



Annual Report FY 2016

IMERT

Illinois Medical Emergency Response Team

Summary of ASPR deliverables for FY2016
and IMERT program activities

Federal Grant # 5U90TP000520-04
Contract #67282150D



**TABLE OF CONTENTS**

PROGRAM OVERVIEW.....	2
SIGNIFICANT ACTIVITIES.....	3
INTERAGENCY COLLABORATION.....	7
TRAINING	8
RECRUITMENT.....	9
VOLUNTEER STATUS.....	10
EQUIPMENT AND RESPONSE SUPPLIES.....	11
PURCHASE SUMMARY.....	12
BOARD OF DIRECTORS.....	13
STAFF AND CONTRACTORS.....	13
BARRIERS AND SUSTAINABILITY NEEDS.....	14
SUMMARY OF DELIVERABLES	15-33
CONTACT NUMBERS FOR DEPLOYMENT.....	34

ATTACHMENTS

Concept of Operations for the Deployment of the IDPH Medical Supply Cache	35
Articles	
Nurses.com – Nurses Volunteer in the Wake of Disaster.....	37
Hometown Military News – Illinois National Guard Exercise	41
Activity Reports.....	43
October 15 th Great Shake Out Comms Drill AAR Executive Summary.....	55

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.

IMERT is comprised of volunteers from every region of the state. These volunteers provide the State of Illinois with a unique medical response capability of a vetted, credentialed and trained response team in support of ESF-8. Our volunteers come from the medical and emergency response community as well as the private sector. The non-medical element of the team are volunteers with special skill sets such as information technology, communications, materials management, scene safety, and resource management. IMERT is capable of a flexible, scalable medical response. The initial medical assessment team roll-out can be accomplished in 24 hours of a deployment order.

The primary source of funding for the program is a grant from the ASPR Hospital Preparedness Program #67282150D through the Illinois Department of Public Health Office of Preparedness and Response Hospital Preparedness Program. Additional support is provided by a grant from the Department of Homeland Security through the Illinois Terrorism Task Force (ITTF). IMERT is a designated Mission Support Team (MST) with the Illinois Emergency Management Agency (IEMA). Additionally, IMERT partners with the Illinois Incident Management Team (IMT).

As a past beneficiary of these grant programs IMERT has responded to numerous emergencies, disasters, and high risk/high profile events around Illinois as well as out of state. We have 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 trainings/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 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 has resulted in an increased participation in both healthcare and community emergency preparedness activities.

IMERT also provides skilled moulage services to response partners during full-scale exercises, providing realistic simulated casualties which have been demonstrably important in enhancing the exercise experience for responders.

SIGNIFICANT ACTIVITIES

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 serve on the Core Planning Group and with the EMS and Public Safety subcommittee.

The mission of the Core Planning Group aims to address five key elements for developing a Crisis Standards of Care plan.

- Strong ethical grounding
- Integrated and ongoing community and provider engagement, education and communication
- Assurances regarding legal authority and environment
- Clear indicators, triggers and lines of responsibility
- Evidence based clinical processes and operational implementation

Stakeholder meetings were conducted through 2015. Community engagement meetings started in spring of 2016.

IDPH Mobile Medical Supply Cache

IMERT was requested to assist IDPH and its RHCCs with the operational planning of the Department's Mobile Medical Supply Cache. We submitted a Concept of Operations for the deployment of the IDPH Mobile Medical Supply Cache that follows the Request for Medical Resources Algorithm. A copy is in the addendum section of this report.

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 will continue as requested.

Pediatric Care Medical Specialist Team

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

The purpose of this Team in this capacity is to serve as subject matter experts to IDPH, provide guidance on triaging pediatric patients to tertiary care centers, provide medical consultation to those 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. Recruitment for these specialists has begun; we currently have two practitioners already approved.

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 HIPPA compliant video communication capability for disaster response. This encrypted technology allows situational awareness to be directly conveyed to response partners across the state. It also allows consultation with specialist physicians and experts.

We continue to incorporate and test this technology as a routine part of exercises and training.

Moulage Implementation for Response Partners

This grant year we continued to grow the moulage team component that was developed in the previous year. The moulage team is composed of volunteers who have been specially trained in assessing an exercise's unique moulage needs and the art of moulage application and victim actor coaching. IMERT has received feedback that moulage enhances the realism of mass casualty exercises. In addition to make up, each actor is given a short background story, sometimes with information on an underlying medical condition, and provided with instructions on how they should act and what they should say to the responders.

IMERT provided moulage during the following exercises; Prairie State CERT Challenge in October 2015, Massac County in October of 2015, IEMA Prairie state CERT Challenge in October 2015, the Cook County Homeland Security Active Shooter Drill in Northbrook in November 2015 and for the Active Shooter Exercise with the National Guard at the Illinois Military Academy, Fort Lincoln in May of 2016.



Actor with moulage applied during training

Tactical Medicine Overview Course

This grant year IMERT was able to provide an 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 hand guns.



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 Prep 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 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.

Metropolis Exercise



Following the active shooter exercise at Massac General Hospital, IMERT provided an immersion training for team members at the Fort Massac Reenactment event. This occasion typically attracts over 100,000 people to the small town of Metropolis. In collaboration with Region 5 RHCC and local authorities we utilize this event as a “real-time” deployment training. This allows us to interact with the local hospital, EMS, law enforcement and emergency management in addition to planning potential medical needs on a large scale. Team members are assigned clinical positions while backing up local EMS on scene, similar to what would happen in a real event. We have done this for the past few years. Each time we discover areas that we can improve to sharpen our response capabilities. Our partners in this effort have also reported that they have learned valuable lessons that have helped them in addressing local emergencies.

INTERAGENCY COLLABORATION

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

- Chicago Department of Public Health
- Citizens Emergency Response Team (CERT)
- Cook County Homeland Security
- Emergency Medical Services for Children
- Radiological Assessment Field Team (RAFT)
- Illinois Department of Public Health
- Illinois Emergency Management Agency
- Illinois Hospital Association
- Illinois Incident Management Team (IMT)
- Illinois Law Enforcement Alarm System (Peoria SWAT)
- Illinois National Guard
- Interstate Medical Disaster Compact (Indiana, Missouri, Wisconsin, Michigan)
- Illinois State Police
- Massac County Emergency Management
- Massac Memorial Hospital
- Metropolis Fire Department
- Metropolis Police Department
- Shawnee Preparedness and Response Coalition
- State Weapons of Mass Destruction Team

TRAINING

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





Locations of IMERT trainings and exercises in FY2016

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

IMERT presented 7 sessions of the Deployment Operations Course to its members. These courses simulate a deployment, and allow volunteers to familiarize themselves with deployment operations details. The course features rotating topics that address procedural details as well as current topics of interest. In addition we provide an online training which serves as an introduction for new members to policy and procedure and a refresher course for long time members.

IMERT also provided “real world” training opportunities by partnering with other response agencies to allow for joint exercise participation. IMERT routinely trains with the Radiological Assessment Field Team (RAFT) and Statewide Weapons of Mass Destruction (SWMD) Team. We also had the opportunity to work with the Illinois National Guard and Cook County Homeland Security with their full scale exercises to provide moulage for their training.

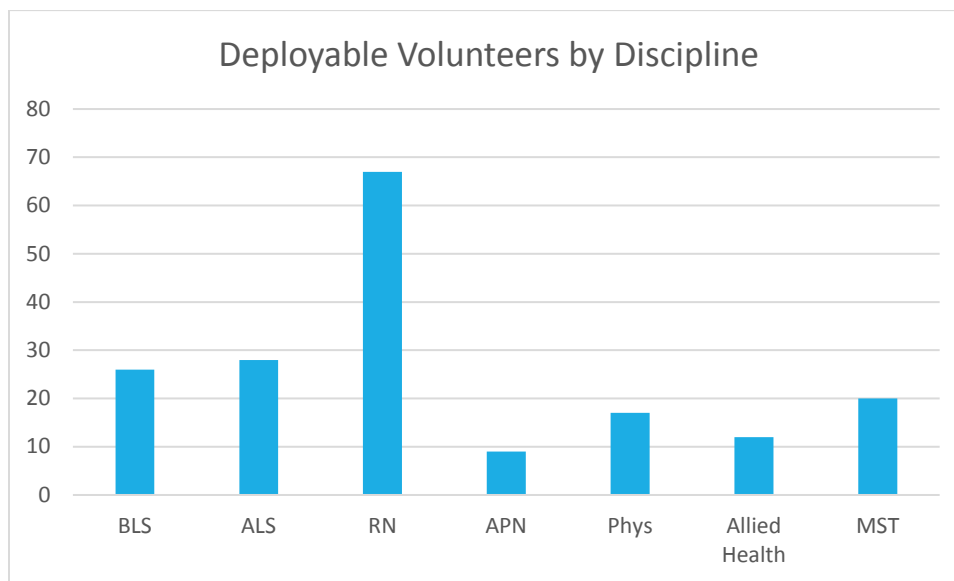
RECRUITMENT

IMERT recruited and credentialed 8 new applicants this grant cycle: 1 Physician, 1 Advanced Practice RN, 1 RN, 2 EMT-Ps, 1 EMT-B, and 2 Mission Support Team members. All new members are required to complete ICS 100, ICS 200 and ICS 700 along with a CBRNE/WMD response course. Additionally, all members have their credentials and licensure verified and undergo a background screening check.

