

Village of Oak Park
Emergency Operating Plan

ANNEX A4 FIRE, RESCUE AND EMS

STATEMENT OF PURPOSE

The purpose of this annex section is to identify the departments that would provide a system for coordinating fire, rescue and EMS services in the Village. This annex includes provisions for fire protection, suppression, emergency medical services, and rescue of trapped people.

SITUATION

The Village has a full-time fire department providing fire suppression and emergency medical services in the form of advanced life support ambulance and apparatus. The fire department responds to emergency medical calls, reports of fire, report of smoke, accidents, hazardous materials incidents, specialized rescue request and miscellaneous service calls.

Within the Village is one major highway (Interstate 290), two major railroads providing passenger, freight and commuter service via the electrical tracks, two hospitals, two high schools, and approximately 20 residential high rise buildings.

ASSUMPTIONS

The Oak Park Fire Department is a member of the Mutual Aid Box Alarm System (MABAS) and can depend on MABAS to provide immediate assistance of personnel and equipment at the scene of emergencies or disasters if Oak Park exhausted its resources.

If specialized rescue cannot be accomplished by the Oak Park Fire Department and the MABAS Division 11 members, Incident Command can request additional resources from MABAS.

CONCEPT OF OPERATIONS

By law, local government is ultimately responsible for the protection of life and property. The Village Manager is responsible for ensuring that the disaster response and recovery operations are carried out effectively.

Providing an efficient and effective functioning fire/rescue and emergency medical system is a crucial response and recovery function.

The Fire Department has been identified as the agency for providing fire/rescue and emergency medical services

The responsibilities of the Fire Department in times of a major emergency or disaster are essentially the same as in daily operations. In some situations fire department personnel may be asked to perform additional tasks other than fire suppression and rescue of trapped and injured victims. Fire Department personnel will be required to coordinate their operations with other departments.

Initial request from the public for emergency response will be received by West Suburban Consolidated Dispatch Center (WSCDC) located at 400 Park Avenue, River Forest, IL. In the event

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WSCDC is out-of-service due to a catastrophic event effecting its location, duties will be shifted to La Grange Park Dispatch Center (L-TAC).

ORGANIZATION AND RESPONSIBILITIES

In the event of an emergency or disaster the on-duty Shift Battalion Chief will be Incident Command until relieved by another Chief Officer of the Oak Park Fire Department. Once the EOP has been activated and the EOC is opened, the Fire Chief, or designee, will report to the EOC. One or more fire department Chief Officers will report to the Field Command Post to work with the Unified Command.

If additional resources are need at the incident, at the Incident Command Post, or the Field Command Post they can be requested through the EOC. The Fire Chief will request additional resources through MABAS or from the state by contacting CCDHSEM.

Any call-back of personnel will be approved by the Fire Chief. Long term assistance for fire/rescue and EMS will be requested through the state.

FIRE/RESCUE SERVICE

The responsibility for providing all fire, rescue and emergency medical services within the Village is that of the Oak Park Fire Department. The Fire Chief shall be responsible to the Village Manager.

In the event that an emergency is overwhelming all available resources the Fire Chief or his designee shall recall off duty personnel and or request mutual aid assistance through MABAS Division 11. All fire/rescue and EMS resources responding as a result of a mutual aid request will report and operate under the direction of the Oak Park Fire Chief or his designated representative.

Maintenance, review, and updating the reports are the responsibilities of the Deputy Fire Chief of Operations.

URBAN SEARCH AND RESCUE

The Urban Search and Rescue (USAR) function of the plan is intended to address large scale incidents involving multiple cases of human entrapment with prolonged, complex rescue or recovery activities.

Initial response to rescue incidents is accomplished by the fire department responsible for the stricken jurisdiction. Upon arrival at the scene, the Incident Management System will be established. All activities related to the large-scale rescue operations will operate under the Incident Management System. The Incident Commander will verify that the following activities are undertaken:

1. Utilities are secured utilizing the "lock out -tag out" safety system.
2. Structural integrity has been assured or evaluated and a safety officer is on site to verify that conditions have not changed, and
3. A structural engineer or architect has been requested to assist in the analysis of the structure.

To assist the Incident Commander with the management of the site, the following sector officers should be assigned to assist with the organization and operation:

Search Team Manager: responsible for developing search plans and overseeing the technical and

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canine search team specialists. The technical search specialist's search collapsed structures, debris piles, mud/landslides and voids for trapped victims.

Rescue Team Manager: responsible for overseeing rescue operations, development of rescue plans, supervision of rescue squad officers who in turn oversee the activities of rescue specialists. These rescue specialists perform the actual rescue operations utilizing special tools and techniques for confined spaces, rope rescue, shoring and stabilization, breaching, victim extrication and packaging.

Medical Team Manager: the individual with the highest level of medical certification, who oversees all medical functions and supervises the medical specialists who provide the care to all task force personnel and victims.

Technical Team Manager: responsible for overseeing the technical functions of the Technical Team Manager responsible for overseeing the technical functions of the incident and supervising the structural specialists, hazardous materials specialists, heavy equipment rigging, technical information, communications and logistics. Marking of the building(s) being searched will be accomplished using the universal building marking system.

