

## **RESPONSE TO A SYSTEM-WIDE CRISIS WITHIN THE CHICAGO EMS SYSTEMS**

- I. A variety of crises may occur that create intense demand for EMS and emergency department resources in one or more of the Chicago EMS Systems. Such crises could include a mass casualty incident; a heat emergency; an influenza epidemic; or a terrorist act involving a nuclear, biological, chemical or industrial agent which overloads emergency department resources.
- II. When faced with an impending or actual system-wide crisis, the following action plan should be followed:
  - A. Any system participant suspecting/knowing of an event that could precipitate a system-wide crisis should contact Resource Hospital medical oversight personnel. Awareness of a system-wide crisis may originate with any EMS system participant, including an ambulance service provider (e.g., mass casualty incident), EMS personnel (e.g., heat emergency), or a participating hospital (e.g., influenza epidemic).
  - B. Medical oversight personnel from the Resource Hospital should notify the EMS Coordinator and/or EMS MD.
  - C. The EMS Coordinator/EMS MD will assess the information and seek confirmation prior to declaring a system-wide crisis.
  - D. Once a system-wide crisis is confirmed, the EMS Coordinator/EMS MD will:
    1. Assure that the following have been contacted:
      - a. Other EMS MD's/EMS Coordinators in the Chicago EMS Systems
      - b. The Regional Hospital Coordinating Center (RHCC) Coordinator
      - c. OEMC 312-746-9500 or 312-746-9600 to reach CFD MARC for EMS
      - d. The RHCC will notify IDPH
      - e. The RHCC will notify CDPH - through OEMC (see above), if indicated
      - f. Private ambulance service providers, if indicated
      - g. The RHCC will notify adjacent RHCC Coordinators
    2. Assure that participating hospitals within the System are informed of the crisis, and request that steps be taken to avoid ambulance bypass, and alert them to the possibility of having to mobilize additional staff and resources.
    3. Provide ongoing monitoring of the situation, and assist with communication between the hospitals, ambulance service providers, and appropriate governmental agencies.
  - E. The EMS Coordinator/EMS MD/RHCC Coordinator together with CFD Dispatch at the 911 Center, and the CFD Deputy Fire Commissioner will closely monitor transport times and response times.

1. If transport times begin to exceed 10-15 minutes and ambulance response times become excessive as a result of hospitals being on bypass, the EMS MD, RHCC Coordinator, CFD Deputy Fire Commissioner, and Chief, EMS and Highway Safety of IDPH will again be contacted.
  2. The Chief, EMS and Highway Safety of IDPH and the RHCC Coordinator will contact the ED Charge Nurses and Senior Administrators of the participating hospitals on bypass to advise activation of their Internal Disaster/Patient Surge policies.
- F. CFD may request the help of private ambulance service providers as well as activate additional staff and equipment, according to CFD's internal plan.
- G. All information shall be recorded by the EMS Coordinator/EMS MD/RHCC Coordinator.

### III. SAME LIKE SYMPTOMS:

- A. If a participating hospital is noting a trend of increased frequency of same like symptoms, the EMS Coordinator or EMS MD shall be notified.
- B. The EMS Coordinator/RHCC Coordinator will monitor the situation and, if necessary, page the Emergency Officer for IDPH at 1-800-782-7860 and/or call 311 and request the person on call for the CDPH communicable disease division.
- C. All information shall be recorded on the System Wide Crisis Form.

### Attachment 1: State System-Wide Crisis Form

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Written: 8/10/95

Reviewed: 8/10/95; 5/96; 10/98; 12/00; 1/07; 5/11; 8/15; 8/17

Revised: 8/10/95; 5/96; 11/98; 1/01; 1/07; 8/15

MDC Approval: 8/10/95; 6/13/96; 12/98; 1/01; 12/4/07; 11/17/15

IDPH Approval: 8/11/95; 9/17/96; Summer 99; 3/01; 10/24/08; 2/25/16

Implementation: 8/11/95; 12/1/96; 8/1/99; 5/1/01; 1/1/10; 3/1/16

**CHICAGO REGION XI EMS SYSTEM  
RESPONSE TO A SYSTEM-WIDE CRISIS  
EMS PROVIDER/HOSPITAL  
WORKSHEET**

Name of Provider/Hospital: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Person Reporting: \_\_\_\_\_ Time: \_\_\_\_\_

**PROVIDERS ONLY:**

Number of patients (actual or approximate) transported to Emergency Departments by all ambulances in our service with **same/like** symptoms/complaints in the last six (6) hours:

\_\_\_\_\_

Any increase in "Response Time" noted? YES \_\_\_\_\_ NO \_\_\_\_\_

**HOSPITALS ONLY:**

Number of patients with **same/like** symptoms/complaints seen in the last six (6) hours:

\_\_\_\_\_

**PROVIDERS AND HOSPITALS:**

Common **same/like** symptoms/complaints:

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

Other pertinent information:

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

Resource Hospital contacted? YES \_\_\_\_\_ NO \_\_\_\_\_

Person contacted at Resource Hospital: \_\_\_\_\_ Time: \_\_\_\_\_

How was information reported? Phone: \_\_\_\_\_ Page: \_\_\_\_\_ Person-to-person \_\_\_\_\_

Other: \_\_\_\_\_

RHCC Hospital contacted? YES \_\_\_\_\_ NO \_\_\_\_\_

Person contacted at RHCC Hospital: \_\_\_\_\_ Time: \_\_\_\_\_

Organizations/Names/Titles of other persons contacted:

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

**PLEASE FAX COMPLETED FORM TO THE RESOURCE HOSPITAL AND RHCC  
HOSPITAL**