



CENTRAL DUPAGE HOSPITAL
EMERGENCY MEDICAL SERVICES SYSTEM
POLICY & PROCEDURES

TITLE: EMS VEHICLE DEPLOYMENT

SECTION: CRISIS

POLICY NUMBER: O-3

APPROVED BY: DR. STEVE GRAHAM EMS MEDICAL DIRECTOR

EFFECTIVE DATE: 01 JANUARY 2024

NUMBER OF PAGES: 1

PURPOSE:

To define the Central DuPage Hospital Emergency Medical Services System (CDHEMSS) vehicle provider's process for deployment(s) to scale local, State, Regional or National incidents.

POLICY:

An EMS Provider that deploys an ambulance to an out of state disaster area in response to an official request does so thru the National Ambulance Contract or EMAC. An EMAC request goes through IEMA where the National Ambulance Contract (NAC) is under the direction of FEMA, which has contracted with AMR, to coordinate a disaster response. Any Illinois provider that deploys an ambulance out of state should submit:

1. Submit proof of request for deployment
2. Submit the following information to CDHEMSS on an IDPH System Modification Form (see below for an example):
 - a. Call sign of the vehicle that is planning on deployment
 - b. VIN of the vehicle that is planning on deployment
 - c. License plate number of the vehicle planning on deployment
 - d. Date of Departure
 - e. Anticipated Date of Return
 - f. Service Level
 - g. EMAC / NAC request
 - h. Location deployed to
 - i. Confirmation of notification to IDPH and if 911 agency, dispatch center.
3. Once the above information is submitted to CDHEMSS, CDHEMSS will notify via email the Regional EMS Coordinator for IDPH, the Ambulance Section Chief for IDPH and the Division Chief of EMS for IDPH.
4. Upon return from deployment a CDHEMSS inspection (as well as possible IDPH inspection) will need to be performed prior to return to normal service all items listed on line 2 will need to be resubmitted via an IDPH System Modification Form.
5. If the deployment of an ambulance would decrease or alter the normal response times of the agency, CDHEMSS and or IDPH may reject the request.
6. If deployment is greater than 10 days, an inspection should be performed by IDPH, or at their direction, self / system level. The inspection form shall be submitted to CDHEMSS for verification, and then will be forwarded to the IDPH REMSC.

This form is to be completed to request an amendment to a currently approved EMS system plan and a currently approved provider. Incomplete applications will be returned to the resource hospital for completion.

Provider Name: Provider Number:

Provider Address: City/State:

Contact Name: Phone Number:

Resource Hospital Name: System Number:

Use List Box to **Select** appropriate items:

License Number	VIN#	Request To:	Provider/Vehicle	Provider Type	Current Level	Requested Level
1234-01	1FD23456789	Other	Vehicle	Transport	ALS	

- Modify Response Area of Above Provider.** List changes on separate sheet and attach. Include description of response area, map indicating each vehicle response area, square miles, population, location of resource/associate hospital, and vehicle information.
- Modify Access and Dispatch Procedures and Mechanisms** (Describe on a separate sheet and attach)
- Additional or Replacement Vehicles** (Illinois Department of Public Health inspection required)
- Infield Upgrade Request, System Change or Other** (Describe below)

1. What vehicle is deploying 2. Where are you deploying 3. Why are you deploying;
 4. Names and licenses number of crew deploying 5. Anticipated length of stay

Effective Date:	01 January 2024				
Review Date(s):					
Revision Date(S):					