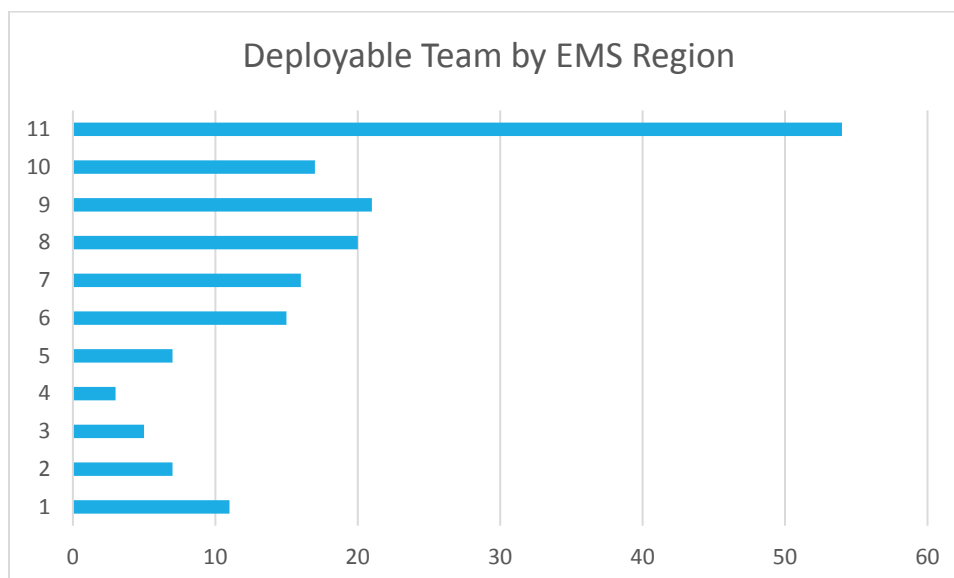
VOLUNTEER STATUS

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

As of June 30th, 2016, IMERT has 176 deployment ready members located throughout the State of Illinois. Another 134 are in the process of updating training requirements.



Recruitment activities included promotion of the 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.

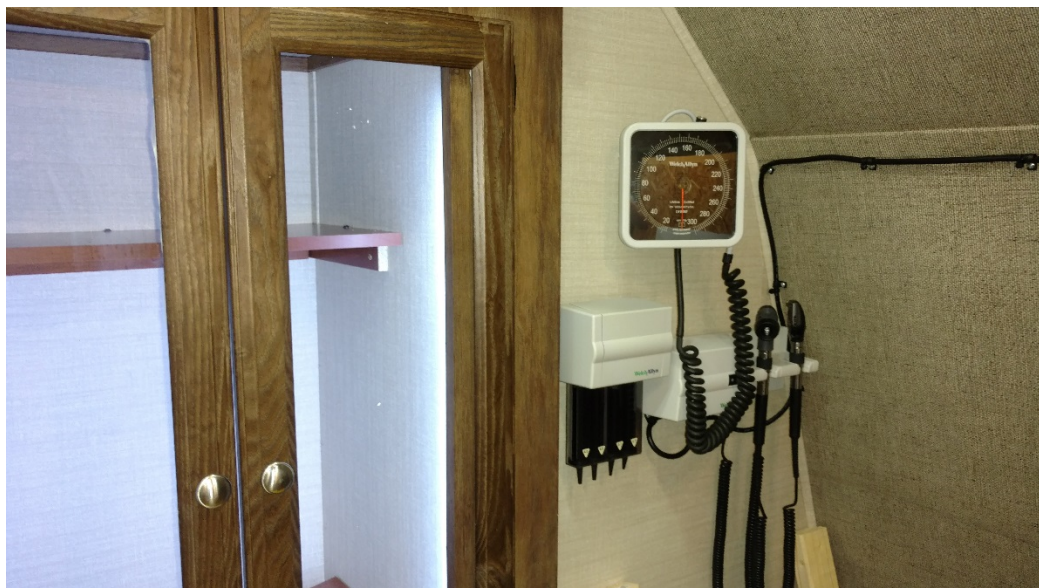


EQUIPMENT AND RESPONSE SUPPLIES

Two of the IDPH owned trailers were taken out of service and will be returned to CMS as soon as possible due to leaking roof seams and possible mold. IMERT purchased a replacement trailer and is currently modifying it for field operations. The new trailer, named MS-1, has been 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.



Trailer modifications





The following are items purchased with grant funds during FY2016 valued at over \$500 dollars.

Date	Supplier	Description	PO #	Cost
7/6/2015	Carle Foundation Hospital	Pharmaceutical Cache Replenish	IMERT2016-003	\$890.41
1/8/2016		Pepwave MAX BR1	IMERT2016-030	\$539.00
2/11/2016	Dell	Dell Inspiron i3650-3132RED Desktop	IMERT2016-047	\$589.99
3/5/2016		Pepwave MAX BR1	IMERT2016-050	\$539.00
3/28/2016	Carle Foundation Hospital	Pharmaceutical Cache Replenish	IMERT2016-060	\$982.94
4/22/2016		Pepwave MAX BR1	IMERT2016-065	\$539.00
4/28/2016	Keystone Cougar	Trailer	IMERT2016-053	\$28,000.00
5/24/2016	Bio-Tron Inc.	Zoll AED and Monitor PM Maintenance	IMERT2016-082	\$1,545.00
5/25/2016	Honda	Honda EU3000iS Portable Inverter Generator	IMERT2016-072	\$1,999.00
6/1/2016	Coleman	Coleman Mach 15k BTU Upper Air Conditioner Unit	IMERT2016-073	\$715.99
6/3/2016	Zumro	Zumro Rigid Door System	IMERT2016-085	\$2,579.67
6/3/2016	Zumro	Zumro Rigid Door System	IMERT2016-085	\$2,579.67
6/17/2016	Carle Foundation Hospital	Pharmaceutical Cache Replenish	IMERT2016-081	\$765.38
6/20/2016	Globalstar	Globalstar GSP-2900 w/Antenna	IMERT2016-084	\$1,699.00

BOARD OF DIRECTORS

Chair: George Beranek, MD

Treasurer: David Wold, DDS

Secretary: Marge Luczak, RN, MSN

Member: Bernie Heilicser, DO

Member: Lisa Wax, RN, BSN

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

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

Administrator (non-voting): Elizabeth Lee, MS

STAFF AND CONTRACTORS

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

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

Contracted Training Coordinators:

Tracy Brookshire MS (Central)

Amy Mathes PhD RN EMT-P (South),

Christopher Niziolek EMT-P (Chicago)

Barbara Oliff RN BSN (North)

Rick Steele EMT-P (South Central)

All coordinators are on a part-time, as needed basis.



BARRIERS AND NEEDS FOR FUTURE SUSTAINABILITY

The State of Illinois through IDPH and IEMA has made an investment with both grant funding and support for IMERT over the past 17 years. This has resulted in IMERT being able to provide medical care for thousands of citizens and training to hundreds of healthcare providers and community responders.

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

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



Number	Deliverable	Status
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>Status: Met</p> <p>Deployment capability was intact throughout the grant year.</p> <p>No funding was received in the first quarter. The absence of funds hampered the ability to conduct certain trainings and activities in the beginning of the grant year. IMERT did participate in previously planned community exercises but cancelled/delayed some trainings for IMERT members</p>
2.1.2	<p>The Grantee will employ or contract a lead Medical Director for the IDPH IMERT Program to do the following:</p> <p>1. The Medical Director will provide oversight and direction of the IDPH IMERT Program staff and volunteers, and ensure IMERT deployment readiness and capability.</p>	<p>Status: Met</p> <p>IMERT contracts with Dr. Moses Lee, MD, FACEP, FAAEM to serve as the IMERT Medical Director</p> <p>1. Dr. Lee provides oversight as the President of IMERT's Board of Directors. Meetings were held each quarter on the following dates: 9/17/15, 12/8/15, and 6/7/2016. Additionally, he holds weekly meetings with IMERT's Director, Mary Connelly to discuss IMERT policy and operations.</p> <ul style="list-style-type: none"> • Attended the IEMA conference on 9/10-11/15, Springfield, IL • Attended the FEMA Region V Regional Interagency Steering Committee Conference on 7/23/15, Chicago, IL • Attended the IEMA CERT Challenge for DuPage County on 10/6/15, • Attended the FEMA Counterterrorism Awareness Workshop (JCTAWS) on 11/17-18/15. • Took part in the flooding situational awareness meetings on 1/1/16 and 1/5/16 • Attended the PERRC Conference in Orlando on 2/21/16. • Prepared materials for the Pediatric Care Medical Specialist Webinar and participated in the webinar on 3/29/16 • Prepared materials for and participated in the IMERT Pediatric Specialist Webinar on 4/5/2016 and met with EMSC on the subject on 4/26/2016 • Provided IMERT overview of IMERT for FEMA and IEMA, 4/6/2016 • 4/8/2016 provided IMERT and MABAS-USAR-1 coordination • Attended the Preparedness Summit Conference in Dallas and presented on the IMERT Sim Project on 4/19-21/16 • Presented the SimProject Poster at the IPHA Conference 6/22/2016



