



Illinois Medical Emergency
Response Team



2021 PROGRAM SUMMARY



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ILLINOIS MEDICAL EMERGENCY RESPONSE TEAM

The Illinois Medical Emergency Response Team (IMERT) is an organization of volunteers trained to respond to disasters and provide interim medical care for survivors or evacuees. The medical response team concept emerged in 1999 when a small group of emergency physicians, nurses, and toxicologists met with the Division of Emergency Medical Services of the Illinois Department of Public Health (IDPH). Although preparedness for a major incident was underway in many large cities, the original planning group recognized that Illinois needed a network of mutual medical support and a more systematic approach for responding to a large-scale incident anywhere in the state. They saw the importance of developing organized protocols and recruiting a core of specially prepared responders to assist in case of a mass casualty event, including one resulting from a WMD.

In the summer of 1999, IDPH along with the initial planning group, applied for and received a grant from the Centers for Disease Control and Prevention (CDC) for seed funding for the Illinois Medical Emergency Response Team (IMERT). The first grants were used to develop training and build an organization. A governing board of doctors, nurses, and medics from around the state volunteered to get the program started. The governing board focused on recruitment and retention of volunteers and training, as well as obtaining needed funding for supplies and equipment.



STOP the Bleed Training

Mission

IMERT works to support Illinois by maintaining 24-hour operational readiness to lend medical assistance in times of disaster. Team members include volunteer healthcare professionals and mission support specialists from across the state. Additionally, our focus is to enhance resilience in our communities through education and training to improve the overall capability of the State of Illinois to respond to disaster and mass casualty events.

IMERT has grown from a few individuals to a team comprised of volunteers from every region of the state who have a wide variety of skills and experiences. IMERT provides the State of Illinois with a unique medical response capability of a vetted, credentialed, and trained response team in support of ESF-8. This capability provides increased mitigation potential, increased medical surge response capacity, and enhances community and healthcare system resiliency for public health emergencies and mass casualty events.

IMERT has benefited over the years from the participation of hundreds of individuals joining the team. Many members have reported the training and experiences they received from IMERT enhanced their work in the healthcare sector and in many cases resulted in their increased participation in both hospital and community emergency preparedness. Some team members have pursued advanced degrees becoming medical doctors, nurse practitioners, fire chiefs and EMS instructors. Others followed the path of emergency management to serve their local communities, the state and federal government.

Senior leadership staff has first-hand experience in response to catastrophic incidents and has provided planning insights and logistics support to state agencies and Illinois communities. IMERT is a designated Mission Support Team with the Illinois Emergency Management Agency (IEMA) and is a part of the state disaster plan.

IMERT has been the beneficiary of an annual grant from the Illinois Department of Public Health, Office of Preparedness and Response (OPR), Hospital Preparedness Program (HPP) for many years. HPP is supported by the US Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR). The grant to IMERT is used to support the State of Illinois by maintaining 24-hour operational readiness to lend medical assistance in times of disaster throughout the state, boost 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 mass casualty emergencies.

IMERT has also benefited from a grant from the Illinois Terrorism Task Force (ITTF) managed by the Illinois Law Enforcement Alarm System (ILEAS) that provides funding for a full-time medical logistics specialist.

IMERT NONPROFIT ORGANIZATION

IMERT transitioned to non-profit status in June 2009. The Illinois Medical Emergency Response Team Inc. is a 501.c.3, EIN: 27-0944660. IMERT Inc. is a legal corporate entity in the state of Illinois. Funding is accounted for per federal and state laws. An annual audit is done by an outside accounting firm.

The Board of Directors advises the IMERT staff and ensures that the program meets its deliverables while maintaining financial stability. The Board ensures the program remains in good standing and that funding is received and accounted for as required by applicable federal and state laws and rules and the IDPH grant agreement.

As a not-for-profit organization, sustainment of the IMERT program is dependent on receiving grant funds to support the program.

Board of Directors

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Executive Director, non-voting

Mary Connelly, RN, BSN

President, non-voting

Moses S. Lee, MD, FACEP, FAAEM



The IMERT Board of Directors holds meetings on a quarterly basis.

MEDICAL DIRECTOR AND BOARD PRESIDENT

Dr. Moses S. Lee is a Board-Certified Emergency Medicine Physician who has over 30 years of experience. Dr. Lee has served as the IMERT Medical Director since its inception in 1999 and as such has over 20 years of experience responding to disaster events, leading, and training volunteers, and coordinating and presenting on a variety of subjects from disaster preparedness and response, CBRNE, to other mission support related subjects.

Dr. Lee provides oversight to the program as the non-voting President of IMERT's Board of Directors.

Dr. Lee provides oversight and direction of the program, staff and volunteers and ensures deployment readiness capabilities.

He also serves as a subject matter expert on the following committees:

- EMSC Pediatric Preparedness
- Illinois Terrorism Task Force
- Crisis Standards of Care Core Committee
- Public Health ITTF subcommittee
- Regional Healthcare Coalition –HPP
- Dr. Lee advises the development of a Pediatric Care Medical Specialist Team in cooperation with EMSC.

Dr. Lee assisted with the State's COVID-19 response serving on several work groups and committees listed below.

