees. The first legal question that needs to be addressed is who has the authority/responsibility to set up an ACS*. There was some conjecture during the conversation that IEMA might already possess this authority, but there were no legal experts in attendance who could address this.

*California has resolved this issue, the concepts can be found in the document: "GOVERNMENT AUTHORIZED ALTERNATE CARE SITES". This information has been forwarded to IDPH legal department.

Hospitals repeatedly expressed the desire for regulatory support to allow the ability to maintain as many patients on-campus before opening any offsite venue, e.g. patient overflow to cafeteria and other unconventional areas as was done in Canada during the SARS outbreak. The current hospital licensing act does not allow for this. Hospital reps requested that hospital licensing regulators examine the option of modifying the allowable number of beds a hospital can utilize during a public health emergency or disaster.

Additional legal guidance has been requested regarding:

- Triggers and Declarations
- Suspension of EMTALA, HIPPA, etc
- Expansion of scope of practice for health care providers

These questions have been forwarded via email with the Executive Summary as well as by IDPH personnel who attended the workshop. These legal issues are directly linked to the ability to advance the concept of operations for alternate care sites.

Altered Standards of Care/Utilization of Scarce Resources:

Guidelines and strategies for utilization of scarce resources need to be developed for a consistent statewide approach to these extremely complex and difficult decisions. Though these issues are really more hospital related there is a secondary implication for alternate care sites. The focus should be on ethical norms and principles of transparency and fairness.

It has been determined that at least two neighboring states (Missouri and Indiana) have advanced drafts for implementing a variation of the SOFA* tool. Other states including: New York, Utah, and Florida have already published their guidelines. This document primarily addressed the allocation of ventilators when the need is greater than the supply.

*SOFA (sequential organ failure assessment score) The SOFA score is a scoring system to determine the extent of a person's organ function or rate of failure. The score is based on six different scores, one each for the respiratory, cardiovascular, hepatic, coagulation, renal and neurological systems.

There is some discussion in the ethical papers that the ventilator supply questions might be remedied by the early utilization of CPAP/BiPAP devices (those used for sleep apnea) to help prevent acute respiratory distress. There is some scientific evidence to back this up but these issues need to be explored further by both medical and ethical experts.

There is also a need to pre-determine the level of care at the ACS because staff will likely not be from hospitals and there will be little advanced equipment available. Both the workshop and tabletop revealed a continued need to generate discussion to best address serious resource constraints and decision-making that will impact patient care and ensuring help for those not likely to survive with a dignified death.

Recommendation: The recommendation for addressing the altered standards/utilization of scarce resources is to formally appoint subject matter experts, faith based groups, community leaders, and clinicians to a special committee to address these issues and report directly to the Director of the Illinois Department of Public Health. These issues like the legal concerns are directly linked to the ability to advance the concept of operations for mass casualties no matter the impetus or cause of the incident.

Medical Operations

The set-up and operation of an alternate care site is not intuitive. Essentially, a space not designed for patient care needs to be adapted into a suitable environment to provide adequate medical care to displaced patients, provide for their families, and support the medical and non-medical volunteers and staff who provide assistance at the site. There are many available resources for guidance but none have been specifically adapted for utilization in an Illinois ACS.

Additionally, IMERT has participated in multiple deployments and pre-deployments wherein the primary mission is set up and operation of an alternate care site. However, a trained response team accustomed to working with each other is considerably different than a relatively ad hoc group of medical care providers within a community.

General guidance needs to be developed for generic applications that would fit in both an emergent and strategic ACS situation. At a minimum the following concepts should be defined:

- Chain of Command
- Staffing Resources
- Clinical organization and operations
- Just in time training
- Documentation and standing medical orders
- Rapid response (or code team) capability
- Sustainability, medical supplies, medical equipment and family/caregiver roles
- Special medical needs issues: dialysis, cognitive disorders, hospice etc.
- Policies and procedures

Recommendation: a special working group consisting of IMERT-INVENT, EMS, Hospital representatives, social workers, EMSC, state and local health agencies, and others should be charged with developing operational guidelines. These guidelines would ideally be region specific to account for the unique assets and resources within the region.