	<p>2. Provides oversight and direction to education programs to Grantee staff, contractors, and volunteers; and develop or update and annual education program and materials and provide education to Illinois' public health staff and healthcare system physicians, residents, medical students, and other health professionals on emergency preparedness.</p>	<p>* Dr. Lee is currently managing the monthly financials for IMERT operations and oversees the publication of IMERT's quarterly report and newsletter. He also assisted in preparing IMERT's BP5 grant application</p> <p>2. Dr. Lee attended the following IMERT training and exercise programs:</p> <ul style="list-style-type: none"> • 7/29/15 RAFT Exercise, Morris • 7/31/15 IMERT DOC, ILEAS, Urbana • 8/1/15 IMERT DOC, ILEAS, Urbana • 8/5-6/15 SWMD, Moline • 10/15/15 IMERT Communications Exercise • 12/29/15 Winter Storm Call-out • Reviewed Tac Med training program 1/10/16 • Reviewed materials and curriculum for the Deployment Operations Course. Presented course materials on 3/18 and 3/19 • Consulted in the composition and presentation of the abstract and poster for the SimLearning for disaster responders research project • Dr. Lee presented to the UIC Public Health students on Emergency Preparedness on 3/29/16 • Reviewed materials and curriculum for the Deployment Operations Course. • Onsite Medical Director for RAFT full-scale exercise, 4/6/2016 • Provided onsite medical director support of the Illinois National guard Active Shooter exercise on 5/11/2016 • Attended EMS week at the Chicago Fire Department on 5/18/2016 on behalf of IMERT • Attended the IPHA Summit on 6/22/2016 <p>Dr. Lee presented</p> <ul style="list-style-type: none"> • 7/9/15 ICS & Emergency Management Lecture, Stroger Hospital, Chicago • 7/10/15 ICS & Emergency Management Lecture, Stroger Hospital, Chicago • 9/9/15 HICS Training, CCHHS, Chicago, IL • 9/16/15 CBRNE Lecture, Stroger Hospital, Chicago • Reviewed materials and curriculum for the Deployment Operations Course. Presented course materials on 3/18 and 3/19 • Consulted in the composition and presentation of the abstract and poster for the SimLearning for disaster responders project • Dr. Lee presented to the UIC Public Health students on Emergency Preparedness on 3/29/16
--	--	---



	<p>3. Serves as the subject matter expert and point of contact for the Department and other public health and medical services providers on mobile medical assets and mobile medical response teams.</p> <p>4. At the Department's request, will oversee and direct the Grantee's assistance to the Department in the design, coordination, and evaluation of state and regional public health and medical services training, drills, and exercises.</p> <p>5. As requested by IDPH, oversees and provides direction to the Grantees assistance with public health and healthcare preparedness planning, evaluations and assessments.</p>	<ul style="list-style-type: none"> Presented on CBRNE, JumpStart, Crisis Standards of Care, and IMERT on 4/14/16 Presented 2 sessions on HICS and IAP to Provident Hospital staff on 5/24/16 <p>3. Dr. Lee serves as a subject matter expert on the following committees on behalf of IMERT and IDPH:</p> <ul style="list-style-type: none"> EMSC Pediatric Preparedness: Illinois Terrorism Task Force representing IMERT Crisis Standards of Care Illinois Medical District Hospital Committee. <p>4. When requested, Dr. Lee oversaw the IMERTs training exercises and provided medical and operational oversight</p> <ul style="list-style-type: none"> 10/16-18 On-call Physician for Massac County Exercise 12/27-31 Winter Storm planning Dr. Lee served as evaluator for JHS Stroger Hosp. for CDPH & IDPH SNS & Anthrax Mass Casualty EX on 6/15/2016 <p>5. Dr. Lee oversaw IMERT participation in the following with public health and healthcare preparedness planning, evaluations and assessments:</p> <ul style="list-style-type: none"> Dr. Lee assisted with the development of a Concept of Operations for the items from the CDC medical station inventory. Dr. Lee met with IDPH representatives regarding alternate care site needs. Dr. Lee is also advising on the further development of the Pediatric Care Medical Specialist position in cooperation with EMSC. Dr. Lee attended the Interstate Disaster Medical Collaborative conference on 5/3-4/2016 Additional projects this grant year have included reviewing the IMERT pharmaceutical supply and airway equipment package as well as providing input on IMERT's webpage overhaul. Consulted in the composition and presentation of the abstract and poster for the SimLearning for disaster responders' project, which was accepted for presentation at two national conferences and the IPHA conference.
--	---	--



2.1.2.2	Maintain good standing as a legal corporate entity and ensure funding is received and accounted for by applicable federal and state laws. Grantee certifies to the Department that it is a non-profit entity in accordance with 2CFR 230.25	<p>Status: Met</p> <p>IMERT Inc. is a legal corporate entity in the state of Illinois and follows state and federal guidelines.</p> <p>Funding is accounted for per federal and state laws.</p> <p>IMERT certifies that it is a non-profit entity, EIN: 27-0944660</p> <p>Meetings of the IMERT Board of Directors were held on 9/17/15, 12/8/2015, 3/9/16, 6/8/2016</p>
2.1.2.3	<p>1. The Grantee will provide to the Department a quarterly written report within 30 calendar days following the end of each 3 month quarter period of this agreement. 2. The Grantee will provide to the Department a final annual written report within 30 calendar days following the termination of this agreement. The report will summarize the year's deployments, trainings, exercises, and meetings; and contain an annual summary of executive board, staff, and contractor changes and other significant activities, barriers and needs to assist the future sustainability of the IMERT Program.</p>	<p>1. Status: Ongoing and Met</p> <p>2. Status: Met</p>
2.1.2.4	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>Status: Met</p> <p>IMERT maintains an ongoing inventory of all equipment purchased and attainable assets in an internal inventory system. This includes barcoding items for tracking with handheld scanners for real time supply availability awareness.</p> <p>The IMERT Logistics Chief has registered for IMATS access. Items owned by IDPH that are in IMERTs custody are in the system. An inventory verification of IDPH items was completed.</p> <p>The IMERT inventory has not yet been imported into the IMATS. Work is currently underway to address the unique programming elements of IMATS in order to upload our current inventory. In the meantime, access to inventory information is available to IDPH at any time.</p>



2.1.2.5	The Grantee will actively maintain a sufficient number of trained and experienced staff, contractors, professional and technical services, and volunteers to provide the accounting, banking, financial, insurance, payroll, printing, communication, radio and information technologies, legal services and other support necessary to maintain the IMERT Program in a sustainable operational state.	<p>Status: Met</p> <p>A list of contractors along with disclosure forms have been provided to the HPP Coordinator.</p> <p>Although IMERT's overall response ability and availability was maintained, a delay in receiving funding in the first quarter limited our ability to provide IMERT specific training sessions. We did meet our commitments to the state response teams and participated in a multi-agency exercise in Metropolis during that time period.</p>
2.1.2.6	Grantee will provide safe, secure, and protective offices, storage facilities and environments for the equipment, pharmaceuticals, personal protective equipment (PPE), other medical equipment and supplies, and response vehicles available to be used for the IMERT Program.	<p>Status: 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. Response vehicles and equipment are maintained at a monitored warehouse space in Champaign.</p> <p>PHARMACEUTICALS: Pharmaceuticals are stored and maintained by the pharmacy at Carle Hospital. Inventory and stock rotation are performed quarterly. If a situation should occur when additional pharmaceuticals are needed during a deployment arrangements have been made with Carle to provide a just in time supply if available. All changes and updates are reviewed by the Medical Director. The cache composition was reviewed and evaluated this grant year.</p>
2.1.2.7	1. Grantee will develop and annually review and update a radio communications plan in cooperation with the Department's Radio Coordinator and the State Interoperable Executive Committee in compliance with the Statewide Communications Interoperability Plan.	<p>1. Status: 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, the radio communication plan was developed during a previous grant cycle.</p>



	<p>2. The Grantee will arrange access to, or procure, as necessary, Starcom21 and other technology, needed to ensure interoperable radio communications with emergency responders within the State.</p>	<p>2. Status: Met</p> <p>EQUIPMENT: During previous grant cycles, IMERT has obtained the equipment necessary to ensure interoperable radio communication. This equipment will continue to be maintained for interoperable communication throughout the grant year.</p> <ul style="list-style-type: none"> Starcom communications check was performed in cooperation with the Region 7 RHCC on 8/4/15 IMERT's Logistics and Planning Officer attended a statewide Starcom 21 Users Meeting on 11/12/15. The VHF radio cache was upgraded with interoperable communications capability. UTILIZATION: Starcom Radios were tested and utilized during IMERT's Deployment Operations Course sessions held on 2/19, 2/20, 3/18, and 3/19. Likewise, Starcom was employed during the following trainings/exercises: July 29th RAFT, August 5 and 6 SWMD Ex, October 16, 17 and 18 Massac County Exercise, April 6 RAFT, April 18 Tactical Medicine Exercise, May 11 Illinois National Guard Exercise.
2.1.2.8	<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>Status: Met</p> <p>Mobile response capability remained intact.</p> <p>TRAILERS: Two of the trailers were taken out of service in January and will be returned to CMS as soon as possible due to leaking roof seams and possible mold. IMERT purchased an updated trailer as a replacement after receiving approval on a proposed amendment to the current grant.</p> <p>I AM RESPONDING.COM SOFTWARE: this software allows for real-time tracking of responders en-route to staging as well as on site. It was utilized for the Massac County Exercise in October and during IMERT specific exercises in February and March.</p> <p>MAINTENANCE: Response vehicles are checked and maintained on a monthly basis. All Zoll AED and monitors are rotated through a 3 month cycle of testing, drained and recharged per manufacturer recommendations. Medical equipment supplies are kept current with inventory checks every 3 months.</p>



