



# FY 2014 Annual Report

Illinois Medical Emergency Response Team



Summary of ASPR deliverables for FY2014  
and IMERT program activities  
Contract #47282150B  
Federal Grant #93.889



**TABLE OF CONTENTS**

PROGRAM OVERVIEW..... 2

SIGNIFICANT ACTIVITIES..... 3

BARRIERS AND SUSTAINABILITY NEEDS..... 3

TRAINING PROVIDED ..... 4

RECRUITMENT..... 5

VOLUNTEER STATUS..... 5

SUMMARY OF DELIVERABLES MET..... 6

CONTACT NUMBERS FOR DEPLOYMENT .....21

**ATTACHMENTS**

Great Shake Out Participation Certificate .....22

October 17<sup>th</sup> Communications Earthquake Exercise AAR Executive Summary .....23

June 16<sup>th</sup> Communications Earthquake Exercise AAR Executive Summary .....25

CERT letter from Director Monken .....27



## 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. The IMERT organization's response capabilities provide increased mitigation potential and increased medical surge response capacity within the State and the IMERT programs enhance community and hospital resiliency for public health emergencies and mass casualty events.

IMERT is comprised of some 500+ volunteers from every region of the state. These individuals come from the medical and emergency response community as well as the private sector. These volunteers provide the State of Illinois with a unique medical response capability of a vetted, credentialed and trained response team in support of ESF-8. The IMERT logistics group is comprised of volunteers mostly from the private sector with special skill sets such as: information technology, communications, materials management, scene safety, and resource management. This support element is an important link to the non-medical private sector community.

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

As a past beneficiary of the ASPR Hospital Preparedness Grant Program, IMERT has responded to numerous emergencies, disasters, and high risk/high profile events around Illinois as well as out of state when requested. IMERT has cultivated partnerships within the health care community and with numerous agencies involved in local, regional, state and national preparedness and response. This includes participation in planning, implementation, and evaluation of exercises for hospitals, local communities, regional entities and other agencies. These efforts directly and positively impact capability in communities to support the unique medical needs caused by disaster for both responders and survivors.

IMERT physicians and staff provide education and training for health care providers and community groups within the state. Senior leadership staff has first-hand experience in response to catastrophic incidents and are capable of providing planning insights and logistics support to state agencies and Illinois communities. IMERT is capable of a flexible, scalable medical response. The initial medical assessment team roll-out can be accomplished in 24 hours.

IMERT promotes volunteerism throughout the state by partnering to provide education to local CERT and MRC teams and promoting additional volunteer experiences. Many team members have reported the training and experiences they receive through IMERT enhance their work in the healthcare sector



and in many cases have resulted in an increased participation in both healthcare and community emergency preparedness activities.

### **SIGNIFICANT ACTIVITIES**

IMERT endeavors to provide team members with valuable training experiences that enhances our deployment capability and contributes to community resiliency around the state. Activities are planned for every geographic region and whenever possible IMERT accepts invitations from other preparedness partners to participate in their activities.

This year included a variety of events with regional hospital coalitions and numerous local agencies. In particular we developed and implemented a multi-casualty exercise in Metropolis Illinois. This was a multi-agency mass casualty drill that engaged local and regional partners including hospitals, fire service, law enforcement and local emergency management. Several weeks after the Metropolis exercise the area endured a tornado that resulted in fatalities and injuries. IMERT's leadership was informed afterward that responders reported an increased level of confidence and competence in managing this incident due to the experience provided by the mass casualty drill.

A new role this year is a partnership with IEMA's Radiological Assessment Field Team (RAFT). IMERT provides medical support for this team during trainings and exercises. This also provides an opportunity for IMERT to practice deployment of equipment and personnel.

Details of all activities for FY 2014 are provided on subsequent pages.

### **BARRIERS and NEEDS TO ENSURE SUSTAINABILITY**

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 first focus on mobile medical capability. This include: recruitment, retention, training, and maintenance of supplies and equipment to ensure the deployment capability of a trained and self-sustainable team. Successful implementation and preservation of the mobile medical response capability 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.



### TRAINING PROVIDED

During this grant cycle, IMERT made a variety of training opportunities available to its volunteers, staff, and the community as a whole. Training included presentations on responder mental health to MRC volunteers, FEMA preparedness training, and NIMS and IAP education among others. A total of 5,753 hours of education were provided this grant year.

This year, IMERT was able to provide the newly formatted Deployment Operations Course for our volunteers. This face-to-face training is designed to provide members with an experience that will simulate a deployment, and allow volunteers to familiarize themselves with IMERT operations. The training was held on 9 occasions at locations around the state with 168 members participating.

IMERT’s online training, which serves as an introduction for new members to IMERT policy, and procedure and a refresher course for long time members, was updated in 2014. 85 members completed this course during FY2014.



