Region 2
Medical Emergency Response Team
(RMERT)

Standard Operating Guidelines

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MISSION STATEMENT

The mission of the Region 2 Medical Emergency Response Team is to improve disaster response and augment the existing medical service system for community emergencies in the event of a significant medical disaster involving Region 2 / central Illinois area. The Region 2 Medical Emergency Response Team is able to provide a variety of services, including on-scene, out-of-hospital, or direct hospital emergency medical care. In addition, RMERT will assist with decontamination, if hazardous materials / WMD conditions exist, and augment regional firefighter, rescue, EMS, EMA, ESDA, and Law enforcement agencies.

Purpose of the RMERT:

- Purpose: The purpose of RMERT is to respond to a disaster or critical pre-hospital emergency medical incident. We will do this by training, equipping, and maintaining a rapidly deployable medical team that can bring the expert resources and knowledge to assist our region's Hospital and public safety agencies. This team of professionals will respond to disasters and critical incidents that threaten the health and safety of civilians and public safety personnel.
- Multiple Missions: Region 2 RMERT is able to provide a variety of missions, including on-scene, out-of-hospital or direct hospital emergency medical care. In addition, RMERT will assist with decontamination (if HazMat/WMD conditions exist) and augment regional firefighter, rescue, EMS, ESDA, and law enforcement agencies.
- The primary response area is the central Illinois region designated as EMS Region 2 by the Illinois Department of Public Health. In addition, the RMERT will support Illinois Emergency Management Agency (IEMA) MABAS (Mutual Aid Box Alarm System, a firefighting mutual support network in Illinois), local public health, American Red Cross (ARC) and ILEAS (Illinois Law Enforcement Alarm System).

RMERT Team Members:

RMERT Team Members will consist of:

- Medical and Non-Medical personnel who are sponsored by a Region 2 Hospital. Members participating with RMERT may deploy on RMERT callouts, who are trained and supported by their respective Region 2 hospital. These members will have their uniforms, protective gear, liability insurance, workers compensation and salary / stipend provided by their individual Region 2 hospital.
- Tiered Response: Each critical incident will be discussed amongst team leadership and a decision will be made as to the number of people and types of RMERT assets / equipment will be deployed for that specific callout. A tiered response system will enable partial or complete call-out of the RMERT members. *For example, a small, easily contained incident may be handled by 2 or 3 RMERT personnel, whereas a large disaster may result in an all-member callout.*

RMERT Team Response:

Once activated, the response time of RMERT members expected to be less than 60 minutes Plus (+) Travel Time. Activation to our primary coverage area is less than two hours plus (+) travel time.

Medical, Hazardous materials / Decontamination and Disaster response trailers are located in Bartonville (south of Peoria several miles) at OSF Disaster Preparedness office, When Activated, RMERT members will report to Disaster Preparedness office, unless specified otherwise in the activation notification with directions where to meet.

In some situations, the activation may otherwise direct members directly to the scene or to the medical center in need of support.

RMERT Team Members Education:

Purpose: Mandatory continuing education sponsored by Region 2 Medical Response Team.

1. RMERT members must have the following education upon joining the team:
    a. Weapons of Mass Destruction Introduction course (TEEX)
    b. Incident Command Course (IS100, IS200, and IS700)
2. RMERT Mandatory training will be held quarterly.
    Dates will be posted by November for following year.
3. RMERT members required to attend mandatory training.

RMERT Medical Team Member Qualifications:

Purpose: To set a standard of qualifications for all medical response team members.

1. RMERT member must have an Illinois license in one of the following areas:
    a. EMT-B, EMT-I or EMT-P
    b. RN
    c. APN
    d. Pharmacist
    e. MD, DO
2. A letter of worker's compensation coverage from the RMERT member's sponsoring hospital.
3. Mandatory education completed .

Activation/De-activation:

Purpose: To ensure a safe and organized activation and de-activation, the following procedure is to be followed:

The request must be made through OSF Medical Communications (309-655-2564).

Requests for the Region 2 Medical Emergency Response Team must be made by one of the following:

1) EMS Agency / Coordinator
2) MABAS / ILEAS
3) On-Scene Incident Commander
4) EMA / ESDA / IEMA
5) Region 2 Hospitals
6) Illinois State Police

*****In order to activate RMERT…**
Call Medical Communications (MEDCOM) at OSF Saint Francis Medical Center (309) 655-2564

- Medical Communications (MedCom) at OSF Saint Francis Medical Center will be the primary contact point for all agencies, hospitals, or government entities seeking RMERT assistance.

- Initial requests will be forwarded immediately to the leadership of OSF Disaster Services at OSF SFMC. These administrative leaders will gather data and details of the incident, and then decide whether or not to activate the team, and what tier of callout it will be. The personnel and order of contact will include:
  1) Manager, Disaster Preparedness
  2) Coordinator, Disaster Preparedness
  3) Educator, Disaster Preparedness

  If these individuals cannot be reached within 10 minutes, then the backup contacts will be:
  - EMS Medical Director
  - OSF SFMC EMS Manager
  - Final backup… Attending Emergency Physician at OSF SFMC ED

Paging and notification of the appropriate RMERT members will be performed by:

- OSF Disaster Preparedness Office
- OSF MedCom.

Region 2 Medical Emergency Response Team
Deployment Protocols

In order to address a common set of basic protocols, we must first look at deployment in general. Deployments by their very nature indicate a minimum of a four (4) step process. These are (1) Pre-Deployment Protocols, (2) Deployment Protocols, (3) Deployment Medical Protocols and (4) Post Deployment Protocols.

Pre-DEPLOYMENT CONSIDERATIONS

What should team members consider before becoming part of a Deployment Cadre?

Providing care and support in the immediate aftermath of disaster can be an enriching professional and personal experience. It can also be physically and emotionally exhausting.

Team members must be healthy enough to function under field conditions. While deployed their work may include some of the following:

- Protracted or irregular working hours
- Austere conditions (no showers, housing in tents, sleeping on the floor)
- Excessive heat and/or cold, noise, dust
- No air conditioning
- Long periods of standing
- Moving or lifting heavy objects
- Limited privacy

Team members should consider their comfort level with this type of work and their current health, family and work circumstances when deciding whether to participate in deployable response. Prior to considering making yourself available for deployment you should consider the following:

- Assess your comfort level in various situations. For example, how do you feel about working in an unpredictable environment; working where your risk of harm or exposure is not fully known; or working with individuals who are experiencing intense distress and extreme reactions?
- Assess your health. Do you have any conditions that may influence your ability to work in disaster settings, like recent surgeries or dietary restrictions?
- Is your employer supportive? Can you respond to an assignment with little notice?

PRE-DEPLOYMENT PROTOCOLS

The pre-deployment section considers what a team member as well as a ‘team’ needs to do prior to a deployment. In most cases, many of the items can and should be accomplished immediately. The basis for these is to prepare the team member and their family for a sudden deployment while simultaneously having certain items at the ready for ‘teams’ to be rapidly deployed.

FAMILY CONSIDERATIONS

- ☐ Make a Family Disaster Plan
  - Includes
    - Escape Routes for each floor of residence
    - Location of meeting place in event of an emergency
    - Utility shutoff locations
    - Emergency food, water and essentials for 72 hrs. for each member of family
    - Materials for sealing a room in case of nuclear emergency
    - Provisions for functional needs family members
    - Provisions for evacuation and / or sheltering of pets
    - Emergency contact information (Police, fire, hospital, poison control etc.)
    - Health information cards (w/medications listed)
    - Family Communications (being able to contact RMERT family Team members in an emergency)
    - Copies of all vital records (medical, mortgage, banking, insurance)
    - Financial information
    - Copies and location of vital records (Birth Certificates, Marriage License, Credit card numbers, Insurance policies, safe deposit box locations and access)
    - Family vehicles in good repair (list showing where to take vehicles if breakdown, emergency roadside assistance numbers, insurance cards)
    - Legal Matters
      - Power of Attorney
      - Attorney's contact information
- ☐ Contact information on how to reach you in emergencies while on deployment
- ☐ Disaster Supply Kit
  - Water (1 gal per day per person for drinking and sanitation)
  - Non-perishable food and a can opener (These may include heater meals, MRE's etc)
  - Flashlight and radio and extra batteries
  - Extra clothes/blankets
  - First aid kit and medicinal needs
  - Whistle for signaling
  - Dust masks
  - Plastic sheeting and duct tape for sealing windows, doors and vents
  - Moist towelettes, kitty litter, garbage bags and ties (for sanitation)
  - Wrench or pliers for utilities
  - Local maps
  - Supplies for care and feeding of infants
  - Supplies for care and feeding of pets including extra water
  - Latex or sterile gloves
  - Fluids with electrolytes
  - Tissues, toilet paper, disposable diapers
  - Money / Cash
  - Ax / shovel (debris removal)

TEAM MEMBER

Planning Assumptions:

1. Team members will be notified by RMERT Administration Leader of activation
2. Report to OSF Disaster Preparedness office or location and time will be provided, along with any special instructions.
3. Be prepared to report within 1 hour + travel time. (Reporting time may vary based on location of deployment staging)
4. It is recommended all deploying team members assemble their own "Personal Go Kit" containing the following items:

- ☐ Weather appropriate clothing to last for a minimum of 12 hours to 3 days depending on the anticipated deployment term. (see attached packing list)
- ☐ Medications and other personal items for a minimum of 12 hours to 2 days depending on the anticipated deployment term.
- ☐ Unit Identification Badge
- ☐ Cash and debit/credit card (money belt)
- ☐ Personal Go Kit with the following recommended items:
    - Canteen and/or water bottle and reusable coffee cup/mug
    - Personal first aid kit
    - Flashlights with extra batteries
    - Combs, brushes
    - Toothbrush, toothpaste
    - Underwear, socks, change of clothes
    - Rain gear/ponchos
    - Boots, change of footwear
    - Whistle
    - Personal credentials
    - Feminine hygiene
    - Soap
    - Cell Phone
    - Spare cell phone battery and/or charging cables
    - Extra pair of glasses and repair kit
    - Sleeping bag and pillow
    - Sewing kit
    - Scissors/nail clipper
    - Insect repellant
    - Lighter, matches, candle (in zip lock bag)

Optional: (space requirements and availability must be considered)

- ☐ Laptop Computer w/power cords (AC and DC)
- ☐ Hand Lotion/cream
- ☐ Camera w/extra batteries/charger

Rules for Deployment

1. Team members *never* self-deploy. Doing so could be grounds for dismissal.
2. No unauthorized person should *ever* try to deploy individual Team members directly.
3. Deployments are only authorized through RMERT administration or designee.