- IEMA Conference calls for COVID clinical guidance for ACS
- CHSCPR meetings and webinars on COVID situation awareness
- CHSCPR COVID Chicago CMO & Liaison webinar and conference calls
- RHCC COVID meetings
- Westlake and Metro South ACS setup and supplies
- Pharmacy list review for state designated alternate care sites
- Chicago COVID full medical tactics & mission calls
- Chicago COVID Chief Medical Officer & Medical Liaison calls
- IDPH COVID Ventilator Procurement Committee



PROGRAM OVERVIEW

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

IMERT works and trains with state agencies and community partners including the Illinois State Police, IEMA, ILEAS, Illinois Department of Natural Resources (IDNR), Citizen Emergency Response Team (CERT), Medical Reserve Corps (MRC), Hospitals, the State Weapons of Mass Destruction Team (SWMDT), and the Radiological Assessment Field Team (RAFT). These “real-time” trainings specifically focus on the medical needs of responders and focus on prevention of problems as well as early intervention to mitigate health issues.

IMERT physicians and staff provide education and training for health care providers and community groups within the state. Just before the pandemic, IMERT partnered with ILEAS on an ITTF project to participate in bleeding control kit distribution to the schools in Illinois and provide the American College of Surgeons’ STOP the BLEED training course. Over 1,000 Illinois School Nurses, School Resource Officers, and community responders were trained. With the assistance of ILEAS and Regional Offices of Education nearly ten thousand STOP the Bleed kits were distributed to Illinois Schools.

MEDICAL MISSION DEPLOYMENT PACKAGES

The need for medical assistance is dependent on the scale of the incident, anticipated or actual number of casualties and the impact on the local and regional healthcare infrastructure. These deployment packages are flexible and scalable, designed to be an adjunct to local needs.

Strike Team: Medical Needs Assessment Team

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

Team Composition: 4-5 members with access to an IMERT physician by phone/text/radio (1) IMERT Command Staff (1) physician if available (2) Nurse, (1) EMS Provider (1) Logistics/Communication.

Arrival Time Frame Up to 24 hours, dependent on travel conditions and location of incident.

Equipment: (1) Response truck, strike team medical supply response package. Basic team support supplies.

Capabilities: Can be self-sufficient for 48 hrs. Can assist local medical with patient evaluation and treatment, communicate site-specific conditions to SEOC, and evaluate existing structures for suitability for utilization as a Temporary Medical Treatment Station (TMTS).

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

Strike Team: Primary Medical Response Team

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

Team Composition: 8-15 members, physician on site or available by phone/radio (2-3) IMERT staff including Director or Chief Nurse. (4-5) RNs, (2-5) EMS providers, (2-4) logistics/communications.

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

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

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

Limitations: Cannot travel emergently. Equipment and transport vehicles need to be retrieved from Urbana, personnel will need to stage at ILEAS or other secure location, fully loaded trailers travel slow, difficult to maneuver in high wind situation, may require security assistance, and may need lodging or sleeping quarters assistance.

Task Force: Task Force (TF)

Purpose: Assist local medical providers with extended medical care and stabilization at a casualty collection or alternate medical treatment site. TF is meant to supplement IMERT Primary Response Team already on site.

Composition: 20-25 members; 1-2 physicians, 1-2 nurse practitioners (NP), 1-2 physicians' assistants (PA), other personnel based on scenario driven skill set requirements. Team Commander, Director, Chief Nurse Officer (CNO), Logistics Chief, (2-3) Charge RN, (8-10) RN (6-8) EMS, and 3-5 mission support.

Arrival Time Frame: 24-48 hour, contingent on travel conditions and location of incident.

Equipment: 5-6 response trucks, 5-6 trailers, TMTS equipment package, 25-team support package, and additional medical supplies if indicated (e.g.: immunizations, IV fluids).

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

Limitations: Cannot travel emergently as fully loaded trailers travel slow. Will need all response vehicles or other agency assist with transport of personnel, will need assistance to obtain any additional medical supplies appropriate for incident, will require security, will require sleeping quarters, and may need food and water support after 72 hours.

Task Force 2 and EMAC

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

Composition: 15-25 members: 1-2 physicians, 1-2 nurse practitioners, 1-2 physicians' assistants. Team Commander, Director, 2-3 Charge RN, 7-8 RN, 7-8 EMT P/B, 3-4 logistics/communications.

Arrival time frame:

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

EMAC: Determined by transportation plan, a minimum of 24 hours will be needed to contact and confirm team member availability for a two-week deployment. An additional 24 hours may be needed depending on means of transportation and other logistical details.

Equipment:

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

EMAC: Response trucks and trailers as needed with the 50-patient package and EMAC team support package, supplies for 2 weeks or other arrangements as determined by the EMAC request.