The Incident Commander, from the Oak Park Fire Department, will assess the situation and decide if local search and rescue resources are adequate. If the State USAR Team is needed the request will be made through CCDHSEM. If Federal USAR teams are required, a request will be made for FEMA USAR support. This request will be made through CCDHSEM to IEMA.

Once activated, FEMA will mobilize needed USAR resources and arrange transportation to the stricken Jurisdiction. The USAR Incident Support Team (IST), an advanced management team, will arrive on the site within eight (8) hours to begin size-up and tasking assignments. Responding USAR teams, and local fire, rescue, and EMS resources assigned to the incident, will function under the direction of the USAR IST.

EMERGENCY MEDICAL SERVICES

The Metropolitan Fire Chiefs Association of Illinois, Cook County Public Health, IDPH, and the hospitals that serve the county developed the following text as a coordinated effort.

The emergency medical services (EMS) division of the fire service, as a first responder, is responsible for the following:

- Assigning an individual whom will serve as a Medical Officer, responsible for all EMS operations at the emergency/disaster site.
- Assessing the site and determining the level of EMS response.
- Establishing a field treatment system, capable of triaging victims, providing initial medical care, packaging for transport, and dispatching victims to area hospitals.
- Initiating a request for air evacuation of victims, if necessary.
- Establishing and maintaining communications with a designated Regional Healthcare Coordinating Center (RHCC). This communications link will be used to provide status reports and information regarding the numbers of victims that can be handled by or en route to, area hospitals.
- Determining the need for medical response teams from area hospitals and requesting the dispatch of those teams through the communications hospital.
- Tracking the quantities of medical supplies on site and requesting additional supplies from

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area hospitals as necessary.

When notified, the RHCC will activate surrounding hospitals, based on the scope of the disaster. The RHCC will also notify CCDHSEM advising the nature of the emergency/disaster, the estimated number of injuries, and the area hospitals that have been activated.

Area hospitals will be responsible for:

- Assessing their current capability to accept patients.
- Initiating their internal disaster plans and staffing a hospital command center.
- Communicating their status and bed availability to the communications hospital.
- Initiating a patient release program to increase the number of available beds to support disaster response and recovery operations.
- Providing supplies to replenish stocks used at the disaster site.

If a designated RHCC is directly impacted by the disaster, or becomes overwhelmed by the influx of patients, it may transfer communications control to another hospital. If the disaster is of such a large magnitude that it overwhelms the capabilities of area hospitals, the Illinois Department of Public Health EMS Division will begin to coordinate with regional hospitals and potentially request federal assistance. Additional medical support may be available through the National Guard, following their activation by the Governor.

A significant natural disaster or man-made event that overwhelms local and state resources would necessitate both federal public health and medical care assistance. The sudden onset of a large number of victims would stress a state medical system necessitating time-critical assistance from the federal government. Such a natural disaster would also pose certain public health threats, including problems related to food, vectors, water and wastewater, solid waste, and mental health effects.

Hospitals, nursing homes, pharmacies and other medical/health care facilities may be severely damaged or destroyed. Those facilities, which survive with little or no structural damage, may be rendered unusable, or only partly usable, because of a lack of utilities (power, water, and sewer), because staff is unavailable to report for duty due to personal injury and/or damage, or disruption of communications and transportation systems. Medical and health care facilities, which remain in operation, and have the necessary utilities and staff, may be overwhelmed by the "walking wounded" and seriously injured who are transported there in the immediate aftermath of the occurrence.

Upon the occurrence of such a major natural disaster or man-made event, the state will contact FEMA and request federal ESF-8 assistance. Federal ESF-8 assistance will be implemented following a determination that federal assistance is warranted. Following approval, FEMA headquarters will alert the U.S. Public Health Service, who will activate the national ESF-8 Crisis Action Team.

Primary Health Care Facilities:

West Suburban Medical Center
RUSH Oak Park Hospital
Westlake Hospital

Level 3 Trauma
Level 3 Trauma
Level 3 Trauma

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Loretto Hospital	Level 3 Trauma
McNeal Hospital	Level 2 Trauma
Gottlieb Memorial Hospital	Level 2 Trauma
Loyola University Medical Center	Level 1 Trauma
Cook County Hospital	Level 1 Trauma

DIRECTION AND CONTROL

All major decisions concerning fire / rescue and EMS operations remain the responsibility of the Oak Park Fire Chief. In a large scale fire or rescue, a command post and staging area may be established at a safe distance from the scene.

The local EOC may have to be activated in case of a severe impact on the community, at which time the Fire Chief or designee would have to report to the EOC. The EOC would be informed of all major decisions being made by the Incident Commander or the Field Command Post.

CONTINUITY OF GOVERNMENT

The line of succession for the fire, rescue and EMS operations:

1. Fire Chief
2. Deputy Chief
3. Shift Battalion Chief

MAINTENANCE, REVIEW AND UPDATING THIS ANNEX

It is the responsibility of the Fire Chief and Fire Department EMS Coordinator for the maintenance, review and updating of this annex.