This map indicates locations that trainings or exercises were held across the state in FY2014



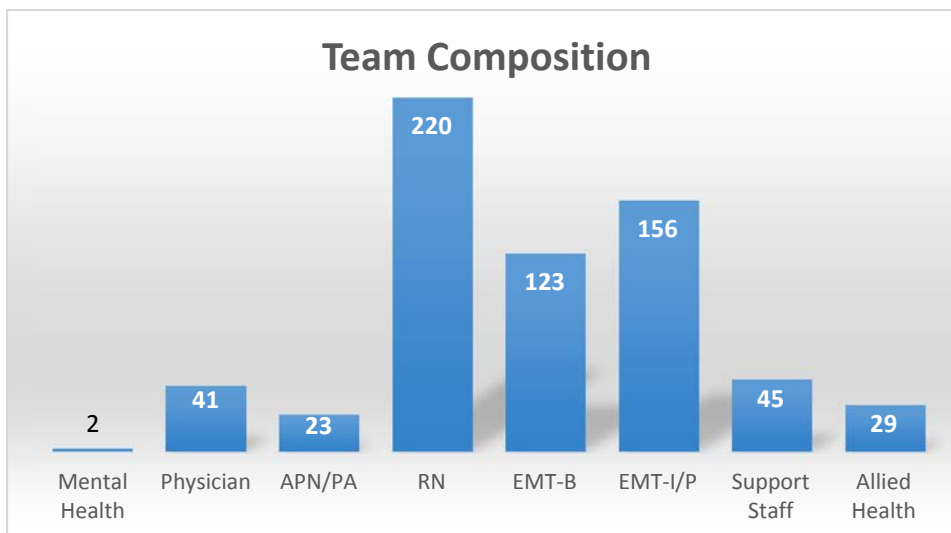
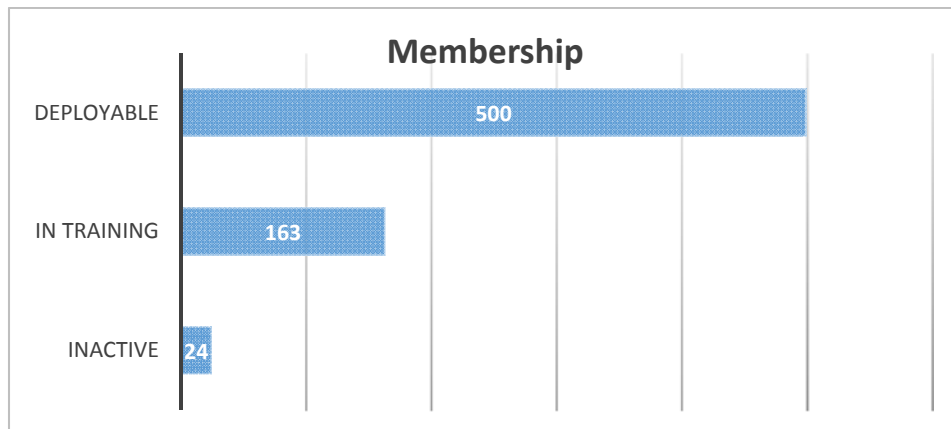
## RECRUITMENT

IMERT recruited and credentialed 11 new applicants this grant cycle: 4 MDs, 3 RN, 3 EMT's, and 1 logistics personnel. Members who successfully complete the application process have had their credential information verified and have undergone a background check screening. They have also completed the state and federally required ICS 100 and 200 and NIMS 700 courses.

## VOLUNTEER STATUS

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

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.





Number	Deliverable	Status
2.1.1	Provide for a stable organizational infrastructure to support the ongoing operation of the Illinois Medical Emergency Response Team (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</b></p> <p>IMERT did not receive funding until September 20, 2013. Deployment capability remained intact but the lack of funding hampered our ability to conduct certain trainings and activities. IMERT did participate in previously planned community exercises but cancelled some internal training. Once funds were received training programming resumed.</p>
2.1.1.1	<p><b>1.</b> Maintain good standing as a legal corporate entity and ensure funding is received and accounted for by applicable federal and state laws. <b>2.</b> Grantee is a non-profit entity in accordance with 2 CFR 230.25. Grantee will provide the department with a listing of its executive officers in the first quarterly report.</p>	<p><b>Status: Met</b></p> <p><b>1.</b> IMERT Inc. is a legal corporate entity in the state of Illinois and follows state and federal guidelines. An audit was conducted by an outside agency for calendar year 2013. Results have been forwarded to IDPH. Meetings of the IMERT Board were held on 8/22/13, 10/23/13, 1/15/14, and 4/16/14.</p> <p><b>2.</b> IMERT is a registered 501c3 nonprofit entity. IMERT’s board consists of the following individuals:</p> <ul style="list-style-type: none"> <li>• Moses Lee, President</li> <li>• Bernard Heilicser</li> <li>• Marge Luczak</li> <li>• George Beranek</li> <li>• David Wold, Treasurer</li> <li>• Mary Connelly, Executive Director</li> </ul> <p>Sharon Dotson was a member of the IMERT Board until March 5<sup>th</sup> when she resigned.</p>