It is crucial to work strictly through the unit/organizations Leader for deployment requests, for several reasons. This method of having a single point of contact ensures that:

- The call-out request is appropriate for the unit/team members.
- Notifications are made through the most effective channels.
- Responses from team members are tracked efficiently, with no duplication.
- The appropriate number and type of team members are dispatched.
- Team members can be assigned at their optimum skill level and preferences.
- Teams of various specialties can be allocated as needed.
- Groups of team members who trained together can offer maximum effectiveness.
- Resources are allocated wisely in case of multiple requests.
- Team members are provided with the relevant background and directions.
- Personnel will arrive with the appropriate training and equipment.
- Team member's safety is ensured to the greatest degree possible.
- Activities of personnel can be monitored, across multiple events.
- After-action reporting and feedback mechanisms are maintained.
- Follow-ups are initiated as appropriate.

Self-deployment, and the contacting of individual team members apart from established channels, interferes with these desired outcomes.

Overview of deployment Activities

The type of disaster determines the specifics of each deployment.

- Whether team members are needed for one site or many depends on the scope of the emergency. For example, team members could be assigned to:
    - A single staging area, if there is a localized mass-casualty incident (such as an apartment fire or building collapse).
    - To various emergency shelters, if a flood or snowstorm displaces people from their homes; or regionally, to assist in more than one community
    - Clinics in several areas throughout a region, to prevent the spread of an infectious disease outbreak that has put the region at risk

- The contact for RMERT always begins with the unit/agency director/coordinator/unit leader.
    - Most organizations have pre-appointed individuals to serve as alternate contacts, in case the director/unit leader is unavailable or absent during an emergency.
    - RMERT team administration (with team leaders as back-up) would carry out notifications and other disaster activities, as instructed by the incident command, director or designee.

- Reporting and coordination with other agencies is part of any response.
    - The requesting agency would be responsible for ensuring that all appropriate parties are called as needed (building inspectors, highway department, police, fire, Red Cross, MRC, other).
    - Incident Command must assess the scope of the disaster, identify necessary resources, and address safety issues before dispatching responders.
    - The requesting authority would identify the appropriate number and type of team members needed.
    - Team members would arrive at a specified location, with the appropriate ID and equipment. They would interact with other participants as specified by NIMS and local protocols, and operate within the scope of their training.
    - Procedures for checking in and out, completing forms and reports, and other mechanisms for accountability would be specified by the requesting agency, and adhered to by team member responders.
    - The situation must be monitored so staffing can scale up or down as needed, and shift assignments can be adjusted.
    - The local incident lead would ensure that deactivation of the unit as a whole is carried out effectively, and that after-action reports and recognition of team members takes place in a timely manner.

Sources of requests for response can include local, regional, state, and federal agencies.
The Incident Commander for the event– would assess the scope of the disaster and activate or place a request for the necessary responders, according to their town's EOP procedures.

Various Medical Response units (IMERT, MRC, RMERT etc) would be available as one of the responding entities, working closely with public health, police, fire, Red Cross and other agencies as needed. Collectively, these responding agencies would take direction from the Incident commander or through a Unified Command, as specified in NIMS and ICS.

Types of Deployment
Team members can be deployed in local, regional, statewide, or national disasters; both in small-scale and large-scale incidents.

A. Local Activation

As soon as a possible crisis is suspected, the local authority is advised to contact the state Emergency Coordination Unit at IDPH for a "heads-up" notification. This allows the IDPH to prepare initial response mechanisms: contacting the coordinators and team leaders, gathering paperwork and arranging for contingencies, and issuing "standby" requests.

Although this is a regional unit, team members will be contacted for activation in their own town first.

- If it is determined that the units/individuals are not required, the team members are not activated. ***Note:*** It is *never* a problem if we are contacted but not activated! Rather, it is better to provide advance notice and discover we are not needed, than to hold off until the last possible moment and then call us when a catastrophe is clear, giving us minimal lead-time in which to prepare.

- If unit/team/individual is requested, the next step is to determine the appropriate response to activate. (Depending on the emergency, some team members may have "first call" to another entity, so that would have to be factored in those circumstances early.)

- If the crisis is confined to one community, then team members who work or reside in that community would be called first.

- If specialists are required (such as trauma nurses and paramedics, or physicians with expertise in infectious disease agents), they would be called immediately.

- If only a limited number of team members are needed, the notifications would cease as soon as that number is reached.

- If additional staffing is required, or if an insufficient number of team members are available from within the affected community, then the next team members to be contacted would be those who live at increasing distances from the emergency

B. Large-Scale Activation

An incident that results in vast numbers of victims, causes many critical injuries, or encompasses more than one town, constitutes a large-scale activation.

Regional emergencies impact multiple communities within a geographical area.

Requests will be channeled through the unit/agency's leadership. When requests are processed through the leading authority, personnel can be allocated at the appropriate skill levels and numbers, to the locations where they can do the greatest good for the greatest number.

To request support from the unit, anywhere in the region, ALWAYS work through the local unit/agency leader. This is the best way to ensure that team members are dispatched in the most effective manner – for their protection, as well as to provide optimum service.

State and federal disasters can generate requests from elsewhere in the state (IEMA) (IDPH) (USHHS) or the nation (FEMA).

Typically, a "state of emergency" would be declared through government officials. These situations could result in requests for the activation of several Medical Response units across the state.

It is entirely at the discretion of each member of the unit/agency whether they choose to be eligible for response outside of their town or region. Such response also raises issues of greater complexity, such as recognition of licenses and intra-state procedures.

It is imperative that the unit/agency leader determines whether to contact team members for deployment outside of the region. Having this single point of decision ensures coverage in the local area, should the emergency put local communities at risk. Also, the leader would have records indicating each member's abilities, interests, and preferences per responding to disasters at a given location.

RMERT administration responsibilities during activation

When a call is received for assistance, RMERT administration is responsible for the following:

1) Initiating procedures to ensure that the appropriate number and type of team members are activated, at the necessary skill levels.
2) Ensuring that team members respond to the appropriate locations (such as a predefined staging area) with the appropriate gear and instructions.
3) Maximizing each member's personal safety: DECON, hazmat, and other threats on scene are identified and planned for; team members are trained to operate safely in that environment; recognizing and avoiding undue risk.
4) Monitoring responses and staffing levels with direction from the Incident Commander.
5) Maintaining contact with team members or monitoring their involvement, as needed.
6) Verifying that reporting and de-activation procedures are followed.

It is crucial for team members to sign in and out from their responsibilities at the scene, according to protocols established with deployment team – for safety reasons as well as accountability.

Team Member Responsibilities in a Deployment

According to ICS procedures, team members should respond according to the following checklist.

1) Receive your incident assignment from the RMERT Administration. This should include, at a minimum: reporting location and time, expected length of assignment, brief description of your role, route information, and a designated communications link if necessary. (Depending on the situation, alternate transportation methods may be advised. **Never self-deploy!**)
2) Bring any specialized supplies or equipment required for the job. Be sure you have adequate personal supplies to last for the duration of the assignment.
3) Sign in upon arrival, at the check-in location for the given assignment.
4) Use clear text (no codes) during any radio communications. Refer to incident facilities by incident names. Refer to personnel by ICS title, not by numeric code or name.
5) Obtain a briefing from your immediate supervisor. Be sure you understand your assignment.
6) Acquire necessary work materials, then locate and set up your work station.
7) Organize and brief any subordinates assigned to you.
8) Brief your relief at the end of your shift, and at the time you are demobilized from the incident.
9) Complete required forms and reports, delivering them to your supervisor or the Documentation Unit before you leave.
10) Demobilize according to the plan.

Demobilization and Debriefing

Each incident should include assurance that team members have signed out from the scene and have the chance to share their observations afterwards. These comments can be included in an after-action report for deployed unit/individual, and can be shared as needed (with the team member's name removed for confidentiality, if appropriate) in overall post-event reviews with other agencies.

Opportunities will be made available to meet with mental health professionals, if deployments warrant the need.

Indications for RMERT Activation:

RMERT will provide emergency medical care and support for the following incidents:

Disaster / Mass Casualty Incident
Hazardous Materials Incident
Technical Rescue /Search and Rescue
Law Enforcement
Incident Management Support
Special Events / Large Crowd Gatherings

1) **Disaster / Mass Casualty Incidents** – respond to all "disasters", natural or man-made, and augment the existing public safety network. Prehospital, as well as in-hospital, support may be needed in case of critical incidents that overwhelm local assets.

2) **Hazardous Materials Response** – respond to either the initial HazMat site or respond to nearby hospitals who request support for decontamination and care of contaminated victims of a HazMat incident, including but not limited to industrial hazardous materials spills and incidents, terrorist WMD (Weapons of Mass Destruction) attack. Specially equipped trailers will enhance the ability to provide decontamination and medical care either on-scene or in support of local hospitals.