APPENDICES

Appendix A14	Fire Pre-emergency Operation Checklist
Appendix A15	Fire Response Operation Checklist
Appendix A16	Fire Recovery Operation Checklist
Appendix A17	EMS Pre-emergency Operation Checklist
Appendix A18	EMS Response Operation Checklist
Appendix A19	EMS Recovery Operation Checklist

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FIRE/RESCUE

APPENDIX A14 - PRE-EMERGENCY OPERATIONS CHECKLIST

Complete: Yes/No	Review all hazards to determine possible fire hazards.
Complete: Yes/No	Maintain an up-to-date equipment inventory.
Complete: Yes/No	Periodic inspections and review and update code enforcement.
Complete: Yes/No	Participate in annual Mutual Aid exercise.
Complete: Yes/No	Train Command Post personnel in fire safety and suppression.
Complete: Yes/No	If time permits, alert and call in all department personnel or place on stand-by status.
Complete: Yes/No	Have emergency shelter space available for fire personnel.
Complete: Yes/No	Provide adequate fire protection for shelter area.
Complete: Yes/No	Develop SOP'S that address assigned tasks dealing with jurisdictional hazards.

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APPENDIX A15 - RESPONSE OPERATION CHECKLIST

Complete: Yes/No	Community assessment of hazard/vulnerability analysis to identify likely disaster scenarios
Complete: Yes/No	Specialized training in disaster operations for EMS personnel, first responders, and local hospital staffs.
Complete: Yes/No	Storage of medical supplies and equipment.
Complete: Yes/No	Maintenance of medications and other supplies.
Complete: Yes/No	Emergency plans for hospital and pre-hospital EMS treatment and transfer of patients.
Complete: Yes/No	Emergency plans for mutual aid response of EMS agencies outside the Village of Oak Park
Complete: Yes/No	Emergency plans for temporary morgues for the deceased.
Complete: Yes/No	Contact of local ministerial association for support.
Complete: Yes/No	Develop SOP'S that address assigned tasks dealing with jurisdictional hazards.
Complete: Yes/No	Provide crisis counseling for emergency workers.

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APPENDIX A16 - RECOVERY OPERATIONS CHECKLIST

Complete: Yes/No	Continue to respond to the needs for assistance from the community.
Complete: Yes/No	Continue mental health assistance for first response personnel.
Complete: Yes/No	If appropriate, notify proper investigating team.
Complete: Yes/No	If needed, do decontamination procedures, including equipment and gear.
Complete: Yes/No	Identify fire hazards caused by the situation; such as electrical wires, gas lines, correct or disarm is possible.
Complete: Yes/No	Isolate damaged buildings until assessment is made, to see if demolition is necessary.
Complete: Yes/No	Assess equipment and make repairs and replace as necessary.
Complete: Yes/No	Prepare necessary reports for record and later critique.

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APPENDIX 17 - EMS PRE-EMERGENCY OPERATIONS CHECKLIST

Complete: Yes/No	Community assessment of hazard/vulnerability analysis to identify likely disaster scenarios.
Complete: Yes/No	Specialized training in disaster operations for EMS personnel, first responders, village employees and local hospital staffs.
Complete: Yes/No	Storage of EMS medical supplies and equipment.
Complete: Yes/No	Maintenance of EMS medications and other supplies.
Complete: Yes/No	Emergency plans for hospital and pre-hospital EMS treatment and transfer of patients.
Complete: Yes/No	Emergency plans for mutual aid response of EMS agencies outside the Village of Oak Park
Complete: Yes/No	Emergency plans for temporary morgues for the deceased.
Complete: Yes/No	Contact of local ministerial association for support.
Complete: Yes/No	Develop SOP'S that address assigned tasks dealing with jurisdictional hazards.
Complete: Yes/No	Provide crisis counseling for emergency workers.

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APPENDIX A18 - RESPONSE OPERATION CHECKLIST

Complete: Yes/No	Public information programs dealing with individual and community first aid.
Complete: Yes/No	Initiation of triage, treatment, and transportation activities; command post field setup.
Complete: Yes/No	Staging areas for mutual forces as necessary.
Complete: Yes/No	In-hospital triage and treatment activities.
Complete: Yes/No	Notification of appropriate state and federal agencies.
Complete: Yes/No	Crowd and traffic control at perimeter of disaster.
Complete: Yes/No	Communications with other local agencies.
Complete: Yes/No	Provision of sources to support EMS operations.
Complete: Yes/No	Activities dealing with handling the deceased and transporting uninjured or slightly injured people.
Complete: Yes/No	Activation of temporary morgues.
Complete: Yes/No	Processing of data (i.e., tracking of patients, incident report sheets).
Complete: Yes/No	Activation of ministerial support.
Complete: Yes/No	Coordination of medical staff at casualty collection points.

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APPENDIX A19 - RECOVERY OPERATIONS CHECKLIST

Complete: Yes/No	Continue response and treatment activities as necessary.
Complete: Yes/No	Compilation of reports for state and federal agencies; compilation or reports for critique and review.
Complete: Yes/No	Re-supply of health and medical services response agencies.