<b>2.1.1.2</b>	<p>1. Grantee will provide a written report within 30 calendar days following the end of each 3 month quarter.</p> <p>2. Grantee will provide a final annual report within 30 calendar days following the termination of this agreement</p>	<p><b>1. Status:</b> Met. One report for each quarter was submitted to IDPH within 30 calendars days of each 3 month quarter.</p> <p><b>2. Status:</b> Met</p>
<b>2.1.1.2.1</b>	<p>The Grantee will maintain an inventory of equipment purchased through this grant and a listing of any other equipment that the Grantee has access to for IMERT Program operations in the Department's Inventory Management and Tracking System (IMATS).</p>	<p><b>Status:</b> Met</p> <p>IMERT maintains an ongoing inventory of all equipment purchased and attainable assets in an internal inventory system. This inventory has not yet been imported into the IMATS this grant year. Work is currently underway to address the unique programming elements of IMATS in order to upload out current inventory. In the meantime, access to inventory information is available to IDPH at any time.</p> <p>Additionally, an inventory of IDPH owned equipment has been completed and submitted.</p>
<b>2.1.1.3</b>	<p>IMERT will actively maintain a sufficient number of trained and experience staff, contractors, professional and technical services, and volunteers to provide the accounting, banking, financial, insurance, payroll, printing, communication, radio and IT, legal services and other support necessary to maintain the IMERT</p>	<p><b>Status:</b> Met</p> <p>Staff Meetings were held on: 7/24/2013, 10/8/2013, 10/29/2013, 12/30/2013, 1/4/14, 1/13/14, 2/4/14, 3/18/14, 4/28/14, 6/25/14</p> <p><u>Full-time employees:</u> Mary Connelly, Executive Director and Elizabeth Lee, Administrative Manager. Ms. Connelly and Ms. Lee were made employees of IMERT in January 2014</p>





	Program in a sustainable operational state	<p><u>Full-time staff:</u> Chris Jansen (position supported by DHS grant through ILEAS) Planning and Logistics Chief</p> <p><u>Part-time and PRN contracted individuals include:</u> Rick Steele (training) Tracy Brookshire (training) Christopher Niziolek (training) Sue Tysiak (training and recruitment).</p>
<b>2.1.1.4</b>	Grantee will provide safe, secure, and protective offices, storage facilities and environments for the equipment, pharmaceuticals, PPE, and other medical equipment and supplies, and response vehicles used for the IMERT Program	<p><b>Status:</b> Met</p> <p>OFFICE AND EQUIPMENT: ILEAS in Urbana provides IMERT with safe and secure office space for response and medical equipment, and the response vehicles.</p> <ul style="list-style-type: none"> <li>• Park 150 Storage Space in Urbana was continued to be retained to store additional equipment and PPE until May of 2014. In May, IMERT moved the equipment from Park 150 into a warehouse space that was outfitted for IMERT's needs. This space allows for the secure storage of all supplies and equipment in one space as well as indoor parking for many of the IDPH owned vehicles. Additional organization was done in June and maintenance continued through the grant year.</li> <li>• Required maintenance was performed on IMERT's Zoll Monitors and AEDs on 1/22/14</li> <li>• A list of equipment purchased this grant year is included with this report.</li> </ul> <p>PHARMACEUTICALS: Pharmaceuticals are stored and maintained by the pharmacy at Carle Hospital. Inventory and stock rotation are performed quarterly.</p>
<b>2.1.1.5</b>	<b>1.</b> Grantee will develop and annually review and update a radio communication plan in cooperation with the Department's Radio Coordinator and the State Interoperable Executive Committee in compliance with the Statewide Communication Interoperability plan.	<p><b>1. Status:</b> Partially Met</p> <p>RADIO COMMS PLAN: IMERT's Planning and Logistics officer, in conjunction with the Department's Radio Coordinator and the State Interoperable Executive Committee, has already developed the radio communication plan. The plan has been approved and there have been no changes in FY2014.</p>



	<p>2. Grantee will arrange access to, or procure as necessary the technology needed to ensure interoperable radio communications with emergency responders within the state.</p>	<p><b>2. Status: Met</b></p> <p>EQUIPMENT: During previous grant cycles, IMERT obtained the equipment necessary to ensure interoperable radio communication. This equipment will continue to be maintained for interoperable communication throughout the grant year.</p> <p>Star Com radios were reprogrammed with one-touch in compliance with IDPH protocols on October 29<sup>th</sup>, 2013.</p>
2.1.1.6	<p>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, mass casualty events and other medical response and training missions; and as necessary to support the future development and operations of the IMERT Program.</p>	<p><b>Status: Met</b></p> <p>Mobile response capability remained intact. Community training missions were completed.</p> <p>An emergency notification communication drill with IMERT leadership and EM-COMM emergency dispatch was conducted on 8/6/2013.</p> <p>A team wide emergency notification communication drill was conducted on 10/17/13 and 6/17/14.</p> <p>An availability call-out was conducted on 11/17/13.</p>
2.1.2	<p>Recruit medical and support staff and volunteers and develop response readiness through assessment, training and participation in exercises.</p>	<p><b>Status: Met and ongoing</b></p> <ul style="list-style-type: none"> <li>• 11 new members were recruited this year: 4 MDs, 3 RN, 3 EMT's, 1 logistics</li> <li>• 13 community outreach presentations were conducted</li> <li>• 11 community exercises were conducted</li> <li>• Online training modules for team members were made available and updated throughout the year</li> <li>• 9 sessions of the Deployment Operations Course were conducted</li> <li>• 9 conferences were attended to recruit volunteers</li> <li>• 5 courses on ICS/HICS were conducted</li> </ul>



