SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

Disaster and Mass Casualty Incident Plan

Prepared and written by: Will/Grundy EMS System
Silver Cross Hospital
Joliet, Illinois
9/1999

Will/Grundy EMS System
Pre-Hospital Executive Council
Disaster Planning Sub-Committee

Updated: Silver Cross EMS System
Silver Cross Hospital
New Lenox, IL
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Silver Cross EMS System Disaster Policy

Title: Preparedness for 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 emergency department doctor or charge nurse.

2. When associate and/or participating hospitals see a rapid or developing increase of patients with similar symptoms, the emergency department 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 of EMS Medical Director to inform them of the situation.
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, or increased frequently 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, the Will County health department medical director 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.

6. The Region 7 RHCC, Advocate Christ Medical Center, will also be contacted via the telemetry phone so a recording is obtained of the phone call.

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, or his designee, 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.
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. 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.
3. During an impending or actual system-wide crisis, the local municipality may request mutual aid, through pre-existing agreements, from the surrounding areas.

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.
2. This information will be shared by the EMS System to all providers and dispatch centers.

The following plan can be used as a guideline to respond to the crisis and is not meant to supersede any local plan for response to the event. Communication will be the key in effective response to any event.

STAGING OF EVENTS

Initial Responding Units

A. Survey and evaluate the incident
   1. Number of patients
   2. Severity of injuries
   3. Identify safety hazards
   4. Identify three closest hospitals to the incident

B. Activate Disaster Plan
   1. Activate any needed mutual aid response
   2. It is imperative that initial arriving EMS providers make notification to Silver Cross Hospital of a potential large scale incident by calling SCHEMSS Medical Control on telemetry at (815-300-7809#1) or by MERCI radio.
   3. Silver Cross Hospital will in turn notify Advocate Christ Medical Center of the incident and discuss who will become medical control for the incident depending on proximity of the incident and number of transported patients to regional hospitals.
   4. The disaster mass casualty incident plan should be utilized for incidents such as but not limited to:
      a. A multiple victim involving more than 10 transports of ill or injured patients
      b. A prolonged rescue type of event in which victims could be entrapped for over 60 minutes.

c. A hazardous chemical incident that could impact multiple patients or if more than three contaminated patients will need transport to definitive medical care
d. Any Weapons of Mass destruction incident
e. Any natural or man-made event that will tie up multiple resources for over a 60 minute time frame

5. When contacting Medical Control, the following information will be needed:
   a. Type/location of incident
   b. Staging area for medical resources
   c. What radio frequency Incident Command will be monitoring
   d. Approximate number of individuals that will need care at the scene
   e. Agency have Jurisdictional Authority
   f. Telephone number for medical control to use to contact the Command post
   g. Telephone number for Medical Triage/Transport officer

C. Establish a Command Post

1. The initial responding vehicle should serve as the Command Post throughout the event until another vehicle is designated by the Incident Commander. All subsequent responding vehicles will contact the Incident Commander or the Staging Officer for assignment prior to arrival.
2. The highest ranking or most senior/qualified individual from the agency which has jurisdictional authority should function as the Incident Commander for the duration of the event. Transfer of Command should be a formal process when changing Command Officers.
3. The highest ranking or most senior/qualified EMS individual of the initial responding unit from the agency which has jurisdictional authority will function as the Medical Officer for the duration of the event or until the Incident Commander chooses to reassign this position. This position is usually from the initial responding ambulance however the IC has the choice of appointing this position in all cases.

4. The Command Post must be clearly visible and identifiable.
5. In case of the limited availability of command personnel, the Incident Commander may also function as the Medical Officer until a higher ranking or more senior/qualified individual arrives. It is also suggested that medical control be given to the EMS individual who possesses the highest level of training regardless of jurisdictional authority.

