

# PROGRAM SUMMARY

2023

Illinois Medical  
Emergency Response Team



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# The Illinois Medical Emergency Response Team Program Summary

## THE ILLINOIS MEDICAL EMERGENCY RESPONSE TEAM

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

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



**STOP the Bleed Training for School Nurses**

### Mission

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



## The Illinois Medical Emergency Response Team Program Summary

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

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

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

### **FUNDING**

IMERT has been the beneficiary of an annual grant from the Illinois Department of Public Health, Office of Preparedness and Response (OPR), Hospital Preparedness Program (HPP) for years. HPP is supported by the US Department of Health and Human Services ASPR Administration for Strategic Preparedness and Response. The grant to IMERT is used to support the State of Illinois by maintaining 24-hour operational readiness to lend medical assistance in times of disaster throughout the state, boost awareness in the community through education and training, and to collaborate with other preparedness agencies to enhance the overall capability of the State of Illinois to respond to public health and mass casualty emergencies.

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

# The Illinois Medical Emergency Response Team Program Summary

## IMERT NONPROFIT ORGANIZATION

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

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

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

### **Board of Directors**

George Beranek, MD, MBA, FACEP

Dave Wold, DDS

Lisa Wax, BSN, RN, CEN

Bernard Heilicser, DO, MS, FACEP, FACOP

Marge Luczak, RN, MSN

### **Executive Director, non-voting**

Mary Connelly, RN, BSN

### **President, non-voting**

Moses S. Lee, MD, FACEP, FAAEM

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



# The Illinois Medical Emergency Response Team Program Summary

## MEDICAL DIRECTOR AND BOARD PRESIDENT

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

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

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

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

- EMSC Pediatric Preparedness
- Homeland Security Advisory Council
- Crisis Standards of Care Core Committee
- Public Health HOMELAND SECURITY ADVISORY COUNCIL subcommittee
- Regional Healthcare Coalition –HPP
- Dr. Lee advises the development of a Pediatric Care Medical Specialist Team.

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

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



# The Illinois Medical Emergency Response Team Program Summary

## PROGRAM OVERVIEW

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

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

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

IMERT has moved into a new warehouse and training center. This new space allows for storage of trucks, trailers, medical equipment, and supplies. Furthermore, it provides the space to conduct team trainings that includes hands-on utilization of clinical, communication and logistics equipment. Currently trainings are focused on Alternate Care Site Operations. It covers the set-up, operation, and demobilization of an alternate care site. Including considerations for clinical operations, responder health and safety, logistics (supply and equipment management), transportation, and communication. These trainings will be opened to healthcare coalitions, hospitals, MRC personnel and others.



**IMERT Team participating in an immersive SimLab training at Cook County’s Stroger Hospital**

# The Illinois Medical Emergency Response Team

## Program Summary

### MEDICAL MISSION DEPLOYMENT PACKAGES

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

#### Strike Team: Medical Needs Assessment Team

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

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

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

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

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

**Limitations:** Cannot travel emergently, carries minimal medical supplies.

#### Strike Team: Primary Medical Response Team

**Purpose:** Assist local medical providers with initial medical stabilization and assist with the setup of a temporary medical treatment site.

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

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

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

**Capabilities:** Self-sufficient for 72 hours, can integrate with local medical responders to provide emergency medical care, and supply package can support approximately 50 patients of low acuity levels for 24-48 hours.

**Limitations:** Cannot travel emergently. Fully loaded trailers travel slow, can be challenging to maneuver in high wind situation. May require law enforcement assistance for site security and may need lodging or sleeping quarters assistance.



# The Illinois Medical Emergency Response Team

## Program Summary

### Task Force: Task Force (TF)

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

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

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

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

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

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

### Task Force 2 and EMAC

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

**Composition:** 15-25 members: 1-2 physicians, 1-2 nurse practitioners, 1-2 physicians' assistants. Team Commander, Director, 2-3 Charge RN, 7-8 RN, 7-8 EMT P/B, 3-4 logistics/communications. IMERT meets the FEMA resource typing description for: MOBILE FIELD MEDICAL TEAM: Acute/Urgent Care Team, Type 1.

**Arrival time frame:**

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

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

**Equipment:**

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

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



## The Illinois Medical Emergency Response Team Program Summary

### **Capabilities:**

***In state:*** Can provide sustainability to an ongoing medical response.

**Limitations:** Cannot travel emergently. Transportation of relief team and supplies may require assistance from other agencies with transportation resources if all IMERT vehicles are already deployed.