Capabilities:

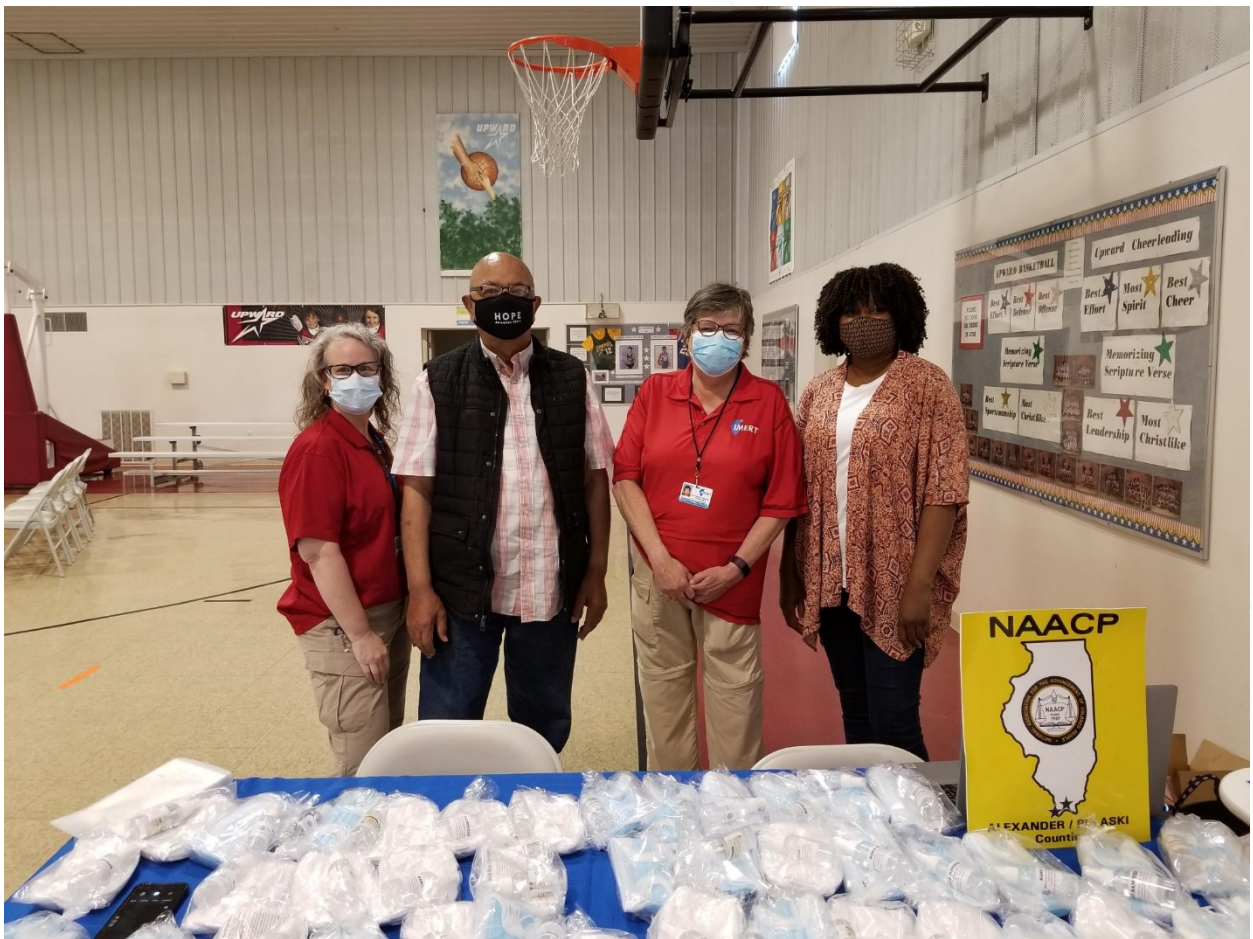
In state: Can provide sustainability to an ongoing medical response. **Limitations:** Cannot travel emergently. Transportation of relief team and supplies may require assistance from other agencies with transportation resources if all IMERT vehicles are already deployed.

EMAC: Conduct medical operations for a 50-patient medical treatment site and/or be adjunct medical staff for existing site operations. Can assist with the development or revision of a TMTS in an austere environment. IMERT meets the FEMA resource typing description for: MOBILE FIELD MEDICAL TEAM: Acute/Urgent Care Team, Type 1. **Limitations:** Required to be self-sufficient for 2 weeks, may need additional supplies prior to deployment depending on the incident and nature of clinical situation.

DEPLOYMENTS AND TRAINING EXERCISES

IMERT has responded to numerous emergencies, disasters, and high risk/high profile events around Illinois as well as out of state. IMERT teams have assisted citizens and agencies across the State of Illinois during its twenty-year history. Additionally, IMERT has participated in two out of state EMAC missions to Louisiana to assist with the Hurricane Katrina relief efforts. The following are some highlights of our deployments and trainings over the years.

COVID VACCINATION CLINIC, CAIRO 2021



Vaccination clinic Cairo

In March of 2021, IDPH requested IMERT to assist the Southern Seven Local Health Department with a vaccination clinic. The Illinois National Guard were on site distributing the vaccine along with other agencies supporting the vaccination initiative. IMERT sent two nurses and the Logistics Chief to assist the local effort.