<p><b>2.1.2.1</b></p>	<p>Grantee will promote recruitment through the use of marketing materials, a website, training activities, and other methods</p>	<p><b>Status:</b> Met and ongoing</p> <p><b>MARKETING MATERIALS:</b> IMERT has developed 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. A Facebook page for IMERT-INVENT is also maintained.</p> <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>• 7/11/2013 Community Outreach Presentation, CBRNE &amp; Emergency Management,, Stroger Hospital, Chicago, IL</li> <li>• 7/12/2013 Community Outreach Presentation, CBRNE &amp; Emergency Management,, Stroger Hospital, Chicago, IL</li> <li>• 9/13/13 IMERT Booth Center Health System Fall Nursing Symposium, McHenry County College, Crystal Lake, IL</li> <li>• 9/20/13 IMERT Booth Region VII All Hazards, Tinley Park, IL</li> <li>• 9/26/13 IMERT Booth MCHC Emergency Prep Fair, Northwestern Hospital, Chicago, IL</li> <li>• 10/15/13 Community Outreach, TMTS Presentation, Carbondale, IL</li> <li>• 10/16/13 Region 5 Conference and Exercise, Carbondale, IL</li> <li>• 10/17/13 Community Outreach Presentation, DePaul, Chicago, IL</li> <li>• 11/21-22/2013 IMERT Booth, Advocate Injury Institute, Lisle, IL</li> <li>• 10/8/13 and 10/22/13: HICS training was presented to 35 individuals at Stroger Hospital</li> <li>• 1/24/14 IMERT Booth, Region VII Pediatric Conference</li> <li>• 2/4/14 Community Outreach: Emergency Preparedness Presentation, Health Sciences, DePaul University, Chicago, IL</li> <li>• 2/6/14 ICS Training provided by Dr. Lee at Stroger Hospital, Chicago, IL</li> <li>• 3/2-4/14 4 staff attended and promoted IMERT at the ILEAS Conference, Springfield, IL</li> <li>• 3/3/2014 Community Outreach: Mental Health Presentation, ILEAS, Urbana, IL</li> <li>• 3/10/2014 Community Outreach: Responder Resiliency training, NIPSTA, Glenview, IL</li> </ul>
-----------------------	---	---



		<ul style="list-style-type: none"> <li>• 3/11-13/14 IMERT Booth, Annual Rural Public Health Institute, Effingham, IL</li> <li>• 3/14/14 Community Outreach: Enhancing Responder Resiliency, Region X Disaster Healthcare Coalition, NIPSTA, Glenview, IL</li> <li>• 3/18/14 Community Outreach: Emergency Prep and Medical Response Team, UIC School of Public Health, Chicago, IL</li> <li>• 4/9/14 ICS Workshop presented by Dr. Lee at CDPH, Chicago, IL</li> <li>• 4/11/14 IMERT Booth, ENA Spring Symposium, Lisle, IL</li> <li>• 5/6/14 Community Outreach: Enhancing Responder Resiliency Presentation, MRC Conference, Doubletree, Bloomington IL</li> <li>• 5/21/14 IMERT Booth, CFD, Chicago, IL</li> <li>• 5/21/14 Community Outreach, 3 Lectures on the IMERT response, WMD, and Triage presented by Dr. Lee at Stroger Hospital, Chicago, IL</li> <li>• 5/22/14 Community Outreach, 3 Lectures on the IMERT response, WMD, and Triage presented by Dr. Lee at Stroger Hospital, Chicago, IL</li> <li>• 6/2/14 IMERT Booth, Region X Trauma Symposium, Oakton Community College, Oakton</li> <li>• 6/5/14 HICS Training, presented by Dr. Lee at Stroger Hospital, Chicago, IL</li> </ul>
2.1.2.2	<p>1. 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>2. 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 as required by federal</p>	<p><b>1. Status:</b> Met</p> <p>All contracted staff completed NIMS training including ICS 100, 200, 700, 250, 703, 800, 808. IMERT's primary staff members have also completed ICS 702 and 704 as well as ICS 300 and 400 Command courses. All trainers have completed HSEEP and follow HSEEP guidelines when conducting presentations and training exercises.</p> <p>Per IMERT's agreement with IEMA and as mandated by federal guidelines, all IMERT volunteers have undergone a background check and completed the basic NIMS requirements of ICS 100, 200, and 700 before joining, and complete a WMD training before deploying.</p> <p><b>2. Status:</b> Met</p>