Roles at a HazMat / WMD Incident Site may include:

- Patient decontamination and medical care
- Responder decontamination and medical support
- Technical assistance to the Command Post
- Assist the Hot Zone Entry Teams
- Assist with reconnaissance, rescue, augment EMS medical support on-site
- Enhance command and control, and on-site communication network

3) **Technical Rescue / Search and Rescue Medical Support** – Select members are trained in USAR (Urban Search and Rescue), and will provide direct medical support of technical rescue operations in addition to providing stand-by medical support of high-risk critical incidents and search & rescue operations.

4) **Law Enforcement**– Augment the existing public safety. Enhance command and control, and on-site communication network. Provide Radio Operations and ability to bridge multiply frequencies. Provide on scene satellite internet, TV, and communications.

5) **Incident Management Support** – Trained and designated RMERT team members will respond to incident for support with command and control. Able to provide Radio Operations and ability to bridge multiply frequencies. RMERT can supply on scene satellite internet and communications

6) **Special Events / Large Crowd Gatherings** – Organizers of special events may seek pre-approval for use of RMERT assets to provide medical support for large crowd gatherings. Personnel from OSF SFMC and RMERT may provide basic and advanced medical care for large public crowd "special events" if specific criteria are met and approval is granted. Advance request is mandatory and possible arrangements, staffing and equipment / supplies may be provided. Appropriate fees apply to these situations. Contact SFMC Disaster Preparedness at 309-683-8360

Region 2 Medical Response Team
Standard Operating Guidlines

SOG: Medical Direction

Purpose: Medical Response Team (RMERT) members must have medical direction during activation.

1. Medical Direction for the Region 2 Medical Emergency Response Team must:
    a. EMS Medical Director / or Attending Emergency Physicians at OSF Saint Francis Medical Center Emergency Room
    b. Can either be on site or in communication via phone or radio.
2. Regional Medical Response Team members ideally should take medical direction from the RMERT physician(s) on scene. Guidelines and protocols may be used by members when all efforts to contact by cell phone or radio communications fail. Contact EMS medical Director or Attending Physicians in Cases where more advanced decision-making is needed, or diagnostic and therapeutic decisions are more difficult, or a question regarding medical care arises,
3. MedCom (309-655-6770) to provide medical direction if urgent consultation is needed.

SOG: Protocols *(see RMERT Medical Protocols)*

Purpose: In order to ensure a standard of care, RMERT members will follow patient treatment protocols. The protocols used by RMERT have been consolidated and include a combination of three sources:

1. Peoria Area EMS Protocols (Adult, Pediatric and Disaster)
2. OSF Life Flight select advanced protocols
3. Specific RMERT additional protocols / guidelines

Note that there are more advanced and unique specific guidelines and protocols that deal directly with some more unique challenging situations. These specific RMERT protocols can only be used during RMERT activation.

Deviation of medical care from these protocols may be allowed in rare circumstances but only with permission from and at the discretion of RMERT Physicians.

SOG: "GO-TEAM" On call rotation / call schedule

Purpose: In order to ensure coverage of Region 2 during an upcoming event or potential situations. Members may volunteer on a "GO-TEAM" for RMERT activation. Go teams will be put in place when a known event or situations that may have the possibility to overwhelm the local medical services.

1. Call will consist of
    a. There will be no compensation for "GO-TEAM or on-call"coverage.
    b. Being unable to participate in activation does not affect team member status.
    c. Call schedule will be emailed to all members.
    d. Go-team May be made up by Geographical area, *(I-80 corridor, Peoria, Bloomington ect)*

"GO-TEAM / On-call" team members should respond as efficiently as possible, obeying all traffic laws en-route to the meeting point.

SOG: Activation/De-activation

Purpose: To ensure a safe and organized activation and de-activation, the following procedure is to be followed:

Requests for the Region 2 Medical Emergency Response Team must be made by one of the following:

7) EMS Agency / Coordinator
8) MABAS / ILEAS
9) On-Scene Incident Commander
10) EMA / ESDA / IEMA
11) Region 2 Hospitals
12) Illinois State Police

The request must be made through OSF Medical Communications (309-655-2564).

1. RMERT team will meet at OSF Disaster Preparedness office, unless specified otherwise in the activation notification and then travel together as a group to respond appropriately to the scene, hospital, or other appropriate area. RMERT will report to the contact person or appropriate ICS leader at the incident location.
2. The functional period of the RMERT is intended to be 72 hours or less. If appropriate, optimal operational periods would be 12 hours shifts. The RMERT functional time can be extended if a strong need exists and if there are enough personnel to safely continue to conduct the mission.
    a. Additional RMERT members will be contacted if there is an extended operational period, or if more personnel are needed.
3. De-activation of RMERT will be at the request of the RMERT administrative team in charge and Incident Command or appropriate ICS leader at the incident location.

SOG: Role of the Region 2 Medical Response Team

Purpose: Duties of the Regional 2 Medical Response Team

1. RMERT primary response area is The State of Illinois IDPH EMS Region 2.
   (See MAP in appendix pg.__)
   a. Mutual aid requests for major disasters or significant emergencies outside the region will be considered by RMERT Administration or Medical Director at the time of the request.
2. RMERT may be activated to provide emergency and disaster medical support duties, including but not limited to the following:
   a. Disasters (MCI – Mass Casualty Incidents)
   b. Hazardous Materials (HazMat) Incidents
      i. Patient Decontamination
      ii. Responder Decontamination
      iii. Technical Assistance to the Command Post
      iv. Assistance for hot zone entry team (vital signs, etc)
      v. Augment EMS medical support on-site
      vi. Bring additional communications capability / support
   c. Search and rescue (SAR) operations
   d. Medical support for extended SAR response
   e. Medical support for hospitals that have been temporarily overwhelmed by a disaster or significant local event.
   f. Tiered medical support response (as needed) when requested for:
      i. Local community support for regional areas that have been devastated by a disaster, including public health support, rehabilitation stations, and other medical support
      ii. Peoria Area Dive Rescue Team
      iii. Technical Rescue Team
      iv. Special Events / Large Crowd gatherings

SOG: Uniforms / Equipment for Team Representation

Purpose: Region 2 Medical Emergency Response Team uniforms and equipment.

1. RMERT uniforms consist of Blue EMS type pants, Black boots or closed toes shoes and RMERT T-shirt (T-shirt supplied / Issued)

2. Additional equipment recommended:
   a. Winter coat
   b. windbreaker
   c. All weather gloves
   d. Rain gear
   e. Pocket / utility knife
   f. Flashlight
3. Personal Items / equipment recommended:
   Personal medication
   Sleeping bag / Pillow
   Extra clothing for 72hrs deployments

SOG: Talking with the Media

Purpose: To identify when it is appropriate to conduct interviews with the media.

1. Region 2 Medical Emergency Response Team members may only talk with the media when it has been authorized by either of the following persons:
    a. Region 2 Medical Emergency Response Team Incident Commander
    b. On scene Incident Commander or Public Information Officer

SOG: Radio Communications

Purpose: To ensure reliable and accurate communication during an emergency event.

1. Portable radio's need to be utilized by RMERT members during deployment, members should carry portable radio for there safety and accountability.
2. Confidential patient information should not be given over the radio.
3. RMERT members should ensure that they are familiar with traditional radio communication methods and identifying means. All communications should be kept brief and concise and relevant to the mission.

SOG: ICS forms / Job Action Sheets

Purpose: To ensure that all RMERT members know the responsibilities and scope of positions assigned to them. (*see appendix for ICS forms*)

During a RMERT deployment, if a member is assigned a position in the Incident Command post

1. Job action sheets shall be distributed for their positions.
2. Job action sheets will be re-assigned at the end/beginning of each operational period.
3. Job action sheets are documentation. Therefore job action sheets will be filled with all paperwork from an emergency event.

SOG: Driving / Operating Region 2 Medical Emergency Response Team motorized Vehicles

Purpose: To ensure safe driving practices of Illinois Licensed registered vehicles.

1. Only OSF employees with valid Illinois Driver License will be approved to operate RMERT vehicle with a registered Illinois license plates
2. Only OSF employees with correct class / level and valid Illinois Driver License will be approved to operate RMERT vehicle during towing / pulling of trailers.
3. RMERT members will follow all Illinois traffic laws while responding to an event.

Purpose: To ensure safe driving practices of NON-Registered Licensed utility vehicles

1. Only RMERT members can Operating utility vehicles
2. RMERT members operating utility vehicles shall always follow RMERT Utility vehicles safety Policy.

SOG: RMERT Utility vehicles safety Policy:

This Policy establishes consistent standards and safe operating practices for Utility Vehicles owned or leased by OSF Saint Francis Medical Center

Utility Vehicles are motorized (fossil fuel or electric) vehicles which have a primary purpose to transport people, equipment or supplies off or on a roadway. Examples of Utility Vehicles include golf carts, and all terrain style vehicles (John Deer Gator, ATV 4-wheeler).

Utility Vehicle Approved Use

Utility Vehicles may only operate as follows:

- to transport people, equipment or supplies
- when operated by an RMERT team member
- when operated on a roadway, traveling at the posted speed limit or less
- on walkways or sidewalks in such a manner that they do not impede or interfere with normal pedestrian traffic, to a maximum of 5 mph
- with the utmost courtesy, care and consideration for the safety of pedestrians who will be given the right of way at all times

Eligibility Requirements for Operators

Utility Vehicle Operators must:

- be able to provide proof of a valid Illinois drivers license
- agree to obey all motor vehicle traffic regulations
- agree to operate RMERT / OSF SFMC vehicles in a safe and responsible manner
- complete Utility Vehicle safety training prior to operation; update training every two years
- employees of Region 2 Hospital, and a RMERT team member.

