



# Annual Report FY 2017

Summary of ASPR deliverables for FY2017  
and IMERT program activities

Grant # 77283013E

## **IMERT End of Year Performance Report for FY2017**

The Illinois Medical Emergency Response team (IMERT) with its principal office and payment address at 1701 E Main Street, Urbana, IL 61802, receives Grant Agreement No. 77283013E from the State of Illinois, Department of Public Health. The purpose of this grant is to fund the IMERT's performance of the services reported on herein during the term of this grant. This grant is used to promote collaboration with the Department's Hospital Preparedness Program and to support Illinois by maintaining 24 hour operational readiness to lend medical assistance in times of disaster throughout the state of Illinois, enhance awareness in the community through education and training, and to collaborate with other preparedness agencies to enhance the overall capability of the State of Illinois to respond to public health and medical disaster emergencies.

IMERT's fulfillment of the obligations and deliverables are outlined in this End of Year Performance Measures report.

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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. IMERT's primary mission is to assist in providing medical care when the local or regional healthcare infrastructure is overwhelmed, paralyzed or destroyed.

IMERT is comprised of volunteers from every region of the state. 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. Volunteers come from the medical and emergency response community as well as the private sector. The non-medical element of the team are volunteers with special skill sets such as information technology, communications, materials management, scene safety, and resource management. The IMERT organization's response capabilities provide increased mitigation potential and increased medical surge response capacity within the State.

The primary source of funding 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 Hospital Preparedness Program. Additional support is provided by a grant from the Department of Homeland Security through the Illinois Terrorism Task Force (ITTF) that supports a staff position to fill the role of Chief of Planning and Logistics. 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 these grant programs, IMERT has responded to numerous emergencies, disasters, and high risk/high profile events around Illinois as well as out of state. 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.

Physicians and staff provide education and training for health care providers and community groups within the state. 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 also provides skilled moulage services to response partners during full-scale exercises, providing realistic simulated casualties which have been demonstrably important in enhancing the exercise experience for responders.

**SIGNIFICANT ACTIVITIES:** We have made substantial progress in the further development of telemedicine capabilities. We transitioned from a video-conferencing concept to utilizing the Homeland Security Information Network (HSIN). This provides a secure platform for sharing video, audio and documents. In a disaster situation this technology can provide situational awareness as well as provide options for medical consultation by physicians and others who are located remotely. During this grant period we implemented this technology in a variety of settings:

- Rockford Swedish American Hospital Evacuation Exercise: live streaming of patient evacuation was successfully broadcast to both IDPH in Springfield and to the RHCC in Rockford
- Conducted a demonstration during the Federal site visit by ASPR-CDC by having a three way hook-up from Marion to two locations in Chicago. One location was a mock disaster scene and the other was to the Medical Director at a different location in Chicago. A nurse at the disaster scene was able to livestream a full assessment of a patient with moulaged injuries. The MD was able to visualize the injuries and talk directly with the nurse and the patient. This interaction was able to be observed in Marion by the participants of the Federal site visit.
- Abraham Lincoln Memorial Hospital in Lincoln conducted a mass casualty exercise. IMERT moulaged several patients and staged a disaster scene. The ER Physician at the hospital had agreed to participate in the telemedicine test. We were able to livestream the scene and in particular a patient with an amputation as a nurse was conducting an assessment. Afterward the ER Physician admitted to being initially skeptical as to the value of seeing direct images but after the experience he stated it helped him determine likely surgical and treatment needs for this critical patient well before the patient arrived at the ER.
- MABAS Urban Search and Rescue Team (USAR) conducted an exercise in the Cherry Valley area. We brought the telemedicine equipment to test and demonstrate utilization possibilities for the USAR team. They were able to use the camera of a computer Notebook, bring it into the rubble pile and visualize the mannequin that represented a trapped victim, while a physician could visualize the medics and the patient during extrication and initial treatment.
- IMERT has been working with EMSC on developing the Pediatric Care Medical Specialist Team (PCMS). This team is meant to provide remote advanced medical advice and direction to clinicians during a mass casualty event that has multiple pediatric victims. We anticipate this will be very useful for critical access hospitals and others who may be unaccustomed to treating critically injured or ill children for extended periods of time. In normal circumstances these patients are transferred to specialty hospitals or trauma centers though during a disaster transfer capability could be significantly limited. We used the HSIN platform to share documents and provide a briefing to the PCMS team. We were able to conduct the briefing and share the documents but encountered some technical difficulties.

We did encounter some technical challenges during these events and are learning to resolve them. Our equipment is rather basic though we were still able to meet the objectives of providing situational awareness and obtaining medical consultation and orders. This method for information sharing during a disaster response has great promise. We intend to pursue this further in the upcoming budget period.

## GAPS AND NEEDS ADDRESSED

The IMERT staff engages in weekly leadership, administrative and logistics meetings to assist with planning, collaboration and program development. In addition to the deliverables outlined in the grant staff identified worked to address the following gaps/needs.

### 1. Medical Surge

MOULAGE: Assist local communities/agencies during training exercises by providing moulage and actor coaching. Feedback from the past grant year indicated this element of simulating patient injuries lends valuable realism during medical surge trainings. IMERT has developed a team to continue to provide this service at exercises as requested when available. Meetings took place in anticipation of upcoming exercise participation. Likewise, planning is underway to provide moulage training for interested health care preparedness partners.



#### **Moulage and Mock Disaster scene, Lincoln**

TRIAGE/Treatment: We had the opportunity to work with local rural EMS responders during an SWMD Ex in Salem. We collaborated on mass triage and treatment concepts.

CRISIS STANDARDS of CARE (CSC): Both the Medical Director and Executive Director have been part of the CSC Core work group. We have worked closely with EMSC in the development of the draft CIR annex. Currently the Executive Director is co-chair of the EMS subcommittee and has finalized the final draft of EMS triggers and tactics that was utilized at the CSC conference.

ALTERNATE CARE SITE OPERATIONS (ACS): updating current guide for team member training.

PLANNING: We are collaborating with RHCCs from Region 2 and Region 5 on medical capabilities for the Solar Eclipse on August 21, 2017.

We are currently developing 3 new trainings for both IMERT and members of the emergency response community. The first is a Webinar of the Deployment Operations Course, the second is an EMS focused training on operating a casualty collection site, and the third is developing a table top exercise focused on setting up and operating an Alternate Care Site.

## **2. Responder Health and Safety**

TEAM MEMBER ACCOUNTABILITY: IMERT has instituted a new tracking and communication software called I AM RESPONDING. This software allows for tracking our volunteer responders as well as to send direct messages in real time.

## **3. Information Sharing.**

As stated above in the SIGNIFICANT ACTIVITIES section we intend to focus on further developing telemedicine/situational awareness technical capabilities to improve information sharing directly from the field.

## **4. Volunteer Management.**

IMERT provides specific deployment centered trainings for IMERT members based on feedback from previous trainings. A new Deployment Operations Course has been developed and was presented. The course is a face-to-face training that focuses on the responder experience and IMERT's role. It is flexible and provides both medical and operations information and experiences. 155 volunteers attended this course this fiscal year. This training has been given an overall value rating of "excellent" on a 4 point Likert scale by participant program evaluations.

Likewise, a new course on Mass Casualty Triage has been developed. This course was provided at the Deployment Operations Course in June.

While informational training and presentations are valuable for explaining procedures and techniques, volunteer medical providers expressed most satisfaction with real-time immersion experiences. We have found these to be excellent opportunities for our team members and have gotten feedback from them that they feel an increase in their sense of confidence and competence in providing disaster medical care in a variety of circumstances. Participating in multi-agency at "boots on the ground exercises" has proven to be an excellent way to provide these experiences.

**INTERAGENCY COLLABORATION**

During this grant period IMERT has participated in planning/training/exercises with the following:

Chicago Department of Public Health

Cook County Homeland Security

Emergency Medical Services for Children

IEMA Radiological Assessment Field Team

Illinois Department of Public Health

Illinois Emergency Management Agency

Illinois Hospital Association

Illinois Incident Management Team

Illinois Law Enforcement Alarm System

Illinois National Guard

Interstate Medical Disaster Compact (Indiana, Missouri, Wisconsin, Michigan)

Illinois State Police

Massac County Emergency Management

Massac Memorial Hospital

Metropolis Fire Department

Metropolis Police Department

Shawnee Preparedness and Response Coalition

State Weapons of Mass Destruction Team



## TRAINING

During this grant cycle, IMERT made a variety of training opportunities available to its volunteers, staff, and the community as a whole. Community and response partner education presentations included Hospital Incident Command lectures, CBRNE, and community preparedness.

IMERT conducted 10 sessions of the Deployment Operations Course to its members. These courses simulate a deployment, and allow volunteers to familiarize themselves with IMERT operations. The course features rotating topics that addresses deployment procedures as well as current areas of interest. 775 contact hours of IMERT-specific training was provided to 155 members this grant cycle. A remote learning webinar is also being developed to further enhance information sharing

IMERT also provided “real world” training opportunities by partnering with other response agencies to allow for joint exercise participation. IMERT routinely trains with the Radiological Assessment Field Team (RAFT) and Statewide Weapons of Mass Destruction (SWMD) Team.