	funding sources and the Governor's Executive Order.	<p>Records of volunteer's training history are 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> <p>IMERT switched to a new database system to maintain its volunteer and credentialing records in November of 2013 hosted by Elliott Data. Shortly after this, the CRIS system IMERT database housed by IDPH experienced a hardware failure and was brought permanently offline.</p>
2.1.2.3	<p>1. The Grantee will assure that all staff receives initial orientation training immediately after joining IMERT; and at least annual IMERT operational or capability training and/or exercise, one of which is face-to-face at least every two years – and reimburse its volunteers for travel expenses.</p> <p>2. 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 the completion of each exercise.</p>	<p><b>1. Status: Met</b></p> <ul style="list-style-type: none"> <li>• Volunteers are able to take an IMERT orientation course online upon joining IMERT. Volunteers who have not trained with IMERT in the last two years are required to take this course as well.</li> <li>• Due to lack of funding in the beginning of the grant year, IMERT was unable to hold any face-to-face trainings or participate in capability training/exercises or to reimburse its volunteers for any travel expenses until the end of September. Once funds were received, IMERT held 9 sessions of the Deployment Operations Course in the second half of the year. Sessions were held on the following occasions: 1/10/14, 1/11/14, 3/15/14, 3/28/14, and 3/29/14, 4/4/14, 4/5/14, 6/6/14, and 6/8/14. 163 students attended the course this grant year. Members who needed this course to remain active with IMERT were informed.</li> </ul> <p><b>2. Status: Met</b></p> <ul style="list-style-type: none"> <li>• 8/25/2013 Shooting Response Exercise, Region 7 Tinley Park, IL. 22 participants</li> <li>• 9/19/2013 SWMD Exercise, Springfield, IL. AAR/IP to be completed by SWMD</li> <li>• 9/28/2013 CERT PSCC Training, Glenview, IL. AAR to be completed by CERT</li> <li>• 10/16/13 Region 5 Exercise, Carbondale, IL, AAR to be completed by organizers</li> <li>• 10/17/13 Great Shake Out Drill (communications drill) 550 volunteers participated</li> <li>• 10/18/13 Massac Co. TMTS Exercise, Metropolis, IL. 25 Team member AAR completed by local jurisdiction.</li> <li>• 10/19-20/13 Massac Co. Medical Support, Metropolis, IL. 25 Team members participated. AAR/IP completed by local jurisdiction</li> </ul>



		<ul style="list-style-type: none"> <li>• 11/6-7/2013 SWMD South, Marion, IL. AAR/IP to be completed by SWMDT</li> <li>• 2/26-27/14 ITTF Leadership Exercise, Urbana, IL. 4 staff participated. AAR to be completed by IFSI.</li> <li>• 3/5/2014 EMSC Pediatric Surge TTX, 4 staff participated. AAR to be completed by EMSC.</li> <li>• 3/25/2014 EMSC Pediatric Surge TTX, 3 staff participated. AAR to be completed by EMSC.</li> <li>• 4/9/2014 RAFT Exercise, 4 participants. AAR to be completed by RAFT</li> <li>• 5/21/2014 RAFT Exercise, 4 participants. AAR to be completed by RAFT</li> <li>• 6/17-18/14 IEMA Capstone Exercise, 5 staff participated.</li> <li>• 6/17/14 Communications Readiness Exercise, to all staff and team, 500 participants. AAR completed and submitted by IMERT.</li> </ul>
<b>2.1.3</b>	Deploy to support the State's health and medical response mission when requested for disasters emergencies, trainings, and support missions.	<p><b>Status: N/A</b></p> <p><b>No deployment requests this grant cycle.</b></p>
<b>2.1.3.1</b>	<p><b>1.</b> The Grantee will ensure that, within 24 hours of 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 medical and support staff and volunteers, equipment and supplies for at least 72 hours; or other medical response teams according to the times and criteria stated in the current 'IMERT Response Packages" document on file with the Department.</p>	<p><b>Status:</b></p> <p>IMERT's staff and pool of 500+ volunteers are ready for deployment. The equipment cache can support a deployment of up to 72 hours or 2 weeks with additional support provided by the state.</p> <p><b>1. Met</b></p>



	<p>2. The Grantee will assure that with appropriate logistical support arranged by the State of Illinois as described in the current “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.</p>	<p>2. Met</p>
<p><b>2.1.3.2</b></p>	<p>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 contain the receipt of a permanently recorded mission number from the IEMA Communication Center.</p>	<p><b>Status:</b> Met</p> <p>The following mission numbers were obtained for sanctioned training activities.</p> <ul style="list-style-type: none"> <li>• IMERT received mission number: IL 2013 0464 for the Shooting Response Exercise in Tinley Park on 8/25/13</li> <li>• IMERT received mission number: IL 2013 0550 for SWMD Exercise in Springfield on 9/19/13</li> <li>• IMERT received mission number: IL 2013-0575 for the CERT PSCC Training at NIPSTA in Glenview on 9/28/13</li> <li>• IMERT received mission number: IL 2013 0619 for Massac County Ex 10/18-20/13</li> <li>• IMERT received mission number: IL-2013-0655 for the SWMD in Marion County on 11/6-7/2013</li> <li>• IMERT received mission number: IL 2014-0151 for Deployment Operations Course in Effingham on 3/15/14</li> <li>• IMERT received mission number: IL 2014 0166 for Deployment Operations Course in Glenview on 3/28-29/14</li> <li>• IMERT received mission number: IL 2014-0177 for Deployment Operations Course in Rochelle on 4/4/14 and 4/5/14</li> <li>• IMERT received mission number: IL 2014-0194 for RAFT Exercise in Springfield on 4/9/14</li> <li>• IMERT received mission number: IL 2014-0298 for RAFT Exercise in Morris on 5/20-21</li> <li>• IMERT received mission number: IL 2014-0328 for Deployment Operations Course in Chicago on 6/6/14 and 6/7/14</li> <li>• IMERT received mission number: IL 2014-0351 for Capstone Exercise in Springfield on 6/17-18/2014</li> </ul>