2.1.3	Recruit medical and support staff and volunteers and develop response readiness through assessment, training and participation in exercises.	<p>Status: Met and ongoing</p> <p>IMERT provided the following training opportunities to promote readiness and the program:</p> <ul style="list-style-type: none"> • 7/9/15 ICS & Emergency Management Lecture, Stroger Hospital, Chicago • 7/10/15 ICS & Emergency Management Lecture, Stroger Hospital, Chicago • 7/31/15 DOC: Logistics Operations, ILEAS, Urbana • 8/1/15 DOC: International Disaster Response, ILEAS, Urbana • 8/5-6/15 SWMD, Moline • 8/28/15 DOC: Logistics Operations, ILEAS, Urbana • 9/9/15 HICS Training, CCHHS, Chicago • 9/16/15 CBRNE Lecture, Stroger Hospital, Chicago • 10/12/15 Presentation on moulage, Marion • 10/15/15 Team-wide Great Shake Out Communications Exercise • 10/16-18/15 Massac County Exercise, Metropolis • 11/16/15 Disaster preparedness presentation at North Park University, Chicago • 11/18/15 Moulage for CCHS Active Shooter Drill, Northbrook • 2/19/16 DOC: Logistics Operations • 2/20/16 DOC: Logistics Operations • 3/18/16 DOC: Logistics Operations • 3/19/16 DOC: Logistics Operations • 3/29/2016 Pediatric Care Medical Specialist Webinar; pediatric specialist recruitment • 4/6/16 RAFT Exercise Braidwood • 4/18/16 Tactical Medicine Training • 5/11/16 Active Shooter Exercise Illinois Military Academy, Springfield • 5/24/16 HICS and IAP presentation at Provident Hospital, Chicago • 6/15/16 CDPH/IDPH SNS Anthrax drill Stroger Hospital, Chicago <p>IMERT attended/presented the following events to promote the IMERT program:</p> <ul style="list-style-type: none"> • 9/8-10/2015 IEMA Conference, Springfield • 9/11/2015 Region 7 Conference, Tinley Park • 9/25/15 Community Outreach Presentation on IMERT, Parkland College, Champaign • 10/14/15 Region 5 Conference, Marion • 3/22/16 IMERT Poster Presentation
--------------	--	--



		<ul style="list-style-type: none"> • 3/29/16 Emergency preparedness presentation at UIC School of Public Health • 4/4/16 Emergency Preparedness presentation North Park University, Chicago • 4/20/16 IMERT Poster Presentation Preparedness Summit Conference, Dallas, TX • 4/28/16 Community Outreach Presentation on IMERT at IESMA, Springfield • 4/14/16 Crisis Standard of Care, CBRNE presentation Stroger Hospital, Chicago • 4/20/16 IMERT Poster Presentation Preparedness Summit Conference, Dallas, TX • 4/28/16 Community Outreach Presentation on IMERT at IESMA, Springfield • 5/18/16 IMERT Booth CFD EMS Day, Chicago • 6/13-14/16 ILEAS Conference, Springfield • 6/21/2016 IPHA Summit, Schaumburg • 6/22/16 IMERT Booth IPHA Summit, Schaumburg • 6/17/15 Poster Presentation IPHA Summit, Schaumburg
2.1.3.1	Grantee will promote recruitment through the use of marketing materials, a website, training activities, and other methods	<p>Status: Met and ongoing</p> <p>MARKETING MATERIALS: IMERT has several brochures and informational fliers to promote the program at recruitment events</p> <p>WEBSITE: IMERT staff maintains the domain www.imert.org to promote the program. Facebook, Twitter, and Pinterest accounts for IMERT are also maintained.</p> <ul style="list-style-type: none"> • IMERT began work to update its website. A meeting was held 9/26/15 to begin coordinating this effort. • IMERT staff is currently beta testing the new website, which is due for rollout in the beginning of the next grant cycle. <p>RECRUITMENT EVENTS and TRAINING ACTIVITIES: This quarter, IMERT has participated in the following events to recruit volunteers:</p> <ul style="list-style-type: none"> • 7/28-29/15 RAFT Exercise, Morris • 7/31/15 DOC: Logistics Operations, ILEAS, Urbana • 8/1/15 DOC: International Disaster Response, ILEAS, Urbana • 8/5-6/15 SWMD –North, Rock Island • 8/28/15 DOC: Logistics Operations, ILEAS, Urbana • 9/25/15 Community Outreach Presentation on IMERT, Parkland College, Champaign • 10/14/15 Region 5 Conference, Marion • 10/15/15 Team-wide Great Shake Out Communications Exercise



		<ul style="list-style-type: none"> • 10/16-18/15 Massac County Exercise, Metropolis • 11/16/15 Disaster preparedness presentation at North Park University, Chicago • 11/18/15 Moulage for CCHS Active Shooter Drill, Northbrook • 3/22/16 IMERT Poster Presentation PERCC • 3/29/2016 Pediatric Care Medical Specialist Webinar, pediatric specialist recruitment • 3/29/16 Emergency preparedness presentation at UIC School of Public Health • 4/4/16 Emergency Preparedness presentation North Park University, Chicago • 4/20/16 IMERT Poster Presentation Preparedness Summit Conference, Dallas, TX • 5/18/16 IMERT Booth CFD EMS Day, Chicago • 6/22/16 IMERT Booth IPHA Summit, Schaumburg, IL • 6/17/15 Poster Presentation IPHA Summit, Schaumburg, IL
2.1.3.2	<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 be reported in the final annual report to the Department to verify the Grantees NIMS compliance as required by federal funding sources and the Governor's Executive Order.</p>	<p>1. Status: Met and ongoing All contracted staff completed NIMS training including ICS 100, 200, 700, 703, 800, 808. IMERT's primary staff members have also completed ICS 702 and 704 as well as ICS 300 and 400 Command courses. All training coordinators have completed HSEEP and follow HSEEP guidelines when conducting presentations and training exercises. Four of IMERT's staff attended the updated HSEEP course during the previous grant cycle. Per IMERT's agreement with IEMA and as mandated by federal guidelines, all team members have completed the basic NIMS requirements of ICS 100, 200, and 700 before joining, and complete a WMD training and face-to-face deployment course before qualifying for deployment.</p> <p>2. Status: Met Record of team member'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> <ul style="list-style-type: none"> • IMERT passed an audit of its personnel records by IEMA in the previous grant year, FY2015. IEMA elected not to perform an audit this grant cycle
2.1.3.3	<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</p>	<p>1. Status: Met Team members are able to take an orientation course online upon joining IMERT. Team members who have not trained with IMERT in the last two years are required to take this course as well. The Deployment Operations Course (DOC) focuses on rotating topics and was presented throughout the state of Illinois.</p>



	<p>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>Due to lack of funding in the first quarter, some planned courses were canceled/altered</p> <ul style="list-style-type: none"> • 7/31/15 DOC: Logistics Operations, ILEAS, Urbana • 8/1/15 DOC: International Disaster Response, ILEAS, Urbana • 8/28/15 DOC: Logistics Operations, ILEAS, Urbana • 2/19/16 DOC: Logistics Operations • 2/20/16 DOC: Logistics Operations • 3/18/16 DOC: Logistics Operations • 3/19/16 DOC: Logistics Operations <p>All volunteers were reimbursed for travel expenses.</p> <p>Additional face-to-face training opportunities sponsored by other agencies were also provided to IMERT members</p> <ul style="list-style-type: none"> • 7/28-29/15 RAFT Exercise, Morris AAR completed by sponsoring agency. • 8/5-6/15 SWMD –North, Rock Island, AAR completed by sponsoring agency. • 10/6/15, IEMA CERT Challenge for DuPage County – AAR completed by sponsoring agency • 10/16-18/15 Massac County Exercise, Metropolis – AAR completed by sponsoring agency • 11/18/15 Moulage for CCHS Active Shooter Drill, Northbrook – AAR completed by sponsoring agency • 4/6/16 RAFT Exercise Braidwood, AAR completed by sponsoring agency • 4/18/16 Tactical Medicine Training Course, Morton • 5/11/16 Active Shooter Exercise with Illinois National Guard Springfield, AAR completed by sponsoring agency <p>2. Status: Met.</p> <ul style="list-style-type: none"> • 10/15/15 Team-wide Great Shake Out Communications Exercise – AAR completed by IMERT
--	--	---



2.1.4	Deploy to support the State's health and medical response mission when requested for disasters, emergencies, trainings, and support missions	Status: Met <ul style="list-style-type: none"> No requests made this grant cycle, however in response to the winter ice storms at the end December IMERT put out an availability request and assembled an on-call team that was on standby in the event of a need. Events from the flooding situation were monitored by IMERT staff via IDPH updates and IEMA Web EOC.
2.1.4.1	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. 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.	Status: Met IMERT's staff and team members are ready for deployment within 24 hours of notification per the deployment plan on record with IDPH. The equipment cache can support a deployment for 72 hours and up to 2 weeks with additional support provided by the state.
2.1.4.2	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	Status: Met IMERT will only deploy with the authorization of the State of Illinois and IEMA. <ul style="list-style-type: none"> 7/28-29/15 RAFT Exercise, Morris, mission #IL-2015-0594 8/5-6/15 SWMD –North, Rock Island, mission #IL-2015-0609 10/14-10/17/15 Massac County mission #IL-2015-0840 4/6/2016 RAFT Braidwood Ex mission # IL- 2016-0171 4/18/2016 Tactical Medicine training # IL-2016-0183