***EMAC:*** Conduct medical operations for a 50-patient medical treatment site and/or be adjunct medical staff for existing site operations. Can assist with the development or revision of an Alternate Care Site in an austere environment.

**Limitations:** Can not travel emergently. May need additional supplies prior to deployment depending on the incident location and nature of clinical situation. May need assistance with transportation of additional team members, supplies and equipment. May need assistance with billeting and supplemental food and water supplies.

# The Illinois Medical Emergency Response Team Program Summary

## DEPLOYMENTS AND TRAINING EXERCISES

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

### IMERT TEAM TRAININGS

IMERT offers training on a variety of topics to its volunteers. Staff and experts from across the response spectrum have presented on topics such as international disaster response and deployment operations. A new effort has begun in FY2023 to focus on alternate care site training and mass casualty surge.



In April of 2023 IMERT hosted members of the Illinois Army National Guard presenting their role as a Civil Support Team. Their mission includes response to a domestic CBRNE release and their assistance for first responders that includes identifying, assessing, advising, and assisting.

### ALTERNATE CARE SITE TRAINING EXERCISE, METROPOLIS – OCTOBER 2023



# The Illinois Medical Emergency Response Team Program Summary

## ALTERNATE CARE SITE TRAINING EXERCISE, METROPOLIS – OCTOBER 2022



IMERT returned to Metropolis to conduct a multi-agency functional exercise in conjunction with a team-wide communications exercise. Under this scenario, the Illinois Department of Natural Resources requested assistance with the set-up and operation of an alternate care site for a large public gathering event. This training included the roll-out of trucks, trailers and alternate care site equipment and supplies. As part of the scenario, telemedicine was utilized to engage 5 IMERT physicians who were offsite, to provide medical direction to our healthcare providers on the ground.

## COMMUNICATIONS AND LOGISTIC WORKSHOP – MAY 2022

IMERT conducted an interagency workshop for logistics and communications specialists across the state associated with Hospitals, Public Health, and Local EMA. Topics covered included challenges and promising practices from the Covid response and speakers from the Statewide Communications Assets/Teams.



## The Illinois Medical Emergency Response Team Program Summary

### TELEMEDICINE EXERCISE WITH THE ILLINOIS POISON CONTROL AND HONEYWELL – OCTOBER 2021

IMERT conducted a telemedicine exercise with HONEYWELL in Metropolis and Illinois Poison Control (IPC). The scenario was a hazmat exposure with the patient also exhibiting signs of a heart attack. The goal was to demonstrate that IPC can be consulted in real time for decontamination and initial treatment guidance. Participants included Metropolis Fire Department and EMS, Metropolis Law Enforcement, Honeywell Safety and Employee Health, and Illinois Poison Control.



### PRAIRIE ASSURANCE, SWMD EXERCISE – SEPTEMBER 2021

This was a large full-scale exercise involving multiple agencies with locations in Sparta and Mount Vernon. IMERT deployed with the State Weapons of Mass Destruction Team to Frankfort to provide on-scene stabilization of the injured in the event of a real-world medical emergency.



These exercises provide an opportunity to deploy trucks, trailers, equipment, supplies and personnel.