D. Triage

1. The second EMS provider from the initial responding unit will function as Triage Leader and initiate patient triage.
2. EMS personnel from additional responding units may be required to assist in patient triage depending on the size and number of patients. It is usually recommended that the fewer resources used to perform initial triage the better for maximum utilization of resources.
3. Prioritize patients according to the START or JumpSTART triage system.
4. Establish a treatment area for all 4 categories of patients
   a. Immediate/Critical (Red treatment area)
   b. Delayed (Yellow treatment area)
   c. Minor/Walking Wounded (Green treatment area)
   d. Deceased (Black treatment area)
5. Initial triage is best accomplished when you moved rapidly through the scene stopping to open the airway of a child or to control exsanguination. Affix a triage tag as you move through the scene, making certain the priority of the patient is obvious.
6. Once triage is completed, the Triage Leader will report to the Patient Treatment officer so that the patient removal to the Treatment areas can begin.

E. Establish a Patient Treatment Area

1. A Patient Treatment Officer will be appointed by the Incident Commander or the Medical Officer.

2. The initial responding ambulance will be utilized as a supply source for the Patient Treatment Area. If a pre-arranged disaster kit is not available from the initial ambulance, a second ambulance may be used as a supply source.
3. If durable medical goods are needed at the scene, a request for Silver Cross Hospital to bring disaster supplies to the scene can be made by the Incident Commander. IDPH has mandated that all resource hospitals in the state have resources at the ready to deploy to incidents in their area. See attachment A for contents. If supplies other than what is listed on the IDPH resource list are required, IC can request specific equipment or supplies from SCH Medical Control.
4. Continuous triage and further patient stabilization is performed in the Patient Treatment Area.
5. Conditions secondary to the disaster and environmental conditions must be kept in mind when establishing the Patient Treatment Area.
6. The Patient Staging Area is to be divided into green, yellow, red, and black treatment areas.
    a. GREEN treatment area- will receive 3rd priority for transport and must be staffed with EMT-B, I, P personnel.
    b. YELLOW treatment area- will receive 2nd priority for transport and it is desirable to have EMT-I or P personnel present.
    c. RED treatment area- will receive 1st priority for transport and EMT-P personnel are desirable.
    d. Black treatment area- will receive last priority for transport and staffing is only required to maintain a safe and secure area. No medical knowledge is needed in this area.
    e. Allotment of space for individual treatment areas must be appropriate for the size of the disaster and must not overlap but be close enough to share needed durable medical goods.
    f. Each treatment area will be clearly and visibly marked by the appropriate color identifier. The use of cones, flags, or other highly visible devices is recommended.

g. The team leaders of each individual treatment area should report to the Patient Staging Officer as patients become ready for transport.
h. When the treatment area is being set up, the transportation flow is to be kept in mind to facilitate patient movement to the transporting ambulances in an orderly fashion.

F. Patient Transport and Communications

a. A Transportation/Communications Officer (T/C Officer) is to be appointed by the Incident Commander or the Medical Officer.
b. The T/C Officer will coordinate the staging of ambulances and will work with the Patient Treatment Officer for the removal of patients from the treatment area to the awaiting ambulance.
c. The T/C Officer will be the only individual who will communicate with the Hospital via telemetry (815-300-7908#1) and will maintain an accurate transportation log.
   See attachments for worksheets
   The Silver Cross EMS Medical Control will coordinate the flow of vehicles to the hospitals in the closest geographical relation to the disaster site.

G. Termination of Mediation of the Event

a. Once all patients have been transported, it will be on the authority of the Incident Commander, after consultation with the Medical Officer, to order the Termination of the EMS portion of the Disaster Plan.
b. Notification of the termination of the event will be communicated to the Medical Control Hospital

JOB ACTION SHEETS/POSITION ASSIGNMENTS

The following are suggestions for Job Action Sheets/Assignments in an MCI event. They are meant as a guideline for your use, not as a concrete Job assignment as many departments have an intact Incident Command system in place as a functioning unit and should not be compromised.