	Communication Center. The Grantee will notify the Department immediately after any deployment mission is requested.	<ul style="list-style-type: none"> 5/10/16 Camp Lincoln Ex mission # IL- 2016-0241
2.1.4.3	<p>1. 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>2. The Grantee will develop, continuously and immediately maintain the Department's IMERT Program deployment and demobilization protocols and emergency contact list/schedule.</p> <p>3. 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>4. 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 contact information in SIREN.</p> <p>5. Contacts must have the knowledge, resources, ability, and authority to alert, assemble, deploy, and demobilize the IMERT volunteers and assets.</p> <p>6. A copy of the contact list must be provided to the Department with the first quarterly report with updates provided</p>	<p>1. Status: Met IMERT's primary contact or designee is available, 24/7 within 1 hour of an emergency notification</p> <p>2. Status: Met IMERT's deployment and demobilization protocols are updated annually. They were reviewed in June of 2016.</p> <p>3. Status: Met 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>4. Status: Met All staff and emergency points of contact have taken SIREN training and have their information updated in SIREN. IMERT's staff have been notified of the SIREN update and will take part in the training on the new system when it becomes available.</p> <p>5. Status: Met All contacts are able to deploy IMERT volunteers and resources in accordance with the IMERT chain of command.</p> <p>6. Status: Met A copy of the emergency contact list is attached to this report.</p>



	to the Department's Duty Officer or designee as soon as possible when updated.	
2.1.4.4	Grantee will properly demobilize equipment, staff and volunteers following deployment to ensure that these resources are tracked and properly recovered to be available for redeployment.	Status: Met IMERT follows the deployment and demobilization protocols on file with the department to ensure proper demobilization occurs after each deployment and that assets are ready for re-deployment. Likewise built into the inventory system is a scanner capability to monitor utilization of supplies and equipment to streamline replacement.
2.1.4.5	Grantee will meet the current version of FEMA Mobile Field Team, Specialty Area, Acute/Urgent Care Type 1, FEMA 508-8 typed resource Definitions – Medical and Public Health Resources.	Status: Met
2.1.5	1. Support the Department's emergency public health and medical response plan development.	1. Status: Met and ongoing Participating in the IDPH-CDPH Crisis Standards of Care Workgroup <ul style="list-style-type: none"> Meetings on 7/10/15, 8/20/15, 9/18/15, 10/15/2015, 1/21/2016, 2/18/2016, 3/17/2016, 2/29/2016, 3/8/2016 4/28/2016, 5/19/2016, 5/23/2016, 6/10/2016 6/16/2016, 6/29/2016. Webinar held on 5/11/2016, Workshop on 6/20/2016 EMS Subcommittee: Meetings on 3/24/16 and 3/28/16 HPP Planning <ul style="list-style-type: none"> Meeting on 1/14/16 Workshop participation on 2/29-3/2 by Director Crisis Standards of Care EMS Subcommittee <ul style="list-style-type: none"> Meetings on 4/25/2016, 5/17/2016, 5/23/2016 ESAR-VHP <ul style="list-style-type: none"> Continued to manage the volunteers associated with IMERT in IHelps. Participated in the IDPH Public Health & Medical Services Committee <ul style="list-style-type: none"> 7/15/15, 11/18/15, 1/21/16 and 3/9/16 Participated in the RHCC Meetings <ul style="list-style-type: none"> Meetings on 8/20/15, 9/17/15, 10/15/15, 12/10/15, 1/14/16, 4/14/2016, 5/19/2016 Alternate Care Site Planning <ul style="list-style-type: none"> 2/23/16, 4/13/2016



	<p>2. The Grantee will provide technical planning assistance to the Department's emergency public health and medical response planners, collaborating with the Department and others as requested and resources permit.</p>	<p>ESF-6 plan review led by IEMA</p> <ul style="list-style-type: none"> 1/22/2016, 2/4/2016, 2/8/2016, 3/3/2016 <p>IMERT continues to collaborate with EMSC on pediatric preparedness planning and pediatric care medical specialist team development. Meetings were held on 12/11/15, 2/12/16, 3/3/16, 4/26/2016 and 6/24/16. IMERT along with EMSC developed and presented a webinar to recruit pediatric specialist volunteers.</p> <p>2. Status: Met and ongoing. IMERT has participated in the Department's committees and efforts as requested.</p>
2.1.5.1	<p>The Grantee will assist each regional healthcare coalition with medical surge planning by identifying an alternate care site within their region using the IMERT Alternate Care Site evaluation tool and will complete a resource guide listing all alternate care sites to the SIRC, PHEOC, IDPH, and Regional Coalitions. This resource guide will need to be revised and updated every two (2) years and on an as needed basis.</p>	<p>Status: Met</p> <p>Detailed information on current alternate care sites has been provided to IDPH. This information needs to be updated by the RHCCs. Discussions with them indicated there are primary issues that need to be addressed before they can bring this back to their coalitions. Key questions include determining jurisdictional authority and identifying specific triggers. IMERT met with IDPH OPR on this matter. We will endeavor to continue to collaborate with IDPH to advance this operational option.</p> <p>Meanwhile IMERT continues to support the websites: alternatecaresiteplanning.com and temporarymedicaltreatmentstationplanning.com to house the Site Selection Tool information and make it easily and readily available to the RHCCs and other response partners.</p>
2.1.5.2	<p>The Grantee will assist IDPH and its RHCCs with the operational planning of the Department's Mobile Medical Unit as follows:</p> <p>1. By January 31, 2016 the Grantee will: Recommend one or more locations, up keep, and maintenance costs for the supply cache</p>	<p>Status: Met</p> <p>1. Completed and submitted 2nd quarter</p>



	<p>2. By June 30, 2016, the Grantee will: Recommend a Concept of Operations for use that includes the deployment, restocking, and demobilization of the Department's supply cache</p>	<p>2. IMERT submitted a Concept of Operations for the deployment of the IDPH Mobile Medical Cache that follows the Request for Medical Resources algorithm. Restocking will depend on the requesting agency and any agreement that might be made at time of deployment. Demobilization will be dependent on the quantity of remaining items.</p> <p>A Copy of the Concept of Operations from October 2015 is attached to this report.</p>
	<p>Additional IMERT development/participation and collaboration projects</p>	<ul style="list-style-type: none"> • ITTF meetings <ul style="list-style-type: none"> ○ Committee: 7/22/15, 9/23/15, 10/27/15, 2/25/16, 3/23/16 ○ Training Meeting: 3/10 • IMERT and IMT MOU. The IL-Incident Management Team and IMERT maintain a partnership agreement. Attended the IMT Advisory Meetings on 7/30/2015 and 9/24/15, 3/10/16, 6/9/2016 • Presented a poster on its Moulage Team development at the IPHA Conference in Schaumburg entitled "Enhance Your Trainings and Bring your Exercises to Life" in June. • Medical director attended the FEMA Region V RISC Conference on 8/23/15 • We regularly collaborate with medical teams from neighboring states. • Collaborated with IEMA and CERT program leaders on a multi-team exercise on 10/6/2015 in DuPage County. We provided moulage and evaluators. • Continuing development of the telemedicine program. A demonstration was given on 10/26/15 to interstate partners. Additionally, it was used during the Massac County Exercise. • On 10/28/15 the Planning and Logistics Officer attended a training on the Communications Assets & Mapping Tool at the request of the Illinois First Net Initiative • On 1/10/2016 IMERT's planning and Logistics Officer attended the STIC Emergency Services Meeting. • IMERT coordinated with MABAS USAR on potential future mutual trainings MABAS on 4/8/2016 <p>Additional Committee Participation Interstate Disaster Medical Collaborative (IDMC)</p> <ul style="list-style-type: none"> • IMERT's leadership participated in the Interstate Disaster Medical Compact Conference on 5/3-4/2016



8.8	The grant will be monitored for compliance in accordance with the terms and conditions of the Agreement, together with appropriate programmatic rules, regulations, policies and/or guidelines that the Department promulgates or implements. The Grantee must permit any authorized Department agent to access and examine any and all grant-related documents, equipment, papers, or records, whether in hard copy or electronic, which support Grantee's performance of services under this Agreement.	Status: Met All documentation, hard-copy or electronic are available to the Department upon request.
9.2	Audit/Retention of Records (30 ILCS 500/20-65)	Status: Met An annual audit is conducted by the accountants from Martin, Hood and Friese in Champaign. All records are kept for a minimum of 5 years per IMERT's own internal document retention policies. These documents are available to the Department upon request.
9.11	Compliance with the Law The Grantee, its employees, agents, and subcontractors shall comply with all applicable federal, state, and local laws, rules, ordinances, regulations, orders, federal circulars and all license and permit requirements in the performance of this Agreement. Grantee shall be in compliance with applicable tax requirements and shall be current in payment of such taxes. Grantee shall obtain, at its own expense, all licenses and permissions necessary for the performance of this Agreement. Grantee and its subgrantees shall (i) be registered with the federal System for Award Management ("SAM") if seeking a grant award that is partially or fully paid by federal funds; (ii) be in good standing as a not-for-profit 501(c)(3) corporation, eligible to receive tax deductible	Status: Met <ul style="list-style-type: none"> i. IMERT maintains a registration with the federal System for Award Management ("SAM"), next due to be updated/renewed October 28, 2017. IMERT's SAM ID number is 68HF8 ii. IMERT's 501c3 Federal tax exempt EIN is 27-0944660 and State Tax Exemption is E9928-3621-01 and is valid until 2/1/2021 iii. IMERT's IL States Attorney's office registration number #01057546. iv. DUNS# is 963440669.



	charitable donations, if applicable; (iii) be in good standing with the Illinois Secretary of State; and (iv) have a valid Data Universal Number System (DUNS) number. It is Grantee's responsibility to remain current with these registrations and requirements. If Grantee's status with regard to any of these requirements changes, Grantee's registration or standing lapses, Grantee's 501(c)(3) status is revoked, or Grantee in any other way becomes non-compliant with these requirements, Grantee must notify the Department, in writing, within five (5) business days of its change in status.	
9.22	Health Insurance Portability and Accountability Act Compliance Grantee shall comply with the applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA), including, but not limited to statute, 42 U.S.C 132d, and applicable regulations, 45 C.F.R 160, 162, and 164, as may be promulgated or amended over time.	Status: Met Patients receive a HIPPA acknowledgement form and HIPPA Policy form upon being treated. IMERT follows all HIPPA statutes.
10.1	Grantee certifies that during the last five (5) years no order, judgment or decree of any Federal authority has been issued barring, suspending, or otherwise limiting its right to contract with any governmental entity, including school districts, or to engage in any business practice or activity. Grantee further certifies that it will include this certification within every subgrant related to the performance of this Agreement.	Status: Met IMERT does so certify.
10.2	The federal whistleblower protections of 41 U.S.C. 4712 apply to all Grantee employees, contractors, and subgrantees	Status: Met All IMERT staff and contractors have received and signed IMERT's Whistleblower Policy form and are aware of their rights.