Site Support

Given that medical care will be provided in an unorthodox environment, creative logistics support is essential for start-up, sustainability, and demobilization. Guidance needs to be developed for initial set up and maintenance of operations including: life safety issues, mechanical/electrical/HVAC operations, waste management, supply reception, inventory and par levels, security, infrastructure support, food and nutrition, water supply, communications, transportation, etc.

Likewise, a concerted effort to find a labor pool that can provide both problem resolution and muscle to physically move durable goods, patients, and medical supplies. The ideal labor pool is young adults, with identification and preferably a commitment to the community, college students for instance. There are many community resources that can be tapped for assistance from the Chamber of Commerce to local colleges and universities.

Recommendation: adding this aspect to the Medical Operations working group would be the most efficient approach to develop appropriate guidelines.

Exit Strategy

A specific mission for the ACS should be developed before it is opened, including an exit strategy. A threshold should be established for when to transfer patients out of the ACS. This threshold should be clear to all as early as possible in the implementation phase. Included in the exit strategy should be guidance for follow up for any responders who worked at the ACS. Similarly, guidance should be developed for the appropriate decontamination and cleansing of the ACS in order for the site to return to normal use. Finally, though fatality management should not be a focus of the ACS, the management of human remains will need to be coordinated with the existing state plan.

Recommendation: adding this aspect to the Medical Operations working group would be the most efficient approach to develop appropriate guidelines.

Additional alternate care sites

The current sites (10 large sites for 250-500 patients) are located in 10 EMS regions, excluding Chicago. While these sites will be particularly useful in an emergent scenario, the geographical challenges of actually getting patients and personnel to the site may prove to be impractical.

The alternate care site selection tool has been modified for smaller venues that could hold 50-100 patients. Additional sites, smaller in scope should be identified through out the state. The Site Selection Tool has been modified for smaller venues that could hold 50-100 patients. A responsible party should be found within the community (local EMA or health department might be appropriate) to identify and evaluate potential sites. Ideally, there would be one site per county. This would provide emergency planners and managers with crucial infrastructure information that would enhance the capability to rapidly respond to overflow medical needs.

Conclusion

The workshop and tabletop drill followed HSEEP guidelines. The results of the break out sessions and table top modules indicated that many issues need to be advanced to the executive level, particularly the legal and alternate standards of care issues. The operational issues need to be further explored on the regional level with specific step by step templates developed to allow rapid training and deployment.

The many issues delineated in this 2 day workshop/ttx should be addressed by a multi-disciplinary group on the regional level with guidance provided from the state. Interstate planning groups could help alleviate the state by state discrepancies particularly in establishing altered standards of care guidelines. Additional workshops should be conducted that would include more local health department staff, other health care providers (like home health and hospice) and other response agencies such as emergency management, law enforcement, EMS, pharmacists and social service groups.



ILLINOIS MEDICAL EMERGENCY RESPONSE TEAM THE ILLINOIS NURSE TEAM

MOBILE ASSETS

Vehicles and trailers for transport of medical responders, equipment and supplies are used and stored at the ILEAS training facility in Urbana. IMERT has full access to the state-owned deployment vehicles and trailers. All other equipment, supplies and durable goods are not immediately available as they are the subject of an ownership dispute between ICEP and IDPH. Contingency plans and temporary agreements have been developed that ensure adequate resources will be available in the event of regional incident.

TRANSPORTATION EQUIPMENT



Transportation equipment set up at deployment to Quincy, Illinois in 2008

TRUCKS

Non-State owned:

700-703 These vehicles are the administrative and quick response vehicles.

704 An extended cab 28' box truck with a 1-ton lift gate.

State owned Trucks 897, 915, 917 1-ton crew cab trucks with enclosed truck bed caps. The vehicles transport team members, equipment and tow our trailers. Truck 897 has a 50-gallon fuel cell and the cargo area is capable of transporting “dirty” equipment or supplies i.e. fuel and oils.