INCIDENT COMMANDER

Qualifications and Assignments

The highest ranking or most senior/qualified individual at the scene from the agency which has jurisdictional authority should function as the Incident Command Officer and will be assigned to the Command Post or be located in an area easily identified.

Responsibilities:

1. Coordinated the entire disaster scene.
2. Establishes a Command Post away from the disaster site but close enough to facilitate working with the Operati0ons Chief and/or Medical Officer.
3. The Command Post must be clearly identified.
4. Coordinated the efforts of all ancillary personnel while expanding the Incident Management System to best mitigate all aspects of the event.
5. Receives reports from the Medical Officer on situational and operational awareness.
6. Receives requests for and determines the need for EMS manpower and elicits additional resources from the labor pool or staging.
7. Determines the need for a coroner and/or Medical Examiner
8. Insures the establishment of an ambulance/vehicle staging area and equipment and personnel drop-off points.
9. Terminates the EMS portion of the Disaster Plan after appropriate communication with the Operations Chief and/or the Medical Officer

MEDICAL OPERATIONS OFFICER

Qualifications and Assignments

The highest ranking and most senior/qualified EMS individual of the initial responding unit from the agency which has jurisdictional authority should function as the Medical Operations Officer unless another provider is assigned by the Incident Commander. Depending on manpower, the Incident Commander might function in a dual role until a Medical Officer is assigned.

Responsibilities

1. Surveys and assesses the medical needs of the situation.
2. Assesses the disaster site of the approximate number of patients, type of mass casualty incident, general nature of injuries, and notifies Silver Cross EMS via telemetry (815-300-7908 #1) or MERCI radio. The purpose of this communication is to allow the resource hospital to make notification to the Regional Hospital Control Center (Advocate Christ Medical Center) and other nearby hospitals. SCEMSS will also get a bed availability count to advise on scene Transportation Officer where to send patients. One call from the field to the resource hospital should be made. SCEMSS will be medical control unless the catastrophic event impacts SCH and then an alternate Medical control within Region 7 will be identified and made known to the Medical Officer or Incident Commander.
3. Coordinates the medical activity at the disaster site and keeps the Incident Commander apprised of all situations.
4. Insures the establishment of a well marked Patient Treatment Area and designated a Patient Treatment Officer.
5. Assures designation of a Transportation/Communications Officer.

TRIAGE TEAM LEADER

Qualifications and Assignments

The second EMS individual of the initial responding unit should function as the Triage Team Leader and assume the responsibility of patient triage. This person should have extensive knowledge of the START and JumpSTART triage system. The Triage Team Leader reports to the Medical Officer.

Responsibilities

1. The Triage Team Leader is assigned to the site of the incident, and when it is secured, can report to the Patient Treatment or Medical Officer for reassignment.
2. Establishes first state triage procedures which include airway maintenance, bleeding control, and the tagging of patients to severity.
3. Establishes procedures for transporting patients to the Patient Treatment Area according to priority.
4. Maintains communications with and reports to the Medical Officer.
5. Coordinates all triaging efforts with EMS and other personnel assigned to the site of the incident.
6. Requests supplies and equipment as needed through the proper chain of command for the Jurisdiction having authority.

PATIENT TREATMENT OFFICER

Qualifications and Assignments

The Incident Commander or Medical Officer will designate an EMS member not previously assigned to be the Patient Treatment Officer. The Patient Treatment Officer is assigned to the Patient Treatment Area and reports to the Medical Officer.

Responsibilities

1. Establishes the Patient Treatment Area, the entrance and exit points, triage point, patient flow patterns, and triaged patient treatment areas (Red, Green, Yellow).
2. Coordinates the activities of the EMS personnel assigned to the Patient Treatment Area.
3. Determines the need for EMS manpower and/or medical equipment and, requests additional resources as needed through the proper chain of command per the Jurisdiction having Authority.
4. Coordinates patient transportation with the Transport/Communication Officer.
5. Maintains communications with the Medical Officer for expeditious transport of all patients.

