

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
<input type="checkbox"/>	Understand resources available under local MOUs, the Emergency Medical Assistance Compacts (EMAC) and the Federal Ambulance Contract and their timeframe for arrival.	
<input type="checkbox"/>	Define aero-medical resources available within the region and neighboring regions and establish MOU and/or coordination mechanism for catastrophic circumstances.	
<input type="checkbox"/>	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.	
<input type="checkbox"/>	<ul style="list-style-type: none"> • 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. 	
<input type="checkbox"/>	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.	
<input type="checkbox"/>	Obtain enough PPE to deal with varying levels of chemical emergencies.	
<input type="checkbox"/>	Assure coordination mechanism and communication plan for the multiple EMS agencies that will be involved with the response.	
<input type="checkbox"/>	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).	
<input type="checkbox"/>	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
<input type="checkbox"/>	Recognize incident. Implement incident management and response plans, initiate callbacks, and augment personnel. If you can, identify the chemical agent patients were exposed to.	
<input type="checkbox"/>	Assess status of 911 system and implement call triage at PSAP and medical dispatch – recommend self-transport in all cases when possible.	
<input type="checkbox"/>	Create accountability system to determine which crews are unable to be contacted or are sheltering in place due to chemical plume.	
<input type="checkbox"/>	Request regional EMS resources to staging location and request mutual aid to support briefing and assignment at that location.	
<input type="checkbox"/>	Establish position in EOC / HMCC to coordinate EMS response.	
<input type="checkbox"/>	Emphasize with crews' coordination with fire department, definition of response zones,	
<input type="checkbox"/>	Triage based on usual trauma criteria including considerations of limitations on critical care and transportation in the early aftermath. Triage Guidelines - CHEMM (hhs.gov)	
<input type="checkbox"/>	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
<input type="checkbox"/>	Anticipate delayed chemical victims that will need immediate treatment	
<input type="checkbox"/>	Support care at assembly centers / shelters, support continued emergency response demand. Mutual aid resources support patient evacuation. Assist in administration of palliative care.	
<input type="checkbox"/>	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.	
<input type="checkbox"/>	Request supplemental staff and resources via EOC including supplies.	
<input type="checkbox"/>	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.	
<input type="checkbox"/>	Request supplemental staff and resources via EOC including supplies.	
<input type="checkbox"/>	Support care at assembly centers / shelters.	
<input type="checkbox"/>	For more information and resources go to CDC Chemical Emergency Information for First Responders	

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