TRAILERS

State owned unless otherwise designated

The trailers allow IMERT-INVENT to move equipment to and from deployments, training exercises, and conferences. The trailers store equipment and provide space on site for command operations. They have even been used as makeshift sleeping quarters on deployment.

TR-2 and 3 Alternate care site” support trailers. They contain patient care and staff supplies usually consumed when an operation lasts longer than 24-hour operation. Some items contained are: Additional bedding, portable toilets, food, water, patient and staff clothing, isolation and housekeeping equipment.

TR-5 This trailer is for SWMDT response package and is the primary response trailer for any small to medium size deployment.

Surge Contains a large Zumro tent with HVAC equipment, lighting, surge packs, Decon equipment and conveyance equipment.

Base Camp This trailer contains cots, sleeping bags, portable toilets, tents and toiletries for responder support.

All of the above trailers are self sufficient with 20kw generators, cord reels, HVAC, 5kw light towers, weather stations, work areas and TV’s.

Supply 1 This trailer, smaller in nature is used in conjunction with Truck 704 to carry the 30 patient package and operational equipment.

Supply 2 This trailer is reserved for either a small to medium operation or for resupply missions

Cascade 1 This trailer is designed to generate medical grade Oxygen or air up to 30 LPM. Other oxygen equipment such as a cascade, D bottle storage, O2 hose reel, Oxygen manifolds, flow meters and Votran ventilators.

Cascade 1 also contains a self supported large volume water filtration system able to generate up to 36,000 GPD and a 250 gallon potable water bag.

Cascade 2 This trailer is designed as a duplicate as above with the exception of the water filtration system. Upon request a portable water filtration system is available to be packed with the generation capabilities of up to 1440 GPD and just needs a 12v source.

Non State Owned

Transport This trailer is a 24’ all aluminum transportation trailer designed to transport 2 Gators and other fuel operating units. It can be configured to store dirty or contaminated items due to the non-porous surfaces in the trailer.



GENSAT TRAILER

The two GenSat trailers are an all in one power generation and broadband satellite communication devices. Each trailer includes a 60Kw diesel generator that can provide the power for 30 hours of runtime between refueling during a response. Each GenSet also has a Broadband satellite communication system with SDN Global currently set at 2048 Kbps down and 512 up Burstable and 200 Kbps X 50 committed information. The bandwidth can be increased upon request. This allows supply of a wireless “umbrella” that can support video conferencing, transmission of waveforms, and voice-over IP communications.



A supply trailer, Gensat, and command vehicle being utilized during the Kinderhook deployment of 2008.



MEDICAL and PATIENT SUPPORT SUPPLIES

IMERT's current medical supply cache gives the team the capability to triage and treat up to 50 patients initially during a deployment. Additional packages can be deployed that can be used to accommodate an additional 50 patients or as resupply.

Medical supplies include crash carts with monitors, suction and O2. Trauma carts are equipped with orthopedic supplies, bandages, IV supplies, and irrigation. ENT and optic instruments are on hand for special emergency needs. Backboards, Stryker carts, stair chairs, wheelchairs, litter carts and John Deere Gators are available for patient transport.

In April of 2009, IMERT-INVENT entered into an ongoing agreement with the pharmacy at Carle Hospital in Champaign-Urbana in which the Carle Foundation Pharmacy department in collaboration with IMERT-INVENT agreed to maintain and store IMERT-INVENT's pharmaceutical cache. This maintenance includes resupply of expired pharmaceuticals by the Carle Pharmacy Department.

The banyan medical supply cache was discontinued after a review by the medical director. The banyan supply boxes were replaced by utilizing light weight easier to carry Pelican cases equipped with Advanced Cardiac Life Support medications as well as a supplemental pharmacy cache as determined by the medical director in collaboration with the Medical Operations Committee.



Security cages were purchased for the medical supply cache (pictured left). The cages feature double doors with hasp locking mechanism and are 45" W x 26 1/2" D x 77" H. The middle shelf can up or down depending on the unit's packing needs. The cages also have a tow hitch to aid in transport.