PATIENT TREATMENT AREA PERSONNEL

Qualifications and Assignments

Responsibilities

1. Performs second stage triage.
2. Performs patient treatment and stabilization, and packages patient for transportation.
3. Any treatment rendered in the Patient Treatment Area shall be documented on the triage tag prior to transport.
4. The highest ranking or most senior/qualified EMS individual within each treatment area will coordinate the activities within the area, and will maintain communications with the Patient Treatment Officer.
5. All treatment will be guided by the Silver Cross EMSS Standard Operating Procedures currently in good standing.

TRANSPORTATION/COMMUNICATIONS OFFICER

Qualifications and Assignments:

The Incident Commander or Medical Officer shall designate and EMS member not previously assigned to be the Transportation/Communication Officer. The T/C Officer is assigned to the Patient Treatment Area and reports to the medical officer.

In large disaster situat9ions, the T/C Officer may designate a second individual to maintain radio communications between the disaster site and Medical Control.

Responsibilities

1. Coordinates the staging of vehicles at the entrance points of the Patient Treatment Area.
2. Along with the Patient Treatment Officer, coordinates the loading of patients according to priority, into ambulances for transport.
3. Establishes a patient transportation flow pattern between the disaster site and receiving hospitals based on information obtained from Medical Control.
4. Determines hospital destinations based on bed availability.
5. Records patient triage number, destination, transporting agency, and time of departure for each patient.
6. Be familiar with attached worksheets
7. Maintains communications between the disaster site and Medical Control via telemetry or MERCI radio.
8. At no time should direct ambulance to hospital communications occur unless there is a change in patient condition to the RED triage category.
9. Any communication should be brief and contain only essential information.

EMERGENCY MEDICAL SERVICE PROVIDERS

Qualifications and Assignments

All responding EMS units will contact the Staging Officer for assignment. The units will dispense equipment and personnel as directed.

Responsibilities

1. After assignment to a specific treatment area at the site, responsibilities could possibly include patient assessment, triage, emergency first aid, and intravenous therapy or other advanced life support procedures under the direction of a physician or according to the Silver Cross EMSS Standard Operating Procedures consistent to the individual's level of training.
2. Move patients to the Patient Treatment Area according to their level or priority.
3. Report patient conditions to the Treatment Area Team Leader.
4. Those assigned to transport patients to receiving facilities will wait in line at the vehicle staging area and will receive instructions from the Staging Officer via the T/C Officer perceived needs. When dispatched to transport, the vehicle should follow pre-established transport flow patterns.
5. During transport, EMS personnel will utilize the Silver Cross EMSS Standard Operating Procedures.
6. EMS personnel from additional responding units will report to the Command Post or Staging Officer (Labor Pool) for assignment.
7. At no time should direct ambulance to hospital communications occur unless there is a change in patient condition to the RED triage category.
8. Any communication should be brief and contain only essential information.
9. All documentation should be entered into the Electronic Medical Record for the Authority having Jurisdiction however to facilitate a quick turnaround to get back to the disaster scene, the SCEMSS short form can be utilized. Under

no circumstance should the ambulance leave the ED without a short form being filled out with as much information as possible.

HOSPITAL COMMAND POST

Qualifications and Assignments:

In the event of an external disaster falling within the boundaries of the Silver Cross EMS System, Silver Cross will be the Medical Control hospital unless the hospital is not able to perform that function. In that case an alternate hospital within Region 7 will be chosen to become Medical Control. All hospitals within Region 7 are aware of this plan will comply to the best of their ability to fill the role of Medical Control.