FORT MASSAC MASS CASUALTY EXERCISE, METROPOLIS - OCTOBER 2019



This exercise included a full-scale interagency exercise that included integration with Air Medical Services and the emergency set-up of a trauma treatment site at the Orthopedic Institute Surgery Center. Other agencies included Metropolis EMA, Fire Department and EMS, Metropolis Police Department, Illinois Department of Natural Resources, and Massac Co. EMS.

OPERATION POWER PLAY 2019



This was a large full-scale exercise with hundreds of participants located on the campus of Illinois Institute of Technology in Chicago. IMERT was requested by the Chicago OEMC to be on site to mitigate/manage any medical issues. This provided an opportunity for IMERT to integrate operations with multiple agencies.

FORT MASSAC MASS CASUALTY EXERCISE METROPOLIS - OCTOBER 2018



An interagency disaster drill was held ahead of the Fort Massac Reenactment event. The scenario involved a car driving through a crowd of children causing several injuries. IMERT worked with local Fire and EMS to triage, stabilize and transport victims. Volunteer Boy Scouts and others were moulaged and portrayed victims.

FORT MASSAC MASS CASUALTY EXERCISE, METROPOLIS - OCTOBER 2017



IMERT collaborated with local EMA, EMS, IDNR and law enforcement in Massac County to enhance planning for medical resource availability during a large community event at Fort Massac State Park. This event usually attracts over 100,000 attendees. IMERT members joined healthcare providers from the Shawnee Preparedness and Response Coalition (Region 5) and Metropolis EMS for an immersion training for medical support at the event while simultaneously addressing strategies and tactics in the event of a mass casualty. IMERT also utilized telehealth technology to engage some of our physicians remotely. This allows the physician to see and talk with both the patient and healthcare provider creating a larger platform for real time medical consultation.

SOUTHERN ILLINOIS TOTAL ECLIPSE RESPONSE - AUGUST 2017



Carbondale, Illinois, was known to be the site for the longest duration of the total eclipse on August 21, 2017. The Regional Healthcare Coalition (Region 5) Coordinator from SIH Memorial Hospital had requested IMERT to participate along with hospital staff in a real-time medical response deployment exercise that would provide the opportunity to blend resources and response capabilities. Understanding that thousands of people would be descending on the area. The Region 2 RMERT (Peoria) offered to join in this opportunity to implement mutual aid resources and capabilities. Southern Illinois, like many areas of the state does not have the surge capacity that exists in areas of higher population. This mission was the first of its kind. The combination of resources and personnel from the Region 5 HCC, the Region 2 RMERT, and IMERT provided multiple opportunities to work together. Dozens of attendees required treatment for heat exhaustion and minor injuries.



Central Medical Station SIU Campus ECLIPSE

FORT MASSAC MASS CASUALTY TRAINING METROPOLIS - OCTOBER 2016



Mass casualty exercise in Metropolis, communications center

This exercise included a mass casualty training and coordinating with local Air Medical Services for the hypothetical transfer of patients by helicopter to trauma centers.

FORT MASSAC MASS CASUALTY EXERCISE, METROPOLIS - OCTOBER 2015



Region 5 Disaster Response Trailer

Following an active shooter exercise at Massac General Hospital, IMERT provided an immersion training for team members at the Fort Massac Reenactment event. Team members were provided an opportunity to utilize a new dispatch system, the lamresponding.com software, which allowed the utilization of a potential new tool to better track responders while in transit and on scene. Team members were provided an opportunity to be assigned clinical positions while backing up local EMS on scene. Team members were also provided an opportunity to do hands-on review of supplies, equipment, and protocols. Region 5 RHCC partners with IMERT for this event every year and bring a response trailer and staff.

GUBERNATORIAL INAUGURATION, SPRINGFIELD - JANUARY 2015



IMERT was requested by the Illinois State Police to provide medical coverage for the inauguration. The deployment also served as a training event for team members.

COLLABORATIVE EBOLA PLAN ASSESSMENT TEAM – October/November 2014



Collaborative Ebola Plan Assessment Exercise, First Responders transport IMERT nurse from Ambulatory Care Center to Sarah Bush Lincoln Hospital in Charleston.

When Ebola emerged as a potential healthcare emergency in the United States IMERT assisted several hospitals with evaluation of their Ebola Response Plan by providing nurses as “actors” during walk-in drills. This allowed for a real-time evaluation of the Ebola plan and provided an opportunity for community first responders, local Public Health, and hospital staff to work together on the implementation of the community strategy. These drills enabled participants to evaluate plans, work in PPE, sharpen procedures and provide immediate feedback to hospitals and community healthcare leaders.

FORT MASSAC MASS CASUALTY EXERCISE, METROPOLIS - OCTOBER 2014



IMERT continued to develop and practice with disaster telemedicine capabilities for the purpose of being able to broadcast images to enhance situation awareness for emergency authorities/planners/managers. The technology was used to broadcast live patient assessments between physicians and our healthcare providers during the deployment in collaboration with Emergency Medical Services for Children (EMSC) during the exercise portion of the deployment.

EARTHQUAKE MASS CASUALTY TRAINING, METROPOLIS - OCTOBER 2013



This was a multi-agency exercise that focused on logistics and medical response for an earthquake in southern Illinois. Partners included local EMS, PD, Sheriff, Massac General Hospital and the Illinois State Police. A local Boy Scout Troop served as moulaged victims.

