PURPOSE

To clearly define the responsibilities that the EMS personnel must follow when faced with a Region-wide crisis.

MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Amita Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

SPECIAL INSTRUCTIONS/FORMS TO BE USED

N/A

PROCEDURE

Natural and technological crisis may place an intense demand for EMS and emergency department resources on one or more of the EMS Systems in Illinois. The potential exists for these crisis to occur or evolve without warning or notification. Such crisis 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.

As a result, EMS and emergency department personnel must be cognizant of evolving trends of the influx of patients with similar signs and symptoms. Recognition of an impending or active region-wide crisis will better prepare participating hospitals and local ambulance providers to handle any type of situation.

I. Recognition

A. Telemetry personnel may be made aware of a region-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 diversion. The telemetry personnel should report these occurrences to the attending emergency doctor or charge nurse.
B. When Participating/surrounding hospitals see a rapid or developing increase of patients with similar symptoms, the attending emergency doctor or the charge nurse should contact their Resource Hospital/surrounding hospitals and apprise them of the situation.

C. When ambulance providers or their personnel notice that they have an increase of runs with patient complaining of similar signs and symptoms, they should report this information to the Resource Hospital.

D. When personnel working in the hospital start seeing an increase of patients that are direct admits complaining of similar signs and symptoms, they should report this information to the Hospital Operations Manager who will notify the emergency doctor or charge nurse.

II. Notification of Personnel

A. The Resource Hospital shall document any calls they receive from their participating/surrounding 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.

B. If the Resource Hospital receives calls from two participating/surrounding hospitals, or has reason to suspect a potential region-wide crisis, the telemetry nurse will page the EMS Coordinator or the EMS Medical Director to inform them of the situation. The EMS Coordinator or EMS Medical Director will contact each local ambulance providers to see if they are seeing an increase in patients with similar types of symptoms.

C. The EMS Coordinator or EMS Medical Director may also contact the Illinois Poison Control Center to see if they are receiving additional calls for similar types symptoms.

D. If there appears to be a trend, pre-hospital or hospital, of increased frequency of similar symptoms, the EMS Coordinator or EMS Medical Director shall page the Emergency Officer for the Illinois Department of Public Health at 1-800-782-7860. In addition, if there is a local health department medical director, that person may also be contacted.

E. The Emergency Officer for the Illinois Department of Public Health will contact the Director of Public Health, or his designee, and the Duty Officer with the Illinois Emergency Management Agency. Based on the type and magnitude of the crisis, the Director of Public Health, or his designee, may activate the Disaster POD, according to the Emergency Medical Disaster Plan.
III. Plan of Action

A. Once notified by the Illinois Department of Public Health that there may be a potential for increased utilization of resources, the EMS Coordinator, or charge nurse will contact the Participating/surrounding hospitals and they will contact their local ambulance providers to inform them of the crisis. The EMS Coordinator (or charge nurse) will request that each participating/surrounding hospital take steps to avoid ambulance diversion and alert them to the possible need of having to mobilize additional staff and resources or activate their internal disaster plans. The EMS Coordinator (or charge nurse) may request assistance from the Chief of Emergency Medical Services also. The participating/surrounding hospitals will also be informed that requests for BLS diversion will not be accepted during the crisis.

B. The monitoring of transport and ambulance response times requires frequent communication and close coordination between EMS personnel at the Resource Hospitals, dispatch and the local fire departments.

C. The EMS Coordinator or most senior EMS person staffing telemetry will monitor transport time, while the local dispatch center that receives 911 calls will monitor ambulance responses. If transport times begin to exceed 10-15 minutes and ambulance response times become excessive as a result of hospitals being on diversion, the Chief of EMS will be contacted and will assist in contacting the Emergency Department Charge Nurses and Senior Administrators of the participating/surrounding hospitals on diversion to advise them to activate their internal disaster plans so that they can rapidly come off diversion. They will be given a specified time frame in which to accomplish this.

D. The monitoring of transport and ambulance response times requires frequent communication and close coordination between EMS personnel at the Resource Hospitals, dispatch and the local fire departments.

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

F. All information shall be recorded on the “System-Wide Crisis Form,” developed by the Illinois Department of Public Health, which will be available upon request.

IV. All Clear

A. The Director of Public Health, or his designee, will contact the Resource Hospital when the response to the crisis appears to be over.
NOTE: Policies with original signatures are on file in Administration.