**Locations of IMERT trainings and exercises in FY2017**



IMERT provides several types of trainings to its volunteers depending on the subject matter including immersion, hands-on, lecture, and simulation

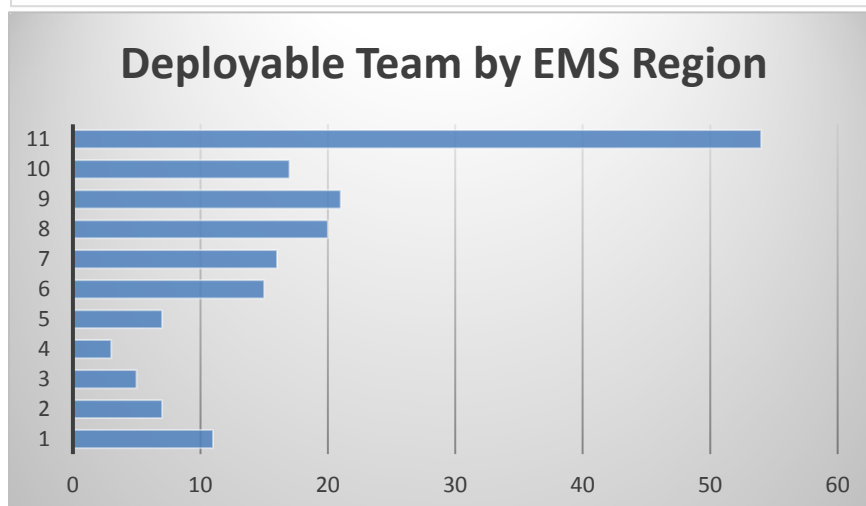
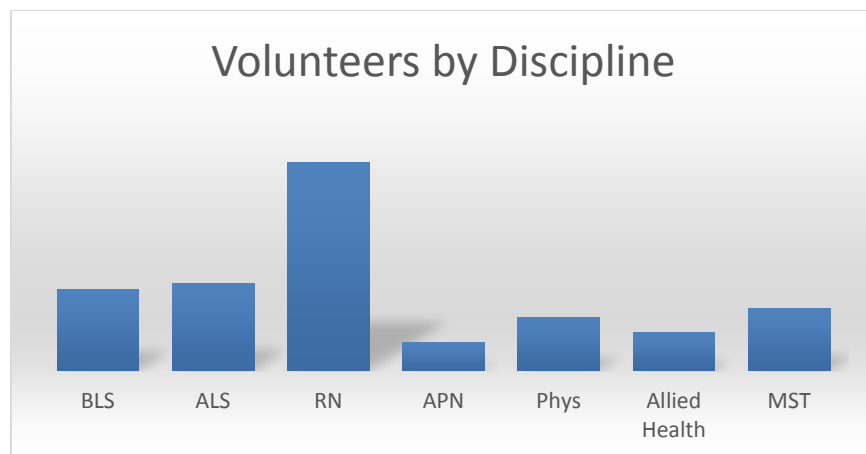
## RECRUITMENT

IMERT recruited and credentialed 9 new applicants this grant cycle: 2 Physician, 1 Advanced Practice RN, 1 Dentist, 1 Nurse, 2 EMT-Ps, and 2 EMT-B. All new members are required to complete ICS 100, ICS 200 and ICS 700 along with a CBRNE/WMD response course. Additionally, all members have their credentials and licensure verified and undergo a background screening check.

Recruitment 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 at multi-agency trainings and exercises, contributing to the state's overall preparedness.

## VOLUNTEER STATUS

IMERT is comprised of healthcare providers from across the patient care spectrum. The largest percentage of IMERT volunteers are registered nurses. This large nursing population allows IMERT operational sustainability during extended deployments. An important aspect of IMERT's volunteer composition is the Mission Support Team component. These team members support the medical mission by managing logistics, communications, planning and other needs. As of June 30th, 2017, IMERT has 169 deployment ready members located throughout the State.



**BOARD OF DIRECTORS**

The IMERT Inc. Board of Directors serve on a voluntary basis. The Board provides strategic guidance, financial oversight, ensures legal and ethical integrity, and oversees executive staff in order to ensure that IMERT is able to fulfill the mission.

Chair: George Beranek, MD

Vice-Chair: Bernie Heilicser, DO

Treasurer: David Wold, DDS

Secretary: Marge Luczak, RN, MSN

Member: Lisa Wax, RN, BSN

President (non-voting): Moses Lee, MD, FACEP, FAAEM

Executive Director (non-voting): Mary Connelly, RN, BSN

Administrator (non-voting): Elizabeth Lee, MS

**STAFF AND CONTRACTORS**

Staff: Mary Connelly (full-time), Elizabeth Lee (part-time).

Planning and Logistics Officer: Christopher Jansen (position supported by a grant from ITTF thru ILEAS)

Contracted Training Coordinators: Tracy Brookshire (Central), Amy Mathes RN -EMTP (South), Christopher Niziolek (Chicago), Barbara Oliff (North), Rick Steele (South Central). All coordinators are on a part-time as needed basis.

**BARRIERS AND NEEDS FOR FUTURE SUSTAINABILITY**

The State of Illinois through IDPH and IEMA has made an investment with both grant funding and support for IMERT over the past 18 years. This has resulted in IMERT being able to provide medical care for thousands of citizens and training to hundreds of healthcare providers and community responders.

Like every mobile response team the most essential need is continuation of adequate funding to maintain team operations. IMERT endeavors to be a good steward of grant funds by prioritizing objectives that focus on mobile medical capability and contribute to overall preparedness in the state. This includes recruitment and retention of qualified healthcare professionals and skilled support team members, boots on the ground training experiences and maintenance of vehicles, equipment and supplies to ensure deployment readiness of a trained and self-sustainable team.

Successful implementation and sustainability of the Illinois Medical Emergency Response Team requires a dedicated staff, maintenance of the organization's infrastructure, attentive management of assets and supplies and the ability to evolve to meet future challenges. The primary barrier for sustainability would be lack of adequate funding.

Number	Deliverable	Status
<b>B.1.1</b>	Provide for a stable organizational infrastructure to support the ongoing operation of the IMERT Program and ensure that necessary staff, volunteers, equipment, supplies, and commodities are readily available for health and medical disaster responses.	<p><b>Status: Met and ongoing</b> Deployment framework and capability is intact.</p> <p>IMERT's 501c3 has provided financial support to the IMERT program to maintain staff, equipment and provide training opportunities for volunteers, responders, and health professionals.</p>
<b>B.1.1.i</b>	<p>The Grantee will employ or contract a lead Medical Director for the IDPH IMERT Program to do the following:</p> <p><b>1.</b> Will be at a minimum, physician, licensed to practice in Illinois, and U.S. Residency trained and Board Certified in either disaster or emergency medicine, with at least 5 years of experience in responding to disaster events, leading volunteers, and coordinating training and education.</p> <p><b>2.</b> Provide oversight and direction of the IMERT Program staff and volunteers, and ensure IMERT deployment readiness and capability.</p>	<p><b>Status: Met</b></p> <p>IMERT contracts with Dr. Moses Lee, MD, FACEP, FAAEM to serve as the IMERT Medical Director</p> <p><b>1.</b> Dr. Moses Lee is a Board Certified Emergency Medicine Physician who has over 25 years of experience working in the field. Dr. Lee has acted as IMERT's Medical Director since its inception in 1999 and as such has over 15 years of experience responding to disaster events, leading and training volunteers, and coordinating and presenting on a variety of disaster preparedness and response, CBRNE, and other mission support related subjects.</p> <p><b>2.</b> Dr. Lee provides oversight to the program as the non-voting President of IMERT's Board of Directors. Additionally, he holds weekly meetings with IMERT's Director, Mary Connelly, BSN, to discuss IMERT policy and operations and ensure operational readiness and continuity. Dr. Lee has provided <b>634.5</b> hours of service to IMERT this grant cycle.</p> <ul style="list-style-type: none"> <li>• Logistics staff meeting on 7/29/2016</li> <li>• On-site Medical oversight at RAFT EX @ Dwight on 7/20/2016</li> <li>• ITTF meeting at DuPage OEMC 7/26/2016</li> <li>• Reviewed build-out of IMERT's new MS1 Trailer on 7/28/2016</li> <li>• Took part in the IMERT Moulage Team Meeting on 8/4/2016</li> <li>• Pediatric Preparedness Workgroup 8/12/2016</li> <li>• Attended IMERT's Deployment Operations Courses held on 8/19, 8/20, 9/16, and 9/17</li> <li>• Participated in IMERT's 501c3 Board of Directors Meeting on 10/6</li> <li>• Promoted IMERT and recruited volunteers on 10/21</li> <li>• Logistics staff meeting on 10/26 and 12/14</li> <li>• On-site Medical oversight at ABLM Hospital EX on 10/5</li> </ul>