Responsibilities

1. Obtains and records the following information from the disaster site
    1. Approximate number of victims
    2. General nature of injuries
    3. Environmental conditions
    4. Three closest hospitals by the drive time to the disaster scene
2. Notifies all hospitals that may be utilized as receiving facilities that a disaster situation exists.
3. Obtains and records the following information from each possible receiving facility:
    1. Total number of critical patients that can be received.
    2. Total number of all patients that can be received
    3. Available surgical facilities
    4. Blood availability
4. Provides the T/C Officer with each hospital's receiving capabilities so that a patient transportation flow pattern can be established.
5. Be familiar with attached worksheets
6. Document the following:
    1. The number and color of the triage tag for each patient
    2. Transportation destination
    3. Transporting agency

4. Estimated time of arrival (E.T.A.)
5. Maintains communications with each receiving facility to ensure that the capabilities for receiving patients have not changed. If changes do occur, they must be communicated to the T/C Officer.

7. Maintains communications with the T/C Officer at the disaster site.
8. Notifies all receiving facilities when patient transportation has been completed and the EMS portion of the Disaster Plan has been terminated.

HOT WASH

A Hot wash of the disaster will be conducted within a two (2) week period following mitigation of the disaster occurrence. This will be coordinated by the Silver Cross EMSS Office and should be attended by the following personnel involved with the incident:

A. SCEMMS Manager
B. SCEMSS Medical Director
C. Incident Commander
D. Medical Officer
E. Patient Treatment Officer
F. Transportation/Communications Officer
G. One representative from each receiving hospital
H. Triage Team Leader
I. Any other individual as deemed necessary by the SCEMSS Manager, SCEMSS Medical Director and/or Incident Commander.

MASS CASUALTY INCIDENT EQUIPMENT

The following items should be available in every EMS vehicle at all times:

A. Color coded triage tags approved by the Illinois Terrorism Task Force
   1. Numbered
   2. Have an anatomical figure on each, which would be circled by triage personnel to denote the location of any injuries.

B. A Transportation Officer tracking Capacity sheet and Triage tag Record Sheet (Maintained by the T/C Officer) to record the following:
   1. Triage color and number
   2. Transportation decision
   3. Transporting agency
   4. Estimated time of arrival (E.T.A.)

C. A system tool (backpack, sling pack, or bag) for holding triage equipment to be used when performing triage or when working in the individual treatment areas.

D. Writing utensils, preferably a grease type pencil or a marking devise that will write on wet paper and remain legible.

E. Apparatus for carrying and storing the necessary paperwork such as a clipboard or expandable file folder.

F. Three color coded (1 Red, 1 Yellow, and 1 Green) flags, cones, or other visible items to be used to identify the individual patient treatment areas.

G. Standard High visibility vests or other garments to be worn by the ICS assigned personnel.

TRIAGE TAG RECORD SHEET

AGENCY:_________________________________ LOCATION:____________________

Person Completing Form:____________________________ Page:_____ of _____ Pages

Total Patient Estimate:____ Total RED:____ Total YELLOW:____ Total GREEN____

Tag Number	Age	Sex	R	Y	G	B	Injuries	Ambulance	Transported to	Time
Totals:										

TRANSPORTATION OFFICER- HOSPITAL TRACKING CAPACTITY SHEET

Hospital #1:	Total Patient Capacity (#):
Capacity by Triage Tag Category:	#Delivered:
Red:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Yellow:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Green:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Hospital #2:	Total Patient Capacity (#):
Capacity by Triage Tag Category:	#Delivered:
Red:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Yellow:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Green:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Hospital #3:	Total Patient Capacity (#):
Capacity by Triage Tag Category:	#Delivered:
Red:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Yellow:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Green:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Hospital #4:	Total Patient Capacity (#):
Capacity by Triage Tag Category:	#Delivered:
Red:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Yellow:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Green:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Hospital #5:	Total Patient Capacity (#):
Capacity by Triage Tag Category:	#Delivered:
Red:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Yellow:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Green:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Hospital #6:	Total Patient Capacity (#):
Capacity by Triage Tag Category:	#Delivered:
Red:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Yellow:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Green:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

