

ST. JOHN'S HOSPITAL & MEMORIAL MEDICAL CENTER PREPAREDNESS FOR A SYSTEM-WIDE CRISIS

Natural and technological crisis 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 a crisis may include a heat emergency, communicable disease or influenza outbreak, or a terrorist act involving nuclear, chemical or biological agents. All of these incidents have the potential to exceed an emergency department's resources.

As a result, EMS and emergency department personnel must be cognizant of evolving trends or an unanticipated 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.

The following outlines, how and when recognition/notification occurs:

I. Recognition

- a. Personnel may be made aware of a system-wide crisis through communications from the local ambulance provider (i.e., mass casualty incident) or by noting an increasing number of emergency departments requesting ambulance diversion. Staff should report these occurrences to the attending physician or charge nurse.
- b. When participating hospitals see a rapid or developing increase of patients with similar symptoms, the attending emergency physician or charge nurse should contact their Resource Hospital (St. John's Hospital or Memorial Medical Center) EMS office or the emergency department and apprise them of the situation.
- c. When ambulance providers or their personnel notice that they have an increased number of runs with patients complaining of similar signs and symptoms, they should report this information to the Resource Hospital emergency department.

II. Notification of Personnel

- a. The EMS office and/or the emergency department shall document any calls they receive from our participating hospitals or ambulance providers and identify that the hospitals/providers are seeing numerous patients complaining of similar types of symptoms. The individual receiving the information should note the time the call is received and seek a detailed account of the situation if possible.

- b. If the EMS offices or emergency department receives calls from two participating hospitals, or has reason to suspect a potential system-wide crisis, the supervisor/charge nurse will page the EMS Medical Director or EMS Coordinator to inform them of the situation. The EMS 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.
- c. The EMS Coordinator or EMS Medical Director will contact St. John's Hospital, Memorial Medical Center and Doctor's Hospitals to see if they are experiencing the same level of emergency department/EMS activity and apprise them of the potential situation.
- d. 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 within the area or region.
- e. If there appears to be a trend, prehospital 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, contact will be initiated with the Springfield and Sangamon County Health Departments
- e. The Emergency Office for the Illinois Department of Public Health will contact the Director of Public Health, or 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 Hospital system, in accordance with the Emergency Medical Disaster Plan.

III. Plan of Action

- a. Once notified by the Illinois Department of Public Health that there may be potential for increased utilization of resources, the EMS Coordinator will contact participating hospitals and local ambulance providers within the System to inform them of the situation. 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 IDPH, Chief of Emergency Medical Services as well. Participating hospitals will also be informed that requests for BLS diversion will not be accepted during the crisis.

- b. The EMS Coordinator or most senior EMS person staffing the radio will monitor transport times, while the local dispatch center that receives 9-1-1 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, the Chief of EMS will be notified and will assist in contacting the Emergency Department Charge Nurses and Senior Administrators of the facilities on diversion to advise them to activate their internal disaster plans so that they can rapidly come off diversion. They will be given a specific time frame in which to accomplish this.
- c. The monitoring of transport and ambulance response times requires frequent communication and close coordination between EMS personnel at the Resource Hospitals, dispatch centers and the local providers.
- d. During an impending or actual system-wide crisis, the local municipality may request mutual aid, through pre-existing agreements, from the surrounding areas.
- e. 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.

IV. All Clear

- a. The Director of Public Health, or designee, will contact the affected Resource Hospitals when the response to the crisis appears to be over.