	<p><b>3.</b> Provide oversight and direction to education programs to Grantee staff, contractors, volunteers, and develop or update annual education programs and materials and provide education to</p>	<ul style="list-style-type: none"> <li>• Medical Interoperability training at Ft Massac EX on 10/15-16</li> <li>• On-site medical oversight at RAFT EX on 11/15-16 in Geneseo</li> <li>• On-site medical oversight at SWMD EX on 12/07-08 in Salem</li> <li>• Attended the ITTF meeting at DuPage OEMC 10/26 and 12/14</li> <li>• Participated in IMERT Staff Meeting on 11/16</li> <li>• Participated in a staff meeting on 1/10</li> <li>• Participated in an RHCC webinar and meeting on 1/12</li> <li>• Participated in the Public Health &amp; Medicine Committee on 1/19, 3/16</li> <li>• Participated in the Crisis Standard of Care meeting on 1/19, 2/16, 3/16</li> <li>• Planning for IMERT's participation in the Region 5 Eclipse Response on 2/3</li> <li>• Participated in the EMSC Pediatric Preparedness project on 2/10</li> <li>• Participated in a staff meeting on 2/15</li> <li>• HPP webinar on 3/16</li> <li>• Staff meeting on 3/23</li> <li>• RAFT EX on-site medical on 4/19 (Byron) and 6/21 (Hillside/Rochelle)</li> <li>• Reviewed IMERT's pharmaceutical cache in April and May</li> <li>• EMSC Pediatric Conference Call 4/28</li> <li>• Planning for IMERT's participation in the Region 5 Eclipse Response/Operation Southern Sky on 4/28, 5/09, 5/18, 6/5, 6/7</li> <li>• Researched ultrasound technology for IMERT</li> <li>• Attended IPHA Summit 6/12-14 Crisis Standards of Care Pre-Conference workshop 6/12.</li> <li>• Attended Crisis standard of Care Community Engagement, Mattoon 6/5, Danville 6/6 Rockford 6/28</li> <li>• IMERT Pediatric Team (PMCS) Abstract Review</li> </ul> <p><b>3.</b> Dr. Lee provided oversight and direction or presented the following educational programs</p> <ul style="list-style-type: none"> <li>• Prepared and presented CBRNE lecture on 7/12/16 and 7/13/16 to 17 healthcare system residents</li> <li>• Presented on CBRNE on 8/31/2016 to 17 healthcare professionals</li> <li>• Presented JumpStart Triage to 17 healthcare professionals on 8/31/2016</li> </ul>
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	<p>Illinois' public health staff and healthcare system physicians, residents, medical students, and other health professionals on emergency and disaster preparedness by determining gaps and needs for training for these professionals. This can be determined from identifying further needs from prior trainings or exercises and the needs or requests from participants.</p> <p><b>4.</b> Serve as a subject matter expert and point of contact for the Department and other public health and medical services providers on mobile medical assets and mobile medical response teams.</p>	<ul style="list-style-type: none"> <li>• Prepared and presented on Mass Casualty and JumpStart Triage on 10/25 to 6 healthcare professionals</li> <li>• Presented the Deployment Operations Course to IMERT members on 11/11 and 11/12</li> <li>• Prepared materials for the IMERT Deployment Operations Course and worked on developing content geared towards physicians</li> <li>• Updating ACS operations guide</li> <li>• Reviewed IMERT's <a href="http://alternaterecruitment.com">alternaterecruitment.com</a> website</li> <li>• Prepared materials for the IMERT Deployment Operations Course and attended on 5/5, 5/6, 6/23 and 6/24.</li> <li>• EMSC PCMS Communications Exercise on 5/22</li> <li>• Trained for and served as CDPH EX Evaluator on 5/23 and 6/1.</li> <li>• Presented Healthcare Resources in Disasters on 5/31</li> </ul> <p>* Dr. Lee manages the monthly financials for IMERT operations and oversees the publication of IMERT's quarterly report and newsletter. He also prepared the IMERT BP5 grant application. Dr. Lee attended a two day training on Grant Accountability and Transparency Act (GATA) as part of his role in fiduciary oversight.</p> <p><b>4.</b> Dr. Lee serves as a subject matter expert on the following committees on behalf of IMERT and IDPH:</p> <ul style="list-style-type: none"> <li>• EMSC Pediatric Preparedness</li> <li>• ITTF</li> <li>• Crisis Standards of Care,</li> <li>• Dr. Lee assisted with CDC Mobile Medical Cache planning meeting that took place on 8/19/2016</li> <li>• Public Health ITTF subcommittee</li> <li>• EMSC Pediatric Preparedness</li> <li>• ITTF</li> <li>• Crisis Standards of Care Core Committee</li> <li>• Public Health ITTF subcommittee</li> <li>• Regional Healthcare Coalition (RHCC)</li> </ul>
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	<p>5. At the Department's request, will oversee and direct the Grantee's assistance to the Department in the design, coordination, and evaluation of state and regional public health and medical services training, drills, and exercises.</p> <p>6. Oversees and provide direction to the Grantee's assistance with public health and healthcare preparedness planning, evaluations and assessments.</p>	<p>5. No requests</p> <p>6. Dr. Lee oversaw IMERT's participation in the following with public health and healthcare preparedness planning, evaluations and assessments:</p> <ul style="list-style-type: none"> <li>• Dr. Lee is advising on the creation of a Pediatric Care Medical Specialist Team in cooperation with EMSC.</li> <li>• Participated in an interagency meeting involving, IDPH, ISP, STIC, EMSC and IMERT on telemedicine on 9/27/2016</li> <li>• Dr. Lee is advising on the creation of a Pediatric Care Medical Specialist Team in cooperation with EMSC.</li> </ul>
<b>B.1.1.ii</b>	Maintain good standing as a legal corporate entity and ensure funding is received and accounted for by applicable federal and state laws. Grantee certifies to the Department that it is a non-profit entity in accordance with 2CFR 230.25	<p><b>Status: Met</b></p> <p>IMERT Inc. is a legal corporate entity in the state of Illinois and follows state and federal guidelines.</p> <p>Funding is accounted for per federal and state laws.</p> <p>IMERT certifies that it is a non-profit entity, EIN: 27-0944660</p> <p>Meetings of the Board of Directors were held on June 7, October 6, January 12, and May 2.</p> <p>In April IMERT had a financial audit conducted by an accounting firm in Champaign, no substantial findings, final report has been sent to IDPH OPR financial staff.</p>
<b>B.1.1.iii</b>	1. The Grantee will provide to the Department a quarterly written report within 30 calendar days after the end of	<p><b>1. Status:</b></p> <p>Provision of the quarterly report is <b>Met</b>.</p>

	each quarter. The Grantee will provide to the Department a final annual written report within 30 calendar days following the ending date of this agreement, which is June 30, 2017. The report will detail all of this year's deployments, trainings, exercises, and meetings. It will also contain an annual summary of executive board, staff, and contractor changes, and other significant activities, barriers, problems, challenges, and needs to assist the future sustainability of the IMERT program.	Provision of a final annual report is <b>Met</b>
<b>B.1.1.iv</b>	The Grantee will maintain an accurate and up to date inventory of all equipment purchased through this grant and a listing of any other equipment that the Grantee has access to for IMERT program operations. Copies of this inventory may be requested by the Department during the grant year.	<p><b>Status: Met</b></p> <p>IMERT maintains an ongoing inventory of all equipment purchased and attainable assets in an internal inventory system. This includes barcoding items for tracking with handheld scanners for real time supply availability awareness.</p> <p>In addition, items owned by IDPH that are in IMERTs custody are inventoried annually. Access to IMERT's inventory information is available to the Department at any time.</p>
<b>2.1.2.5</b>	The Grantee will actively maintain a sufficient number of trained and experienced staff, contractors, professional and technical services, and volunteers to provide the accounting, banking, financial, insurance, payroll, printing, communication, radio and information technologies, legal services and other support necessary to maintain the IMERT program in an operational state and comply with this agreement.	<p><b>Status: Met</b></p> <p>A list of contractors along with disclosure forms will be provided to the HPP Coordinator upon receipt of the HPP contract. IMERT regularly holds staff meetings to coordinate contractor activities and goals.</p>
<b>B.1.1.vi</b>	Grantee will provide safe, secure, and protective offices, storage facilities and	<b>Status: Met</b>