<p><b>2.1.3.3</b></p>	<p><b>1.</b> It is critical for the Grantee to ensure that 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><b>2.</b> The Grantee will develop, continuously and immediately maintain the Department's IMERT Program deployment and demobilization protocols and emergency contact list/schedule.</p> <p><b>3.</b> 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><b>4.</b> Grantee will assure that these emergency points of contact have taken State of Illinois Rapid Electronic Notification (SIREN) Alerting System training and are able to use and continuously maintain their emergency contract information in SIREN.</p> <p><b>5.</b> Contacts must have the knowledge, resources, ability, and authority to alert,</p>	<p><b>1. Status: Met</b></p> <p>IMERT's primary contact or designee is available, 24/7 within 1 hour of an emergency notification</p> <p><b>2. Status: Met</b></p> <p>IMERT's deployment and demobilization protocols are updated annually. They were reviewed in June of 2013 and were reviewed again in June 2014.</p> <p><b>3. Status: Met</b></p> <p>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>4. Status: Met</b></p> <p>All staff and emergency points of contact have taken SIREN training and have their information updated in SIREN</p> <p><b>5. Status: Met</b></p> <p>All contacts are able to deploy IMERT volunteers and resources in accordance with the IMERT chain of command.</p>
-----------------------	---	--





	<p>assemble, deploy, and demobilize the IMERT volunteers and assets.</p> <p><b>6.</b> 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>6. Status:</b> Met</p> <p>A copy of the emergency contact list is attached to this report.</p>
<b>2.1.3.4</b>	<p>Grantee will properly demobilize equipment, staff and volunteers to ensure these resources are tracked and properly recovered.</p>	<p><b>Status:</b> Met</p> <p>IMERT follows the deployment and demobilization protocols on file with the department to ensure proper demobilization occurs after each deployment and that assets are ready for re-deployment.</p>
<b>2.1.4</b>	<p>Support the Department's emergency public health and medical response plan development.</p>	<p><b>Status:</b> Met</p> <ul style="list-style-type: none"> <li>• Spearheaded the department's Model Uniform Core Criteria for Mass Casualty Triage and SALT triage for the HPP Coalition</li> <li>• Participating in the IDPH-CDPH Crisis Standards of Care Steering Committee on 7/1/13, 8/5/13, 9/24/13, 10/31/2013, 11/8/2013, 12/17/2013, 1/24/14, 2/24/14, 4/18/14, 5/29/14, and 6/19/14</li> <li>• Participating in the department's Mobile Medical Resources Committee. Meetings were held on 10/31/13, 1/16/14 and 2/28/14. Meeting on integrating with IMATS took place on 10/15/13. IMERT coordinated this project with IDPH staff at the IDPH office in Springfield on 2/15/14. A Google tool has been created that allows for interoperability for sharing deployable assets.</li> <li>• Participating in the department's IDPH Public Health &amp; Medicine Committee on 11/20/13, 12/5/13, 3/11/14, 5/21/14</li> <li>• Presentation to the Chinese Healthcare delegation: 12/4/13</li> <li>• Participating in the HPP Recognition Standards Work Group 1/22/14, 2/26/14, 4/25/14, 5/29/14, 6/25/14</li> </ul>



		<ul style="list-style-type: none"> <li>• Participating in the Pediatric Preparedness Work Group 2/21/14, 4/25/14, 6/13/14</li> <li>• Collaborating with EMSC to add a pediatric specific team capability</li> <li>• Attended Region 10 Healthcare Coalition Meeting 12/8/2013</li> </ul>
<b>2.1.4.1</b>	The Grantee will provide volunteer management technical support to the Department's 10 Regional Hospital Coordinating Centers (RHCC) Healthcare Coalition's Volunteer Needs Assessment.	<p><b>Status: Met</b></p> <p>IMERT participated in the RHCC meetings on the following dates: 7/18/2013, 8/20/2013, 9/19/2013, 10/17/2013 and 12/19/2013, 1/16/14, 3/20/14, 4/21/14, 5/15/14, 6/19/14</p>
<b>2.1.4.2</b>	Grantee, in addition to the requirements of Section 2.1.3, 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.	<p><b>Status: Met</b></p>
<b>2.1.5</b>	<p>The Grantee will provide technical planning assistance to the Department's emergency public health and medical response planners,</p> <ol style="list-style-type: none"> <li>1. including Illinois's Joint Statewide Volunteer Management policy;</li> <li>2. collaborating with the Department on the redevelopment of Illinois' Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-</li> </ol>	<p><b>Status: Met</b></p> <ul style="list-style-type: none"> <li>• IMERT participated in the Department's committees and efforts as requested. IMERT staff also conducted presentations to IDPH personnel on the IMERT program on the following occasions: 7/25/2013 and 8/21/2013</li> </ul> <ol style="list-style-type: none"> <li>1. No Volunteer Management meetings held this quarter</li> <li>2. ESAR-VHP: IMERT staff participated in Illinois Helps training on 6/12/14. IMERT staff requests for administrative access were not answered during the FY2014 grant year.</li> </ol>