MINIMUM EQUIPMENT/SUPPLIES FOR DISASTER RESPONSE

Illinois Department of Public Health Guidelines Established November 2015

- This equipment is intended to be used to support EMS efforts in the field, a healthcare casualty collection site, and/or alternate care site (ACS).
- This equipment can be rapidly transported by EMS, Fire, Law Enforcement or other mode of transportation and can be the first line of supply to a disaster area.
- The regional medical surge plan should include the request, transportation, and oversight of this equipment.
- All hospitals must be able to have the following supplies available for transport in portable containers within 30 minutes of the time requested.
- Due to the amount and weight of supplies, hospitals should consider pre-designating at least 2 supply bags/rolling carts/ portable containers for these items and attach a copy of this list to those portable containers to expedite this process. This will facilitate the fathering, handling, and transportation of the supplies.
- **NOTE:** Hospitals may be asked to fulfill a second request of these supply items. Upon request, hospitals will need to make available an additional containers(s) that contains all of the below inventory.

Hospital Medical Supply Bags Inventory

Intravenous Supplies/Drugs

10 IV Bags 0.9% Normal Saline 1000mL with IV tubing

6ea IV start catheters (#24, 20, 18, 16)

2 Disposable pressure infusers

15 IV start kits and tourniquets

6 Saline Locks

6 Pre-filled 0.9% Normal Saline Flush Syringes

5ea Dial Flow regulators (or equivalent) or Buretrol devices

Airway Equipment

4	Bulb syringe (may be used for suction)
2ea	Oropharyngeal airways, adult (large, medium, and small) and pediatric (Child and infant)
6ea	Nasal cannulas
2	Adult bag/valve/mask system
2	Pediatric bag/valve/mask system, with child and infant masks
3	Adult non-rebreather masks
3	Pediatric non-rebreather masks
4	Blind airway insertion device (i.e. King) pediatric and adult as appropriate
2	Hand operated suction unit (Res-Q-Vac or V-Vac) capable of utilizing multi-sized suction catheters for adult and pediatric patients

Dressings

10	Large Trauma dressings
5	4” Ace bandages
5	6” Ace bandages
12	Kerlex rolls
4	Rolls wet-proof tape
200	Individual wrapped sterile 4x4 gauze pads
4bx	4x4’s
10	ABD pads
1bx	Medium size Occlusive dressings
6	Burn sheets

Immobilization Equipment

2ea	Semi-rigid Cervical collars (small, medium, large, and pediatric or equivalent) (8 total)
2ea	Arm boards (pediatric and adult)
12	Malleable splints
20	Triangular bandages

Personal Protection Equipment

10	Paper isolation gowns
10	Protective facemasks or protective eyewear
2ea	Box of Non-sterile gloves (medium and large)

Miscellaneous Supplies

1ea	Sphygmomanometer and cuff (Bariatric, adult, and child)
1	Stethoscope
1bx	Alcohol preps
5	Trauma scissors
25	SMART Tags or equivalent
5	START and JumpSTART Mass Casualty Triage algorithm cards
2	Flashlight with batteries (or headlamp)
10	Blankets (space blankets)
2	Irrigating fluid (water) 100mL
1	Sharps disposal system
2	Large red plastic hazardous waste bags
2	Hand sanitizer (8 or 12 oz)
1	Length or weight based system for dosing and sizing pediatric emergency equipment (e.g. Broselow tape or PediWheel)
1	Roll duct tape
3	Trauma tourniquets
	Pens
	Writing tablets