These cages are being utilized to organize supplies based on mission specific roles, including SWMD, Training exercises and components of the 50 patient general care package. Having the cages pre-loaded allows for faster loading response time in the event of deployment.

All temperature sensitive materials will be stored in a controlled environment and will be ready for roll out as needed.



EQUIPMENT STORAGE

IMERT-INVENT utilized a storage facility called Park 150 in Urbana to store durable equipment. This facility provides secure fenced in storage and lighted grounds along with keypad gate for 24 hour access. Video surveillance provides added security.



The warehouse spaces have been organized into usage categories to utilize the total storage space effectively and make locating the necessary equipment or supplies easy and efficient. Images of IMERT-INVENT's medical supply are included.

A logistics, communication, and information technology warehouse space stores the IMERT radios (including VHF portables, Talk-About, Micro-talk portables, etc.), GPS systems, digital cameras, video cameras, HAM radio equipment, and other technology.

A training warehouse space contains all equipment used for training team members in medical response. Among the equipment available are training manikins that include Resusi-Annie, half- and full-body manikins, and ACLS trainers; moulage kits; and EZ-IO training supplies.



A selection of safety equipment.

The safety warehouse space contains goggles, safety vests, decon supplies, personal protection kits and fanny packs as well as additional items to keep team members safe. Safety communication equipment is located in the logistics, communication, and information technology warehouse.

The pediatric warehouse space contains training equipment, medical cart, medical equipment and supplies, and safety equipment specialized for pediatric patients. This includes pediatric cots, OB kits, children's decon suits, and a host of miscellaneous supplies.



A selection of pediatric equipment.

Preventative maintenance is performed on all equipment with weekly charging including: inspection and maintenance of battery-powered equipment, update of computers to be able to operate to current programs, replacement of bad power supplies and batteries, and added networked and encrypted hard drives. Warranties for extensive maintenance of medical equipment are retained when not cost prohibitive.



INVENTORY

IMERT-INVENT inventory was held the first week of December 2009. IMERT-INVENT staff members, along with a few team members counted and verified IMERT-INVENT inventory. When the counting was complete, the entry process began. Terminology of the response equipment was a priority to streamline the inventory entry process and to assist with future inventories. Once the inventory was complete and entered into a spreadsheet, IMERT-INVENT added the grant information to the spreadsheet. Inventory items purchased with grants from ITTF and ASPR were identified using the grant number and ICEP accounting codes.

A SELECTION OF IMERT-INVENT EQUIPMENT



Medical supplies for respiratory emergencies



Advanced cardiac life support equipment



Carts containing a selection of medical supply for utilization at an alternate care site or other medical response missions



Medical supply packages packed for strike team rapid deployment



A Zumo tent provides an alternative patient treatment space or can be used as an isolation unit.



A John Deere "Gator" which can be used for patient transport on deployment.



ILLINOIS MEDICAL EMERGENCY RESPONSE TEAM THE ILLINOIS NURSE TEAM

DEPLOYMENT GUIDELINES

The Illinois Medical Emergency Response Team (IMERT) and the Illinois Nurse Team (INVENT) will respond to and assist with emergency medical treatment at mass casualty incidents when a need is identified. The team or a portion thereof will also provide medical coverage for specialized “state teams” or at “high risk” events as deemed appropriate by the Illinois Department of Public Health.

The team will respond when activated by either the Director of Public Health or designee in collaboration with the Director of the Illinois Emergency Management Agency or designee. The goal is to extend the medical response capabilities of emergency responders as well as to protect and improve the health of the communities we serve.

IMERT-INVENT responders are volunteers from the Illinois medical community as well as specialists from the private sector. As volunteers, they require liability and workmen’s compensation coverage from IEMA. Before any IMERT-INVENT asset is deployed, an IEMA mission number is required to ensure that these protections are in place.