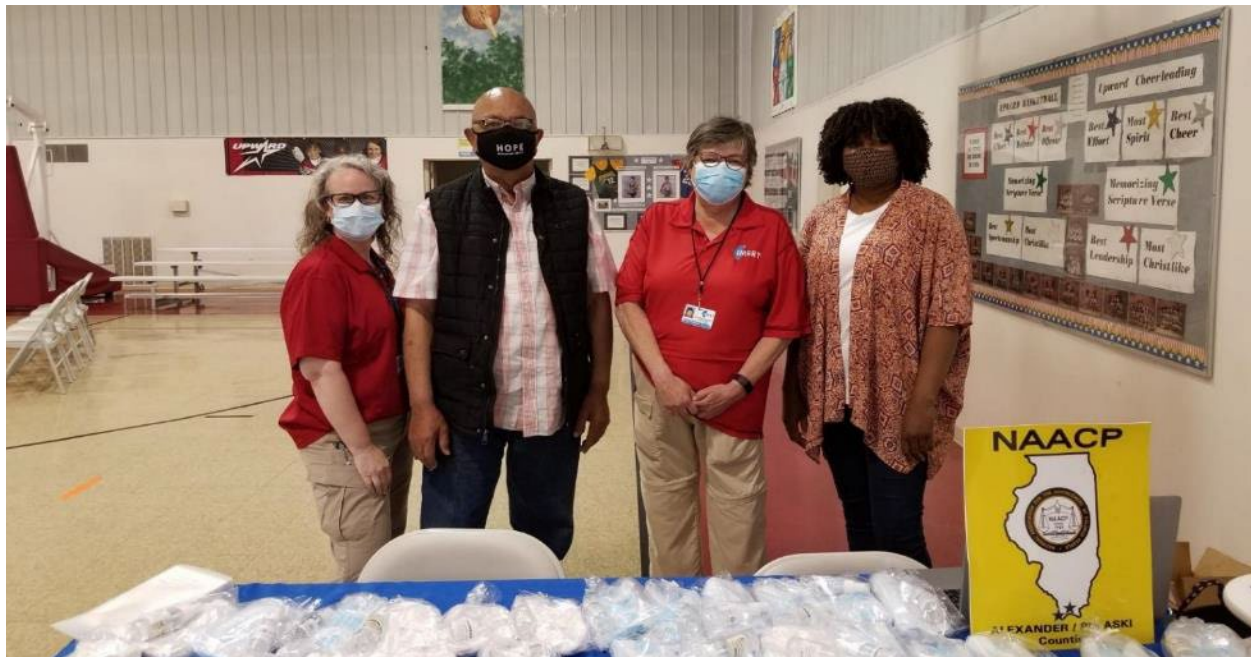
# The Illinois Medical Emergency Response Team Program Summary

## IMERT DRIVER VALIDATION TRAINING - JULY 2021

IMERT held a special training session for members who had experience driving trucks and trailers to give them practical experience towing and maneuvering with the IMERT equipment ahead of an event. In addition to the training, all volunteers who express interest in driving the State owned IMERT vehicles must submit copies of their insurance cards, driver's license, and undergo a license check through the State of Illinois Secretary of State.



## COVID VACCINATION CLINIC, CAIRO - MARCH 2021



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

# The Illinois Medical Emergency Response Team Program Summary

## FORT MASSAC MASS CASUALTY EXERCISE, METROPOLIS – OCTOBER 2019



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

## OPERATION POWER PLAY – MAY 2019



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

# The Illinois Medical Emergency Response Team Program Summary

## FORT MASSAC MASS CASUALTY EXERCISE METROPOLIS – OCTOBER 2018



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

## FORT MASSAC MASS CASUALTY EXERCISE, METROPOLIS – OCTOBER 2017



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



# The Illinois Medical Emergency Response Team Program Summary

## SOUTHERN ILLINOIS TOTAL ECLIPSE RESPONSE – AUGUST 2017



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



Central Medical Station SIU Campus ECLIPSE

# The Illinois Medical Emergency Response Team Program Summary

## FORT MASSAC MASS CASUALTY TRAINING METROPOLIS – OCTOBER 2016



**Mass casualty exercise in Metropolis, communications center**

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

## FORT MASSAC MASS CASUALTY EXERCISE, METROPOLIS – OCTOBER 2015



**IMERT Team with the Region 5 Disaster Response Trailer**

Following an active shooter exercise at Massac General Hospital, IMERT provided an immersion training for team members at the Fort Massac Reenactment event. Team members had an opportunity to utilize a new dispatch system, which allowed the utilization of a potential new tool to better track responders while in transit and on scene. Team members assumed clinical and team support positions while backing up local EMS on scene. Team members did a firsthand review of supplies, equipment, and reviewed protocols. Region 5 RHCC partnered with IMERT for this event.

# The Illinois Medical Emergency Response Team Program Summary

## GUBERNATORIAL INAUGURATION, SPRINGFIELD - JANUARY 2015



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

## COLLABORATIVE EBOLA PLAN ASSESSMENT TEAM – October/November 2014



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

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

## The Illinois Medical Emergency Response Team Program Summary

### FORT MASSAC MASS CASUALTY EXERCISE, METROPOLIS - OCTOBER 2014



IMERT continued to develop and practice disaster telemedicine capabilities for the purpose of being able to broadcast images to enhance situation awareness for emergency authorities/planners/managers. Telemedicine was used to broadcast live patient assessments between physicians and bedside healthcare providers.