	working in relation to this Agreement. Grantee certifies that in accordance with the Pilot Program for Enhancement of Contractor Employee Whistleblower Protections, Grantee will (i) inform its employees working on this grant that they are subject to the whistleblower rights and remedies of the pilot program; (ii) inform its employees in writing of employee whistleblower protections under 41 U.S.C. 4712 in the predominant native language of the workforce; and (iii) include this certification and requirements in any agreement made with a contractor or subgrantee.	
10.3	The Grantee must comply with the provisions of the Federal Funding Accountability and Transparency Act of 2006 (FFATA) that apply to it. The Grantee will report to the Department the names and total compensation of each of the Grantee's five most highly compensated executives for the preceding fiscal year if the Grantee gets 80% of its annual gross revenue from federal sources and received \$25,000,000 or more in annual gross federal revenue as defined in the Act. The Grantee must report this information to the Department by the 15th of the month following the month in which this grant was awarded, or report that these FFATA provisions do not apply to the Grantee.	Status: Met This information is reflected in IMERT's approved annual budget as submitted to the Department.
10.4	Publications, journal articles, etc. produced under this agreement must bear an acknowledgment and disclaimer that provides the following information: This (publication, Journal article, etc.) was	Status: Met IMERT has not produced any publications.



	supported by the Cooperative Agreement 5U90TP000520-03 from the HHS Assistant Secretary for Preparedness and Response. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the HHS Assistant Secretary for Preparedness and Response.	
10.6	<p>Match – 10% - The grantee is required to provide a 10% match to this award in cash, or third party in-kind contributions. Matching resources must comply with 45 CFR 92.24 and 2 CFR 225 (OMB Circular A-87). Under 45 CFR Part 92.24 (b)(6) Records: Costs and third party in-kind contributions counting towards satisfying a cost sharing or matching requirement must be verifiable from grantee records having sourced and valued the Grantees contribution to match as outlined in federal regulations in order to meet the requirements of an A-133 audit. The Grantee shall document on the Reimbursement Certification form, the amount of matching funds or in-kind services conducted in support of grant deliverables. In addition, to the extent feasible, volunteer services will be supported by the same methods that the organization uses to support the allocability of regular personnel costs.</p>	<p>Status: Met</p> <p>This grant year, IMERT volunteers have provided 791 hours of service to the State via the IMERT program. According to the federal pay rate for medical providers and DMAT, this time donation has a value of \$42,736.79</p>

IDPH Medical Supply Cache (MSC) Concept of Operations

Overview

In March of 2015 IDPH received an extensive cache of medical support supplies from the CDC, commonly referred to as a Federal Medical Station (FMS). The cache contains materials to support a medical surge situation either at an alternate care site or as resupply for hospitals or healthcare coalitions.

There are durable goods including but not limited to; 250 cots, 400 folding chairs, an electrical supply system set-up, blood pressure cuffs and 5 CPAP machines. The majority of the supplies are one-time use disposable items. The items are stored in white reinforced cardboard containers that are on individual pallets. The containers are identified with color coded CDC inventory tags and individual packing lists. A full CDC inventory list is attached to this document. Overall, the cache weighs in at approximately 40,000 pounds and is contained in 169 pallets. Additionally there are 2 pallet jacks and 3 uncrated gurneys. A complete set-up would likely require a minimum of 40,000 square feet. Transportation of the cache requires 3 semi-tractor trailers.

Capability: MEDICAL SURGE

Provide temporary holding and care for non-acute patients to decompress a local hospital to increase hospital bed availability for patients with disaster-related acute trauma or illness

Provide low acuity care for patients with chronic illnesses whose access to care is impeded due to the disaster

Critical Considerations

Requesting organization

- Request for this asset will follow the existing IDPH ESF-8 Request for Medical Resources process
- If needed for an Alternate Care Site and because the cache does not include tents, it will require an appropriate structurally intact, ADA compliant accessible building with adequate hygiene facilities and functioning utilities (hot and cold potable water, electricity, heating, ventilation, and air conditioning, and preferably internet accessibility or capability).
- The 250-bed cache requires roughly 40,000 square feet of open space, or items could be adjusted to fill rooms such as in schools that have been designated for patient care. In addition, wrap around logistical services must be coordinated and in place before the cache can be operational. Some of these include a 10-12 person set up team, support for patient feeding, laundry, ice, medical oxygen, and biomedical waste disposal.

INFORMATION TO PROVIDE WHEN REQUESTING MSC

- A clear concise description of the situation
- Contact information for designated receiver
- Location for delivery
 - Is there a loading dock
 - Is there a fork lift with trained operator available
 - Is there an ability to secure the area
 - Is there an adequate number of people to offload/set-up
 - Any specific detail about road conditions or preferred route for transport

*For specific operational recommendations refer to the Temporary Medical Treatment Site Guide at: www.Alternatecaresiteplanning.com . The most critical required resource will be medical and support staff.

STAFFING: Incident Command Roles in addition to one designated Medical Officer and one Facility Manager/Administrator

Recommended Staffing Based on 50 patients (per 12 hour shift)

Physicians: 2	NP/PA: 2
RN: 5	EMT/LPN: 5
Admin/Clerks: 2	Security: 1-2
Inventory Management: 1	Respiratory Therapists: 1
Social Worker: 1	Food Service: 2
Chaplain/Pastoral: 1	Mental Health: 1
Volunteers (non-medical): 4	Patient Transporters: 4

Resources for staffing might include: local volunteers, Medical Reserve Corps (MRC), Illinois Medical Emergency Response Team (IMERT), Emergency Management Assistance Compact (EMAC) medical assets, Disaster Medical Assistance Team (DMAT) and other federal assets.

- IMERT requires state authorization and may be already deployed to another site.
- EMAC requires state authorization and may take up to 72 hours to arrive.
- DMAT and Federal resources require state authorization and may take up to 72 hours or longer to arrive.

Nurses volunteer in the wake of disasters | Nurse.com/News

[SIGN IN](#)[REGISTER](#)

NURSE.com
where the nurses are

[JOBS](#)[EDUCATION](#)[NEWS](#)[EVENTS](#)[AWARDS](#)

NAVIGATE

[Home](#) » [Regional](#) » [Greater Chicago](#) » [Illinois nurse volunteers respond to the call in the aftermath of disasters](#)



Illinois nurse volunteers respond to the call in the aftermath of disasters

□ □

BY JONATHAN BILYK ON AUGUST 7, 2015

GREATER CHICAGO

Like other busy emergency department nurses, Laura Prestidge and her colleagues have many daily challenges on

<https://news.nurse.com/2015/08/07/illinois-nurse-volunteers-respond-to-the-call-in-the-aftermath-of-disasters/> [8/10/2015 9:03:37 AM]

Nurses volunteer in the wake of disasters | Nurse.com/News

the job — from long hours to staffing shortages and a steady stream of patients.

But Prestidge, BSN, RN, pediatric preparedness coordinator in the ED at Mt. Sinai Hospital in Chicago, faced one of her greatest tests when she and a team of nurses from the Chicago area and other parts of Illinois volunteered in Louisiana in the days following Hurricane Katrina.

"It really put a lot of things in perspective," Prestidge said. "Every day, it was a challenging environment like nothing I've seen before or since. But we adapted, we got by and really made a difference."

For more than a decade, Prestidge has volunteered statewide with the Illinois Medical Emergency Response Team. Founded in 1999, IMERT exists to lend a hand to local medical professionals in Illinois and elsewhere in the country in the event of natural or manmade disaster, said IMERT Executive Director Mary Connelly, BSN, RN.

Care after a disaster

Boasting more than 600 medical professionals, including 146 nurses on its roster of volunteers, IMERT can make a difference in communities hit hard by massive severe weather events or human-caused events resulting in widespread damage.

But Connelly and her fellow IMERT nurses are quick to correct anyone who wishes to describe them as "first responders," such as EMS workers or paramedics.

"We're not EMS," said Connelly. "Our primary role is to assist with medical care for those whose medical system has become paralyzed or perhaps even been destroyed. Once the first responders manage the disaster, it comes back to people needing nursing care."

Funded by state and federal grants and operated under the Illinois Department of Public Health and the Illinois Emergency Management Agency, IMERT has since 2003 trained with first responders and medical organizations across the state for a variety of scenarios, Connelly said.

Nurses and the other volunteers regularly participate in exercises, simulating acts of terrorism, hazardous material spills, disease outbreaks, earthquakes, severe storms, tornados and other disasters.

Their training has translated into a number of actual deployments, such as assisting hospitals and medical teams working amid major floods in Quincy, Ill., in 2008 and a heat crisis in Chicago in 2006, and administering vaccinations to address a

<https://news.nurse.com/2015/08/07/illinois-nurse-volunteers-respond-to-the-call-in-the-aftermath-of-disasters/>[8/10/2015 9:03:37 AM]

Nurses volunteer in the wake of disasters | Nurse.com/News

hepatitis A outbreak around Rock Island, Ill., in 2009.

The team also has been deployed to stand by in case of problems at major public events such as President Barack Obama's election night gathering in Grant Park in November 2008 or the Chicago NATO Summit in 2012.

Pressed into action

The team's purpose was never more apparent than in its response following Hurricane Katrina. In late August 2005, when it became apparent hospitals in and around New Orleans could not handle the demand for the acute or chronic medical needs of its population, the federal government issued a call for nurses to assist, and the IDPH and IEMA dispatched IMERT.

Prestidge, Connelly and Barbara Oliff, BSN, RN, were among the nurses who were deployed for two weeks each to assist at Ochsner Medical Center in Baton Rouge.