Departmental Training Requirement

The department operating the Utility Vehicle is responsible to:

- ensure operators are filmily with, and have been shown complete vehicle safety operation.sure safe operating practices and motor vehicle traffic regulations are followed
- maintain employee training documentation for a minimum of two (2) years
    - Documentation will include the employee name, employee ID number or driver's license number, and the date Utility Vehicle safety training was completed and employee signature
- if applicable, authorize Sponsored Drivers and maintain documentation

Operator Procedure and Performance

Utility Vehicle Operators are <u>prohibited</u> from the following:

- smoking in or near Utility Vehicles
- texting / emailing while operating a Utility Vehicle
- use of radio/audio headsets or ear buds while operating a Utility Vehicle
- use for personal business such as unauthorized home-to-office travel

Pre Trip Inspection is required at the beginning of each work shift / or beginning of each daily use prior to operation **and must include:**

- check of tires for proper inflation and condition
- check operation of all safety lighting including headlamps, tail lamps, brake lights and turn signals
- check brakes for safe operation
- check for fluid leaks
- check that equipment and supplies being transported are properly secured from displacement during transport
- verify all manufacturer operator warning labels are present and legible
- contact RMERT administration immediately to report any deficiencies found during the pre trip inspection that are/cannot be corrected prior to operation

Defensive Driving:

Due to the small size of Utility Vehicles, operators must drive defensively including:

- stop at all "blind intersections" and then proceeding with caution
- yield the right of way to pedestrians
- cross roadways at right angles at intersections
- ensure other drivers have seen the Utility Vehicle prior to progressing. Operators must not assume that motor vehicle drivers give "right of way"
- verify safety prior to all turns. Operators must look over the shoulder in the direction of travel prior to the turn to check for motor vehicles, pedestrians and bicyclists.
- ensure use of seat belts if utility vehicle is equipped

Passenger Safety:

Operators are responsible for the safety of their passengers including:

- ensure operators and passengers keep head, legs and arms within the cab at all times while moving
- ensure transported passengers remain in seats designed for such use
- ensure the Utility Vehicles passenger load does not exceed the passenger limit and/or load capacity designated by the vehicle manufacturer
- ensure passenger use of seat belts if utility vehicle is equipped

Off Road Operation:

When Utility Vehicles are operated off of roadways, operators must:

- be aware of pedestrians and bicyclists
- avoid slopes if possible. When traveling on slopes, go up and down and not sideways.
- watch for uneven surfaces, drop offs and overhead clearance obstructions
- use curb cuts as a means of navigating from roadways to sidewalks or sidewalks to sidewalks. Jumping curbs can cause damage to the Utility Vehicle and compromise vehicle control.

Driving Safety:
Utility Vehicles must be operated in compliance with the manufacturer's instructions and warnings, and driven at a safe speed given the operating conditions.

- Excessive speed requires a greater stopping distance and may cause tip over on corners
- on a roadway, maintain a safe distance behind other vehicles
- on a bike path, do not exceed the speed of the bicyclists
- on a sidewalk, do not exceed the speed of pedestrians
- When approaching pedestrians, use extreme caution and give pedestrians the right of way.
- Sidewalks and pedestrian or bicycle pathways must not be blocked when parking or stopping.
- When leaving a Utility Vehicle unattended, the vehicle must be taken out of gear, ignition must be turned off and parking brake applied. Remove and secure the vehicle ignition key from unauthorized use.

Incident Reporting
In case of an accident, Utility Vehicle Operators must:

- Immediately report to RMERT administration any incident involving a Utility Vehicle that results in bodily injury, property damage, or vehicular damage.

SOG: Documentation:

Purpose: To endure proper documentation by RMERT members.

1. The following is a list of RMERT patient care paperwork:
    a. AMA / Refusal should be completed on patients that refuse care or refuse transport to the hospital. *(see appendix)*
    b. Physician will need to complete Physician treatment form
    c. Non-Transport agency form should be completed when any procedures are performed on patients when no physician on scene.
    d. Continuation form should be used if more documentation is needed.
    e. PAEMS approved electronic patient reporting will be used if RMERT members transport to the hospital.
    f. Only PAEMS prehospital certified personal will transport patients
    g. Minor injury form is for those individuals that are only receiving first aid or rehab.

Appendix section

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OSF SAINT FRANCIS MEDICAL CENTER

PEORIA AREA EMS SYSTEM
AMA/REFUSAL FORM

Form No. 681-6239 (1/02)

Provider Agency_____ Date_____

Patient Name_____ **Telemetry Run #**_____

Address_____

City_____ State_____ Zip_____

It is my choice and at my own insistence, I _____, elect not to receive treatment and/or transportation to a medical facility by the agency named above. The potential risks associated with my refusal have been explained to me prior to my signature on this document, which includes risk of serious illness, injury and death. I discharge and release the agency from further responsibility for my well-being. I understand there may be injuries or complications not known to the EMTs at this time, but which may result in further illness, injury, permanent disability, or death.

I understand that I am responsible for, and agree, to pay any and all charges and fees connected with my treatment rendered prior to my refusal.

Reason for refusal:
- ☐ Do not feel I require hospital care
- ☐ I will provide my own transportation
- ☐ Against Medical Advice of EMTs and/or physician
- ☐ Other_____

Transport to Hospital of Patient's Preference:

☐ I wish to be transported to _____ in_____, _____
(Name of Facility) (City) (State)

- *I have been informed of my right to a medical screening exam at the closest hospital_____ and I am waiving that right. I have been informed of the possible risks associated with a longer travel time to the facility of my choice. After being informed, I still wish to be transported to the facility named above.*

This form has been given to you because you have refused treatment and/or transport by the Emergency Medical Service. Your health and safety are our primary concern, so even though you have decided not to accept our advice, please remember the following:

1. The evaluation and/or treatment provided to you by the rescue squad is not a substitute for medical evaluation and treatment by a doctor. We advise you to get medical evaluation and treatment.
2. Your condition may be more serious than you realize. Without treatment, your condition or problem could become worse. If you are planning to get medical treatment, a decision to refuse treatment or transport by the EMS may result in a delay which could make your condition or problem worse.
3. Medical evaluation and/or treatment may be obtained by calling your doctor, if you have one, or by going to any hospital Emergency Department in this area, all of which are staffed 24-hours a day by Emergency Physicians. You may be seen at these Emergency Departments without an appointment.
4. If you change your mind or your condition becomes worse and you decide to accept treatment and transport by the Emergency Medical Services, please do not hesitate to call us back. We will do our best to help you.
5. Don't Wait! When medical treatment is needed, it is usually better to get it right away.
6. ☐ If the box at the left has been checked, it means that your problem or condition has been discussed with an Emergency Physician at OSF Saint Francis Medical Center Emergency Department by radio or telephone.

I have received and read the above information.

_____ _____
Patient's Signature Date Witness's Signature Date

If released in care or custody of relative or friend:

_____ _____
Name Date Relationship

If released in custody of Law Enforcement Agency:

_____ _____
Agency Officer's Signature Date

Describe circumstances on the PAEMS Incident Report Form if patient refuses to sign this document.

Peoria Area EMS System
Non Transporting Agency

MEDICAL REPORT FORM

Provided by
OSF Saint Francis Medical Center

ENCY NAME | VEHICLE # | TODAY'S DATE

IDENT LOCATION | HOSPITAL DESTINATION

PATIENT INFO

PATIENT LAST NAME | FIRST | M.I. | HOME PHONE # | AGE / SEX | DATE OF BIRTH

STREET ADDRESS

CITY | STATE | ZIP CODE | LEGAL GUARDIAN

TIMES

EC. CALL	TIME OUT	AT SCENE	TIME CARE TURNED OVER TO TRANSPORTING AGENCY	AVAILABLE

TELEMETRY #_____

☐ REFUSAL – (see refusal forms)/Filled out by: _____

☐ DAS/ARREST – (see cardiac arrest form)

HIEF COMPLAINT:

IN SCALE (0-10)

ST MEDICAL HISTORY:

CURRENT MEDS	ALLERGIES

RRATIVE:

GLASGOW COMA SCALE

EYES		VERBAL		MOTOR	
ont		Oriented		Obeys	
Speech		Confused		Localizes	
Pain		Inapp		Withdraw	
one		Garbled		Flexion	
		None		Extension	
				None	

SKIN

COLOR		TEMP		MOISTURE	
NORMAL		NORMAL		NORMAL	
PALE		COOL		DRY	
FLUSHED		WARM		MOIST	
CYANOTIC		HOT		DIAPHORETIC	

MONITOR /AED RHYTHM INTERPRETATION

EXTREMITIES

	RA	LA	RL	LL
Deformity				
Numbness/Tingling				
Weakness				
Edema				

VITALS

TIME	BP	P	R	PULSE/OX

UNG SOUNDS	L	R
LEAR		
IMINISHED		
BSENT		
HEEZES		
RACKLES		
OARSE		

RESPIRATORY DISTRESS		
NONE		
MILD		
MODERATE		
SEVERE		

PUPILS	L	R
PERRL		
Dilated		
Constricted		
Nonreactive		

ABDOMEN	
SOFT	
TENDER	
FIRM	
DISTENDED	

FIELD MANAGEMENT

SPINAL IMMOBILIZATION		O_2				Monitor	
Collar		6L NC		IV		AED	
ead Immobilizer		15L NRM		LR TKO		CPR	
ng Board		Assist BVM		LR WO		12 Lead	
ider Straps		ETT		Saline Lock		Defibrillation	
straints		Pulse Ox		Unable		Splinting	
AST		Suction				Blood Glucose	
						Hemorrhage Control	