	environments for the equipment, pharmaceuticals, personal protective equipment (PPE), other medical equipment and supplies, and response vehicles available to be used for the IMERT Program.	<p>OFFICE AND EQUIPMENT: ILEAS in Urbana provides IMERT with safe and secure office space. This space is accessible to IMERT staff 24 hours a day. Access to records and files kept in this space can be made to the Department at any time.</p> <p>Response and medical equipment and response vehicles are maintained at a monitored warehouse space in Champaign.</p> <p>PHARMACEUTICALS: Pharmaceuticals are stored and maintained by the pharmacy at Carle Hospital. Inventory and stock rotation are performed quarterly. If a situation should occur when additional pharmaceuticals are needed during a deployment arrangements have been made with Carle to provide a just in time supply if available. All changes and updates are reviewed by the Medical Director.</p>
<b>B.1.1.vii</b>	1. Grantee will develop and annually review and update a radio communications plan in cooperation with the Department's Radio Coordinator and the State Interoperable Executive Committee in compliance with the Statewide Communications Interoperability Plan. 2. The Grantee will arrange access to, or procure, as necessary, Starcom21 and other technology within the State.	<p><b>1. Status:</b> Partially Met  RADIO COMMS PLAN: IMERT's Planning and Logistics officer, in conjunction with the Department's Radio Coordinator and the State Interoperable Executive Committee, the radio communication plan was developed during a previous grant cycle.</p> <p><b>2. Status:</b> Met  EQUIPMENT: During previous grant cycles, IMERT has obtained the equipment necessary to ensure interoperable radio communication. This equipment will continue to be maintained for interoperable communication throughout the grant year. This includes utilization of Starcom 21 during training exercises.</p> <p>IMERT continues to develop its remote communication capabilities both for education and patient treatment.</p>
<b>B.1.1.viii</b>	The Grantee will develop and maintain all other necessary resources and infrastructure to maintain readiness to provide timely, appropriate mobile medical assets and personnel for response to public health emergencies,	<p><b>Status:</b> Met  Mobile response capability remains intact.</p> <p>IMERT maintains equipment and volunteers at levels necessary to provide a timely response to a mass casualty or other event. Likewise, IMERT provides real time deployment training and exercise participation opportunities that includes participant evaluations to continuously improve readiness and response.</p>

	mass casualty events and other medical response and training missions; and as necessary to support the future development and operations of the IMERT Program.	
<b>B.1.2</b>	Recruit medical and support staff and volunteers and develop response readiness through assessment, training and participation in exercises.	<p><b>Status:</b> Met and ongoing</p> <p>IMERT provided the following training opportunities to promote readiness and the program:</p> <ul style="list-style-type: none"> <li>• 7/20/16 RAFT Exercise RAFT Exercise support Dwight, IL</li> <li>• 8/19/16 Deployment Operations Course IMERT Training NIPSTA, Glenview</li> <li>• 8/20/16 Deployment Operations Course IMERT Training NIPSTA, Glenview</li> <li>• 9/16/2016 Deployment Operations Course IMERT Training CCHS, Oak Forest</li> <li>• 9/17/16 Deployment Operations Course IMERT Training CCHS, Oak Forest</li> <li>• 10/5/2016 Abraham Lincoln Memorial Hospital Moulage EX, Lincoln</li> <li>• 10/14-16/16 Metropolis Training Exercise, Metropolis</li> <li>• 10/20/16 IMERT Team Communications Exercise</li> <li>• 11/11/16 Deployment Operations Course ILEAS, Urbana</li> <li>• 11/12/16 Deployment Operations Course ILEAS, Urbana</li> <li>• 11/16/16 RAFT Exercise, Genesco</li> <li>• 12/7-8/16 SWMD Exercise, Salem</li> <li>• 3/12/17 ILEAS Conference, Springfield, IL</li> <li>• 4/19/17 RAFT Exercise, Dwight</li> <li>• 5/5/17 Deployment Operations Course NIPSTA, Glenview</li> <li>• 5/6/17 Deployment Operations Course NIPSTA, Glenview</li> <li>• 5/22/17 Comms Drill Peds Team</li> <li>• 5/23/17 IMERT Comms Drill deployment capability test</li> <li>• 6/12/17 10 IMERT members attended the CSC Conference, Bloomington</li> <li>• 6/21/17 RAFT Exercise, Rochelle</li> <li>• 6/23/17 Deployment Operations Course NIPSTA, Glenview</li> <li>• 6/24/17 Deployment Operations Course NIPSTA, Glenview</li> <li>•</li> </ul> <p>IMERT attended/presented the following events to promote the IMERT program:</p> <ul style="list-style-type: none"> <li>• 7/12/16 Community Outreach Presentation, CBRNE Lecture, Stroger Hospital, Chicago</li> <li>• 7/13/16 Community Outreach Presentation, CBRNE Lecture, Stroger Hospital, Chicago</li> </ul>

		<ul style="list-style-type: none"> <li>• 8/4/16 ASPR-CDC Site Visit, Marion</li> <li>• 8/4/16 Telemedicine Demo from 2 separate locations in Chicago and 1 in Marion</li> <li>• 8/31/16 Community Outreach Presentation, CBRNE Lecture, Stroger Hospital, Chicago</li> <li>• 8/31/16 JumpStart Presentation, Stroger Hospital, Chicago</li> <li>• 9/6-8/2016 IEMA Training Summit, Springfield IMERT info booth</li> <li>• 9/8/16 HPP Webinar HPP training Webinar</li> <li>• 9/21/2016 Telemedicine Demonstration Telemedicine drill demo Rockford</li> <li>• 9/23/2016 Region 7 Conference, IMERT recruitment and info booth, Tinley Park</li> <li>• 10/12/16 Moulage Training Weathering the Storm Conference</li> <li>• 10/25/16 Community Outreach Presentation, Mass Casualty &amp; JumpStart Triage, Stroger Hospital, Chicago</li> <li>• 10/28/16 Community Outreach Program, Community Preparedness, North Park University, Chicago</li> <li>• 4/4/17 The Nurses Role When Disaster Strikes: North Park University, Chicago</li> <li>• 4/27-28/17 IESMA Conference Springfield, IL (recruitment booth)</li> <li>• 5/24/17 Attendance at CFD EMS Day CFD, Chicago, (recruitment)</li> <li>• 5/31/17 IMERT Presentation St Mary of Angels, Chicago</li> <li>• 5/31/17 Healthcare resources in Disaster Presentation Stroger Hospital, Chicago</li> <li>• 6/12-14/17 IPHA Conference Bloomington, IL (recruitment booth)</li> </ul>
<b>B.1.2.i</b>	<p>Grantee will promote recruitment for the Department's IMERT program through the use of marketing materials, a website, training activities, and other methods such as regional coalition meetings and the annual Illinois Public Health and Healthcare System Preparedness Summit.</p>	<p><b>Status:</b> Met and ongoing</p> <p><b>MARKETING MATERIALS:</b> IMERT has several brochures and informational fliers to promote the program at recruitment events</p> <p><b>WEBSITE:</b> IMERT staff maintains the domain <a href="http://www.imert.org">www.imert.org</a> and <a href="http://www.inventrn.org">www.inventrn.org</a> to promote the program. Facebook, Twitter, and Pinterest accounts for IMERT are also maintained.</p> <ul style="list-style-type: none"> <li>• IMERT launched the updated version of its website on October 31<sup>st</sup>. The new site features mobile interactivity, integration with IMERT's social media pages, and a more user-friendly CMS. In the spring, the website was refined to improve spam prevention, allow better integration with its social media pages and increased account controls for team members.</li> </ul> <p><b>RECRUITMENT EVENTS and TRAINING ACTIVITIES:</b> This quarter, IMERT has participated in the following events to recruit volunteers:</p> <ul style="list-style-type: none"> <li>• 7/12/16 Community Outreach Presentation, CBRNE Lecture, Stroger Hospital, Chicago</li> </ul>

		<ul style="list-style-type: none"> <li>• 7/13/16 Community Outreach Presentation, CBRNE Lecture, Stroger Hospital, Chicago</li> <li>• 8/31/16 Community Outreach Presentation, CBRNE Lecture, Stroger Hospital, Chicago</li> <li>• 8/31/16 JumpStart Presentation, Stroger Hospital, Chicago</li> <li>• 9/6-8/2016 IEMA Training Summit, Springfield</li> <li>• 9/23/2016 Region 7 Conference, Tinley Park</li> <li>• 10/12/16 Moulage Training Weathering the Storm Conference, Marion</li> <li>• 10/25/16 Community Outreach Presentation, Mass Casualty &amp; JumpStart Triage, Stroger Hospital, Chicago</li> <li>• 10/28/16 Community Outreach Program, Community Preparedness, North Park College, Chicago</li> <li>• 3/12/16 ILEAS Conference, Springfield, IL</li> <li>• 4/27-28/2017 IESMA Conference, Springfield</li> <li>• 5/24/17 CFD EMS Day, Chicago</li> <li>• 6/13/17 IPHA, Bloomington, IL</li> </ul>
<b>B.1.2.ii</b>	<p>Grantee will monitor current and new staff and volunteers to determine NIMS and HSEEP training requirements are met based on current Department interpretation of federal and Illinois Emergency Management Agency (IEMA) guidance.</p> <p>The Grantee will maintain a current training plan and training records that will reported in the final annual report to the Department to verify the Grantees NIMS compliance is required by federal funding sources and the Governor's Executive Order.</p>	<p><b>Status: Met</b></p> <p>All contracted staff completed NIMS training including ICS 100, 200, 700, 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 training coordinators have completed HSEEP and follow HSEEP guidelines when conducting presentations and training exercises. 4 of IMERT's staff attended the updated HSEEP course during the previous grant cycle.</p> <p>Per IMERT's agreement with IEMA and as mandated by federal guidelines, all team members have completed the required ICS 100, 200, and 700 courses before joining, and complete a WMD training and face-to-face deployment course before qualifying for deployment.</p> <p><b>Status: Met</b></p> <p>IMERT offers face-to-face training across the state on an annual basis to make this course available to its members. IMERT gives volunteers the opportunity to participate in interagency exercises as well. A record of team member's training history is maintained in individual files at ILEAS and in a credentialing database that is maintained daily by IMERT staff. These records are available for audit at any time.</p>
<b>B.1.2.iii</b>	The Grantee will assure that all staff receives initial orientation training immediately after joining IMERT. All staff	<p><b>1. Status: Met</b></p> <p>Staff are provided an orientation by the Medical Director, Director and Chief of Logistics. Team members are able to take an IMERT orientation course online upon joining IMERT.</p>