Mary Connelly, Director of Operations delivering the shift briefing at the Quincy Flood Response in 2008



PROCEDURE

A local or regional EMA or medical or public health authority will request a deployment of medical assets when local or regional medical assets are likely to be overwhelmed or incapacitated. A request for assistance will be sent to the Illinois Department of Public Health (IDPH). The IDPH duty officer should obtain information as to: scope of event, conditions on the ground, current medical needs and anticipated medical needs if possible. The IDPH duty officer will contact both the IMERT Director of Operations or Medical Director for early situational awareness. The IEMA will be contacted for authorization and issuance of an Incident Number.

DISPATCH



IMERT-INVENT went live with DuPage Public Safety Communications (DUCOMM) as the primary dispatch service for deployment on December 1st of 2009. DUCOMM remained IMERT's dispatch service through the 2010 grant year.

DUCOMM is an intergovernmental agency formed in 1975 to provide emergency communications services to several police, fire and emergency medical departments. DU-COMM serves 27 agencies covering 700,000+ residents of DuPage County. You can visit their website at: <http://www.ducomm.org/>.

DUCOMM capabilities are scalable to allow for dispatch of the entire IMERT-INVENT team for a general call out or small scale call of a small strike or SWMD team. Team members are contacted by SMS text message to a wireless device and then asked to confirm or deny availability through contact with IMERT's dedicated phone line at the dispatch center.

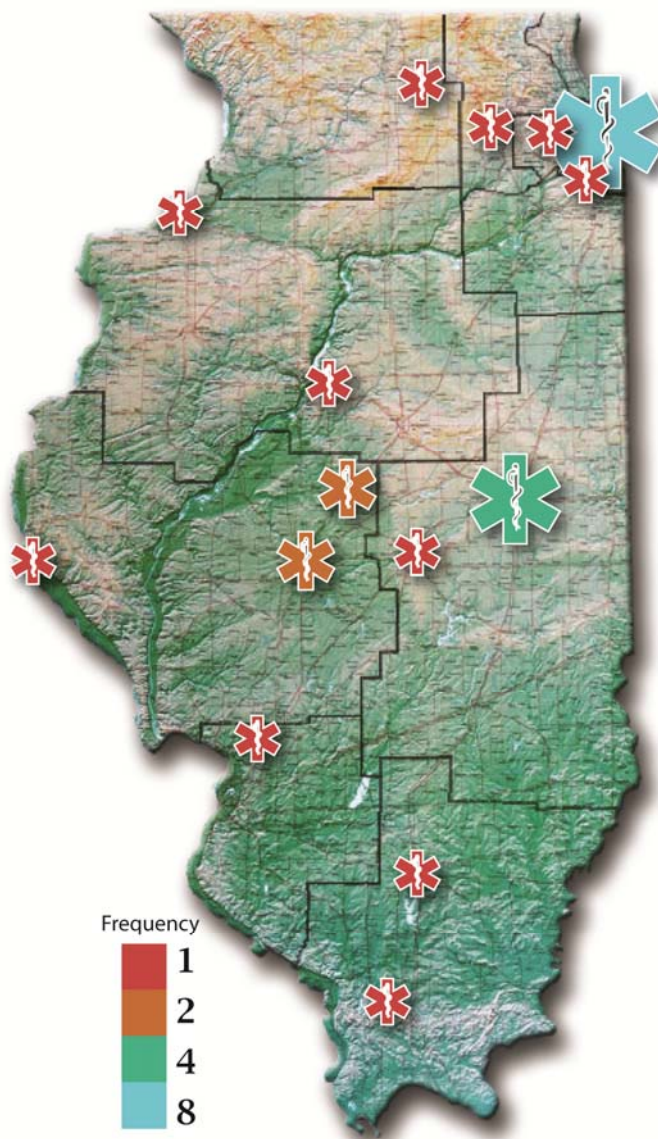
The center also allows tracking of team members' movements and confirmation of safe arrival to and from the staging area.

IMERT conducted a communications drill on February 23, 2010. The After Action Report follows.



DEPLOYMENTS

IMERT-INVENT teams have assisted citizens and agencies across the State of Illinois during its ten year history. The below map depicts the deployment and training exercise activity of the past five years. Additionally, IMERT has participated in two out of state EMAC missions to Louisiana to assist with the Hurricane Katrina relief efforts.