EMERGENCY PREPARDNESS

Disaster Resource List

Communications & Law Enforcement

Lincolnway Public Safety…………………………………………………	815-485-2500
Joliet Metro…………………………………………………………………...	815-726-2491
Wescom…………………………………………………………………………..	815-439-2830
Eastcom…………………………………………………………………………..	815-672-1564
Orland Central Dispatch…………………………………………………...	708-349-3121
M.A.B.A.S. #15- Wescom…………………………………………………..	815-439-2830
M.A.B.A.S. #19- Orland……………………………………………………..	708-349-3121
Joliet Police Department…………………………………………………..	815-726-2401
Romeoville PSAP……………………………………………………………..	815-886-2141
Southcom PSAP……………………………………………………………….	815-748-6131
Tinley Park PSAP……………………………………………………………	708-532-4304
Will County Sheriff's Police……………………………………………...	815-727-8575
Will County 911 ETS………………………………………………………...	815-725-7854
Will County Emergency Management Agency……………………..	815-740-8351
Grundy County Emergency Management Agency………………..	815-942-9024
Cook County Sheriff's Police……………………………………………	312-865-4802
Grundy County Sheriff's Police………………………………………...	815-942-0336
Illinois State Police District 5…………………………………………...	815-726-6377
Illinois State Police District 15…………………………………………..	630-241-6800
State of Illinois Emergency Management Agency………………..	800-782-7860