	<p>will participate in at least one annual IMERT operational or capability training and/or exercise. A face-to-face training is required every two years, and IMERT will reimburse its volunteers for travel expenses.</p> <p>For Grantee-sponsored exercises, the Grantee will submit an HSEEP formatted after action report and improvement plan (AAR/IP) to the Department within 60 days following completion of the exercise.</p>	<p>IMERT offers face-to-face training to members in several locations across the state throughout the year. The following face-to-face trainings were held this quarter.</p> <ul style="list-style-type: none"> <li>• 7/20/16 RAFT Exercise RAFT Exercise support Dwight</li> <li>• 8/19/16 Deployment Operations Course IMERT Training NIPSTA, Glenview</li> <li>• 8/20/16 Deployment Operations Course IMERT Training NIPSTA, Glenview</li> <li>• 9/16/16 Deployment Operations Course IMERT Training CCHS, Oak Forest</li> <li>• 9/17/16 Deployment Operations Course IMERT Training CCHS, Oak Forest</li> <li>• 10/5/2016 ABLML Hospital Moulage EEX Lincoln</li> <li>• 10/14-16/16 Metropolis Training Exercise Metropolis</li> <li>• 11/11/16 Deployment Operations Course ILEAS, Urbana</li> <li>• 11/12/16 Deployment Operations Course ILEAS, Urbana</li> <li>• 11/16/16 RAFT Exercise, Genesco</li> <li>• 12/7-8/16 SWMD, Salem</li> <li>• 4/19/17 RAFT Exercise,</li> <li>• 5/5/17 Deployment Operations Course NIPSTA, Glenview</li> <li>• 5/6/17 Deployment Operations Course NIPSTA, Glenview</li> <li>• 6/21/17 RAFT Exercise, Rochelle</li> <li>• 6/23/17 Deployment Operations Course NIPSTA, Glenview</li> <li>• 6/24/17 Deployment Operations Course NIPSTA, Glenview</li> </ul> <p><b>Status: Met</b></p> <p>On 10/20/16, IMERT conducted a Team Communications Exercise in conjunction with the Great Shake Out. A copy of the AAR is included with this report. IMERT utilized the IDPH SIREN alert network to conduct the drill.</p> <p>IMERT conducted a second communications exercise on 5/23. 199 members were contacted. The AAR/IP was submitted to the department and is included with this report.</p> <p>IMERT and EMSC conducted a Pediatric Team notification exercise on 6/22 using HSIN. This was the first exercise the team has participated in as well as using the HSIN network for this purpose. Technical challenges are in the process of being resolved. AAR will be completed by EMSC.</p>
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<b>B.1.3</b>	Deploy to support the State's health and medical response mission when requested for disaster emergencies, trainings, and support missions	<b>Status: Met</b> <ul style="list-style-type: none"> <li>No requests</li> </ul>
<b>B.1.3.i</b>	The Grantee will ensure that, within 24 hours, depending on travel conditions and location of incident, and an authorized State of Illinois request, the Grantee can alert, assemble, and deploy in Illinois, a completely self-reliant Mobile Medical Needs Assessment Team of at least 4 appropriately trained staff consisting of 1 IMERT staff person, 1 Charge Nurse, 1 EMT (Paramedic or Basic), and 1 Logistics/Comms staff person, equipment and supplies for at least 72 hours; or other medical response teams according to times and criteria stated in the current IMERT Response Packages document on file with the Department. The Grantee will assure that with appropriate logistical support arranged by the State of Illinois as described in the IMERT Response Packages that these teams will be able to provide services for up to 2 weeks in Illinois or elsewhere as part of an EMAC response.	<b>Status: Met</b> IMERT's staff and team members are ready for deployment within 24 hours of notification per the deployment plan on record with IDPH. The Medical Needs Assessment Team can be assembled and deployed within this time frame as well. The equipment cache can support an initial deployment for 72 hours and up to 2 weeks with additional support provided by the state.
<b>B.1.3.ii</b>	Grantee will only deploy on a State of Illinois sponsored mission after confirming an authorized State of Illinois request has been made for services. An authorized State of Illinois Request will	<b>Status: Met</b> IMERT will only deploy with the authorization of the State of Illinois and IEMA. <ul style="list-style-type: none"> <li>IMERT received mission number IL-2016-0393 for the RAFT Full Scale Exercise in Dwight, IL on 7/19-20</li> <li>IMERT received mission number IL-2016-0595 for the Abraham Lincoln Memorial Hospital EEX held on 10/4-10/5 in Lincoln</li> </ul>

	contain the receipt of a permanently recorded mission number from the IEMA Communication Center. The Grantee will notify the Department immediately after any deployment mission is requested.	<ul style="list-style-type: none"> <li>• IMERT received mission number IL-2016-0611 for the Ft. Massac Exercise held on 10/13-10/17 in Metropolis</li> <li>• IMERT received mission number IL-2016-0692 for the RAFT Exercise held on 11/15-11/16 in Geneseo</li> <li>• IMERT received mission number IL-2016-0735 for the SWMD Exercise being held on 12/6-12/9/16 in Salem</li> <li>• 4/19/17 RAFT Exercise Dwight mission #IL-2017-0263</li> <li>• 6/21/17 RAFT Exercise Hillcrest/Rochelle mission #IL-2017-0415</li> <li>• 6/23-24/17 IMERT Deployment Operations Course, NIPSTA, Glenview, mission #IL-2017-0424</li> </ul>
<b>B.1.3.iii</b>	<p>The Grantee will notify the Department's Emergency Officer, Duty Officer, and IEMA's Communication Center can speak to an appropriate IMERT representative within 1 hour of an emergency notification.</p> <p>The Grantee will develop and maintain the Department's IMERT program deployment and demobilization protocols and emergency contact list/schedule.</p> <p>The emergency contact list must have the names of at least three persons designated in the order they should be contacted as primary, secondary, and tertiary.</p> <p>The Grantee will assure that these emergency points of contact have taken the State of Illinois Rapid Electronic Notification (SIREN) Alerting System</p>	<p><b>Status: Met</b> IMERT's primary contact or designee is available, 24/7 within 1 hour of an emergency notification</p> <p><b>Status: Met</b> IMERT's deployment and demobilization protocols are updated. They were reviewed in June of 2015.</p> <p><b>Status: Met</b> IMERT's contact list contains the names of 5 persons who are designated in the order they should be contacted as primary, secondary and tertiary.</p> <p><b>Status: Met</b> All staff and emergency points of contact have taken SIREN training and have their information updated in SIREN.</p>

	<p>training and are able to use and continuously maintain their emergency contact information in SIREN.</p> <p>Contacts must have the knowledge, resources, ability, and authority to alert, assemble, deploy, and demobilize the IMERT volunteers and assets.</p> <p>A copy of the contact list must be provided to the Department with the first quarterly report with updates provided to the Department's Duty Officer or designee as soon as possible when updated.</p>	<p><b>Status: Met</b> All contacts are able to deploy IMERT volunteers and resources in accordance with the IMERT chain of command.</p> <p><b>Status: Met</b> A copy of the emergency contact list has been provided.</p>
<b>B.1.3.iv</b>	Grantee will properly demobilize equipment, staff and volunteers following deployment to ensure that these resources are tracked and properly recovered to be available for redeployment.	<p><b>Status: Met</b> 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. Likewise built into the inventory system is a scanner capability to monitor utilization of supplies and equipment to streamline replacement.</p>
<b>B.1.3.v</b>	Grantee will meet the current version of FEMA Mobile Field Team, Specialty Area, Acute/Urgent Care Type 1, FEMA 508-8 typed resource Definitions – Medical and Public Health Resources.	<b>Status: Met</b>