EARTHQUAKE EXERCISE COLES COUNTY AIRPORT – MARCH 2013



For this exercise IMERT set up a triage and treatment site on the grounds at Coles County Airport. The scenario was post-earthquake in southern Illinois with multiple casualties being flown to the site for first aid, stabilization, and further disposition. Local paramedic students served as moulaged victims. Telemedicine is being used here, physician on the phone getting live visuals of the patient.

FORT MASSAC EMS SUPPORT MISSION METROPOLIS - OCTOBER 2012



IMERT in collaboration with Southern Illinois Healthcare Memorial Hospital, Carbondale Region 5 RHCC utilized the Fort Massac Reenactment event to practice integration of resources with local healthcare providers.

NATO, CHICAGO - MAY 2012



IMERT was deployed to Chicago for the NATO Summit. The deployment lasted for 5 days. 38 team members participated in the set-up and operation of a Temporary Medical Treatment Station (TMTS) at the Chicago Fire Department Academy. IMERT also collaborated with the Peoria OSF Hospital Regional Medical Response Team to combine resources to provide an on-call state team that could provide additional assistance if needed in Chicago or if an event occurred elsewhere that required a mobile medical response.

ISP ASSIST MISSION, SHAWNEETOWN - JULY 2011



In 2011, IMERT participated in providing medical support for the Old Shawnee Town Biker Rally at the request of the Illinois State Police

SOUTHERN ILLINOIS FLOODING, CAIRO - APRIL 2011



IMERT was notified by IDPH on April 30 of a deployment order to send an assessment team to southern Illinois in response to significant flooding that resulted in the evacuation of the town of Cairo. A forward assessment team arrived at the Unified Area Command on May 1 then proceeded to the campus of Shawnee College where there was an American Red Cross Shelter populated by about 120 displaced flood victims. The team was also assigned to visit other shelters in the area to ensure healthcare issues were being addressed. The deployment lasted 8 days.

ISP ASSIST MISSION SHAWNEETOWN - JULY 2010



IMERT was requested by the Illinois State Police to assist with a large community event in Old Shawnee Town. IMERT was requested to provide medical coverage for a special detail in Old Shawnee Town July 15 thru July 17, 2010. The request was made due to the large contingent of Illinois State Police on site in an area with sparse medical resources.

HEPATITIS A VACCINATION CLINIC, ROCK ISLAND - JULY 2009



IMERT was deployed to assist the Rock Island Health Department with a vaccination clinic in response to a Hepatitis A outbreak. The two-day clinic operated for 20 total hours, 4,377 vaccinations were provided, of which approximately 1,000 were provided by IMERT.

TASTE OF CHICAGO, CHICAGO - JULY 2009



Chicago Fire Department officials requested IMERT to deploy as medical back-up for the Taste of Chicago and Fireworks show on July 3 and 4, 2009. The primary purpose was as a training exercise for IMERT with the additional benefit of having the team on site as medical back up in the event of a mass casualty or other incident. Both IMERT and CFD developed mutual training goals and designed activities over the two days to enhance better integration of the two agencies in the interest of patient care.

ELECTION NIGHT, CHICAGO - NOVEMBER 2008



Following his victory in the 2008 United States presidential election, then President-elect Barack Obama gave his victory speech at Grant Park in his home city of Chicago, on November 4, 2008, before an estimated crowd of 240,000. IMERT was requested by the Chicago Fire Department to set-up an alternate care site at the Fire Academy.

KINDERHOOK FLOODING, QUINCY - JUNE 2008



IMERT was deployed to provide medical support to responders of the Quincy area flood from June 16-28, 2008. The primary objective was to provide medical coverage to the Illinois National Guard and other first responders as they were filling and layering sandbags on the miles long levee. The secondary objective was to assist the local health department with providing tetanus immunizations to local volunteers and citizens.

AIR AND WATER SHOW, CHICAGO - AUGUST 2007



IMERT deployed to the CFD to provide medical back up for first responders for the Air and Water Show

TASTE OF CHICAGO, CHICAGO - JULY 2007



The Taste of Chicago is the city's largest outdoor summer festival that showcases some of the best food and entertainment the city has to offer. It is estimated that more than 3.5 million visitors of all ages and from all over the world attend this popular festival. IMERT pre-deployed to assist the Chicago Fire Department in providing additional operational resources.

GUBERNATORIAL INAGURATION, SPRINGFIELD - JANUARY 2007



IMERT deployed at the request of the SWMD team, along with the Illinois State Police, to provide medical back-up.

HEAT CRISIS, CHICAGO - AUGUST 2006

IMERT was deployed by IDPH to support and provide primary medical care at a shelter set up in McCormick Place in Chicago IL. The primary mission was to provide medical screening, triage, and treatment to evacuees. The shelter was opened due to major power failure in Chicago during a heat crisis.

HURRICANE KATRINA NURSE RESPONSE, NEW ORLEANS, LOUISIANA - NOVEMBER 2005



Following the initial response to Hurricane Katrina (see below), Louisiana Emergency Management put out a request for additional nurses to assist in staffing a local hospital. A team of eight nurses deployed to the Ochsner Clinic Foundation Hospital in New Orleans. They created a surge unit for the hospital's Emergency Department. This was a two-week deployment.