### EARTHQUAKE MASS CASUALTY TRAINING, METROPOLIS - OCTOBER 2013



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

# The Illinois Medical Emergency Response Team Program Summary

## EARTHQUAKE EXERCISE COLES COUNTY AIRPORT – MARCH 2013



For this exercise IMERT set up a triage and treatment site on the grounds at Coles County Airport. The scenario was post-earthquake in southern Illinois with multiple casualties flown to the site for first aid, stabilization, and further disposition. Local paramedic students served as moulaged victims. Bedside providers are using telemedicine to communicate with a remote physician.

## FORT MASSAC EMS SUPPORT MISSION METROPOLIS - OCTOBER 2012



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

# The Illinois Medical Emergency Response Team Program Summary

## NATO, CHICAGO - MAY 2012



The Chicago Fire Department requested IMERT to deploy to the NATO Summit. The deployment lasted for 5 days. Thirty-eight team members participated in the set-up and operation of an Alternate Care Site at the Chicago Fire Department Academy. IMERT also collaborated with the Peoria OSF Hospital Regional Medical Response Team to combine resources to provide an on-call state team that could provide additional assistance if needed in Chicago or if an event occurred elsewhere that required a mobile medical response.

## ISP ASSIST MISSION, SHAWNEETOWN - JULY 2011



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

# The Illinois Medical Emergency Response Team Program Summary

## SOUTHERN ILLINOIS FLOODING, CAIRO - APRIL 2011



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

## ISP ASSIST MISSION SHAWNEETOWN - JULY 2010



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

## The Illinois Medical Emergency Response Team Program Summary

### HEPATITIS A VACCINATION CLINIC, ROCK ISLAND - JULY 2009



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

### TASTE OF CHICAGO, CHICAGO - JULY 2009



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



# The Illinois Medical Emergency Response Team Program Summary

## ELECTION NIGHT, CHICAGO - NOVEMBER 2008



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

## KINDERHOOK FLOODING, QUINCY - JUNE 2008



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

# The Illinois Medical Emergency Response Team Program Summary

## AIR AND WATER SHOW, CHICAGO - AUGUST 2007



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

## TASTE OF CHICAGO, CHICAGO - JULY 2007



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

## The Illinois Medical Emergency Response Team Program Summary

### GUBERNATORIAL INAGURATION, SPRINGFIELD - JANUARY 2007



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

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



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

# The Illinois Medical Emergency Response Team Program Summary

HURRICANE KATRINA RESPONSE LSU in BATON ROUGE, LOUISIANA - AUG/SEPT 2005



Hurricane Katrina Team

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



Inside the field hospital at LSU

## PROJECTS AND ACTIVITIES

### COMMITTEES

IMERT staff participate in multiple committees and special projects with IDPH, IEMA, Homeland Security Advisory Council, CDPH, EMSC and others when requested.

### COVID RESPONSE

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

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

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



**Ventilator Organization Team**

## The Illinois Medical Emergency Response Team Program Summary

### HOMELAND SECURITY ADVISORY COUNCIL STOP THE BLEED PROJECT for ILLINOIS SCHOOLS

The Homeland Security Advisory Council made numerous recommendations to enhance safety in Illinois schools. One of these recommendations was to provide STOP the Bleed training to school staff. IMERT volunteered to provide this training.



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



School Nurses at STB training

# The Illinois Medical Emergency Response Team Program Summary

## THE TEMPORARY MEDICAL TREATMENT STATIONS (TMTS) GUIDE AND WEBSITE

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



The screenshot shows the IMERT website interface. At the top left is the IMERT logo with the text "Illinois Medical Emergency Response Team" and "www.imert.org". To the right are links for "About", "Contact Us", and "IMERT.ORG". Below the header is a navigation menu with categories: "ORGANIZATIONAL TOOLS", "PLANNING CONSIDERATIONS", "SUPPLY & EQUIPMENT", "RESOURCES", and "LINKS". The main content area features a large banner for the "ACS Toolkit 3rd Edition". The banner includes a 3D model of a COVID-19 virus, the CDC logo, and the text "CDC Current Interim Guide Information for Healthcare Professionals COVID-19". Below the banner is a blue button labeled "ACS Toolkit". A short description below the button reads: "This Toolkit was developed to help state, local, tribal and territorial (SLTT) entities to address potential shortages in medical facilities during the 2020 COVID-19 pandemic."