<p><b>B.1.4</b></p>	<p>Support the Department's emergency public health and medical response plan development.</p> <p>i. The Grantee will provide technical planning assistance to the Department's emergency public health and medical response planners, collaborating with the Department and others as requested and resources permit.</p> <p>ii. The Grantee will collaborate with the Department for medical surge planning and to further develop the process for Alternate Care sites and identifying jurisdictional authority for setting up and maintaining these sites during a disaster</p>	<p><b>Status:</b> Met and ongoing</p> <p>IMERT participated in the IDOC IDPH table top exercise planning on 8/17/2016. IMERT staff also assisted with coordination of the ASPR-CDC site visit on 7/18/2016 and presented on IMERT and telemedicine for this visit on 8/4/2016.</p> <p>i. Participating in the IDPH-CDPH Crisis Standards of Care Workgroup</p> <ul style="list-style-type: none"> <li>• IMERT Director co-chaired the EMS subcommittee for CSC</li> <li>• Attended Community Engagement Meetings on 6/5, 6/6, 6/13, 6/25, 6/27</li> <li>• Participated with EMSC on the development of the Catastrophic Incident Annex</li> <li>• Meetings held on 8/18, 9/15, 10/20, 11/17, 1/19, 2/16, 3/16, 4/14, 5/18,</li> <li>• EMS Subcommittee, meetings held on 10/24, 10/25 and 11/28, 1/12, 2/27, 3/17</li> <li>• Assisting with the EMS CSC final written product</li> <li>• CIR development with EMSC, meetings held 2/1, 2/17</li> </ul> <p>HPP Planning</p> <ul style="list-style-type: none"> <li>• Meeting on 7/14/16. Webinar participation 9/8/2016</li> </ul> <p>Crisis Standards of Care EMS Subcommittee</p> <ul style="list-style-type: none"> <li>• Meetings on 8/22/16, 8/29/16</li> </ul> <p>Participated in the IDPH Public Health &amp; Medical Services Committee</p> <ul style="list-style-type: none"> <li>• 7/21/2016, 9/15, 11/17, 1/19, 3/16</li> </ul> <p>Participated in the RHCC Meetings</p> <ul style="list-style-type: none"> <li>• Meetings on 7/14, 8/11, 9/29, 1/29, 2/9, 2/28, 4/20, 5/2, 5/9</li> </ul> <p>Participated in the HHS/ASPR site review 8/3-4</p> <p>Pediatric Preparedness Workgroup</p> <ul style="list-style-type: none"> <li>• Meeting on 8/12, 2/10, 6/16</li> </ul> <p>IDMC Meeting</p> <ul style="list-style-type: none"> <li>• Held on 10/27</li> </ul> <p>Participating in IDPH/ IEMA planning: Operation Southern Sky</p> <ul style="list-style-type: none"> <li>• Submitted initial planning documents including mapping of the SIU campus of first aid station</li> <li>• Participated in the IEMA planning conference call on 5/16</li> <li>• Attended 2 in person meeting in Carbondale with law enforcement, EMS and Region 5 RHCC (4/13 and 6/23)</li> </ul> <p>Participated in the ITTF Public Health Committee 4/20</p>
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		<p>IMERT held a conference call with RHCC Region 4 to provide information and advice on their effort to make their RMERT a non-profit organization.</p> <p><b>ii. Status:</b> Met and ongoing. IMERT has participated in the Department's efforts as requested this quarter.</p> <p>IMERT has continued to develop its alternatesite.com website and maintains the websites alternatesiteplanning.org and temporarymedicaltreatmentstationplanning.org to disseminate the latest information on these topics.</p> <p>IEMA Mass Care Annex review at the request of IDPH.</p> <p>See IMERT's participation in the Crisis Standard of Care Workgroup above</p> <p>IMERT is currently developing 3 new training concepts on Alternate Care Site Operations for both IMERT and members of the emergency response community. The first is a webinar of the Deployment Operations Course, the second is EMS focused with a training on operating a casualty collection site, and the third is developing a table top focused on setting up and operation of an Alternate Care Site.</p>
<b>B.1.5</b>	Support training for Regional Healthcare Coalition members by assisting the Department with identifying the training needs of both IMERT volunteers, as well as coalition members.	<p><b>Status: Ongoing</b></p> <p>IMERT conducts internal reviews and evaluations of members training needs. IMERT regularly participates in the RHCC meetings and is familiar with coalition needs. Meetings were held on 7/14, 8/11, 9/29, 1/29, 2/9, 2/28, 4/20, 5/2, 5/9</p> <p>In September IMERT worked with the HCC from Region 1 to provide real time situational awareness using the telemedicine technology for a hospital evacuation exercise at Swedish American Hospital.</p> <p>IMERT is in the process of developing a way for IMERT and RMERTs from Region 2 and Region 4 to work together for the eclipse response.</p>

<b>B.1.5.i</b>	<p>The Grantee will make arrangements for a sub-contractor(s) to do the following:</p> <ol style="list-style-type: none"> <li>1. Provide three (3) Hospital Emergency Response Trainings (HERT) in the State of Illinois.</li> <li>2. The subcontractor(s) will be experienced and certified in teaching the HERT course</li> <li>3. The subcontractor(s) will be responsible for securing dates and locations of the three trainings at a location in Northern, Central, and Southern Illinois.</li> <li>4. The subcontractor(s) will provide the Department with the dates of the three trainings in order to set up registration in the I-Train System for participants to register for the training</li> <li>5. The subcontractor(s) will provide training to no less than 50-75 participants.</li> <li>6. The subcontractor(s) will submit a budget to the IMERT and the Department that will provide detailed information about costs of the training to include but not be limited to instructor fees, mileage (State rate is .54 cents per mile), hotel costs, and meals based on in-state per diem rate of \$28 per day.</li> <li>7. All costs will be reimbursed to the subcontractor(s) after the training is completed.</li> </ol>	<p><b>Status: Canceled</b></p> <p>At the direction of IDPH, IMERT was tasked to work with Stephanie Whitten and Mark Jones to conduct the trainings. The sub-contractor agreements have been provided to the HPP Coordinator.</p> <ol style="list-style-type: none"> <li>1. The contractors were instructed by the HPP Coordinator to work with specific HCCs to determine dates and locations for these trainings.</li> <li>2. Completed and approved by HPP Coordinator</li> </ol> <p><b>This project was cancelled at the direction of IDPH as the sub-contractors were unable to meet the requested deliverables. Multiple attempts by the HPP Coordinator to facilitate these trainings were not successful. One of the trainers encountered a personal situation which prevented travel.</b></p>

	8. The subcontractor(s) will submit a final report of completion to IMERT and the Department after the courses are completed. This report will include the number of attendees, course feedback, and any areas for improvement for the training.	
<b>B.2</b>	The Grantee will not use the services of a subcontractor, excluding Operational Utilities, unless approved pursuant to Section 17.1 of PART ONE and Section 3.7 of PART TWO. The Department reserves the right to review all subcontracts and sub-grants at any time during the term of the Agreement.	<b>Status: Met</b> All subcontractor agreements were provided to the HPP Coordinator.
<b>B.2.1</b>	The Grantee shall assume responsibility for distribution of Grant Funds to sub-grantees for the provision of services under this Agreement and in accordance with the (i) goals, objectives, and activities; and (ii) budget on file with, and approved by, the Department.	<b>Status: Met</b>
<b>B.2.2</b>	No later than May 31, 2017, Grantee shall execute sub-grant agreements for services. Signed copies of all sub-grant agreements shall be submitted to the Department in the corresponding required progress report. Each sub-grant agreement shall identify the sub-grantee and include a scope of services, budget period, detailed budget, and the sub-grantee's current mailing address. The Department will not pay any reimbursement to the Grantee related to	<b>Status: Met</b>

	subgrantee activities until the Department has received a copy of the signed sub-grant agreement.	
<b>B.2.3</b>	The Grantee shall assure that all services provided by sub-grantees under established subgrant agreements are provided and documented in a timely manner and in accordance with Department policy. The Grantee shall promptly investigate any sub-grantee not performing in accordance with the sub-grant agreement. The Grantee is responsible for monitoring, investigating, and taking any needed action related to the sub-grantee to protect the integrity of the provision of services under this Agreement. Failure of the Grantee to do so may result in the rejection of claims for payment or in payments being reduced by the total amount of the value of the sub-grantee contract, until any and all requirements of this Agreement are fulfilled.	<b>Status: Met</b>
	<b>Additional IMERT development and collaboration projects this quarter</b>	<ul style="list-style-type: none"> <li>• IMERT and IMT MOU. The IL-Incident Management Team and IMERT maintain a partnership agreement.</li> <li>• IMERT continues to collaborate with EMSC on pediatric preparedness planning and pediatric team development.</li> <li>• 9/13/16 Region V RISC Meeting FEMA Region V's Regional Interagency Steering Committee (RISC)</li> <li>• 9/14/2016, 11/3/2016 STIC Briefing, Information Meeting</li> <li>• 11/28 the Logistics Officer participated in Burn Advisory Situation Room Trial</li> <li>• IMERT and IMT MOU. The IL-Incident Management Team and IMERT maintain a partnership agreement.</li> <li>• IMERT continues to develop its telemedicine capabilities,</li> </ul>

		<ul style="list-style-type: none"><li>• Participated in the ITTF Committee Meetings</li><li>• Participated in the ITTF Public Health Committee on 3/16</li><li>• IMERT's Planning and Logistics Officer attended a cybersecurity webinar on 3/29</li><li>• IMERT's Planning and Logistics Officer assisted the Statewide Terrorism Intelligence Center with its trailer build on 2/6</li><li>• IMERT worked with Region V EMS on response planning for the August Eclipse event. Meetings held on 2/3, 2/6, 3/28 and 6/23. Likewise we have been collaborating with IDPH and IEMA as well as local and regional partners.</li></ul>
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## IEMA Provides Radiological Support for Drill

Response personnel from the Urban Search and Rescue Illinois Task Force 1 (IL-US&R TF-1), the Mutual Aid Box Alarm System (MABAS), the Illinois Medical Emergency Response Team (IMERT) and IEMA recently joined forces to practice response and rescue in a scenario involving a suspected terrorist attack using a Radiological Dispersal Device (RDD).