Map depicting frequency and location of deployments and training exercises across the State of Illinois



ILLINOIS FIRE SAFETY INSTITUTE HAZMAT OPERATION

On April 7-8, 2010, IMERT-INVENT participated in a multi-agency HAZMAT drill hosted by The Illinois Terrorism Task Force (ITTF), in conjunction with the Illinois Fire Service Institute (IFSI) and the Mutual Aid Box Alarm System. This exercise served to test various agencies and jurisdictions ability to perform CBRNE Detection, Communications, Onsite Incident Management, Responder Health and Safety, and Hazardous Materials Response and Decontamination capabilities.

IMERT-INVENT provided both real world medical support as well as evaluation of the Triage and Pre-Hospital Treatment's capability to appropriately dispatch emergency medical services (EMS) resources; to provide feasible, suitable, and medically acceptable pre-hospital triage and treatment of patients; to provide transport as well as medical care en-route to an appropriate receiving facility; and to track patients to a treatment facility.



HazMat Validations 2007



STATE WEAPONS OF MASS DESTRUCTION TEAM MEDICAL SUPPORT

IMERT and INVENT teams were deployed under the authority of IEMA and IDPH to provide medical support for participants at multiple SWMD training exercises. The primary objective for IMERT is to provide medical coverage for the SWMD exercise training participants (first aid and injury stabilization). The secondary objective is to ensure scene safety and ensure proper hydration for the participants and the staff.

This grant cycle, IMERT participation with SWMD exercises was formalized into a regular monthly training cycle, with exercises rotating between the southern, central, and northern part of the state.

IMERT–INVENT teams provide medical screenings both before and after participants actively engaged in the exercise. The exercise settings are useful for simulating deployment like conditions.



An IMERT volunteer taking vitals on a CST participant in PPE gear



DEPLOYMENTS and TRAINING EXERCISES:

June 16-17, 2010	SWMD Joint Training Exercise	Bensenville, IL
May 20, 2010	SWMD Joint Training Exercise	Mount Vernon, IL
May 20, 2010	SWMD Joint Training Exercise	Springfield, IL
April 15, 2010	SWMD Joint Training Exercise	Springfield, IL
April 7-8, 2010	Hazmat Validations	Champaign, IL
February 23, 2010	Team Communications Exercise	
November 19, 2009	TRT Validation	Lincoln, IL
October 15, 2009	Alternate Care Site Table Top	Downers Grove, IL
July 19-20, 2009	Vaccination Clinic (Hep A)	Rock Island, IL
July 3-4, 2009	Taste of Chicago Fireworks Response	Chicago, IL
May 28, 2009	SWMD Joint Training Exercise	Lincoln, IL
May 2-3, 2009	Deployment Development Conference	Urbana, IL
Nov 3-4, 2008	Obama Election Night Grant Park	Chicago, IL
October 6, 2008	I-Quake Earthquake Training Exercise	Carbondale, IL
June 16-28, 2008	Quincy Area Flooding Response	Kinderhook, IL
February 24, 2008	NIU Memorial Service	DeKalb, IL
October 27, 2007	Rally for Peace and Justice	Chicago, IL
August 10, 2007	Air and Water Show	Chicago, IL
July 3-4, 2007	Taste of Chicago Fireworks Response	Chicago, IL
June 2007	Hazmat Validations	Champaign, IL
June 2007	TRT Validations	Champaign, IL
June 2007	MRC Rescue Rider Training Exercise	Kane County, IL
May 2007	Ardent Sentry	Indianapolis, IN
March 2007	Field Ready Hospital SNS Exercise	Frankford, IL
Dec 2-6, 2006	Ice Storm Response	Decatur, IL
August 2006	Operation Prairie Thunder	Edwardsville, IL
August 1, 2006	Heat Crisis Response	Chicago, IL
July 2006	SWMD Joint Training	Peoria, IL
June 2006	Midway Disaster Training Exercise	Chicago, IL
Nov. 9-24, 2005	Hurricane Katrina Hospital Assistance	New Orleans, LA
Aug 29-Sept 9, 2005	Hurricane Katrina Alternate Care Site	Baton Rouge, LA
April 20, 2005	Lincoln Library Dedication	Springfield, IL

IMERT

Communications Exercise 02-10

February 23, 2010

**AFTER ACTION
REPORT/IMPROVEMENT PLAN**

EXECUTIVE SUMMARY

The IMERT Communications Exercise was designed to test these capabilities: verify the dispatch center (DuComm) receipt and transmission of the appropriate message, accurate tally of responses with updates at agreed upon intervals. Additionally, this exercise was designed to verify current contact info of selected team members. .

