

Emergency Medical Services Checklist for Chemical Emergency Planning

JUNE 2023

This checklist could be utilized in conjunction with Emergency Medical Services (EMS) emergency operations plans and standard operations procedures (SOPs). This should also be used while actively participating with the regional Health Care Coalition (HCC).

Adapted from [HHS/ASPR: State & Local Planners Playbook for Medical Response](#).

Check	EMS Phase 0 Pre-Chemical Release	Notes
☐	Understand resources available under local MOUs, the Emergency Medical Assistance Compacts (EMAC) and the Federal Ambulance Contract and their timeframe for arrival.	
☐	Define aero-medical resources available within the region and neighboring regions and establish MOU and/or coordination mechanism for catastrophic circumstances.	
☐	Establish plan with regional partners to automatically report to designated staging areas within the region following a chemical release or emergency for briefing and assignment.	
☐	- Educate providers on variations of a chemical emergency from: - Usual incident response plan - Basic triage after a chemical release - Principles of mass casualty care and triage - Appropriate PPE - Focus on patient care rather than decontamination.	
☐	Plan with public health and medical system for EMS support for and transport to Medical Care and Community Reception Center sites as well as evacuation hubs.	
☐	Obtain enough PPE to deal with varying levels of chemical emergencies.	
☐	Assure coordination mechanism and communication plan for the multiple EMS agencies that will be involved with the response.	
☐	Review and update Continuity of Operations plan including for situations where 911 system may be non-functional in certain areas (i.e., what instructions are conveyed to public and how does EMS provide coverage).	
☐	Assure crisis operations plans for agency/system are accomplished including triage of calls at Public Safety Answering Point (PSAP), medical dispatch centers, and on-scene, and including staffing configurations, transport destinations (e.g., delivering patients to non-hospital locations / Medical Care locations).	

EMS CHEMICAL EMERGENCY PLANNING CHECKLIST

Check	EMS Phase I 0-24 Hours Post Chemical Release	Notes
☐	Recognize incident. Implement incident management and response plans, initiate callbacks, and augment personnel. If you can, identify the chemical agent patients were exposed to.	
☐	Assess status of 911 system and implement call triage at PSAP and medical dispatch – recommend self-transport in all cases when possible.	
☐	Create accountability system to determine which crews are unable to be contacted or are sheltering in place due to chemical plume.	
☐	Request regional EMS resources to staging location and request mutual aid to support briefing and assignment at that location.	
☐	Establish position in EOC / HMCC to coordinate EMS response.	
☐	Emphasize with crews' coordination with fire department, definition of response zones,	
☐	Triage based on usual trauma criteria including considerations of limitations on critical care and transportation in the early aftermath. Triage Guidelines - CHEMM (hhs.gov)	
☐	Provide support / care at assembly centers / shelters / medical care sites including directing mutual aid resources to these locations.	

Check	EMS Phase II 24-96 Hours Post Chemical Release (In addition to what was started on Day 1)	Notes
☐	Anticipate delayed chemical victims that will need immediate treatment	
☐	Support care at assembly centers / shelters, support continued emergency response demand. Mutual aid resources support patient evacuation. Assist in administration of palliative care.	
☐	Continue to utilize non-traditional transport, batched transport of patients, and other contingency mechanisms if needed. Support care at assembly centers / shelters, support continued emergency response demand. Mutual aid resources support patient evacuation. Assist in administration of palliative care.	
☐	Request supplemental staff and resources via EOC including supplies.	
☐	PSAPs continue to triage calls/responses – update criteria as needed in conjunction with public health and healthcare system. Continue to utilize non-traditional transport, batched transport of patients, and other contingency mechanisms if needed.	
☐	Request supplemental staff and resources via EOC including supplies.	
☐	Support care at assembly centers / shelters.	
☐	For more information and resources go to CDC Chemical Emergency Information for First Responders	

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