The mobilization exercise was conducted Nov. 9-10 in Cherry Valley. As the scenario began, a local first responder equipped with a Personal Radiation Detector (PRD) received elevated radiation readings upon arrival at the scene of an explosion that resulted in collapse of a parking structure, which trapped people inside their vehicles. The explosive device was then suspected to be a RDD, which likely spread radioactive materials throughout the area.

The local incident commander then requested state assistance, including the IL-US&R TF-1, MABAS, IMERT and IEMA. In addition to structural stability, rescuers needed to factor in the hazards presented by the radioactive contamination as they planned rescue and recovery of victims. They worked with hazardous materials (HazMat) team members for threat assessment (including isotope identification),

mitigation of identified hazards, appropriate decontamination and the completion of their rescue mission.

Coordination is key for safe, effective response. HazMat personnel were required to make appropriate notifications, create a site safety plan and coordinate with outside agencies, such as IEMA and IMERT, for the mitigation, decontamination, patient management and termination of the hazardous materials element.

IEMA personnel provided just-in-time training for the search and rescue and HazMat team members on use of their PRDs and Radio Isotope Identification Devices. IEMA also assisted team members as they conducted radiological surveys of injured victims at the decontamination station, and played the role of IEMA radiological liaison for the incident.

The exercise provided IL-US&R TF-1 team members with an opportunity to use and become more comfortable with their radiation detection and monitoring equipment. It also tested the process for requesting IEMA assistance and receiving help from the agency's radiation duty officer.



Search and rescue team members work to stabilize a concrete slab before extracting a simulated victim from a crushed vehicle (left), conduct a radiological survey on a patient (middle) and use a PRD and a four gas monitor to check for environmental hazards before cutting into the collapsed structure (right).



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Local News >

Safety Drilled Planned at Salem Community High School Wednesday Afternoon

# Safety Drilled Planned at Salem Community High School Wednesday Afternoon

Superintendent Brad Detering says the high school will be practicing and assessing the protocols in place for the district's emergency response plan.

Posted on 12/7/2016 10:18 AM

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Salem Community High School and Illinois State Police will be conducting a joint safety drill Wednesday afternoon.




Superintendent Brad Detering says the high school will be practicing and assessing the protocols in place for the district's emergency response plan. Illinois State Police will be practicing their response to an active shooter as well as other training scenarios.

As a result, there will be numerous police vehicles and government agencies on campus Wednesday afternoon.

Illinois State Police say the event will be the semi-annual training for the State Weapons of Mass Destruction Team. The team is comprised of approximately 100 specially trained staff throughout Illinois and various agencies including Illinois State Police, Illinois Secretary of State Bomb Unit, Illinois National Guard's Civil Support Team and the Illinois Medical Emergency Response Team.

While the school district hopes that the sharing of information between staff, parents, students and the police will prevent any incident from ever occurring at Salem Community High School, the safety of students requires that the school practice according to its emergency response plan. Detering says their collective efforts with the Illinois State Police are in the best interest of the students to make Salem Community High School the safest possible learning environment.

Detering wants to emphasize to the community there will be no actual problem at the high school, and the gathering of police personnel and equipment Wednesday afternoon is only a drill.

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DATE: 7/20/2016

LOCATION: Dwight Correctional Center 23813 E 3200 N Rd, Dwight, IL 60420

EVENT DESCRIPTION: RAFT LaSalle Partial Exercise

**MISSION NUMBER:** IL 2016-0393

**IMERT PERSONNEL:**

Moses Lee, Christopher Jansen, Mary Connelly, Rick Steele, Amy Mathes

**EQUIPMENT/SUPPLIES DEPLOYED:**

Truck 919, MMU Trailer, Med Cache A, OTC Meds, Large ALS Jump Bags, Zoll Monitors, Zoll AED's, Airway Bags, Cooling Chairs

**COMMUNICATION DEVICES:**

Starcom Radio System, Cell Phones and Cellular Internet

**CAPABILITIES ADDRESSED:** Responder Health and Safety

**AREAS FOR IMPROVEMENT:**

None

**ADDITIONAL COMMENTS:**

Reviewed Med Cache and checklists, walked through cardiac arrest scenario as well as general man down scenario, bringing up some questions on how in the real world event we are deployed out with RAFT would we respond going from the cold zone to a warm zone situation and how IMERT personnel would get from point A to point B.

**Submitted by:** Christopher Jansen – Planning and Logistics Chief

**Date:** 7/25/2016

**DATE:** August 4 2016

**LOCATION:** Chicago and Marion

**EVENT DESCRIPTION** Telemedicine demonstration for Federal Site visit

**MISSION NUMBER:** N/A

**IMERT PERSONNEL:** Dr. Lee, Mary Connelly, Chris Jansen, Barb Oliff, John Luczak, Marge Luczak, Pat Hickey, Dora Koop

**EQUIPMENT/SUPPLIES DEPLOYED:** Vdyo Conferencing system

**COMMUNICATION DEVICES:** Starcom

**CAPABILITIES ADDRESSED:** Medical Surge

**AREAS FOR IMPROVEMENT:** none noted, though consideration of updating system and adding recording ability. One system challenge was variable connection at the Chicago ACS, though this was resolved by limiting the video broadcast to the ACS location.

**ADDITIONAL COMMENTS:** Telemedicine deployed for mock disaster located in Chicago. Scenario was multiple IEDs with possible dispersal of anthrax. Moulage team created lesions on 3 patients in various stages as well as symptomatic clinical presentations. Dr. Lee was at another location in Chicago. The connection to Marion served as an opportunity for officials from HHS, CDC and IDPH to view communication between Dr Lee and Barb Oliff RN from the treatment area. The demonstration was successful and well received.

**Submitted by:** Mary Connelly RN

**Date:** 8/9/2016

**DATE:** Sept 6-8/2016

**LOCATION:**

Springfield

**EVENT DESCRIPTION**

HEMA conference and recruitment booth

**MISSION NUMBER:** N/A

**IMERT PERSONNEL:** Booth manned by Justino Sosa and Rick Steele

**EQUIPMENT/SUPPLIES DEPLOYED:** booth and materials for distribution

**COMMUNICATION DEVICES:** N/A

**CAPABILITIES ADDRESSED:** Volunteer management

**AREAS FOR IMPROVEMENT:** none noted

**ADDITIONAL COMMENTS:** Several IMERT members attended the conference

**Submitted by:** Mary Connelly

**Date:** 10/24/2016

**DATE:** 9/21/2016

**LOCATION:** Swedish American Hospital, Rockford

**EVENT DESCRIPTION:** Roll out of Telemedicine utilizing the HSN platform during a hospital evacuation exercise.

**MISSION NUMBER:** N/A

**IMERT PERSONNEL:** Chris Jansen, Mary Connelly

**EQUIPMENT/SUPPLIES DEPLOYED:** Computers and devices required for telemedicine

**COMMUNICATION DEVICES:**

**CAPABILITIES ADDRESSED:** Information Sharing

**AREAS FOR IMPROVEMENT:** Continue utilization to determine full capabilities

**ADDITIONAL COMMENTS:** During this hospital evacuation exercise we were able to broadcast live images and audio to both the RHCC and IDPH

**Submitted by:** Mary Connelly

**Date:** 10/25/2016

**DATE:** 9-23-2016

**LOCATION:** TINLEY PARK

**EVENT DESCRIPTION**

Region 7 In the Midst of Chaos Conference

**MISSION NUMBER:** NA

**IMERT PERSONNEL:** Justino Sosa manned the recruitment booth

**EQUIPMENT/SUPPLIES DEPLOYED:** Booth and Materials for distribution

**COMMUNICATION DEVICES:** N/A

**CAPABILITIES ADDRESSED:** Volunteer Management

**AREAS FOR IMPROVEMENT:** none noted

**ADDITIONAL COMMENTS:** Multiple IMERT members attended the conference.

**Submitted by:** Mary Connelly

**Date:** 10:24/2016

**DATE:** 10-5-2016

**LOCATION:** Abraham Lincoln Memorial Hospital, Lincoln

**EVENT DESCRIPTION:** Moulage and telemedicine for Mass Casualty Ex

**MISSION NUMBER:** 2016-0595

**IMERT PERSONNEL:** Moses Lee, Chris Jansen, Mary Connelly, Marge Luczak, John Luczak, Pat Hickey

**EQUIPMENT/SUPPLIES DEPLOYED:** Moulage supplies-telemedicine devices

**COMMUNICATION DEVICES:** N/A

**CAPABILITIES ADDRESSED:** Medical Surge, Information Sharing

**AREAS FOR IMPROVEMENT:** none noted

**ADDITIONAL COMMENTS:** IMERT was invited by local EMA to provide moulage for mass casualty actors at a hospital mass casualty exercise. Working closely with the staff at Abraham Lincoln Memorial Hospital and the local community colleges we moulaged and coached 10 trauma patients. In addition we used this opportunity to broadcast images of patients from the simulated scene directly to the ER physician receiving the patients. Initially there was some incredulity on the part of the receiving staff as to the value of the broadcast but once employed they agreed this sort of information was very useful in preparing the ER to receive patients.