MEDICATIONS

TIME	MEDICATION	DOSE	ROUTE	INIT	COMMENTS

CREW SIGNATURES | **LICENSE NUMBER**

FORM NO. 681-6232 (1/02) *MS* White – Service/Provider Copy Yellow – EMS Resource Hospital Copy

ICS Forms

- ICS Form 201, Incident Briefing
- ICS Form 202, Incident Objectives
- ICS Form 203, Organization Assignment List
- ICS Form 204, Assignment List
- ICS Form 205, Incident Radio Communications Plan
- ICS Form 206, Medical Plan
- ICS Form 207, Organizational Chart
- ICS Form 209, Incident Status Summary
- ICS Form 210, Status Change Card
- ICS Form 211, Check-In List
- ICS Form 213, General Message
- ICS Form 214, Unit Log
- ICS Form 215, Operational Planning Worksheet
- ICS Form 215a, Incident Action Plan Safety Analysis
- ICS Form 216, Radio Requirements Worksheet
- ICS Form 217, Radio Frequency Assignment Worksheet
- ICS Form 218, Support Vehicle Inventory
- ICS Form 219-2, Card Stock - Green (Crew)
- ICS Form 219-4, Card Stock - Blue (Helicopter)
- ICS Form 219-6, Card Stock - Orange (Aircraft)
- ICS Form 219-7, Card Stock - Yellow (Dozer)
- ICS Form 220, Air Operations Summary
- ICS Form 221, Demobilization Plan
- ICS Form 221 Page 1, Demobilization Checkout
- Instructions for Completing the Demobilization Checkout
- ICS Form 226, Individual Personnel Rating
- ICS Form 308, Resource Order Form - Front
- ICS Form 308, Resource Order Form - Back
- ICS Form 308, Resource Order Form - Example

ICS Form 201

INCIDENT BRIEFING	1. Incident Name	2. Date Prepared	3. Time Prepared
4. Map Sketch			
ICS 201 Page 1 of 4	**5. Prepared by (Name and Position)**		

6. Summary of Current Actions	
ICS 201	Page 2

7. Current Organization	
ICS 201	Page 3

8. Resources Summary				
Resources Ordered	**Resource Identification**	**ETA**	**On Scene**	**Location/Assignment**

ICS Form 202

INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE	3. TIME

4. OPERATIONAL PERIOD (DATE/TIME)

5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)

6. WEATHER FORECAST FOR OPERATIONAL PERIOD

7. GENERAL SAFETY MESSAGE

8. Attachments (☑ if attached)

☐ **Organization List (ICS 203)**	☐ **Medical Plan (ICS 206)**	☐ Weather Forecast
☐ **Assignment List (ICS 204)**	☐ **Incident Map**	☐
☐ **Communications Plan (ICS 205)**	☐ **Traffic Plan**	☐

9. PREPARED BY (PLANNING SECTION CHIEF)	10. APPROVED BY (INCIDENT COMMANDER)

ICS Form 203
Organization Assignment List

ORGANIZATION ASSIGMENT LIST	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED

POSITION	NAME
5. INCIDENT COMMAND AND STAFF	
INCIDENT COMMANDER	
DEPUTY	
SAFETY OFFICER	
INFORMATION OFFICER	
LIAISON OFFICER	

6. AGENCY REPRESENTATIVES	
AGENCY	**NAME**

7. PLANNING SECTION	
CHIEF	
DEPUTY	
RESOURCES UNIT	
SITUATION UNIT	
DOCUMENTATION UNIT	
DEMOBILIZATION UNIT	
TECHNICAL SPECIALISTS	

8. LOGISTICS SECTION	
CHIEF	
DEPUTY	
a. SUPPORT BRANCH	
DIRECTOR	
SUPPLY UNIT	
FACILITIES UNIT	
GROUND SUPPORT UNIT	
b. SERVICE BRANCH	
DIRECTOR	
COMMUNICATIONS UNIT	
MEDICAL UNIT	
FOOD UNIT	

4. OPERATIONAL PERIOD (DATE/TIME)		
9. OPERATIONS SECTION		
CHIEF		
DEPUTY		
a. BRANCH I- DIVISION/GROUPS		
BRANCH DIRECTOR		
DEPUTY		
DIVISION/GROUP		
DIVISION/ GROUP		
DIVISION/ GROUP		
DIVISION/GROUP		
DIVISION /GROUP		
b. BRANCH II- DIVISIONS/GROUPS		
BRANCH DIRECTOR		
DEPUTY		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		
c. BRANCH III- DIVISIONS/GROUPS		
BRANCH DIRECTOR		
DEPUTY		
DIVISION/GROUP		
DIVISION/GROUP		
DIVISION/GROUP		
d. AIR OPERATIONS BRANCH		
AIR OPERATIONS BR. DIR.		
AIR TACTICAL GROUP SUP.		
AIR SUPPORT GROUP SUP.		
HELICOPTER COORDINATOR		
AIR TANKER/FIXED WING CRD.		

10. FINANCE/ADMINISTRATION SECTION	
CHIEF	
DEPUTY	
TIME UNIT	
PROCUREMENT UNIT	
COMPENSATION/CLAIMS UNIT	
COST UNIT	

PREPARED BY (RESOURCES UNIT)

ICS Form 204

1. BRANCH	2. DIVISION/GROUP	**ASSIGNMENT LIST**
3. INCIDENT NAME	4. OPERATIONAL PERIOD DATE _____ TIME _____	

5. OPERATIONAL PERSONNEL

OPERATIONS CHIEF		DIVISION/GROUP SUPERVISOR	
BRANCH DIRECTOR		AIR TACTICAL GROUP SUPERVISOR	

6. RESOURCES ASSIGNED TO THIS PERIOD

STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	EMT	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT./TIME	DROP OFF PT./TIME

7. CONTROL OPERATIONS

8. SPECIAL INSTRUCTIONS

9. DIVISION/GROUP COMMUNICATIONS SUMMARY

FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL				SUPPORT	LOCAL			
	REPEAT					REPEAT			
DIV./GROUP TACTICAL					GROUND TO AIR				

PREPARED BY (RESOURCE UNIT LEADER)	APPROVED BY (PLANNING SECT. CH.)	DATE	TIME

ICS Form 205

INCIDENT RADIO COMMUNICATIONS PLAN	1. Incident Name	2. Date/Time Prepared	3. Operational Period Date/Time

4. Basic Radio Channel Utilization

System/Cache	Channel	Function	Frequency/Tone	Assignment	Remarks

5. Prepared by (Communications Unit)

Region 2 Medical Emergency Response Team

MEDICAL PLAN	1. Incident Name	2. Date Prepared	3. Time Prepared	4. Operational Period

5. Incident Medical Aid Station

Medical Aid Stations	Location	Paramedics Yes	Paramedics No

6. Transportation

A. Ambulance Services

Name	Address	Phone	Paramedics Yes	Paramedics No

B. Incident Ambulances

Name	Location	Paramedics Yes	Paramedics No

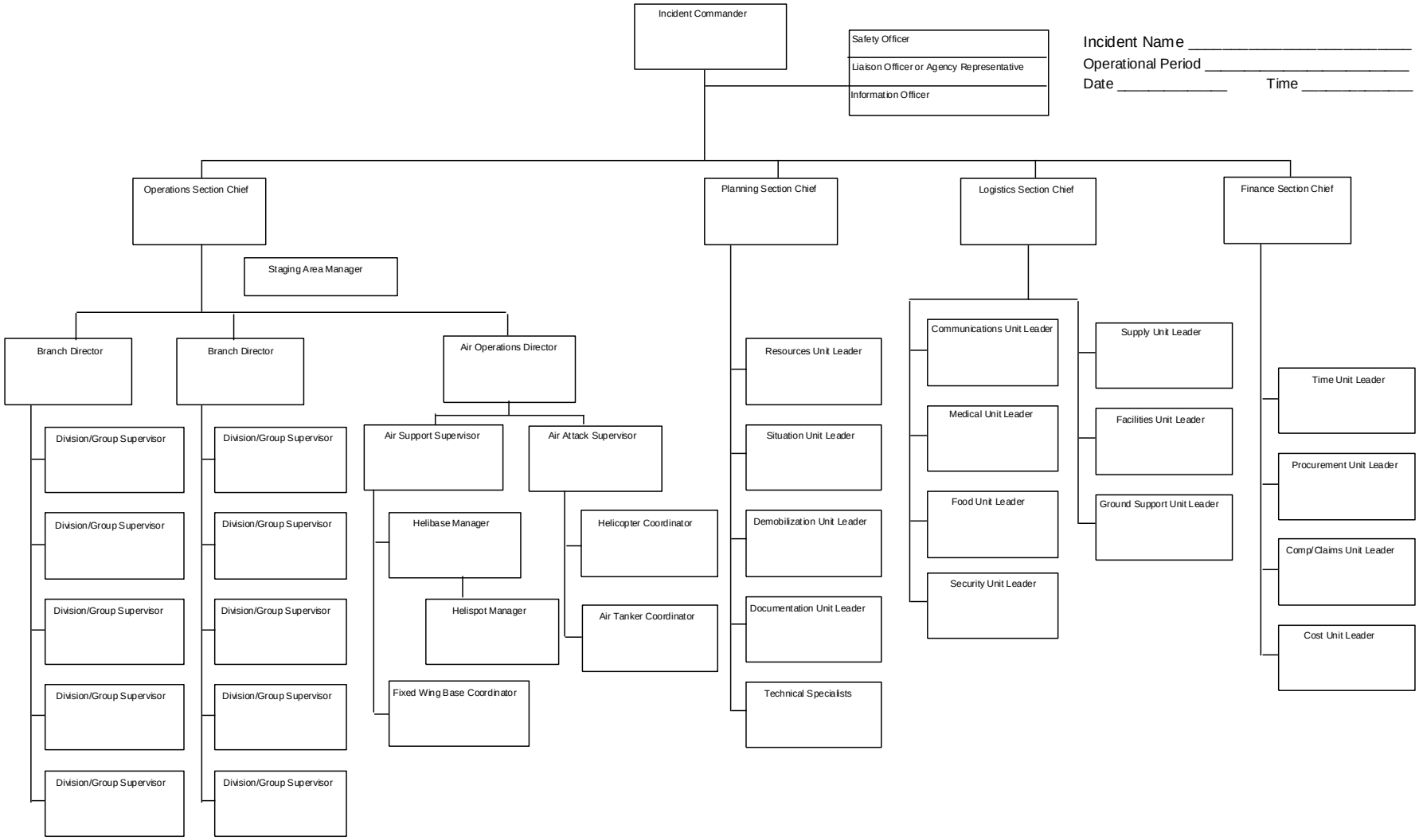
7. Hospitals

Name	Address	Travel Time Air	Travel Time Ground	Phone	Helipad Yes	Helipad No	Burn Center Yes	Burn Center No