EMERGENCY PREPARDNESS

Disaster Resource List

Hospital Emergency Departments

Advocate Christ Hospital (Oak Lawn)………………………………… 708-346-5360

Copley Hospital (Aurora)…………………………………………….. 630-978-6200x4810

Delnor Hospital (St.. Charles)…………………………………………... 708-208-4000

Edwards Hospital (Naperville)……………………………………….. 630-527-3358

Advocate Good Samaritan Hospital (Downers Grove)……….. 630-275-1160

Ameta Hinsdale Hospital (Hinsdale)……………………………….. 630-856-6700/9000

Ingalls Memorial Hospital (Harvey)……………………………….. 708-915-5291

Ameta Lagrange Hospital (Lagrange)……………………………… 708-245-4001

Loyola Univeristy Medical Center (Maywood)…………………… 708-216-8705

Morris Hospital (Morris)……………………………………………….. 815-942-6837

Olympia Fields Regional (Olympia Fields)……………………….. 708-481-8370

Palos Community Hospital (Palos Heights)………………………. 708-361-0848

Provena St. Joseph Medical Center (Joliet)………………………. 815-741-7660

Riverside Hospital (Kankakee)………………………………………. 815-935-7500

St. James Hospital (Chicago Heights)……………………………... 708-756-1000x6120

St. Margaret Mercy (Dyer, IN)……………………………………….. 219-865-2141

St. Mary's Hospital (Kankakee)………………………………………. 815-937-2100

South Suburban Hospital (Hazel Crest)…………………………. 708-799-3200

University of Chicago Medical Center…………………………… 773-702-6250

University of Illinois (Chicago)…………………………………..... 312-996-7297

EMERGENCY PREPARDNESS

Disaster Resource List

Ambulance Transport Agencies

Kurtz Ambulance Service……………………………………………… 815-722-1900

Aeromedical Network- Helicopter Transports

Lifestar (Joliet)……………………………………………………… 866-480-6030

U.C.A.N……………………………………………………………… 800-621-7827

OSF Life Flight (St. Francis, Peoria)………………………………... 855-673-3598

OSF Life Flight (St. Anthony, Rockford)…………………………... 855-673-3598

Superior Air Med1…………………………………………………... 800-832-2000

REACT (Rockford)…………………………………………………. 800-637-3228

Flight for Life (McHenry)…………………………………………... 800-344-1000

OSF Life Flight (Peru)………………………………………………. 855-673-3598

Government

State Fire Marshall…………………………………………………... 217-785-0969

Will County Coroner………………………………………………... 815-740-0911

Will County Health Department……………………………………. 815-727-8480

Response Teams & Support Service Agency

C.I.S.D……………………………………………………………….. 800-225-2473

Firefighter PEER Group Counseling………………………………... 815-469-2121

Response Teams & Support Service

Bomb Squad…………………………………………………………. 815-726-2401

Radioactive Materials Handlers- Argonne Nat'l Lab…………... 708-972-6131

Petrochem…………………………………………………………… 708-739-1150

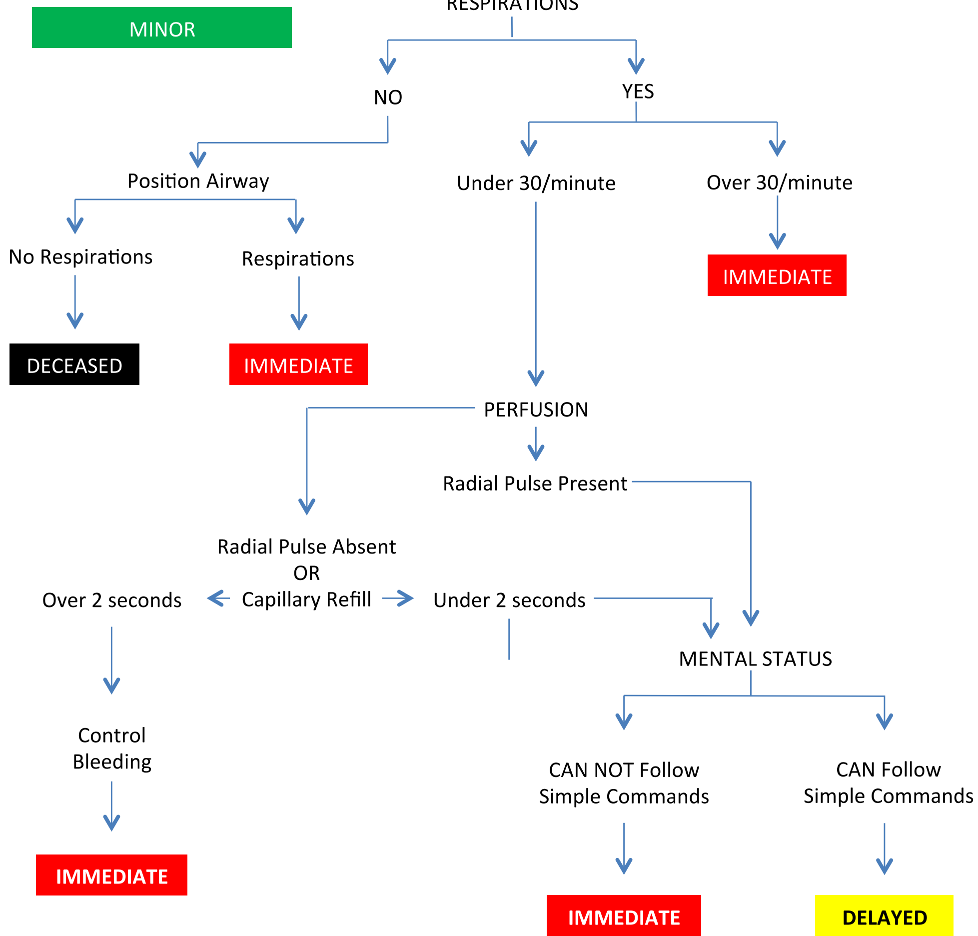
Chemtrec…………………………………………………………….. 815-424-9300

American Red Cross………………………………………………… 815-723-3494

Salvation Army……………………………………………………... 815-745-0738

Utilities

Building Services at Silver Cross Hospital………………………... Ext. 7160


START Triage Flowchart
All Walking Wounded
MINOR
RESPIRATIONS
NO
YES
Position Airway
Under 30/minute
Over 30/minute
No Respirations
Respirations
IMMEDIATE
DECEASED
IMMEDIATE
PERFUSION
Radial Pulse Present
Radial Pulse Absent
OR
Capillary Refill
Over 2 seconds
Under 2 seconds
MENTAL STATUS
Control
Bleeding
CAN NOT Follow
Simple Commands
CAN Follow
Simple Commands
IMMEDIATE
IMMEDIATE
DELAYED

JumpSTART Pediatric MCI Triage