	<p>VHP) - compliant volunteer management information system;</p> <p><b>3.</b> ESF-8/State Medical Disaster Plan updating</p> <p><b>4.</b> Crisis Standards of Care planning</p> <p><b>5.</b> and others as requested and resources permit.</p>	<p><b>3.</b> ESF-8 TMTS Annex meeting held on 2/19/14</p> <p><b>4.</b> Crisis Standards of Care: 7/1/2013, 8/5/2013, 9/24/201,10/31/2013, 11/8/2013, 12/17/2013, 1/24/14, 2/24/14, 4/18/14, 5/29/14, and 6/19/14</p> <p><b>5.</b> Other initiatives undertaken on behalf of IDPH:</p> <ul style="list-style-type: none"> <li>• Model Uniform Core Criteria for Mass Casualty Triage and SALT triage: 9/9/2013 IDPH Public Health &amp; Medical Services Committee: 7/17/2013, 9/18/2013</li> <li>• Mobile Medical Resources: Conference call 10/31/13, 1/16/14 and 2/28/14. <ul style="list-style-type: none"> <li>○ Met with Dr. Carla Little to determine feasibility to utilize IMATS on 10/15/13.</li> <li>○ IMERT coordinated this project with IDPH staff at the IDPH office in Springfield on 2/15/14.</li> <li>○ A Google tool has been created that allows for interoperability for sharing deployable assets.</li> <li>○ IMERT completed the Mobile Medical Resources List and submitted to IDPH to distribute to the RHCCs. A copy was also sent to local Health Departments.</li> </ul> </li> <li>• HPP Recognition Standards: Conference call 10/31/13, 1/22/14, 2/26/14, 4/25/14, 5/29/14, 6/25/14</li> <li>• IDPH Exercise Planning: 1/23/14</li> <li>• IDPH requested IMERT to develop a “just in time” data collection tool to provide situational awareness of the current Normal Saline shortage. This was completed and submitted during the 3<sup>rd</sup> quarter.</li> <li>• IDPH &amp; UIC BRACE Project, vulnerable populations assessment group: 9/11/13</li> <li>• Assisted with the IDPH Pediatric &amp; Neonatal Surge Annex TTX Pediatric expert activation on 3/5/14 and 3/25/14.</li> </ul>
--	--	---



	<p><b>Additional IMERT development projects this quarter</b></p>	<ul style="list-style-type: none"> <li>• IMERT Mental Health Team Development: Working with Dr. Kathryn Juzwin to augment IMERT's online training offerings to include responder mental health. Meetings were held on 3/10/14</li> <li>• IMERT participated in ITTF meetings on the following occasions:             <ul style="list-style-type: none"> <li>○ Training Committee: 7/23/13, 10/7/13, 12/4/13, 3/24/14</li> <li>○ Chair and Committees: 7/24/2013, 9/12/2013, 9/25/2013, 2/14/14, 3/26/14, 4/23/14, 5/28/14</li> <li>○ Planning meeting for ITTF Leadership Drill 10/7/2013</li> </ul> </li> <li>• IMERT and IMT MOU. The IL-Incident Management Team and IMERT maintain a partnership agreement. IMERT attended their advisory meetings 10/23/13, 3/20/14, 5/15/14 and 6/3/14</li> <li>• EMCOMM: IMERT has entered into an MOU for dispatch services. A drill to test dispatch procedures was held on 8/6/13. A meeting was held on 4/21/14.</li> <li>• SimLearning for Response Teams: Dr. Lee continues to develop a SimLearning training program for disaster programs in cooperation with Stroger Hospital. Meetings were held on 1/9/14, 4/22/14, and 6/27/14 to coordinate this project. A training was held on 5/10/14 with 22 team members and 6 staff members participating.</li> <li>• EMSC Pediatric Team Development: IMERT is working with EMSC to assist them in creating a pediatric team to serve the State of Illinois. Members of the Pediatric Specialist Team will become IMERT members. Meetings were held on 10/2/13, 10/14/13, 10/22/13, and 5/13/14.</li> <li>• Replacement of IMERT's CRIS responder database: Meetings and trainings took place on the following occasions: 9/18/2013, 9/25/2013, 10/18/2013, 11/15/2013, 11/22/2013, 12/6/2013, 12/12/2013, 12/18/2013, 12/23/2013</li> </ul> <p>Additional Committees:</p> <ul style="list-style-type: none"> <li>• Cook County Department of Homeland Security MTU, meetings held on: 8/30/13, 9/11/13</li> <li>• Illinois Medical District Hepatitis C Committee: 9/6/13, 11/8/2013, 12/13/2013, 1/10/14, 05/09/2014, 06/13/2014</li> <li>• CDPH Material &amp; Formulary Committee: 10/4/13</li> <li>• Pediatric Preparedness Workgroup: 12/6/13, 2/21/14, 3/5/14, 4/24/14, 6/13/2014</li> </ul>
--	--	--