HURRICANE KATRINA RESPONSE LSU in BATON ROUGE, LOUISIANA - AUGUST/SEPTEMBER 2005



HURRICANE KATRINA TEAM

In 2005, Hurricane Katrina hit resulting in catastrophic flooding of New Orleans. The local health and response structure was overwhelmed. In response, Louisiana made an EMAC request for medical teams. IMERT initially deployed 11 team members with 3 vehicles and 3 trailers to the campus of Louisiana State University (LSU). The team coordinated with other local health agencies to set-up an 800-bed field hospital, the largest civilian alternate care site in the country at that time. An additional 40 team members were assembled and flown down by the Illinois Air Guard. During the deployment, the team worked in conjunction with the New Mexico DMAT, US Public Health Service Commissioned Corps, FEMA, international medical responders and dozens of local EMS and healthcare providers treating over 6,000 patients. This was the first deployment for IMERT.



Inside the field hospital at LSU

PROJECTS and ACTIVITIES

COMMITTEES

IMERT staff participate in multiple committees and special projects with IDPH, IEMA, ITTF, CDPH, EMSC and others when requested.

COVID RESPONSE

IMERT members were directly engaged at their jobs taking care of patients throughout the pandemic. Numerous staff and some physicians were available to assist IDPH, IEMA, RHCCs and local health departments. One of these activities included frequent participation on the Alternate Care Site (ACS) Work Group that focused on transforming currently closed healthcare facilities into COVID patient ready spaces. Contributions were made by IMERT physicians, pharmacists, volunteers, and staff. On an almost daily basis the IMERT Logistics Chief worked with IEMA procurement to assist in the definition, selection, and follow-up on all procured items for the state designated ACS. This included frequent collaboration with the Illinois National Guard, IDPH and many others.

IMERT published an Alternate Care Site Operations (ACS) Guide in 2011 available on two websites: www.alternatecaresiteplanning.com and www.temporarymedicaltreatmentstations.com. In 2020 the websites were updated to reflect strategies for ACS operations during the pandemic IMERT fielded many calls from other states and local entities with questions on operations. IMERT's Operations guide was utilized during the pandemic in Santa Clara California, North Dakota Tribal Nations and Beloit, Wisconsin. IMERT assisted 8 LHDs and their EMAs in assessment of sites in their communities.

The IMERT Medical Director and Logistics Chief were asked to be on the Ventilator Committee, designed to make recommendations on ventilator equipment and supplies. Once received IDPH requested IMERT to organize the equipment and supplies into shippable containers. This was completed in the winter of 2021. Since then, these items have been shipped to a new warehouse. Once the electrical work is completed at the new warehouse, IMERT will send a team to build storage shelving to allow for the ventilators to be accessible for maintenance.



Ventilator Organization Team

ITTF STOP THE BLEED PROJECT for ILLINOIS SCHOOLS

The Illinois Terrorism Task School Safety Committee made numerous recommendations to enhance safety in Illinois schools. One of these recommendations was to provide STOP the Bleed training to school staff. IMERT volunteered to provide this training.



Partnering with ILEAS the goal was to train School Nurses and School Resource Officers. Over 1,000 were trained. With the assistance of ILEAS and staff from the Illinois Regional Office of Education/School Superintendents over 10,000 kits were distributed.



School Nurses at STB training

THE TEMPORARY MEDICAL TREATMENT STATIONS (TMTS) GUIDE AND WEBSITE

The Temporary Medical Treatment Stations Guide was initially developed in 2011 utilizing feedback from the 2009 Catastrophic Medical Summit that IMERT held with participation from disaster preparedness experts from across the state. The guide is designed for emergency planners and responders who may be required to set up and operate an alternate treatment site or community alternate care site. The tools in the guide have been exercised at the local and regional level. A website to assist with distribution of the guide was developed, hosted, and maintained by IMERT (www.alternatecaresiteplanning.com or www.temporarymedicaltreatmentstations.com). The ACS Guide is currently on the 3rd Edition.

The screenshot shows the IMERT website. The header includes the IMERT logo (a green map of Illinois with a cross) and the text "Illinois Medical Emergency Response Team". To the right of the logo, it says "Alternate Care Site Planning" and "Temporary Medical Treatment Station Planning". Further right are links for "About", "Contact Us", and "IMERT.ORG". Below the header is a navigation bar with the following items: "ORGANIZATIONAL TOOLS", "PLANNING CONSIDERATIONS", "SUPPLY & EQUIPMENT", "RESOURCES", and "LINKS". The main content area features a large banner for the "CDC Current Interim Guide Information for Healthcare Professionals COVID-19". The banner includes a 3D model of a coronavirus particle and the CDC logo. Below the banner, there is a section for the "ACS Toolkit 3rd Edition". This section includes a description: "This Toolkit was developed to help state, local, tribal and territorial (SLTT) entities to address potential shortages in medical facilities during the 2020 COVID-19 pandemic." and a blue button labeled "ACS Toolkit".