The Illinois Medical Emergency Response Team (IMERT) and DuComm designed this drill to test the abilities of the areas of communication for initial notifications. The exercise was conducted in a 9-hour period, but simulated to be over two separate events. The total players in the exercise would be approximately 70 persons including dispatchers.

Based on the exercise planning team's deliberations, the following objectives were developed for the IMERT Communications Drill 02-10:

Objective 1: Receive a call from an approved IMERT-INVENT staff member who can authorize a call-out. Formulate a SMS message and send to designated IMERT-INVENT responders

Objective 2: Demonstrate the ability to accept an influx of calls, gather availability and submit a report within a two-hour period for the initial page then a four-hour period thereafter.

Objective 3: Demonstrate the ability to give a short message to team members of important information or to call the dispatch center, gather information and then pass the information gathered by DuComm to a designated person for follow up of additional actions.

The purpose of this report is to analyze the 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:

- DuComm sent the message in approximately 5 minutes from the notification.
- Dispatchers received calls, of 37 out of 56 members paged within 2 hours of the initial notification, 4 after the 2-hour period, and then the second page was at 1600hrs sent to 10 personnel and received calls from 6 members after a two period. The second page was to simulate the need for additional or relief personnel.
- Timely reports were sent to the logistics coordinator of team member availability.

The following have been identified as areas for improvement:

- DuComm: Identified a need for a dedicated IMERT line.
- **IMERT: Identified that not all team members have up to date contact information on record.**

This exercise met the following objectives:

Activity 1: Receive a call from an approved IMERT-INVENT staff member who can authorize a call-out. Formulate a SMS message and send to designated IMERT-INVENT responders

- An email was sent to DuComm with the exercise information, page list and message information (see attached forms).
- The initial page was sent out at 0900, the secondary page was sent at 1600 and was received to most devices in less than 10 minutes

SMS page sent to personnel:

DRILL ONLY – Possible IMERT mission for 3 days on 03-02-10. Call 630-260-7512 w/availability

Activity 2: Demonstrate the ability to accept an influx of calls, ascertain team member availability and submit a report in a timely manner

- DuComm received 34 calls out of 56 in the first two-hour period. Four called after the two-hour period.
- After a two-hour period a report of team members calling in was sent from DuComm to the Logistics Coordinator.
- DuComm received 3 calls out of 10 in the first two-hour period for the

secondary page at 1600hrs.

Activity 3: Make additional notifications to team members depending on returned calls and situational changes

- As needs escalate for more personnel page additional team members from deployable member list.

April 2010 HAZMAT Exercise

April 7-8, 2010



AFTER ACTION REPORT/IMPROVEMENT PLAN

May 4, 2010

Version 2

EXECUTIVE SUMMARY

The Illinois Terrorism Task Force (ITTF), in conjunction with the Illinois Fire Service Institute (IFSI) and the Mutual Aid Box Alarm System – Illinois (MABAS) conducted a full scale HAZMAT validation exercise (April 2010 HAZMAT Exercise) to test various agencies and jurisdictions ability to perform CBRNE Detection, Communications, Onsite Incident Management, Responder Health and Safety, and Hazardous Materials Response and Decontamination capabilities. The exercise planning team was composed of numerous and diverse agencies, including Illinois Emergency Management Agency, the Office of the State Fire Marshall, Illinois Law Enforcement Alarm System, Illinois Public Works Mutual Aid Network, Illinois Medical Emergency Response Team, Illinois Telecommunicator Emergency Response Task Force, Illinois Fire Service Institute, Mutual Aid Box Alarm System – Illinois, and member departments and teams. The exercise planning team discussed the best methods to validate the ability of teams to conduct HAZMAT operations on two levels: support of the State Deployment Plan and technical skill competency. The planning process was begin in November, 2009.