Oliff, who now serves as an emergency preparedness educator at NorthShore University Health System, had volunteered with IMERT since 2001, after learning of the group at a presentation she attended while working as an ED nurse. "Disaster medicine became my passion," Oliff said.

After Hurricane Katrina, Oliff said the volunteer nurses were pressed into service doing all sorts of tasks.

"We were drawing blood, making beds, whatever was needed," she said. "All of the ancillary staff was gone, either because they'd been evacuated or just had to take care of their lives."

Despite the challenges, an event like Katrina only reinforced a belief in the mission for IMERT staff and volunteer nurses. They said the experiences allowed them not only to help where it was needed most, but also to adjust IMERT's own disaster planning.

"Everybody learned how to be more prepared," Oliff said.

Marge Luczak, MSN, RN, EMT-B, who retired from full-time nursing eight years ago after a 50-year career, has continued to serve in IMERT, participating in various deployments since joining the organization almost from its inception.

"I love emergency medicine," said Luczak, who previously worked as an EMS coordinator at the former Our Lady of the Resurrection Hospital, Chicago, and worked 38 years as an ED nurse.

<https://news.nurse.com/2015/08/07/illinois-nurse-volunteers-respond-to-the-call-in-the-aftermath-of-disasters/>[8/10/2015 9:03:37 AM]

Nurses volunteer in the wake of disasters | [Nurse.com/News](#)

Luczak said she's still as committed to the group's mission as she was when she first joined.

"The whole thing is that we want to help nurses who have been affected by disasters, too," she said. "We arrive, and say, 'Your home is gone, go do what you need. Let us take care of your patients.'"

SHARE



JONATHAN BILYK

Jonathan Bilyk is a freelance writer.

Hometown Military News: May 13, 2016

Posted on May 13, 2016



Staff Sgt. Lindsey Gibbs of Pleasant Plains, Illinois, a readiness noncommissioned officer with the 65th Troop Command Brigade, plays a dead victim in a hallway as active shooter role players walk through the Allied Trades Building on Camp Lincoln during the Valid Risk 2016 Exercise May, 11 in Springfield, Illinois. Valid Risk is a scenario-driven, full-scale active shooter exercise hosted by the Illinois National Guard designed to validate response plans and identify strengths and points of improvement during crisis response. (U.S. Army photo by Sgt. 1st Class Bryan Spreitzer, Illinois National Guard Public Affairs)

Hometown Military News: May 13, 2016:

Illinois National Guard host active shooter exercise

SPRINGFIELD – The Illinois National Guard conducted its fourth-annual active shooter exercise in conjunction with local and state emergency responders May 11 at Camp Lincoln in Springfield.

Chief Warrant Officer 3 John Chepulis, Provost Marshall for the Illinois National Guard said the 2016 active shooter exercise was designed as a multiple day, multiple scenario event geared toward validating emergency response plans and identifying strengths and areas of improvement during a crisis.

Wednesday's event was day one and included two scenarios. The first scenario was a multiple shooter incident in the Allied Trades Building on Camp Lincoln where three suspects were shooting indiscriminately at workers in the building. In the second scenario, two of the shooters from the first incident moved to the Illinois Military Academy on Camp Lincoln and caused a mass casualty incident that culminated in a hostage situation.



"Today's events will actually drive day two which happens at the 183rd Fighter Wing next week," said Chepulis. "The responders here will have simulated intelligence that will lead to a larger weapons of mass destruction-type scenario on May 18."

The exercise included first responders from multiple agencies including Springfield Fire and Police Departments, Sangamon County Sheriff's Office, Sangamon County Coroner's Office, Memorial Medical Center, St. John's Hospital, America Ambulance, Illinois Law Enforcement Alarm System, the American Red Cross, and Illinois Medical Emergency Response Team.

Click here to see WJBC's Hometown Military News archive.

Filed Under: Hometown Military News, Local News

<http://www.wjbc.com/2016/05/13/hometown-military-news-may-13-2016/>



DATE: 7/29/2015

LOCATION: 1011 North Street Mazon, IL

EVENT DESCRIPTION

RAFT – Dresden Full Scale Pre-Exercise

MISSION NUMBER: IL-2015-0594

IMERT PERSONNEL:

Moses, Lee, Mary Connelly, Christopher Jansen, Rick Steele, Chris Niziolek, Barb Oliff

EQUIPMENT/SUPPLIES DEPLOYED:

Truck 917, MMU Trailer, Full ACLS Medications, ALS Jump Bags, Zoll Monitors, Zoll AED's,

COMMUNICATION DEVICES:

Starcom Radio System, Cell Phones and Cellular Internet

Starcom Radios tested

CAPABILITIES ADDRESSED:

Responder Health and Safety: provided on-scene first aid as needed, provided pre and post vitals for RAFT

AREAS FOR IMPROVEMENT:

Issues from previous exercise have been addressed. Conducted a mock cardiac arrest code to assign roles and responsibilities, verify equipment, medications and supplies were available and that team members were familiar with locations. It was noted that Dial a flows should be placed in the medication boxes and that the IV pumps should be packed for these exercises.

ADDITIONAL COMMENTS:

None noted

Submitted by:

Mary Connelly RN

Date: August 3, 2015



DATE: 8-4-2015

LOCATION: N/A

EVENT DESCRIPTION

IEMA Region 7 Starcom Radio Check

MISSION NUMBER:

IMERT PERSONNEL:

Christopher Jansen

EQUIPMENT/SUPPLIES DEPLOYED:

N/A

COMMUNICATION DEVICES:

Starcom Radio System

CAPABILITIES ADDRESSED:

Ensured interop communications between IEMA and other Region 7 groups/assets

AREAS FOR IMPROVEMENT:

None noted

ADDITIONAL COMMENTS:

None noted

Submitted by:

Christopher Jansen

Date: August 11th, 2015



DATE: 8/4 – 8/6/2015

LOCATION: Rock Island – Moline (Multiple Locations)

EVENT DESCRIPTION

SWMDT Operation Water Rage Exercise. Multi agency multi-day exercise. Required deployment of response teams to multiple venues

MISSION NUMBER: IL-2015-0609

IMERT PERSONNEL:

Moses Lee MD, Mary Connelly RN, Christopher Jansen Chief Planning and Logistics, Rick Steele EMT-P, Chris Niziolek EMT-P, Barb Oliff RN, David Blatt MD Robert Plant MST, Amy Mathes RN, Matt McClane EMT-P, Kim Gan RN, Amanda Palermo RN.

EQUIPMENT/SUPPLIES DEPLOYED:

Truck 917, MMU Trailer, Truck 919, Gator Trailer, ACLS Medications Cache x 2, ALS Jump Bags x4, Zoll Monitors x2, Zoll AED's x3, Airway Bags x3, Stokes Basket, Life Jackets, OTC Meds and standard equipment package for SWMD.

COMMUNICATION DEVICES: Starcom Radio System, Cell Phones and Cellular Internet

CAPABILITIES ADDRESSED:

Responder Health and Safety: Stand by for real world injuries/illness at multiple venues. Provided pre and post vitals for SWMD Field teams. Collaborated with medical providers from SWAT and the IL NG Civilian Support Team.

No injuries/illness reported.

Medical Surge: Provided written medical plan ICS 206. Acted as liaison to local hospital by notifying them of the exercise and providing contact information. Left message with regional RHCC coordinator to inform of exercise activity. Contacted Illinois Poison Center for assistance with identification of hazardous substance based on symptomology and recommended treatment protocols. This information was shared with Incident Command and CST Medical.

AREAS FOR IMPROVEMENT:

Internal: All HICS documents should be generated for each operational period. Prior to an off-site deployment a final check of equipment, supplies and team support items should be conducted.

External: There was a lack of communication among exercise controllers leading to confusion of roles, specifically IMERT's role in terms of participating as notional medical care providers as part of the exercise.

ADDITIONAL COMMENTS: The Gator Trailer has been reconfigured to serve as a cooling/treatment area. This proved very useful in helping prevent heat related illness in exercise participants.

This was the first time in a few years that a multi-agency exercise of this magnitude has been conducted. Despite some communication glitches this exercise provided an excellent opportunity for collaboration and real time interaction between all elements of the SWMDT.

Submitted by: Christopher Jansen

Reviewed: Mary Connelly 8/14/2015

Date: August 11th, 2015



October 25, 2015

Prairie State CERT Challenge Summary

On October 3, 2015 the Prairie State CERT Challenge was held at the Homeland Security Center located on the campus of College of DuPage in Glen Ellyn Illinois. IMERT staff and team members ran the Treatment station for the Challenge.

The day began at 7:00am with the arrival the IMERT staff and team members and role players (nursing students from College of DuPage nursing program). As the 28 role players arrived they were handed an index card detailing their injuries and provided instructions on clinical presentation.

The Prairie State CERT Challenge started at 9:00am, eight CERT teams completed ten stations. The Treatment station was number 4. The following scenario was read to each CERT team prior to entering for the Treatment station.

The _____ CERT team is deployed to Glen Ellyn to assist with a commuter train derailment on October 3, 2015, at approximately 6pm. Several hundred commuters were on the commuter train traveling west from Chicago.

As the commuter train approached the last curve prior to entering downtown Glen Ellyn (Main Street station), the commuter train derailed. Three train cars landed on their sides injuring hundreds. Emergency responders led, carried and assisted commuters to safety, some injured some not. The _____ CERT team is asked to assist in treating injured commuters prior to being transported to area hospitals. Some injuries occurred in the train cars, during the existing from the train cars or when fleeing the train wreck.

The injured can be located on a side street in downtown Glen Ellyn. CERT team member's arrive and start treating the injured.

CERT teams will be given 15 minutes to complete the station.

Upon entering the station the CERT team found multiple moulaged role players/patients in a town scene. Evaluation was based on the CERT team's ability to treat patients using techniques they learned during their CERT trainings. Teams used their team medical supplies and some IMERT supplies.