8. Medical Emergency Procedures

Prepared by (Medical Unit Leader)	10. Reviewed by (Safety Officer)

Region 2 Medical Emergency Response Team



ICS 207

NFES 1332

INCIDENT STATUS SUMMARY
ICS 209

1. Date/Time	2. Initial ☐ Update ☐ Final ☐	3. Incident Name	4. Incident Number

5. Incident Commander	6. Jurisdiction	7. County	8. Type incident	9. Location	10. Started Date/Time

11. Cause	12. Area Involved	13. % Controlled	14. Expected Containment Date/Time	15. Estimated Controlled Date/Time	16. Declared Controlled Date/Time

17. Current Threat	18. Control Problems

19. Est. Loss	20. Est. Savings	21. Injuries	Deaths	22. Line Built	23. Line to Build

24. Current Weather WS Temp WD RH	25. Predicted Weather WS Temp WD RH	26. Cost to Date	27. Est. Total Cost

28. Agencies

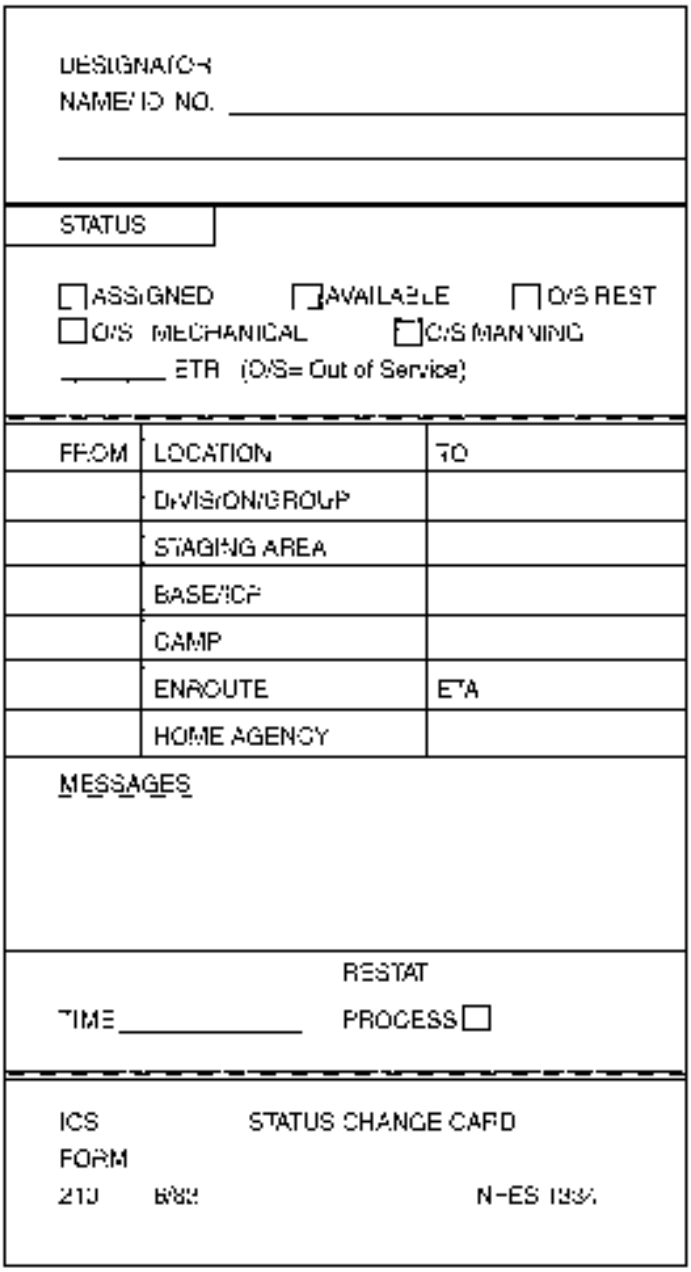
Resources																			Totals
Kind of Resource	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	
ENGINES																					
DOZERS																					
CREWS Number of Crews:																					
Number of Crew Personnel:																					
HELICOPTERS																					
AIR TANKERS																					
TRUCK COS.																					
RESCUE/MED.																					
WATER TENDERS																					
OVERHEAD PERSONNEL																					
TOTAL PERSONNEL																					

30. Cooperating Agencies

31. Remarks

32. Prepared by	33. Approved by	34. Sent to: Date Time By

ICS 210 – Status Change Card



DESIGNATOR
NAME/ID NO. _____

STATUS

☐ ASSIGNED ☐ AVAILABLE ☐ O/S REST
☐ O/S MECHANICAL ☐ O/S MANNING
_____ ETR (O/S= Out of Service)

FROM	LOCATION	TO
	DIVISION/GROUP	
	STAGING AREA	
	BASE/ICP	
	CAMP	
	ENROUTE	ETA
	HOME AGENCY	

MESSAGES

RESTAT
TIME _____ PROCESS ☐

ICS FORM 210 STATUS CHANGE CARD

ICS Form 211

INCIDENT CHECK-IN LIST	1. Incident Name	2. Check-In Location (complete all that apply)					3. Date/Time
Check one: ☐ Personnel ☐ Handcrew ☐ Misc. ☐ Engines ☐ Dozers ☐ Helicopters ☐ Aircraft		☐ Base	☐ Camp	☐ Staging Area	☐ ICP Restat	☐ Helibase	

Check-In Information

4. List Personnel (overhead) by Agency & Name -OR- List equipment by the following format: Agency	Single	Kind	Type	I.D. No/Name	5. Order/Request Number	6. Date/ Time Check-In	7. Leader's Name	8. Total No. Personnel	9. Manifest Yes	No	10. Crew or Individual's Weight	11. Home Base	12. Departure Point	13. Method of Travel	14. Incident Assignment	16. Other Qualifications	16. Sent to RESTAT Time/Int

Page ___ of ____

17. Prepared by (Name and Position) *Use back for remarks or comments*

ICS Form 213

GENERAL MESSAGE		
TO:	POSITION:	
FROM:	POSITION:	
SUBJECT:	DATE:	TIME:
MESSAGE:		
SIGNATURE:	POSITION:	
REPLY:		
DATE:	TIME:	SIGNATURE/POSITION:

UNIT LOG	1. Incident Name	2. Date Prepared	3. Time Prepared
4. Unit Name/Designators	5. Unit Leader (Name and Position)		6. Operational Period

7. Personnel Roster Assigned

Name	ICS Position	Home Base

8. Activity Log

Time	Major Events

9. Prepared by (Name and Position)

ICS Form 215

OPERATIONAL PLANNING WORKSHEET	1. Incident Name	2. Date Prepared Time Prepared	3. Operational Period (Date/Time)

4. Division/Group or Other Location	5. Work Assignments		Resource by Type (Show Strike Team as ST)														6. Reporting Location	7. Requested Arrival Time
			1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		
		Req																		
		Have																		
		Need																		
		Req																		
		Have																		
		Need																		
		Req																		
		Have																		
		Need																		
9. Total Resources - Single		Req																		
		Have																		
		Need																		
Total Resources - Strike Teams		Req																	Prepared by (Name and Position)	
		Have																		
		Need																		