Based on the exercise planning team's deliberations, the following objectives were developed for the April 2010 HAZMAT Exercise:

- 1. CBRNE Detection:** Evaluate the ability of HAZMAT Teams to properly detect hazardous materials.
- 2. Communications:** Evaluate the ability of ITECS teams to respond to and support an incident. Evaluate the ability of Unified Command Post teams to respond to and support an incident.
- 3. Onsite Incident Management:** Examine the ability to staff and operate a HAZMAT Branch within the incident command structure. Evaluate the ability of the HAZMAT Teams to function as members of a Task Force or Strike Team.
- 4. Responder Health and Safety:** Evaluate the ability of the responding HAZMAT Teams to monitor health and safety issues as it relates to the hazardous materials response.
- 5. Hazardous Material Response and Decontamination:** Evaluate the ability of HAZMAT Teams to deploy, in-process, conduct operations, and recover from a hazard materials incident.

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:

- Ability of selected HAZMAT Teams to respond to an incident.
- Ability of communications personnel to support interoperability.
-

Primary Areas for Improvement

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

- Identified a need to establish standardized operational periods in order to support extended operations.
- Identified a need to conduct refresher training on specific HAZMAT techniques and procedures.
- Identified a need to develop standardized operations guides and procedures for all deployable teams.
- Identified a need to develop a trained exercise cadre.
- Utilize a 3-tier process for validating individual and team proficiency. Tier 1 would be conducted at local level and would validate individual skills. Tier 2 would be conducted at regional level and would validate team ability to work with other teams. Tier 3 would be conducted at state level and would validate team ability to work with other disciplines.

Overall the exercise was successful. Prior to conduct of future exercises, involved HAZMAT teams need to conduct refresher training on the techniques and procedures common to most HAZMAT incidents. There is a need for increased refresher training, across the board, on many of the pieces of equipment commonly used. Internal sustainment training must be conducted.

OAK LAWN POLICE DEPARTMENT

9446 S. Raymond Avenue • Oak Lawn, Illinois 60453 • Phone (708) 422-8292
www.oaklawn-il.gov

William Villanova

Chief of Police
SPSC 136th



Roger Pawlowski

Division Chief Administrative
SPSC 123rd



Michael Kaufmann

Division Chief Investigations
FBI/NA 212th

Michael Murray

Division Chief Patrol
SPSC 207th

June 23, 2010

Mary Connelly
Illinois Medical Emergency Response Team
3000 Woodcreek Drive Suite 200
Downers Grove, IL 60515

Dear Mary Connelly,

Please accept my sincere thanks for your support of the Oak Lawn Prairie North training exercise on June the 13th. The ability of First Responders to successfully deal with Mass Casualty events requires both planning and realistic training. This training would not have been possible without the support offered by various organizations. We are very grateful for your participation and hard work in the preparation and execution of this event.

Thank you for your outstanding efforts, time, and dedication.

Very Truly Yours,

A handwritten signature in cursive script, reading "William Villanova".

William Villanova
Chief of Police
Oak Lawn Police Department



**ILLINOIS MEDICAL EMERGENCY RESPONSE TEAM
THE ILLINOIS NURSE TEAM**

Please contact Mary Connelly, RN, BSN, Executive Director
with any questions or comments

MaryC@imert.org
Or
MaryC@inventrn.org

1701 E Main St
Urbana, IL 61802

Phone: 630-701-5344
Fax: 630-IMERT-60

More information is available on our websites

www.imert.org
Or
www.inventrn.org

IMERT and INVENT are supported by funding from an ASPR (Assistant Secretary for Preparedness and Response) grant to the Illinois Department of Public Health (IDPH) and by a grant from the Department of Homeland Security (DHS) to the Illinois Terrorism Task Force (ITTF).