**Submitted by:** Mary Connelly

**Date:** 10-25-2016

**DATE:** 10-14-2016

**LOCATION:** Region 5 Conference Marion

**EVENT DESCRIPTION:** Moulage class at Region 5 Conference

**MISSION NUMBER:** N/A

**IMERT PERSONNEL:** Marge Luczak, John Luczak, Pat Hickey, Amy Mathes

**EQUIPMENT/SUPPLIES DEPLOYED:** Moulage kits and supplies

**COMMUNICATION DEVICES:** N/A

**CAPABILITIES ADDRESSED:** Medical Surge

**AREAS FOR IMPROVEMENT:** Moulage team provided an inventory list, these will be laminated for easy tracking and resupply.

**ADDITIONAL COMMENTS:** The IMERT Moulage team was invited by the Marion Conference planners to conduct a moulage training break out session. There were 8 attendees post course evaluations indicated the training was well received.

**Submitted by:** Mary Connelly

**Date:** 10-25-2016

**DATE:** \_\_10/14-17/2016\_\_

**LOCATION:** Metropolis Fort Massac

**EVENT DESCRIPTION**

**Conduct team member deployment training in real time while backing up local EMS at the Fort Massac Re-enactment**

**MISSION NUMBER:** 2016:0611

**IMERT PERSONNEL:** Moses Lee, Mary Connelly, Chris Jansen, Rick Steele, Amy Mathes, Jay Sims, Bradley Grissom, Nancy Keller, Deborah Riddle, Justino Sosa, Sheri Barnett, Pamela Ulf-Brown.

**EQUIPMENT/SUPPLIES DEPLOYED:** MS-1, Gator trailer with Gator transport, Supplies and Equipment for medical response including medication boxes, AEDs, Cardiac Monitor, Patient treatment set-up for Gator Trailer

**COMMUNICATION DEVICES:** Starcom, IDEN radios

**CAPABILITIES ADDRESSED:** Medical Surge (walk through Mass Casualty tracking, tags and process) reference IAP and internal HICS documents for specifics, Responder Health and Safety: accountability (utilized I AM Responding software to deliver real time messages and to track our team members at 2 sites as well as the movement of our Rapid Response Team) Volunteer Management: provided updated information on deployment process to attendees. Requested all participants to provide a written training evaluation in order to better define areas for improvement.

**AREAS FOR IMPROVEMENT:** Our ability to do multi-day trainings has diminished over the past few years so this event really provided us to address areas of continuity of operations.

1. Pharmaceutical cache: it was noted that putting the content list with corresponding tag number on the outside of the pharm box will eliminate the need to open and check every time. This will be addressed (review current procedure and update as needed).
2. Pharm check after med use: Currently our policy is that only 2 RNs can check meds and verify. Consideration will be given to allowing any of the following: MD/DO, RN, and EMT-P to sign off on meds. Will discuss with Medical Director and staff to update accordingly.
3. Operational Period Briefings need to not only include scenario specific issues but a review of processes. Review of documentation requirements and reporting on utilization of supplies will now be covered in each brief. Operational Briefs will be more formalized in the future.
4. Process for indicating usage of supplies needs to be more specific. We will work this out over the next few weeks. We have multiple possibilities: using the supply list is likely going to be the final answer.



5. Charting/Consents paperwork. In order to make the charting process more efficient we will put together full charts that include consents and supply charge sheets. Currently we have separate sheets in a forms box. By creating full chart packets with a checklist of required contents will ensure all elements of charting are addressed.

**ADDITIONAL COMMENTS:**

Team member evaluations were collected and provided good information on the overall experience.

On the return trip the Gator trailer got a flat, it is recommended we replace all 4 tires.

During the upcoming weeks all required documents will be updated and placed on the P drive in order for all staff to have access.

**Submitted by: Mary Connelly**

**Date: 10/25/2016**

**DATE:** 11-16-2016

**LOCATION:** 746 W Main Geneseo, IL

**EVENT DESCRIPTION:** RAFT

**MISSION NUMBER:** IL 2016-0692

**IMERT PERSONNEL:** Lee, Connelly, Jansen, Steele, Oliff, Niziolek

**EQUIPMENT/SUPPLIES DEPLOYED:** Truck, MS-1, Pharm package

**COMMUNICATION DEVICES:** Nextel phones, IEMA radio, SEOC online

**CAPABILITIES ADDRESSED:** Responder Health and Safety

**AREAS FOR IMPROVEMENT:** None noted

**ADDITIONAL COMMENTS:** ICS form with Hospital location provided to all RAFT drivers, medical information and emergency protocol provided at briefing. Also reviewed IMERT pharm process.

**Submitted by:** Mary Connelly

**Date:** 11-17-2016

DATE: 12/7/2016 and 12/8/2016

LOCATION: <b>Salem, IL</b>
EVENT DESCRIPTION <b>Multi agency SWMD Exercise</b>

MISSION NUMBER: IL2016-0735

IMERT PERSONNEL:

**Mary Connelly, Moses Lee, Christopher Jansen, Amy Mathes, Barbara Oliff, Rick Steele, Dave Wold, Mike Burg and Tracy Brookshire**

EQUIPMENT/SUPPLIES DEPLOYED:

Truck 918, Truck 919, Gator Transport/Treatment Trailer, MS-1 Trailer, Supplies and Equipment for medical response including medication cache, AED's Cardiac Monitors, patient treatment set-up for Gator/Treatment trailer and portable blast heaters

COMMUNICATION DEVICES:

Starcom Radios for multi-agency communications and Motorola IDEN Radios for team member communications

CAPABILITIES ADDRESSED:

Responder health and safety, medical surge working with local EMS and Fire to assist in mass casualty scenarios during exercise, volunteer management and tracking during multi-day exercise.

AREAS FOR IMPROVEMENT:

This exercise proved to be a bit challenging during day 2 as the location was in a remote area of Stephen Forbes State Park. Communications was a challenge for all exercise participants due to a StarCom dead zone area as well as a failure of an ITECS trailer that was supposed to provide communications for all agencies during this. Also the lack of a staging manager on site resulted in multiple parking and scene setup issues. An after action was forwarded onto the exercise designers addressing the issues we encountered during this.

ADDITIONAL COMMENTS:

This exercise being held in December had some weather challenges with cold and keeping our equipment from freezing overnight including the water system in MS-1 Trailer, the best fix was to run the generator at night in the hotel parking lot to keep the propane heaters running to keep an acceptable temperature in the trailer. Also working with local EMS and fire opened several doors to possible training opportunities in the future.

Submitted by: Christopher Jansen Date: 12/15/2016

**ACTIVITY REPORT**

DATE: 4/19/2017

**LOCATION:**

Dwight Correctional Center 23813 E 3200 North Road Dwight, IL 60420

**EVENT DESCRIPTION**

RAFT Dresden Partial Scale Exercise

**MISSION NUMBER:**

IL 2017 0263

**IMERT PERSONNEL:**

Moses Lee, Barb Oliff, Amy Mathes, Amanda Palermo, Christopher Jansen

**EQUIPMENT/SUPPLIES DEPLOYED:**

Truck 919, MS-1 Trailer, Med Cache A, OTC Meds, ALS Jump Bags, Zoll Monitors, Zoll AED's, Airway Bags

**COMMUNICATION DEVICES:**

Starcom Radio System, Low Band VHF Radio, IDEN Radios, Cell Phones and Cellular Internet

**CAPABILITIES ADDRESSED:**

Responder health and safety

**AREAS FOR IMPROVEMENT:**

N/A

**ADDITIONAL COMMENTS:**

Vitals and Health monitoring of 14 IEMA RAFT Field Personnel

**Submitted by:** Christopher Jansen – Planning and Logistics Chief

**Date:** 4/20/2017

DATE: 6/21/2017

**ACTIVITY REPORT**

**LOCATION:**

RAFT Staging Area 111 5<sup>th</sup> Ave Rochelle, IL 61068

**EVENT DESCRIPTION**

RAFT Byron Partial Scale Exercise

**MISSION NUMBER:**

IL 2017 0415

**IMERT PERSONNEL:**

Moses Lee, Barb Oliff, Amy Mathes, Amanda Palermo, Christopher Jansen

**EQUIPMENT/SUPPLIES DEPLOYED:**

Truck 919, MS-1 Trailer, Med Cache A, OTC Meds, ALS Jump Bags, Zoll Monitors, Zoll AED's, Airway Bags

**COMMUNICATION DEVICES:**

Starcom Radio System, Low Band VHF Radio, IDEN Radios, Cell Phones and Cellular Internet

**CAPABILITIES ADDRESSED:**

Responder health and safety

**AREAS FOR IMPROVEMENT:**

N/A

**ADDITIONAL COMMENTS:**

Vitals and Health monitoring of 25 IEMA RAFT Field Personnel

**Submitted by:** Christopher Jansen – Planning and Logistics Chief

**Date:** 7/11/2017