Incident Action Plan Safety & Risk Analysis Form, ICS 215A

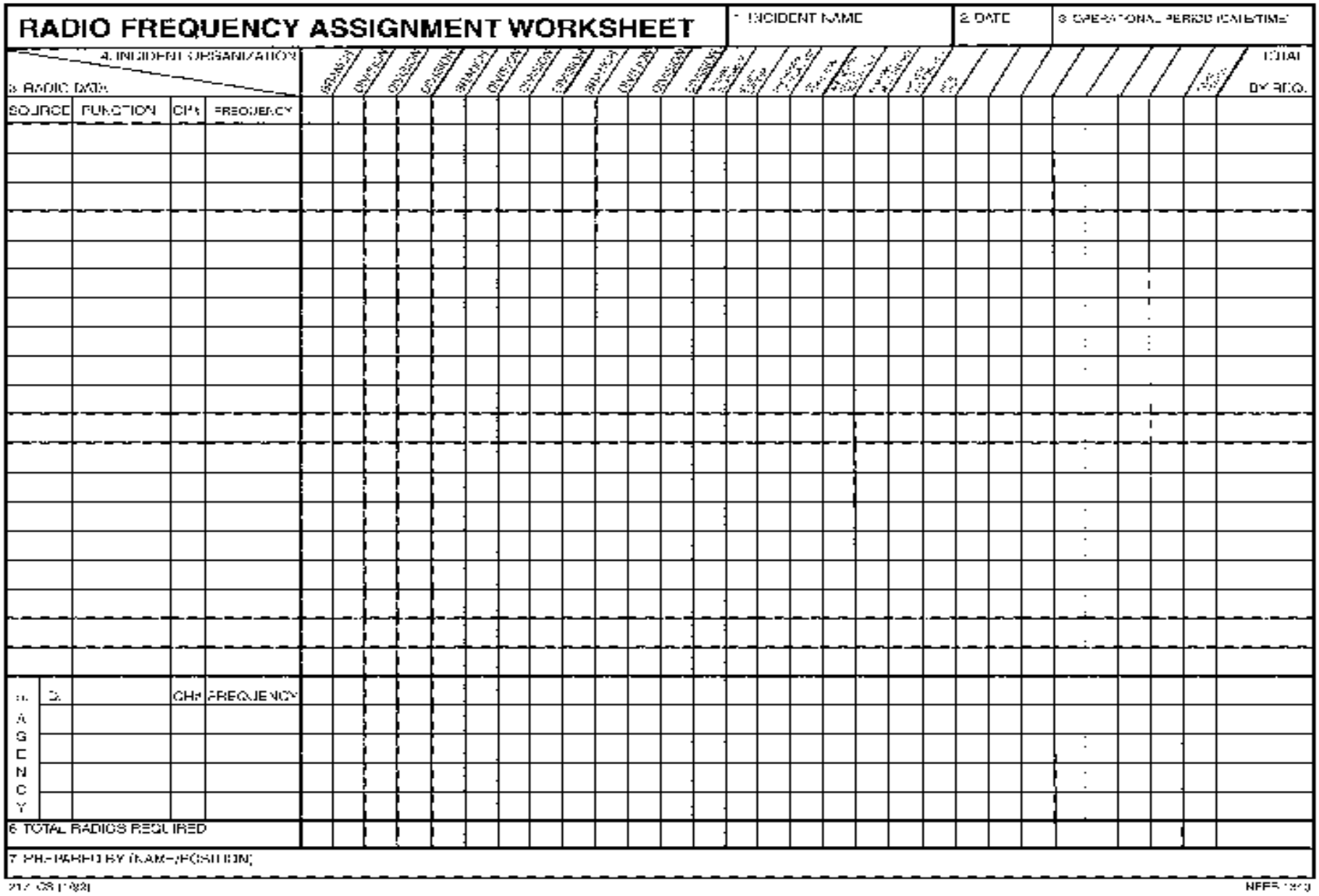
INCIDENT ACTION PLAN SAFETY ANALYSIS	1. Incident Name							2. Date	3. Time
Division or Group	**Potential Hazards**							**Mitigations (e.g., PPE, buddy system, escape routes)**	
	Type of Hazard:	**Type of Hazard:**	**Type of Hazard:**	**Type of Hazard:**	**Type of Hazard:**	**Type of Hazard:**	**Type of Hazard:**	**Type of Hazard:**	
Prepared by (Name and Position)									

RADIO REQUIREMENTS WORKSHEET	1. Incident Name	2. Date	3. Time
4. Branch	5. Agency	6. Operational Period	7. Tactical Frequency

8. Division/Group	Division/Group	Division/Group	Division/Group
Agency	Agency	Agency	Agency

9. Agency	ID No.	Radio Requirements	Agency	ID No.	Radio Requirements	Agency	ID No.	Radio Requirements	Agency	ID No.	Radio Requirements

Page of	10. Prepared by (Name and Position)



RADIO FREQUENCY ASSIGNMENT WORKSHEET

1. INCIDENT NAME | 2. DATE | 3. OPERATIONAL PERIOD (DATE/TIME)

4. INCIDENT ORGANIZATION

5. RADIO DATA

SOURCE	FUNCTION	CH#	FREQUENCY

Region 2 Medical Emergency Response Team

SUPPORT VEHICLE INVENTORY (Use separate sheet for each vehicle category)	1. Incident Name	2. Date Prepared	3. Time Prepared

Vehicle Category: ☐ Buses ☐ Dozers ☐ Engines ☐ Lowboys ☐ Pickups/Sedans ☐ Tenders ☐ Other

Vehicle/Equipment Information

Resource Order No. "E" Number	Incident ID No.	Vehicle Type	Vehicle Make	Capacity Size	Agency/Owner	Vehicle License Rig Number	Location	Release Time

Page ___of ____	5. Prepared by (Ground Support Unit)

SUPPORT VEHICLE INVENTORY (Use separate sheet for each vehicle category)	1. Incident Name	2. Date Prepared	3. Time Prepared

Vehicle Category: ☐ Buses ☐ Dozers ☐ Engines ☐ Lowboys ☐ Pickups/Sedans ☐ Tenders ☐ Other

Vehicle/Equipment Information

Resource Order No. "E" Number	Incident ID No.	Vehicle Type	Vehicle Make	Capacity Size	Agency/Owner	Vehicle License Rig Number	Location	Release Time

Page ___of ____	5. Prepared by (Ground Support Unit)							

*U.S. GPO: 1990-794-001

AIR OPERATIONS SUMMARY		1. Incident Name		Helibases Fixed Wing Bases	
4. Personnel and Communications	Name	Air/Air Frequency	Air/Ground Frequency	5. Remarks (Spec. Instructions, Safety Notes, Hazards, Priorities)	
Air Operations Director					
Air Attack Supervisor					
Helicopter Coordinator					
Air Tanker Coordinator					

6. Location/Function	7. Assignment	8. Fixed Wing		9. Helicopters		10. Time		11. Aircraft Assigned	12. Operating Base
		No.	Type	No.	Type	Available	Commence		

13. Totals									
14. Air Operations Support Equipment					15. Prepared by *(include Date and Time)*				

DEMOBILIZATION CHECKOUT		
1. Incident Name/Number	2. Date/Time	3. Demob. No.
4. Unit/Personnel Released		
5. Transportation Type/No.		
6. Actual Release Date/Time	7. Manifest? ☐ Yes ☐ No Number	
8. Destination	9. Notified: ☐ Agency ☐ Region ☐ Area ☐ Dispatch Name: Date:	
10. Unit Leader Responsible for Collecting Performance Rating		

11. Unit/Personnel

You and your resources have been released subject to sign off from the following:
Demob. Unit Leader check the appropriate box

Logistics Section

- ☐ Supply Unit
- ☐ Communications Unit
- ☐ Facilities Unit
- ☐ Ground Support Unit Leader

Planning Section

- ☐ Documentation Unit

Finance Section

- ☐ Time Unit

Other

- ☐
- ☐

12. Remarks

DEMOBILIZATION CHECKOUT		
1. Incident Name/Number	2. Date/Time	3. Demob. No.
4. Unit/Personnel Released		

5. Transportation Type/No.	
6. Actual Release Date/Time	7. Manifest? ☐ Yes ☐ No Number
8. Destination	9. Notified: ☐ Agency ☐ Region ☐ Area ☐ Dispatch Name: Date:
10. Unit Leader Responsible for Collecting Performance Rating	

11. Unit/Personnel

You and your resources have been released subject to sign off from the following:
Demob. Unit Leader check the appropriate box

Logistics Section

☐ Supply Unit

☐ Communications Unit

☐ Facilities Unit

☐ Ground Support Unit Leader

Planning Section

☐ Documentation Unit

Finance Section

☐ Time Unit

Other

☐

☐

12. Remarks

DEMOBILIZATION CHECKOUT

1. Incident Name/Number	2. Date/Time	3. Demob. No.
4. Unit/Personnel Released		
5. Transportation Type/No.		
6. Actual Release Date/Time	7. Manifest? ☐ Yes ☐ No Number	

8. Destination	9. Notified: ☐ Agency ☐ Region ☐ Area ☐ Dispatch Name: Date:
10. Unit Leader Responsible for Collecting Performance Rating	

11. Unit/Personnel
You and your resources have been released subject to sign off from the following: *Demob. Unit Leader check the appropriate box*
Logistics Section ☐ Supply Unit ☐ Communications Unit ☐ Facilities Unit ☐ Ground Support Unit Leader
Planning Section ☐ Documentation Unit
Finance Section ☐ Time Unit
Other ☐ ☐
12. Remarks
13. Prepared by (include Date and Time)

Instructions for completing the Demobilization Checkout (ICS form 221)

Prior to actual Demob Planning Section (Demob Unit) should check with the Command Staff (Liaison Officer) to determine any agency specific needs related to demob and release. If any, add to line Number 11.

Item No.	Item Title	Instructions
1.	Incident Name/ No.	Enter Name and/ or Number of Incident.
2.	Date & Time	Enter Date and Time prepared.
3.	Demob. No.	Enter Agency Request Number, Order Number, or Agency Demob Number if applicable.
4.	Unit/ Personnel Released	Enter appropriate vehicle or Strike Team/ Task Force ID Number(s) and Leader's name or individual overhead or staff personnel being released.
5.	Transportation	Enter Method and vehicle ID number for transportation back to home unit. Enter N/ A if own transportation is provided. *Additional specific details should be included in Remarks, block # 12.*
6.	Actual Release Date/ Time	To be completed at conclusion of Demob at time of actual release from incident. *Would normally be last item of form to be completed.*
7.	Manifest	Mark appropriate box. If yes, enter manifest number. *Some agencies require a manifest for air travel.*
8.	Destination	Enter the location to which Unit or personnel have been released. *i.e. Area, Region, Home Base, Airport, Mobilization Center, etc.*
9.	Area/ Agency/ Region Notified	Identify the Area, Agency, or Region notified and enter date and time of notification.
10.	Unit Leader Responsible for Collecting Performance Ratings	Self-explanatory. *Not all agencies require these ratings.*
11.	Resource Supervision	Demob Unit Leader will identify with a check in the box to the left of those units requiring check-out. Identified Unit Leaders are to initial to the right to indicate release. Blank boxes are provided for any additional check, (unit requirements as needed), i.e. Safety Officer, Agency Rep., etc.
12.	Remarks	Any additional information pertaining to demob or release.