ALTERNATE CARE SITE TABLETOP and WORKSHOP - 2009

IMERT was requested by the IDPH 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 by 60 representatives from the preparedness community. Some of the groups represented include IDPH, IEMA, CMS, 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 the framework of a mass casualty situation due to an infectious disease outbreak.

STATE WEAPONS OF MASS DESTRUCTION TEAM (SWMDT)



From 2010 to 2016 IMERT participated in quarterly exercises with the State Weapons of Mass Destruction Team.

RADIOLOGICAL ASSESSMENT FIELD TEAM (RAFT)

In 2013, IMERT began a partnership with IEMA's Radiological Assessment Field Team (RAFT). IMERT provided medical support for this team during trainings and exercises. This also provided an opportunity for IMERT to practice deployment of equipment and personnel. IMERT participated in numerous field exercises from 2013-2018.



MOULAGE

Including moulaged victims as an element of a multi-casualty exercise substantially adds to realism and provides responders with richer opportunities to react to patient injuries. IMERT determined there are very few resources for exercise planners to learn moulage techniques. Realizing this was a gap that could be addressed, IMERT developed a Moulage Team and a training program.



IMERT's Moulage Team has participated in exercises at various venues around the state. Scenarios varied from community focused mass casualty incidents to active shooter drills. Some partners we have collaborated with in the past include fire departments, hospitals, local emergency management, CERT, and the Illinois National Guard.

TELEMEDICINE

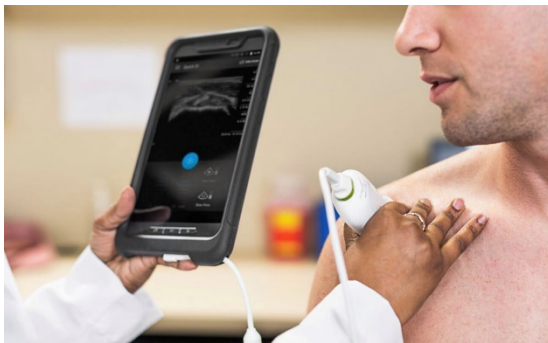
Video communication is becoming more common in healthcare today. Providers across the country have been using various platforms to connect physicians and other healthcare providers with patients across the continuum of care. IMERT has been working at developing a video communication capability for disaster response. This encrypted technology allows us to directly convey situational awareness for our partners across the state. It also allows us to include specialist physicians and direct consultations with experts. Part of this project is specifically designed to enable Pediatric Specialists through the Illinois Emergency Medical Services for Children (EMSC) to engage in direct consultation with healthcare providers on scene.

There have been several successful trials of this technology so far. We were able to provide the State Emergency Operations Center with direct video feed from a mass casualty exercise and our Medical Director was able to see and hear patient assessments on his phone. On other occasions we provided live demonstrations to our federal partners (HHS-ASPR and CDC representatives) and contributed to a webinar for ASPR-TRACIE on the "Use of Telemedicine in Alternate Care Sites". There is tremendous potential for this technology to enhance the quality of care provided to patients during a disaster. We continue to incorporate and test it as a routine part of exercises and training.

PORTABLE ULTRASOUND

IMERT has obtained a Philips Lumify Portable Ultrasound probe. The technology has advanced quite a bit from the days of cumbersome machines and computers. The unit can work with a tablet or a phone on the android-based system and is basically plug and go.

This technology is already being used for emergency care around the world. Having point-of-care ultrasound available is a great advantage, helping to diagnose and treat patients in complicated circumstances. It is a non-invasive, harmless technology that allows patients and doctors more confidence in a stressful situation. It is also very cost effective as after the initial investment, no further costs are incurred.



Dr. Moses S. Lee is in the process of developing training for IMERT's volunteers in emergency ultrasound. The goal will be to offer useful ultrasound techniques for mass casualty care applications and certain procedures useful for our response team. IMERT hopes to be able to offer these training modules to members soon.

CRISIS STANDARDS OF CARE

Crisis Standards of Care is a joint effort by the Illinois and Chicago departments of public health. The IMERT Medical Director and Director of Operations served on the Core Planning Group and with the EMS and Public Safety subcommittee.

Stakeholder meetings were conducted through 2015. Community engagement meetings started in spring of 2016 thru 2018. The final product of the group was the Catastrophic Incident Response Annex and has been incorporated into the IDPH ESF-8 Plan.

IDPH MOBILE MEDICAL SUPPLY CACHE

IMERT was requested to assist IDPH and the RHCCs with operational planning for the Department's Mobile Medical Supply Cache. We submitted a Concept of Operations for the deployment of the IDPH Mobile Medical Supply Cache. We were informed during the pandemic that most of these reserve supplies were sent to hospitals and local health departments.

MASS SHELTERING PLANNING

IDPH requested IMERT to participate in the IEMA effort to update the state ESF-6/ Mass Sheltering Plan. We participated in the initial meetings and continue as requested. This was completed in 2017.

PEDIATRIC CARE MEDICAL SPECIALIST TEAM (PCMS)

Comprised of pediatric, neonatal, and obstetric experts. This team serves in a consultation role (remotely) when the Pediatric & Neonatal Surge Annex is activated or otherwise requested.