		<ul style="list-style-type: none"> <li>• Participating in the CERT Prairie State CC Planning Committee: Met on 7/8/13, 8/12/13, 9/27/13, 2/25/14, 3/25/14, 4/29/14, 5/27/14, 5/29/14, 6/24/14 a site visit was held on 9/10/13.</li> <li>• Participating in the Illinois Medical District Hospital Preparedness Coalition (IMD HEPC), Chicago, IL: 05/09/2014, 06/13/2014.</li> </ul>
	<p><b>Additional IMERT Team Member Development Activities</b></p>	<ul style="list-style-type: none"> <li>• 11/1/13, SWMD planning</li> <li>• 10/31/13, IMERT training development planning</li> <li>• Northwest Indiana / Chicago Metropolitan Statistical Area Regional Joint Information Tabletop Exercise, 1 team member attended</li> <li>• Medical Response to Bombing Course, 5 team members and staff attended</li> <li>• IMERT training development with NIPSTA: Meetings held on 8/2/13</li> <li>• IMERT staff attended the IEMA Conference on 9/4-7/13</li> <li>• Planning conference in Metropolis for Mass Casualty Drill in October</li> <li>• Planning Officer attended 3 courses towards IPEMS certification with IEMA: Damage Assessment on 1/29/14 and Operations Section Training on 3/10-13/14, All Hazards Safety Officer on 4/8/14. Training Coordinator Rick Steele also attended the All Hazards training.</li> <li>• Planning Officer attended WebEOC Training sponsored by IEMA on 4/14/14</li> <li>• IMERT Training Coordinator attended REACT/S training on 5/8/14</li> </ul>




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

# Certificate of Participation

presented to

# IMERT

as a registered participant of the

## October 2013 Great Central U.S. ShakeOut





## IMERT

### Communication Earthquake Availability Drill

October 17, 2013

### EXECUTIVE SUMMARY

The Illinois Medical Emergency Response Team (IMERT) conducted an IMERT Communication Earthquake Availability Drill on October 17, 2013. The primary objective of the exercise was to test the ability to notify team members of a potential deployment in response to a hypothetical earthquake request and gauge response in real time. The scenario was in concert with the Great Central U.S. Shake Out.

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

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

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

### Major Strengths

The major strengths identified during this exercise are as follows:

- Involvement of all deployable team members
- 540 team members contacted
- 290 team members responded within the specified time



## Primary Areas for Improvement

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

- Team member files need to be kept current so IMERT can notify them of deployment.
- Contact the 2 team members whose e-mails were bounced back.
- Contact the 73 team members whose wireless messages were bounced back
- Re-enforce to team members that deployment messages will come via text and email.

This exercise met the following objectives:

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





## IMERT

### Communication Earthquake Availability Drill

JUNE 16, 2014

### EXECUTIVE SUMMARY

The Illinois Medical Emergency Response Team (IMERT) conducted an IMERT Communication Earthquake Availability Drill on June 16, 2014. The primary objective of the exercise was to test the ability to notify team members of a potential deployment in response to a hypothetical earthquake request and gauge response in real time. The scenario was in concert with the Illinois Emergency Management Agency (IEMA) Capstone Exercise 2014.

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

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

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

### Major Strengths

The major strengths identified during this exercise are as follows:

- Involvement of all deployable team members
- 508 team members contacted
- 230 team members responded within the specified time



## Primary Areas for Improvement

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

- Team member files need to be kept current so IMERT can notify them of deployment.
- Contact the 10 team members whose wireless messages were bounced back
- Re-enforce to team members that deployment messages will come via text and email.

This exercise met the following objectives:

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



Illinois Emergency Management Agency

Jonathon E. Monken, Director

October 18, 2013

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

Dear Dr. Lee,

The Illinois Emergency Management Agency (IEMA) hosted the 2013 Prairie State Community Emergency Response Team (CERT) Challenge on Saturday, September 28, 2013 at the Northeastern Illinois Public Safety Training Academy (NIPSTA) in Glenview. Now in its fourth year, the event provided 11 local volunteer CERT teams with the opportunity to test their skills in the day-long event designed to simulate real-life situations they may face that require the use of CERT training.

This event would not have been possible without many partners to include your organization. As you may know, the event utilizes as many volunteers to serve as evaluators, controllers, victims, and assistants, as team participants. Without these volunteers and those organizations that have donated and loaned materials, this event would not continue to be the nationally-recognized premier event that it is today.

I would like to give special recognition to important members of your organization, Mary Connelly and Sue Tysiak who served on the event planning committee. We thank you and your staff for your continued support of the CERT Challenge.

Sincerely,

A handwritten signature in black ink, appearing to read "Jonathon Monken".

Jonathon Monken  
Director

