



McLean County Area EMS System

705 N East Street
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Title of Policy: <i>Preparedness to a System-Wide Crisis</i>	Policy Number: D-100
Effective Date: 10/2004	Review Date: 01/22/2017
Policy Area: Disaster/MCI	Approvals: EMSSC, EMS MD

Background to Policy:

As a result, dispatch, 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 participating hospitals and local ambulance providers to handle any type of situation.

Policy Statement:

Natural and technological crises may place an intense demand for EMS and emergency department resources on one or more of the EMS agencies and hospitals in the system. 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.

Policy:

A. Recognition

- EMD Personnel may be made aware of a system wide crisis by increased EMS requests for similar complaints or symptoms or a large number of patients in a single location whether medical complaint or trauma.
- 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 increased number of emergency departments requesting ambulance diversion. The telemetry personnel should report these occurrences to the attending emergency doctor or charge nurse.
- When 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.
- 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

- The Resource Hospital shall document any calls they receive from their 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.
- If the Resource Hospital receives calls or has reason to suspect a potential system-wide crisis, the ECRN will page the EMS Coordinator or EMS Medical Director to inform them of the situation. The EMS Coordinator or EMS Medical Director will contact the local ambulance provider(s) to see if they are seeing an increase in patients with similar types of symptoms.



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- The EMS 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.
- If there appears to be a trend, pre-hospital or hospital, of increased frequency of similar symptoms, the EMS 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. Associate, participating and adjoining EMS system hospitals and agencies may be contacted as necessary.
- 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 RHCC, according to the State Medical Disaster Plan.

C. Plan of Action

- 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 participating hospitals and local ambulance providers within the System to inform them of the crisis. The EMS Coordinator will request that each participating 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 Coordinator may request assistance from the RHCC and/or IDPH. The participating hospitals will also be informed that requests for BLS diversion will not be accepted during the crisis.
- The EMS 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. If transport times begin to exceed 10-15 minutes and ambulance response times become excessive as a result of hospitals being on diversion, IDPH Division of EMS will be contacted and will assist in contacting the Emergency Department Charge Nurses and Senior Administrators of the participating hospitals on diversion to advise them to activate their internal disaster plans so that they can rapidly come off diversion. They will be given a specified time frame in which to accomplish this.
- 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 fire departments.
- During an impending or actual system-wide crisis, the local municipality may request mutual aid, through pre-existing agreements, from the surrounding areas.
- 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.

Resources:

1. [Region 2 EMS System Wide Crisis Form](#)