The purpose of the PCMS is to serve as subject matter experts to IDPH, provide guidance on triaging pediatric patients to tertiary care centers, provide medical consultation to hospitals holding pediatric patients while waiting for transfer approval to tertiary care centers, and assist with system decompression of tertiary care centers during a multi-regional or state-wide disaster.

Members of this team may also deploy as part of the Primary Medical Response Team or Task Force to assist local healthcare providers with providing pediatric medical care. This is an ongoing effort.

TACTICAL MEDICINE OVERVIEW COURSE

IMERT was able to provide a one-time opportunity for some of our members to participate in a Tactical Medicine simulation training. The course is designed for medical personnel that are directly involved in providing emergency medical support for law enforcement special operations teams. This training provided an opportunity for volunteers to learn more about Tactical Medicine and SWAT response. Also included was training on safe handling of handguns.



IMERT Team Members participating in Tactical Medicine simulation training

Although IMERT will likely not take part in the hot zone of an incident, many of our members may as part of their career. Feedback from participants was overwhelmingly positive and it proved to be an excellent team building experience as well.

ACTIVE SHOOTER PREPAREDNESS FOR HOSPITALS



Active shooter exercise in Metropolis

Response to Active Shooter has become a significant area of focus in all aspects of healthcare. In October 2015 IMERT collaborated with local EMA, law enforcement and Massac General Hospital in Metropolis to participate in an exercise that simulated an active shooter in the Emergency Department. IMERT participated in the initial planning of the exercise with local EMA and the ER Manager. IMERT provided moulage for the “actors” and participated as evaluators and observers. We also participated in the HOT WASH directly after the exercise.

LOGISTICS and ASSETS

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



IMERT maintains offices at the Illinois Law Enforcement Alarm System (ILEAS) campus. The ILEAS campus contains over 120,000 square feet of safe and secure office, classroom, storage, and training space on a 13-acre campus. The facility and training rooms are utilized for office space, classroom space, and equipment storage, allowing a wider variety of educational opportunities to be offered.

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



The logistics team utilizes a warehouse facility in Champaign to store vehicles, trailers, durable equipment, and supplies. This facility provides secure storage and professional 24-hour video surveillance. All temperature sensitive materials are stored in a controlled environment.

IMERT maintains an ongoing inventory of all durable equipment and disposable supplies in a computerized inventory system. This includes barcoding items for tracking with handheld scanners for real time supply availability awareness.

There is a cache of team support supplies including cots, food, and water. IMERT keeps a pre-determined number of medical and patient care supplies, the stock and quantity are based on the FEMA medical team 50 -patient package.

IMERT FLEET

There are six Ford Super Duty F350 Dually Trucks with a range of bumper(tag) trailers:

- 4 - 18ft Cargo Trailers
- 26ft Cargo Trailer
- 40ft Cargo/Treatment Trailer (Mobile Medical Unit)
- 38ft Command/Communications (Medical Support 1)
- 32ft Command/Communications (Medical Support 2)
- 2 - 58kw High Output Transportable Generators
- GMC C5500 30ft Box Truck with Lift Gate
- 4 Gators

A trailer was purchased in 2018, designated as Medical Support-1 (MS-1). It was built out by IMERT for interoperability with other State agencies and features the same technology utilized in the State Unified Command Posts. It also contains a separate medical treatment room to allow for private consultation and treatment of patients.



MS-1 Exterior



MS-1 Interior and patient treatment area



work-bench area and exterior storage. When the ramp is extended, there are specialized doors so the entire rear of the trailer will not need to be opened for ingress and egress.

An additional trailer was purchased in 2020. The trailer is a standard cargo trailer that was custom built to IMERT's specifications. In addition to moving equipment and supplies, it can be used for patient treatment or be converted to sleep 3-4 team members. It has non-slip flooring and write-on walls. It has electric heat and AC. There is a



IMERT PORTABLE MEDICAL TREATMENT TENTS



Medical treatment tents; are portable, set-up easily with 3-4 people, are powered by generators and have interior lighting, HVAC and hand washing stations.

- 1 Zumro Model 860

- o Length 42'
- o Floor Area 861 sq. ft.
- o Wind Resistance 50mph

- 2 Zumro Model 284

- o Length 21'
- o Floor Area 284 sq. ft.
- o Wind Resistance 60mph

CONCEPT OF OPERATIONS

All three units are designed to work together or individually. Utilizing all three units together provides a total of 1,429 sq. ft. of usable treatment space.



Exterior



Interior

COMMUNICATIONS



IDPH Starcom Cached Radio

All Starcom Radios were updated to the new IDPH template. Batteries undergo quarterly checks.

IMERT is currently managing the IDPH radio cache of 34 units.

IMERT enhanced communication capabilities with the addition of Satellite Broadband internet and voice over IP telephone lines to a mobile platform. Mounting the dish and components on a truck with a generator allows complete flexibility to provide phone and internet anywhere it is needed. With the support of ILEAS, ITTF and the Strategic Technology Reserve, the connectivity is being provided at no cost.



Communications Center in the MMU Trailer

EQUIPMENT MAINTENANCE

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



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