IMERT's staff and team members were Moses Lee MD, Chris Jansen Chief Logistics and Planning, Sue Tysiak EMT-P, John Luczak Logistics, Marge Luczak RN MSN, Linda Kielas RN MSN, Justino Sosa Safety, Dora Koop EMT-B and Doug Buchan RN.

IMERT managed one Real World event at this event.



IMERT Activity Report
DATE: October 14, 2015

LOCATION: Region 5, Carbondale, IL

EVENT DESCRIPTION: Region 5 Conference Moulage Class

IMERT PERSONNEL:

IMERT participants: 8 hours: Marge Luczak RN, John Luczak, Amy Mathes RN, Pat Hickey RN

EQUIPMENT/SUPPLIES DEPLOYED:

Moulage supplies

ADDITIONAL COMMENTS:

IMERT conducted 2 moulage sessions in Region 5 at the conference “Weathering the Storm” in Marion. 18 participants attended the combined sessions. A review of the evaluations indicates the sessions were very well received.

Some moulage supplies were utilized and will be replaced by Sue Tysiak

Submitted by: Christopher Jansen – Planning and Logistics Chief



DATE: October 16th thru 18th 2015

LOCATION:

10-16-2015 Massac Memorial Hospital, Metropolis IL
10-17-2015 & 10-18-2015 Fort Massac – Metropolis, IL

EVENT DESCRIPTION

10-16-2015 Hospital Active Shooter Exercise
10-17-2015 & 10-18-2015 Standby Medical Assistance for Fort Massac Encampment Deployment training

MISSION NUMBER: IL 2015-0840

IMERT PERSONNEL: Mary Connelly RN, Chris Jansen Planning and Logistics Chief, Chris Niziolek EMT-P, Rick Steele EMT-P, Laura Prestidge, RN Jay Sims EMT-P, Bradley Grissom APN, Justino Sosa Safety, Amy Mathes RN EMT-P, Barb Oliff RN Chief Nurse, Debra Riddle RN, Jennifer Wesselman RN, Matt Bierman EMT-P, Nancy Keller RN, Keith Davis EMT-P

Medical Oversight: Dr Bernie Heilicser

EQUIPMENT/SUPPLIES DEPLOYED: Truck 917, Truck 918, Truck 919, Mobile Medical Unit Trailer, Gator/Treatment Trailer, Rapid Response Gator Ambulance, Large Stat Pack Medical Bags, Airway Bags, First Aid Bags, Med Cache A, Med Cache B, Trauma Cart, OTC Medication Box, Starcom Radio Cache

COMMUNICATION DEVICES: Starcom Radio Cache, VHF Backup System, Cellular Telephone, Verizon Internet

SUMMARY:**Massac General Hospital Exercise October 16**

Eight IMERT members participated in an active shooter drill at Massac General Hospital. Other participants included local law enforcement, local EMA, hospital staff. IMERT participated in the initial planning of the exercise with local EMA and the ER Manager. IMERT provided moulage for the “actors”. IMERT participated as evaluators and observers, and participated in the HOT WASH directly after the exercise. Four primary points were highlighted:

1. The overhead announcement CODE WHITE, was only broadcast once. It was recommended that the announcement be repeated every few minutes. The overhead announcement could not be heard in the administrative offices (the overhead is turned down in that area). It was recommended that a follow-up call or page be made to Administration to ensure they are aware of emergency situations.
2. The ER outside door can be manually opened even when locked, by striking the door in the upper right corner.
3. The “shooter” was let into the hospital at the front door by someone leaving the building.
4. It was noted by one of our observers that the cafeteria staff took immediate action to lock down their area and provided directions for those present on what to do.

The exercise AAR will be written by local EMA and Hospital personnel.

Deployment Training October 17-18

For two days IMERT provided an immersion training for team members at the Fort Massac Reenactment event. This event typically attracts over 100,000 people to the small town of Metropolis. Region 5 RHCC also partners with this event every year. They bring a response trailer and staff. This provides two treatment trailers that are staged by IDNR planners to provide back up to local EMS. IMERT team members were provided an opportunity to utilize a new dispatch system “I AM Responding” that allowed us to utilize a new tool to better track our responders while in transit and on scene. Team members were 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. A total of 12 individuals were provided first aid during the event.

Additional Agency Participants:

Massac County EMA

Illinois Department of Natural Resources

Illinois State Police

National Weather Service

Metropolis Fire Department

Metropolis Police Department

Region 5 RHCC Memorial Hospital Carbondale

CAPABILITIES ADDRESSED:

Communications

Medical Surge

Healthcare System Preparedness

Responder Health and Safety

Volunteer Management

AREAS FOR IMPROVEMENT:

1. A request for medical assistance was received in the encampment area itself. IMERT nurses responded. The Rapid Response Team had some initial problems finding our responders in the area, though ample support personnel were already on site. It was suggested that a more specific map be developed by IDNR. This may not resolve the issue as the map would still require familiarization with the area. We will continue to try to come up with a process for this as it has implications for all deployments.

2. It was noted that there could have been better communications from this scene to IMERT command.
3. It was noted that there could have been better communication with Dr. Heilicser.
4. It was noted that some items in the response bags do not appear on the checklists in the bags. We will work at developing checklists that completely reflect all items that are contained in bags, carts etc.
5. It was noted on Day 2 that items from med case B did not match. Going forward there will be a verification count conducted by the Chief Nurse or designee prior to signing off on the sheets.
6. It was suggested that we review the contents of the current Airway Bag, it was noted that it lacked pediatric masks. This resulted in further consultation with the Medical Director. We will contact several team members both in EMS and ER to determine if removing intubation equipment and replacing with King Devices and additional masks and devices would serve better. We then would make 2 intubation bags (with appropriate equipment) and have the rest of the current airway bags contain non-intubation equipment and devices. This will be wrapped up by the end of the year.
7. It was noted that while an IAP was produced for the event, there was no medical plan published for IMERT operations on day one, similarly with an internal communications plan. All future exercises and deployments will include the production and distribution of the following: **HICS: 201 Incident Briefing, 202 Incident Objectives, 204 Branch Assignments, 205 Communication Plan as well as a log to track communications traffic, 206 Staff Medical Plan or 206a that can be used as a site plan, 214 Operations Log, 252 Section Personnel Time Sheet or a similar sign-in form. 261 Safety Plan** For a larger event all HICs forms may need to be utilized. These forms will then be used for operational period briefings. The responsibility for producing these documents will be assigned pre-event or as just-in-time as needed.
8. Ongoing tests of the I Am Responding software will be conducted shortly.

Submitted by:

Mary Connelly RN Director

Christopher Jansen – Planning and Logistics Chief

Date: 11/4/2015

DATE: 4/6/2016

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

EVENT DESCRIPTION: RAFT Braidwood Full Scale Exercise

MISSION NUMBER: IL 2016-0171

IMERT PERSONNEL:

Moses Lee, Christopher Jansen, Chris Niziolek, Rick Steele, Amy Mathes, Amanda Palermo

EQUIPMENT/SUPPLIES DEPLOYED:

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

COMMUNICATION DEVICES:

Starcom Radio System, Cell Phones and Cellular Internet

CAPABILITIES ADDRESSED: Responder Health and Safety

AREAS FOR IMPROVEMENT:

None

ADDITIONAL COMMENTS:

Walked through new med case check off sheet and also walked through a mock code and roles and responsibilities, Dr Lee also spoke with 2 RAFT personnel in regards to the premed check where values were slightly elevated.

Submitted by: Christopher Jansen – Planning and Logistics Chief

Date: 4/10/2016



DATE: April 18, 2016

LOCATION: Morton FD

EVENT DESCRIPTION: Over view of TAC MED

MISSION NUMBER: 2016-0183

IMERT PERSONNEL: Connelly, Jansen, Steele, Oliff, Brookshire, Mathes, Sheri Barnett, Matt Forcum, Bradley Grissom, Mike Hardy, Sue Hopkins, Nathan Lively, Matt McClane, Dave Sawlsville, Dave Wold, John Wipfler MD

EQUIPMENT/SUPPLIES DEPLOYED: Truck, MMU, Trainer First Responder bags

COMMUNICATION DEVICES: None

CAPABILITIES ADDRESSED: Responder Health and Safety

AREAS FOR IMPROVEMENT: elements of the lecture portion and weapon safety could have been more specific perhaps using "station" concept.

ADDITIONAL COMMENTS: Feedback from participants was overwhelmingly positive. All team members training status was reviewed, updated. IDs issued for those who needed new ones. This training provided an opportunity to learn more about Tac Med and SWAT response. There will likely be an enhanced role for EMS providers in active shooter situations so this training was an intro to the fundamentals for this. It proved to be an excellent team building experience as well.

Submitted by: Mary Connelly

4/22/2016

EXECUTIVE SUMMARY COMMUNICATIONS DRILL

The Illinois Medical Emergency Response Team (IMERT) conducted an IMERT Communications Availability Drill on October 15, 2015. The primary objective of the exercise was to test the ability to notify team members of a potential deployment request and determine IMERT volunteers' availability to respond and deploy real time. The scenario was determined as part of the Great Central U.S. Shake-Out.

The IMERT Communications Exercise Availability Drill was developed to test IMERT's Communications capability. Based on the exercise planning team's deliberations, the following objectives were developed:

- Objective 1: Test communication capabilities to all team members
- Objective 2: Determine real-time deployment availability of volunteers
- Objective 3: Test the communications 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
- 200 team members contacted
- 161 team members responded within the specified time
- All team members wireless and email information was validated

Primary Areas for Improvement

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

- Reinforce 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.
- Tested administrative staff's ability to track responses of those who could actually deploy.