

Bioterrorism and Illinois Emergency Plans

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Background

- To discuss the following EMS plans/policies:
 - System-wide crisis policy
 - State Medical Disaster Plan
 - HRSA grant including regional plan

Caveats

- I am not an Emergency Physician
- Problems with telling the truth (Not a liar.... I tell the truth too often for a political job)
- Not smart enough to understand everything that goes on in EMS in IL
- More acronyms than you can shake a stick at

System-wide Crisis Policy

- Recognition
- Identification
- Notification
- Plan of action

Recognition

- Participating hospitals
 - Increase of patients with similar symptoms
 - ED becoming overwhelmed
 - ER doctor/nurse: contact resource hospital
- Telemetry personnel
 - Increasing number of diversion requests
 - Increase in ambulance transport times
- Ambulance personnel
 - Note a trend
 - Increase response times
 - Increase transport times

Notification I.

- Resource hospital
 - Identify trend
 - Receive information from participating hospitals / Ambulance providers
 - If questionable or if multiple hospitals on bypass then page EMS coordinator / medical director

Notification II.

- EMS coordinator / Medical Director
 - Contact local ambulance provider/dispatch center
 - Contact Illinois Poison Center for similar calls
 - Page IDPH emergency officer if suspicious/concerned

Notification III.

- Emergency officer - IDPH
 - Contact the IDPH director and IEMA duty officer
 - Contact chief of EMS
 - Contact appropriate local health dept.
 - Activate the disaster POD following the activation of the state emergency medical disaster plan

Plan of Action

- Chief of EMS in coordination with the EMS coordinator and/or EMS medical director will inform participating hospitals and ambulance providers in system
 - Cancel all hospital diversion
 - Hospitals to implement internal disaster plans including possibly mobilizing staff and resources
 - Monitor transport times
 - Record information on “system-wide crisis form”

State Medical Disaster Plan

- Purpose
- Illinois Operations Headquarters and Notification office (IOHNO)
- POD hospitals

Purpose

- Provide assistance to allow EMS personnel and health care facilities to work together
- Provide assistance when local resources are overwhelmed

IOHNO

- Senior staff for IDPH operation center**
- Strategic coordination center for emergency medical operations
- Provides updates to:
 - State EOC
 - Disaster POD hospital(s)

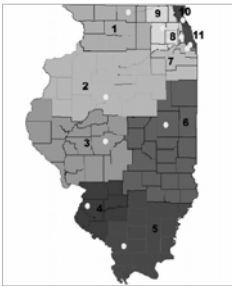
State POD Hospital I.

- Lead hospital in a region
 - Trauma center
 - Resource hospital
 - ALS provider
- Responsible for disaster coordination of medical response/information
- Assess monitored and available beds, (both pediatric and adult) assess number of ventilators (adult and pediatric), special needs (e.g. decon) in region, and disaster bags available.

State POD Hospital II.

- Point of contact for:
 - Resource/associate/participating hospitals, EMS providers
 - IOHNO
 - Local IMERT/INVENT teams

State Medical Disaster Plan ILLINOIS POD HOSPITALS



- 1- Rockford Memorial, Rockford
- 2- St. Francis Medical Center, Peoria
- 3- St. John's Hospital/
Memorial Medical Center, Springfield
- 4- Memorial Hosp., Belleville
- 5- Memorial Hosp., Carbondale
- 6- Carle Foundation, Urbana
- 7- Christ Hosp., Oak Lawn
- 8- Foster McGaw/Loyola, Maywood
- 9- Sherman Hospital, Elgin
- 10- Highland Park Hospital
- 11- Illinois Masonic, Chicago

DEPLOYMENT OF RESOURCES TO DISASTER SITE I.

- IOHNO to activate POD not affected by disaster
 - Needed resources
 - Hospitals not affected by disaster will receive patients
- Activated IMERT teams will report to a site designated by the IOHNO prior to deployment

DEPLOYMENT OF RESOURCES TO DISASTER SITE II.

- Team Leader will report to the incident commander (IC) for assignment
- IMERT **not** affected by disaster will be activated
- Activate INVENT staff to report to surge capacity facilities or dispensing/distribution sites

Future Response Teams

- DERT- Dental Emergency Response Team-deployed to disaster site, dispensing or distribution site or surge facility
- IPERN-Illinois Pharmacy Emergency Response Network-assist with available medications and/or dispensing sites

State Medical Disaster Plan IMMUNITY

Designated personnel to respond for medical operations will be covered from liability by the Good Samaritan Immunity law and by provisions in the EMS Act and also by IEMA's Act



REIMBURSEMENT OF DISASTER-RELATED EXPENSES

- State Disaster Relief Fund
 - Expenditures incurred as a result of activation by the IOHNO
 - Submitted to IEMA for reimbursement
 - Facility / provider is responsible for maintaining documentation of expenses

State Medical Disaster Plan

- September 11, 2001
 - All POD's activated for Phase 1
- December 18, 2001
 - Communication Drill
 - Disaster Plan critiqued and revised 01/02
- May 12, 2003- TOPOFF 2
- April 15, 2004-Communication drill

HRSA Grant

- Hospital Bioterrorism Preparedness Planning Committee:
 - identify communication issues and how to resolve them
 - Assist with coordination of training and education programs
 - review and assist with the development of regional bioterrorism plans
 - provide technical assistance to health care systems to ensure coordination

Membership of Hospital Committee

- Office of Rural Health
- IEMA
- IHA
- MCHC
- IPHCA
- VA
- ICEP
- Pediatric Emergency
Physicians
- ENA
- ISMS
- IPC

Levels of Hospital Preparedness

- Tier Level I.....Highest
Level...POD Hospitals
- Tier Level II....Resource, Associate
and/or Trauma Centers
- Tier Level III.....(a)Participating
Hospitals and (b)other health care
facilities

Tier Level III. A Requirements

- Participation in an EMS System with Designated contact person
- Agree to disaster planning and participation in disaster drills
- Have internet access in the ED
- Post Phone number of IPC
- Agree to implement the system wide crisis policy
- Develop plan to identify, receive, and distribute the NPS to hospital staff
- Training available to staff

Tier Level III B Requirements

- Educate staff in recognition and treatment of incidents involving WMD
- Develop a plan to assist with tx., vaccination, and/or housing of potential victims
- Participate in regional disaster planning
- Have web access

Level II requirements

- Meet Level III requirements
- Communication capabilities with pre-hospital
- Assist with disaster planning and drills
- Decontamination capabilities

Level I requirements (meet lower level requirements)

- Maintain equipment for a disaster POD hospital IMERT
- Have staff available to act as a regional IMERT team
- 2 portable or available DECON units
- Support training and education programs
- Identify disaster preparedness coordinator
- Perform as the lead hospital in regional bioterrorism preparedness exercises
- Coordinate development of a regional response plan (surge capacity-500 victims)

Education and Training

- Grants given to the following organizations to provide training and education for health care professionals:
 - ICEP
 - MCHC
 - IHA
 - IPHCA

Future Plans

- Model regional plans for Urban and Rural regions
- Testing of Plans

Contact e-mails for ideas,
resumes

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