13. Prepared by — Enter the name of the person who prepared this Demobilization Checkout, including the Date and Time.

SUPPORT VEHICLE INVENTORY (Use separate sheet for each vehicle category)	1. Incident Name	2. Date Prepared	3. Time Prepared

Vehicle Category: ☐ Buses ☐ Dozers ☐ Engines ☐ Lowboys ☐ Pickups/Sedans ☐ Tenders ☐ Other

Vehicle/Equipment Information

Resource Order No. "E" Number	Incident ID No.	Vehicle Type	Vehicle Make	Capacity Size	Agency/Owner	Vehicle License Rig Number	Location	Release Time

Instructions for completing the Demobilization Checkout (ICS form 221)

Prior to actual Demob Planning Section (Demob Unit) should check with the Command Staff (Liaison Officer) to determine any agency specific needs related to demob and release. If any, add to line Number 11.

Item No.	Item Title	Instructions
1.	Incident Name/ No.	Enter Name and/ or Number of Incident.
2.	Date & Time	Enter Date and Time prepared.
3.	Demob. No.	Enter Agency Request Number, Order Number, or Agency Demob Number if applicable.
4.	Unit/ Personnel Released	Enter appropriate vehicle or Strike Team/ Task Force ID Number(s) and Leader's name or individual overhead or staff personnel being released.
5.	Transportation	Enter Method and vehicle ID number for transportation back to home unit. Enter N/ A if own transportation is provided. *Additional specific details should be included in Remarks, block # 12.*
6.	Actual Release Date/ Time	To be completed at conclusion of Demob at time of actual release from incident. *Would normally be last item of form to be completed.*
7.	Manifest	Mark appropriate box. If yes, enter manifest number. *Some agencies require a manifest for air travel.*
8.	Destination	Enter the location to which Unit or personnel have been released. *i.e. Area, Region, Home Base, Airport, Mobilization Center, etc.*
9.	Area/ Agency/ Region Notified	Identify the Area, Agency, or Region notified and enter date and time of notification.
10.	Unit Leader Responsible for Collecting Performance Ratings	Self-explanatory. *Not all agencies require these ratings.*
11.	Resource Supervision	Demob Unit Leader will identify with a check in the box to the left of those units requiring check-out. Identified Unit Leaders are to initial to the right to indicate release. Blank boxes are provided for any additional check, (unit requirements as needed), i.e. Safety Officer, Agency Rep., etc.
12.	Remarks	Any additional information pertaining to demob or release.

13. Prepared by Enter the name of the person who prepared this Demobilization Checkout, including the Date and Time.

SUPPORT VEHICLE INVENTORY (Use separate sheet for each vehicle category)	1. Incident Name	2. Date Prepared	3. Time Prepared

Vehicle Category: ☐ Buses ☐ Dozers ☐ Engines ☐ Lowboys ☐ Pickups/Sedans ☐ Tenders ☐ Other

Vehicle/Equipment Information								
Resource Order No. "E" Number	Incident ID No.	Vehicle Type	Vehicle Make	Capacity Size	Agency/Owner	Vehicle License Rig Number	Location	Release Time

Instructions for completing the Demobilization Checkout (ICS form 221)

Prior to actual Demob Planning Section (Demob Unit) should check with the Command Staff (Liaison Officer) to determine any ag
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5.	Transportation	Enter Method and vehicle ID number for transportation back to hom provided. *Additional specific details should be included in Remarks, block*
6.	Actual Release Date/ Time	To be completed at conclusion of Demob at time of actual release fro *to be completed.*
7.	Manifest	Mark appropriate box. If yes, enter manifest number. *Some agencies*
8.	Destination	Enter the location to which Unit or personnel have been released. *i.e Mobilization Center, etc.*
9.	Area/ Agency/ Region Notified	Identify the Area, Agency, or Region notified and enter date and tim
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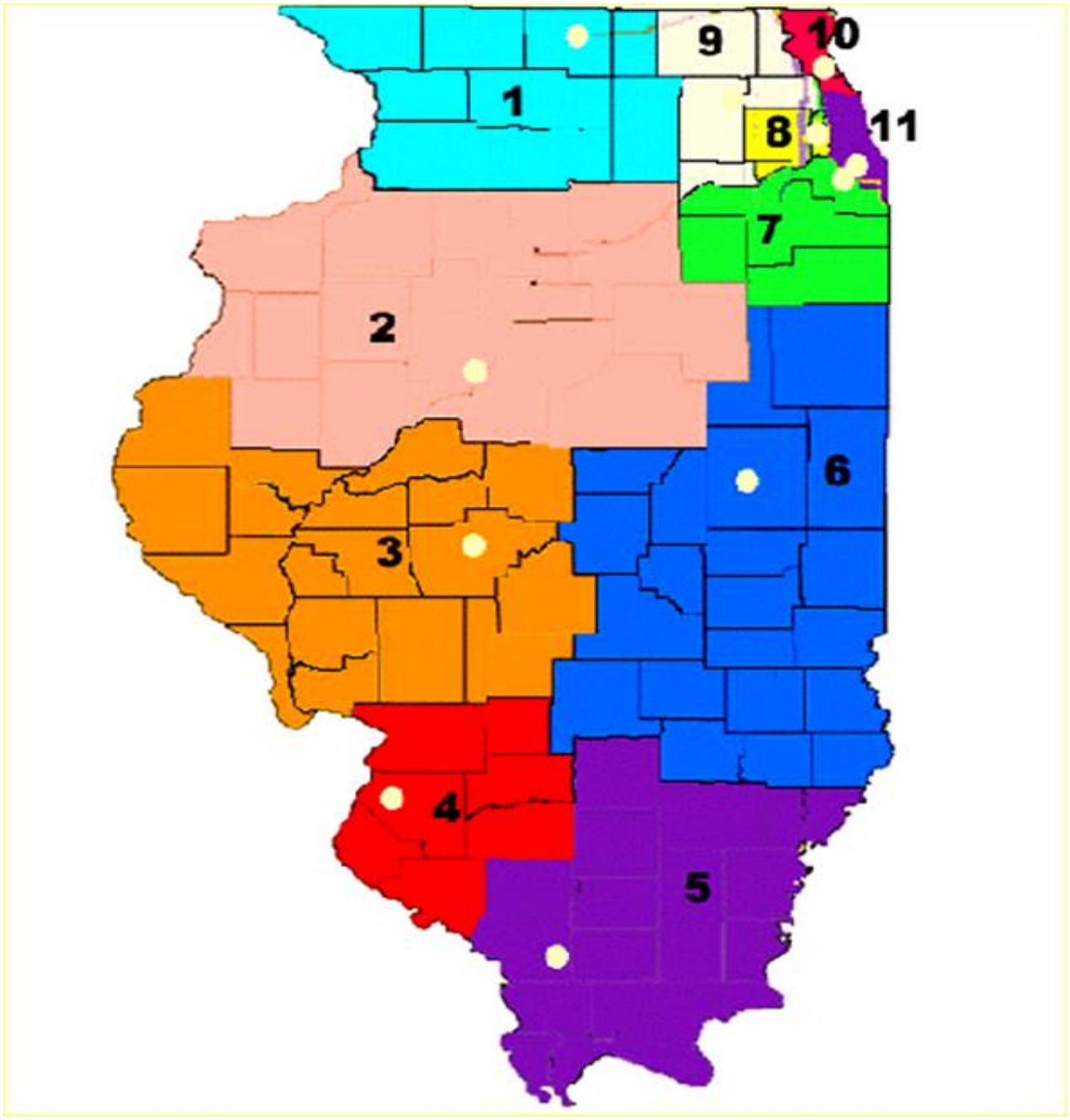
12.	Remarks	Any additional information pertaining to demob or release.
13.	Prepared by	Enter the name of the person who prepared this Demobilization Che

SUPPORT VEHICLE INVENTORY (Use separate sheet for each vehicle category)	1. Incident Name	2. Date Prepared

Vehicle Category: ☐ Buses ☐ Dozers ☐ Engines ☐ Lowboys ☐ Pick

Vehicle/Equipment Information						
Resource Order No. "E" Number	Incident ID No.	Vehicle Type	Vehicle Make	Capacity Size	Agency/Owner	Vehicle L Rig Nun

Region 2 Medical Emergency Response Team



Acronym	Meaning
ARC	American Red Cross
EMA	Emergency Management Agency
EMS	Emergency Medical Service
EMT	Emergency Medical Technician
ESDA	Emergency Services and Disaster Agency
H.C.C	Hospital Command Center
IC	Incident Commander
ICS	Incident Command System
IDPH	Illinois Department of Public Health
IEMA	Illinois Emergency Management Agency
ILEAS	Illinois Law Enforcement Alarm System
LEPC	Local Emergency Planning Committee
MABS	Mutual Aid Box Alarm System
NIMS	National Incident Management system
OSF	Third Order of the Sister of Saint Francis
RMERT	Region 2 Medical Emergency Response Team
SAR	Search and Rescue
SFMC	Saint Francis Medical Center
SOG	Standard Operating Guidelines
SOP	Standard Operating Procedure
TEEX	Texas Engineering Extension Service
WMD	Weapons of Mass Destruction