



My Vehicle is Leaving for Disaster Deployment

What do I do?

1. The provider **MUST** notify and get approval from the EMS Medical Director and IDPH before execution of the deployment can take place.
2. Notification can be made on a System Modification Form.
3. Example of how to fill a System Modification form when deploying for disaster relief.
 - a. **Tips: Do NOT fill in the “Requested Level” box.**
 - b. **Tips: In the Comment Box of the System Modification Form indicate**
 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

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 <input type="text"/>	Vehicle <input type="text"/>	Transport <input type="text"/>	ALS <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 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

4. Once the System Modification Form has been approved by IDPH, the vehicles may deploy.

5. REMSC- Forward System Modification Forms to Ambulance Section Chief for documenting in licensing system and filing.

My Vehicle Returning from Disaster Deployment

What do I do?

1. The provider **MUST** notify and get approval from the EMS Medical Director and IDPH before the deployed vehicle can return to service within the response area.
2. Notification can be made on a System Modification Form.
3. Example of how to fill out a System Modification form when Returning from Disaster Relief

- a. **Tips: Do NOT fill in the "Requested Level" box.**
- b. **Tips: In the Comment Box of the System Modification Form indicate**
 1. **What vehicle was deployed**
 2. **Where were you deployed**
 3. **Why were you deployed**
 4. **Name and licenses number of crew deployed**
 5. **Date you initially deployed**
 6. **Any unfavorable conditions to the vehicle**

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: ABC Company	Provider Number: 1234
Provider Address: 123 Fake Street	City/State: Springfield
Contact Name: John Doe	Phone Number: (123)456-7890
Resource Hospital Name: The Great Medical Center	System Number: 1275

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 was deployed
 2. Where were you deployed
 3. Why were you deployed
 4. Names and licenses number of crew deployed
 5. Date you initially deployed
 6. Any unfavorable conditions to the vehicle

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4. The EMS System or Regional EMS Coordinator may at any time request an inspection to be completed on the deployed vehicle by means of: self-inspection, system inspection or IDPH inspection before the vehicle can return to service.
5. The vehicle may only return to service once the System Modification Form is approved and it is determined if the vehicle(s) need to be inspected.
6. REMSC- Forward System Modification Forms to Ambulance Section Chief for documenting in licensing system and filing.