

## **Region 2 EMS System Policy**

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### **TITLE: PREPAREDNESS TO A SYSTEM-WIDE CRISIS**

### **POLICY STATEMENT:**

Natural and technological crises may place an intense demand for EMS and emergency department resources on one or more of the EMS Systems in Illinois. The potential exists for these crises to occur or evolve without adequate warning or notification. Such crises may include a heat emergency, communicable disease or influenza epidemic or terrorist act involving a nuclear, chemical or biological agent, which could overload an emergency department's resources.

### **GOAL/PURPOSE:**

As a result, EMS and emergency department personnel must be cognizant of evolving trends or the influx of patients with similar signs and symptoms. Recognition of an impending or active system-wide crisis will better prepare hospitals and local ambulance providers to handle any type of situation.

### **POLICY/PROCEDURE:**

The following outlines, how and when notification/recognition, may occur:

- A. Recognition
  1. Telemetry personnel may be made aware of a system-wide crisis by communication from the local ambulance provider (i.e., mass casualty incident) or by noting an increasing number of emergency departments requesting ambulance bypass. The telemetry personnel should report these occurrences to the attending emergency doctor or charge nurse.
  2. When associate and participating hospitals see a rapid or developing increase of patients with similar symptoms, the attending emergency doctor or the charge nurse should contact their Resource Hospital and apprise them of the situation.
  3. When ambulance providers or their personnel notice that they have an increase of runs with patients complaining of similar signs and symptoms, they should report this information to their Resource Hospital.
  
- B. Notification of Personnel
  1. The Resource Hospital shall document any calls they receive from their associate or participating hospitals or ambulance providers and identify that they are seeing numerous types of patients complaining of similar types of symptoms. The Resource Hospital should note the time the call is received and seek a detailed account of the situation.
  2. If the Resource Hospital receives calls from two hospitals or agencies, or has reason to suspect a potential system-wide crisis, the telemetry nurse will page the EMS System Coordinator or EMS Medical Director to inform them of the situation. The EMS System Coordinator or EMS Medical Director will contact the local ambulance provider to see if they are seeing an increase in patients with similar types of symptoms.
  3. The EMS System Coordinator or EMS Medical Director may also contact the Illinois Poison Control Center to see if they are receiving additional calls for similar type symptoms.
  4. If there appears to be a trend, pre-hospital or hospital, of increased frequency of similar symptoms, the EMS System Coordinator or EMS Medical Director shall page the Emergency Officer for the Illinois Department of Public Health at 1-800-782-7860. In addition, if there is a local health department medical director, that person may also be contacted.
  5. The Emergency Officer for the Illinois Department of Public Health will contact the Director of Public Health, or his designee, and the Duty Officer with the Illinois Emergency Management Agency. Based on the type and magnitude of the crisis, the Director of Public Health, or his designee, may activate the Disaster POD, according to the Emergency Medical Disaster Plan.

C. Plan of Action

1. Once notified by the Illinois Department of Public Health that there may be a potential for increased utilization of resources, the EMS Coordinator will contact the involved hospitals and local ambulance providers within the System to inform them of the crisis. The EMS Coordinator will request that each involved hospital take steps to avoid ambulance diversion and alert them to the possible need of having to mobilize additional staff and resources or activate their internal disaster plans. The EMS System Coordinator may request assistance from the Chief of Emergency Medical Services also. The involved hospitals will also be informed that requests for BLS bypass will not be accepted during the crisis.
2. The EMS System Coordinator or most senior EMS person staffing telemetry will monitor transport times, while the local dispatch center that receives 911 calls will monitor ambulance responses. When transport times become excessive as a result of hospitals being on bypass, the Chief of EMS, or designee, will be contacted and will assist in contacting the Emergency Department Charge Nurses and Senior Administrators of the hospitals on bypass to advise them to activate their internal disaster plans so that they can rapidly come off bypass. They will be given a specified time frame in which to accomplish this.
3. The monitoring of transport and ambulance response times requires frequent communication and close coordination between EMS personnel at the Resource Hospitals, dispatch and the local providers.
4. During an impending or actual system-wide crisis, the local municipality may request mutual aid, through pre-existing agreements, from the surrounding areas.
5. All information shall be recorded on the "System-Wide Crisis Form," developed by the Illinois Department of Public Health, which will be available upon request.

D. All Clear

1. The Director of Public Health, or his designee, will contact the Resource Hospital when the response to the crisis appears to be over.

**Region 2 EMS System Policy  
SYSTEM-WIDE CRISIS FORM**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

\_\_\_\_\_  
Name of Resource Hospital

\_\_\_\_\_  
Name of Person Filling In Report/Title

\_\_\_\_\_  
Telephone Number

Names of Associate Hospitals/Participating Hospitals Requesting Bypass or Who Have Seen an Increase in E.D. Visits:

\_\_\_\_\_  
\_\_\_\_\_

Common Signs/Symptoms of Patients Who are Coming to the Emergency Department:

\_\_\_\_\_  
\_\_\_\_\_

Name(s) of Provider(s) in the Area Who Have Seen an Increase in Runs:

\_\_\_\_\_  
\_\_\_\_\_

Name and Time of EMS Coordinator or EMS Medical Director Notification:

\_\_\_\_\_

Date/Time/Name of Person Notified at the Sate (i.e., Chief of EMS)

_____ Name	_____ How Contacted (Pager, Phone, Fax)	_____ Time Notified	_____ Date Notified
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\_\_\_\_\_  
Name of Hospital/Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Name of Person Reporting

**HOSPITALS ONLY**

Number of Patients with Same/Like Symptoms Seen in Last Six (6) Hours: \_\_\_\_\_

**PROVIDERS ONLY**

Number of Patients transported to Emergency Departments by All Ambulances in Our Service with Same/Like Symptoms: \_\_\_\_\_

Any Increase In Response Time:             Yes                     No

**HOSPITALS AND PROVIDERS**

Common/Like Complaints by Patients: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Other Pertinent Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resource Hospital Contacted:             Yes                     No

Person Contacted at Resource Hospital: \_\_\_\_\_

Name

Title

How was Information Reported:

Phone	<input type="checkbox"/>
Fax	<input type="checkbox"/>
Page	<input type="checkbox"/>
Dedicated Phone Line	<input type="checkbox"/>
Person to Person	<input type="checkbox"/>
Other	<input type="checkbox"/>

Names/Organizations and/or Titles of Other Persons Contacted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_