## ALTERNATE CARE SITE TABLETOP and WORKSHOP - 2009

IMERT was requested by the IDPH to develop and conduct a workshop and training exercise addressing the utilization of Alternate Care Sites (ACS). IMERT staff, along with other medical subject matter experts, conducted a workshop and tabletop drill on ACS issues within a pandemic flu framework. The two-day symposium was attended by sixty representatives from the preparedness community. Groups represented include IDPH, IEMA, CMS, local health departments, RHCC hospitals, and community hospitals, IHA, ASPR and the FBI. The purpose of the workshop was to familiarize stakeholders with operational concepts and delineate unresolved issues in terms of ACS operations. The tabletop on day two explored these issues within the framework of a mass casualty situation due to an infectious disease outbreak.

# The Illinois Medical Emergency Response Team Program Summary

## STATE WEAPONS OF MASS DESTRUCTION TEAM (SWMDT)



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

## RADIOLOGICAL ASSESSMENT FIELD TEAM (RAFT)

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





# The Illinois Medical Emergency Response Team Program Summary

## IMERT'S MOULAGE TEAM

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



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

## TELEMEDICINE

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

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

# The Illinois Medical Emergency Response Team Program Summary

## CURRENT TRAININGS

COVID restrictions prevented in-person trainings over the past few years. Though we did manage a few thanks to COVID testing ability. Likewise, we did conduct communication exercises and participated in a few exercises with partners.



This calendar year we have conducted multiple in-person trainings on a variety of subjects including IMERT capabilities, Moulage and Alternate Care Site Operations.

## RECRUITMENT ACTIVITIES



IMERT recruitment activities include attending conferences with an information booth and providing presentations at sessions. We also encourage members to recruit colleagues.

# The Illinois Medical Emergency Response Team Program Summary

## **CRISIS STANDARDS OF CARE**

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

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

## **IDPH MOBILE MEDICAL SUPPLY CACHE**

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

## **ESF-8 ILLINOIS EMERGENCY OPERATIONS PLAN UPDATE**

IMERT participated in multiple meetings and conferences with the IDPH Strategic Planning Cell at IEMA to review, refine and update the IEMA ESF-8 Operations Plan.

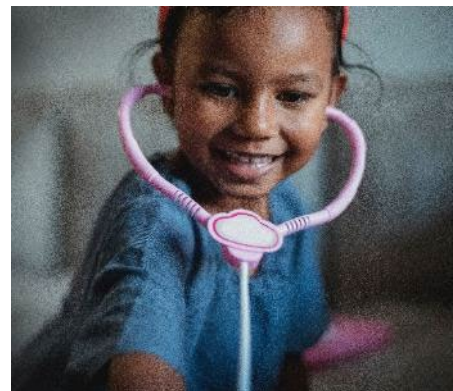
## **MASS SHELTERING PLANNING**

IDPH requested IMERT to participate in the IEMA effort to update the state ESF-6/ Mass Sheltering Plan.

## **PEDIATRIC CARE MEDICAL SPECIALIST TEAM (PCMS)**

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

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



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

# The Illinois Medical Emergency Response Team Program Summary

## TACTICAL MEDICINE OVERVIEW COURSE

In April of 2016 IMERT was able to provide a one-time opportunity for our members to participate in a tactical medicine simulation training. The course is designed for medical personnel that are directly involved in providing emergency medical support for law enforcement special operations teams. This training provided an opportunity for volunteers to learn more about Tactical Medicine and SWAT response. Also included was training on safe handling of handguns.



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

## ACTIVE SHOOTER PREPAREDNESS FOR HOSPITALS

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



*Active Shooter EX at Massac Hospital ER*

## **LOGISTICS AND ASSETS**

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

### **INVENTORY MANAGEMENT SYSTEM**

IMERT Currently utilizes a fully customizable system produced and technically supported by ASAP Systems with offices in San Jose, CA and Chicago, IL. Utilizing ASAP systems Passport Inventory Database system, we have a fully customizable system for IMERT's specific needs in database management of both asset management and inventory stock management. We forecast expiration dates, keep track of medical supply LOT numbers for medical recalls if they present themselves, as well as track movement of supplies and equipment down to specific locations in our warehouse or trailers using barcodes.

The system integrates our purchase orders into a streamlined process so when items are required to be tagged and tracked for either IDPH/ASPR grant requirements or for our needs, we can do so. Likewise, this system also allows us to track preventative maintenance recommendations. We can pull reports for items disposed of due to expiration dates or asset items that are no longer functional.

Currently the system is tracking 2,144 assets and a combined 31,106 stock items.

The inventory database system lives on a redundant Microsoft Azure cloud system with redundant virtual servers as well as backups every 24 hours and saved in two separate locations as well as offsite from the "Cloud".

# The Illinois Medical Emergency Response Team Program Summary

## IMERT WAREHOUSE AND TRAINING CENTER



In December of 2022 IMERT moved its equipment to the IMERT Warehouse and Training Center (WTC) in Algonquin, IL. The WTC features 15,000 square feet with enough space to house the IMERT fleet and equipment package indoors as well as dedicated training, meeting, and office space. This facility provides secure storage and professional 24- hour video surveillance. All temperature sensitive materials are stored in a controlled environment.



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



IMERT also maintains offices at the Illinois Law Enforcement Alarm System (ILEAS) campus in central Illinois. The ILEAS campus contains over 120,000 square feet of safe and secure office, classroom, storage, and training space on a 13-acre campus. The facility and training rooms are utilized for office space and classroom space.

## IMERT FLEET



There are six Ford Super Duty F350 Trucks with a range of specialized trailers:

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

# The Illinois Medical Emergency Response Team Program Summary

## Medical Support 1 (MS-1)

Medical Support Trailer 1 was purchased in 2018. This trailer was renovated by IMERT for interoperability with other state agencies and features the same technology utilized in the State Unified Command Posts. It also contains a separate medical treatment room to allow for private consultation and treatment of patients.



MS-1 Exterior and MS-1 Interior and patient treatment area

## Mobile Medical Unit (MMU)

An additional trailer was purchased in 2020. The trailer is a standard cargo trailer that was custom built to IMERT's specifications. In addition to moving equipment and supplies, it can be used for patient treatment or be converted to billeting for team members. It has non-slip flooring and write-on walls. It has electric heat and AC. There is a work-bench area, working sink, and exterior storage. When the ramp is extended, there are specialized doors allowing for ingress and egress.





# The Illinois Medical Emergency Response Team Program Summary

## PORTABLE MEDICAL TREATMENT TENTS



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

- 1x Zumro Model 860
  - o Length 42'
  - o Floor Area 861 sq. ft.
  - o Wind Resistance 50mph
- 2x Zumro Model 284
  - o Length 21'
  - o Floor Area 284 sq. ft.
  - o Wind Resistance 60mph

### CONCEPT OF OPERATIONS

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



Exterior



Interior

# The Illinois Medical Emergency Response Team Program Summary

## COMMUNICATIONS



**IDPH Starcom Cached Radio**

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

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

IMERT is currently managing the IDPH radio cache of thirty-four units.



**Communications Center in the MMU Trailer**

## EQUIPMENT MAINTENANCE

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



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

## ASSESSMENT AND DIAGNOSTIC EQUIPMENT

### PORTABLE ULTRASOUND



IMERT has obtained a Philips Lumify Portable Ultrasound probe. The unit can work with a tablet or a phone on the android-based system and is plug and go.

This technology is used for emergency care around the world. Having point-of-care ultrasound available is a great advantage, helping to diagnose and treat patients in complicated circumstances.

### VITAL SIGNS MONITORING - FIELD TELEMETRY



IMERT received a special grant from the Homeland Security Advisory Council Public Health Subcommittee to obtain a wireless vital signs monitor. It allows a single caregiver to monitor up to ten patients simultaneously on a tablet, PC, or smart phone. It is wireless and rugged and monitors real time pulse ox, blood pressure, heart rate and ECG. It automatically records and can transmit

up to 4 hours of patient history. The system can be accessed remotely and can be utilized with telemedicine.

## **ACKNOWLEDGEMENT**

IMERT would like to acknowledge the following organizations for their ongoing support of the program:

The Illinois Department of Public Health, Office of Preparedness and Response (OPR), Hospital Preparedness Program (HPP) and the US Department of Health and Human Services ASPR Administration for Strategic Preparedness and Response.

The Homeland Security Advisory Council (formerly the Illinois Terrorism Task Force, ITTF) and the Illinois Law Enforcement Alarm System (ILEAS).

We would also like to acknowledge our many volunteers across the State of Illinois, whose time and contributions have made IMERT possible.

